



Research Article

PRACTICAL REASONS IN RELATION TO THE HEALTH-DISEASE PROCESS

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ABSTRACT

Speeches about health and illness, return us to a wide range of knowledges that pass between normal, abnormality, decay, resignification, habitus, suffering, pain, body, categorization and stigmatization, among others. Together with the power structures and the social environment create a unidirectional pure determinism. So these speeches will invite us to explore each one sheds scientists these large semantic environment: health and disease. This changing process understood as dichotomous, should not forget its dialectical environment, as they are the groups subject to the expressions built in several areas, but dominated by a single slope: the hegemonic medical assistance.

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INTRODUCTION

The idea created regarding the conceptualization of health/disease process, has been with the understanding of a dichotomous and unidirectional reality, this watch takes all the historical, social, economic and philosophical worldview, lawyer, etc., which has conditioned a cluster of irrefutable knowledge and scientists that have given rise to followers of practice, dogmatic structures and collective submission. This approach proposes a contextualized view of a changing phenomenon, to understand the operational reality that dominates many of the acts that are carried out in relation to the process health-disease differently.

Recognition of health

In the attempt to develop a conceptualization of the objects of knowledge around around the constituted body of health, it is necessary not only to conceptualize it as the adjective of a particular statement, but within herself, there are marked a range of processes and objects of study which have been generated through interpretation and action of the problems in health without trying to find a social reference of this body, which has limited it exclusively to the dichotomous situation of absence of disease, thus health is has confined exclusively to medical explanation [combat disease and death], away from all other external to this body of knowledge conceptualization, whereby these discussions trying to understand health in a worldview more wide.

This body of health, must be understood as a sphere that transmutes into the complex and is also full of complexity, is so understanding of health as a social phenomenon (Laurell, 1982) are installed within all social worldview of the lattices of groups, was established within the social development of

all mankind and its cultural charge so boundaries needed to locate its dimensions of analysis, stripping it of all biomedical hegemonic approach that reduces the concept of health to the simplistic absence of disease, so health is established as a social phenomenon, because according to the notion to his knowledge, it depends on the hierarchical implications [economics, politics, society, etc.] for its interpretation and interventions generated for action in the collective , thus social groups should be snatched from the worldview of a health full of medicalization, science of fashion and commercial use [health economics], since the power game that has been established, between the Estado-Neoliberal of teacher functional structure of the society is the democratizing rearticulation of health with the health Brief and perplexed "system , where it provides care to medical care - operational-", so health keeps itself in: strategy and institutions (homes, 2015-a), where the relational allows to recognize the power of nomination (Bourdieu, 1995) of health, as a tool of social power."

Is worth mentioning, that health has been explored, from different areas of disciplinary: anthropology, sociology, economics, philosophy, and each of these elements disciplinary, provide independent broad understandings with respect to this body, so wide was his multiple contributions, representing each one between if its own construction, resignification and scientist-social symbolization. Visions as well as health and society, walking between the line of science reform with the principle of human rights for all, shed that health is direct part and hint of conditions of life, where the relationship between the evil live [condition of overcrowding, misery, poverty and malnutrition clinic] dictate form and content social Therapeutics for preventive treatment in health (Virchow (Neumann and Leubuscher), and so, is

interpreted the absence of health for the conditions of social life (Martinez, 2008).

There are in the formation of the body of health postulates that reveal direct relationships with the social, could develop through the ethnographic work of Engels, the description of the way of life of the proletariat and Marxism English, reference continued to the impact of poverty on the health of this social class, demonstrating the morbidity from a social perspective: conflict of classes, social inequality and poverty (Martínez, 2008).

We find also, that culture with its timbered plays an elemental part of this body of knowledge and wisdom, which combines between meanings and symbolism, affliction with their bodily practices, discourses of indigenous or native, or, the experiences of good living and dying, with the symbolizations, religiosity and narrative (Martinez, 2008), originate in groups that they have been assigned a load of this body of health cultural domain which is already assigned in the so-called collective living represent and subjected to the biomedico-hegemonico profile (Laurell, 1982), and that despite having a medical clinic and structured devices (hospitals and clinics) have not output to many of your individual expectations and collective, is still a cultural constructivist scaffolding kidnapped by the medical science of fashion coaptando the culture of all symbolic therapeutic, good live.

Thus culture is considered to be a thought in action and dialectical process of knowledge, production and transformation of the self, within a field of historical forces (Gramsci, 2004). This is how all our everyday activities are reduced and conditioned culturally. Culture thus modeling our behaviour homogenizing social behaviors, humans act on the basis of a certain culture of health, share a number of basic healthy principles that allow us to integrate us into the local social system. This culture contributes to the formation and countercurrent of an identity, where it is assumed a redesign in the style of modern collective life, where it is converted into a changing dynamic concept - dialectic-, where collectives are reinvented and transformed giving way to new generations that dictate their own styles of life appropriate for the culture of health, and health can be part of living without suffering suffering, acongojar, or be the counterpart of a culture of subjection to the curative biomedical model, which offers to a short-lived and without pain medicine.

