

# [The medical model emphasizes exclusively](https://assignbuster.com/the-medical-model-emphasizes-exclusively/)

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The medical model emphasizes exclusively on treating specific physical diseases and concerned with resolvinghealthproblems and does not emphasize prevention. The holistic model of health is defined by the 1947 WHO definition as a “ state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. ” The holistic model integrates the medical model perspective and also introduced the idea of positive health.

The social epidemiologic model of health focus on individual level measures, or on emergent social properties that have no correlation at the individual level.

The social epidemiologic model overlaps with social sciences like medicalsociologyand medical geography (Krieger 2002, p. 698).

(2. )The debate between alternative and conventional medicines can be quite convincing but leaves those who are not aware of this issue to be either dangerously ignorant or confused. Thus, the impact ofscienceon the rise of conventional (AMA) medicine put at stake human health and human lives. According to the American Medical Association, the fourth leading cause of death in America is the use of prescription drugs.

It accounts for reactions to drugs that were properly prescribed and reported cases. Thus, the exact and precise figure is undoubtedly far worse.

(3. ) The main difference between modern and alternative traditional approaches is that the modern approach focuses on the cause of the ailment (Magar 2009). The modern approach concentrates on factors causing the disease, remedies and deal with abnormality as an independent entity. The alternative approach often opposes evidence-based practice and including therapies with an historical or cultural basis, but not scientific basis.

(4. ) The wellness lifestyles can yield an impact on the lives of individuals. Thus, the wellness lifestyles can be made into a sociological concept given that there is a rising interest in health, fitness and well-being as an individual concern and a parallel concern of organizations, communities and nations (Schuster et al. 2004, p. 357-367).

(5. ) Cassidy (1995) notes that the two paradigms namely reductionism (used by bioscientists) and holism (used by alternative healthcare) are incompatible to the ways of biomedicine and CAM.

This distinction relates to problems in CAM because the two paradigms reflect two different ways of constructing reality in the society. Thus, the integration of CAM into medicine results to therapies of CAM adopted by medicine without the needed philosophical elements.

(6. ) RCT has an issue of internal validity versus external validity. Most RCT designs have high validity based on reductionist scientific paradigm but have low external validity due to misrepresentation of the holistic essence of homeopathy. Homeopathy is a popular form of alternative medicine.

(7. ) The choice of outcome measures should match the CAM intervention by matching the desired outcomes of the key participants and its validity in terms of measuring what it intends to measure in the study as a form of quality assurance.

(8. ) The limitation of RCT is that it lacks qualitative measurement of data (Verhoef, 2002). The limitations of RCT with regard to research on CAM are that it is ineffective in testing more than one hypothesis and is an inappropriate model to evaluate the effectiveness of homeopathy.

(9.) The outcome research in CAM can have another alternative to RCT when research uses randomized controlled trials to test in efficacy of the medicines used in homeopathy.

(10. ) The most important concept I learned from writing this paper is that models of health greatly differ from each other in terms of their respective approaches andgoals. The difference of the models of health possesses the same subject of either conventional or alternative medicines. Works Cited Krieger N. A glossary for social epidemiology. J Epidemiol Community Health. Oct 2001; 55(10): 693-700. Reprinted in Epidemiological Bulletin, Vol. 23 No. 1, March 2002