In addition, health is a complex knowledge object, much more because it is impossible to place it as something unique, given and stable (Morin, 2002;) Almeida, 2001), since their historicity has become a changing body, where different interpretations can be found in a concrete society (Boorse, 1977), thus the health has been provided with premises magic that currently mutated to scientific, where its historical assessment began in the anchor of an understanding specialized biologist (houses, 2015-a), which gave way to an impetuous health of its historicity and culture, throwing it to the understanding of collective poor health, which must be assisted, cared for, educated, or medicalized, from the paradigm where there is no collective absent from disease, health is converted into a "well", that can be used by way of change of capital-economico, since that, how much would you be willing to spend on your health?, and that, despite not

having a definition specific of this health if it conforms to the BioPower, dominating from the complex.

Philosophy health has also been addressed [Descartes, Kant, Bernad, Vesalius], but two great contemporaries Maurice Merleau-Ponty and Georges Canguilhem, displayed great reflections from a field of much more broad knowledge in the area of health: the first expresses "...the own body is in the world like the heart in the body, keeps continuously in life the show visible" encouraged it and feeds it from the inside, and forms with it a system..." (Merleau, 2010), here the relationship body/world where the body forms a sort of fleshy tissue is expressed: "...What encourages and feeds it from the inside..." (Merleau, 2010), so the world is in our body and vice-versa, being so advised through the body, perception so the groups are part of an unbreakable relationship between body and world where health is an integral part of the practice and life; the second says "...no there is health science." Admittedly this at the moment. Health is not a scientific concept, is a vulgar concept, which is not to say trivial, but simply common to everyone..." (Canguilhem, 1983), this means that health is a concept that can be explained by any individual or collective, not only health scientists are the owners of this body of knowledge, as the stated that the life sciences are the last stronghold in which still can resist the modernization and excessive Instrumentation (Bacarlett 2011).

Health has also lost the human value, which has given the social significance according to the socio-economic system, here nature health biologist, mark for full lines of scientific domestication: hospital, doctor, drug, nanotechnology, tomography, Positron, neutrino, implants, etc., health is converted into a good commercial healthcare pawnbroker (houses, 2015-b) It has erased any trace of magic, Cosmic, supernatural health, to make way for the commercial control of health through the science of health. This driver armed wing of health, dictates the steps of social life (Foucault, 1966), which with the construction of the biohistoria [consequences of medical intervention in the human body], medicalization and the economic unit, have given way to a construction of health as a body full of BioPower on collectives, where the only truth about what away the health of the body It is given through the structural determination of BioPower.

Another very important aspect of analysis with respect to health, the next question is: health is a right? According to Ferrajoli (2004), the State has gone through several crises, among which are mentioned: legal reason, nation State, and social status, which lead to a crisis of democracy, which is exercised by the loss of common good social policy, where the crisis of legality, popular sovereignty and regulatory capacity of the State, are part the same guarantees regulatory rights citizens including health. Thus the contemporary law with its conquests through positive law, with their values (equality, dignity and fundamental rights), political ethics is blurring when the State is subjected to the market corporations, using the property in common, as neoliberal struggles of purchase sale. But this is not new, it comes from the second World War when the welfare State was weakened, democratic corporate neo model of the welfare State and of social policy. Thus the collective industry post, more a State of neo-corporatism and pluralization of political actors and instruments of social action, lead to social policies that they

do not coincide with public policies, and collective desnormalizados with unregulated social protection systems (Herrera, 2001). Thus in Mexico on the 4th constitutional [Constitution policy of Mexico], which says "... have person entitled to health protection..." is it explicitly as a guarantee of citizenship, however later reconfirms "... the law will define the bases and modalities for access to health services...", thus health is conceptualized as an asistencial-curativa issue crystallized with access of medical services [hospitals [, basic packages of health, accessibility, health care, etc.], away the concept of the right to health of the social conception for the preservation of this right, in this way: well-paid employment, food accessibility and nutritious, living styles of good education, congruent ecosystem with the continuity of clean environments, etc., forget completely, since the conceptualized health is fully biologizada , this deregulation is national with a universal and uniform scheme which is based on the general rule conditioned by a reigning State policy, which leads to a selective scheme, diversified and objective-oriented [health as measured by indicators!, where the utilitarian reality is, logically provable, calculable, measured and expressed in mathematical terms (Lopez, 2011), rethinking health is a right?], if but understood of way perverse to only conditions asistenciales-curativas, so a State in leak contemplates to the health, as a right where the way and form of grant them them provide this same body of power.

So can consider it health not as a monolithic concept but an interactive system that is obtained, is maintained, or is lost as a result of a sum also systemic decisions they make individuals, families and groups, based on informed reasoning, contextualized and dialogues, which make sense when operated with adequate tools and resources (chapar it, 2000) , so health is a comprehensive conception of the system which involved multiple factors or elements: nutrition, economics, philosophy, politics, organization, information, services, ecosystem, etc., being in itself complex with a high degree of complexity, health is also practiced and plays socially successful and culturally accepted decisions.

DISEASE: Opposition of health

Start a reflection with respect to the concept of disease, is to fall into the determinism biologist that captures every inflection of death with its prelude to disease, that vital biological cycle of life with its outcome of death, it has been learned as so inevitable, that until the disease lacks a body of analysis to understand, since this is conceived as a necessary and unavoidable earthly stay part , where groups have assigned a highly cultural burden, so the disease is equipped of: medical condition, damage, suffering, nostalgia, physical limitation, discomfort, displeasure, annoyance, concern, concern, sleepless, impatience, etc., so not to have any of these large networks of significance, do us away from the human condition?., we would do more healthy, or, full of health?.

The disease can deal with it from a historical perspective, finding that Hippocrates in the 4th century BC (1991) starts a theoretical commitment, it banishes the origin thought disease, divine action is not the creator of disease, in Hippocratic thinking disease is created by the imbalance of the four humors (Taha, 2007), the supernatural questioning gives way to nature , where now appears the possibility of

acting directly on the body in which falls the suffering, here the ontological will anchor in disease creating a purely empirical therapeutic.

With the advent of Galen, the body still conceiving the wide range of constructs regarding the balance as part disease-giving, it is so with Galen begins to use the term *pneuma - spirit* - like subtle matter that puts into operation the cavity organs, so we find the natural *pneuma*, *pneuma life* and *animal pneuma*, but that with the advent of Christianity the biological condition of the disease passed to ground of the grace of God) Sigerist, 1933), so, extending up to in the middle ages this struggle of conceptions about the disease: the biological and mystical disputed control, so this power exercised by the disease on the human body, becomes a natural explanation to a divine elucidation of the sick, in this way the religious controls the human body completely - a can provide is generating in this space the human body begins to be disputed-.

With the Renaissance the theocentrism is replaced by anthropocentrism, giving way to the dissection of the human body in search of understanding the imbalance of the body in search of disease, Vesalius is an influential period as their dissections open a range of knowledge about human body, his book *De humani corporis fabrica* detailed anatomical structures of the body , but that the passage of time Anatomy would lose theoretical interest from physicians and barbers in the seventeenth century, because they believed that contributed little to the study of disease (Walsh, 2008), so the disease is torn between a post-galenica science and one faces static anatomical, which did not give full response to disease.

Come the end of the XVII century, Victor Broussaias (1772-1838) says the disease ceases to be essence to become reachable irritation at some point in the body (Bacarlett, 2010), this mobilizes medical thinking of the time which was a vision of fully essentialist disease completely, at this time the disease becomes reachable, and becomes the cause of a strange movement of tissues in an area of the body (Bacarlett 2010), this way the disease is anchored within a nosological thought focused on the localizable lesion by sight, touch and ear, here takes place on the one hand, the wide range of medical technology in pursuit of the disease, this begins with Auenbrugger chest percussion until the invention of the stethoscope of Laennec (Delgado, 2001), and on the other hand , with Boerhaave education in the study of Pathology - at that time was the study of the disease through the medical act - the bedside of the patient (Markham, 1856), this way is gave way to the quartering of the disease as an act of study, search and combat, with the proper construction of a hegemonic culture of the visible audible and tangible where the symptom was dominated by the sign.

Says Foucault (1999), "the sign no longer speaks the natural language of the disease, but now takes shape and value only to the interior of the queries made by medical research, disease is not already spontaneously, announced that now is a product of the encounter between the gestures of research and the body", so the sign is added as an essential part of the doctor in his act in this Act there is no waiting, but pronounce an active Act of relentless pursuit and even creation of signs of any new disease, so the notion of proposed at that time by Broussaias disease is between the physiological and pathological (Bacarlett, 2010).

In this time it medicine achieved status thanks to the anatomy-Physiology, that offers an explanation of the operation of the body, and this requires to the knowledge of a State normal or healthy of the body, so all disease there will be of understand is as deviation of it health in degrees of intensity (Bacarlett, 2010), starting from this time, the disease is converts in a phenomenon natural since was invented within it appropriation of the body as an instrument homogeneous of knowledge-science medical - and naturaliser apparatus or medicalizador in the fight against this evil, they built an exercise of power over the body, building the illness as a natural body - content biologist - in a body which can perform therapeutic implementation [Church and the courts were the only ones who had disputed this object of power], so that all that Ethereal manifestation of the demonic as supernatural order that was the core part of the disease disappeared now the body as an object of power expresses to the illness as a natural phenomenon of a medical science that seeks their release.

It is noteworthy, that the disease keeps in itself, contradiction and multiplicity in its own definition. From an anthropological perspective, the disease is understood from various perspectives, the most important: death, health and affliction, which are understood through phenomena dependent on culture and social life (Martinez, 2008), so the disease is understood through symbolism where the networks of significance have a very high cultural significance in relation to other imaginaries. In the anthropology despite what they think other sciences, there is a social scientific rigor that has been able to link the biological with the culture and insert to disease in this worldview, this Association has been studied from semantic, linguistic and personal levels without demarcating the rebuilding to a single phenomenon, thus the anthropological vision of the disease revolves around an etiology based on the notion of cultural networks multicausal, where the macro-meso-micro cover the biography of social field, where social relations, cultural representations, political, aesthetic or moral economic processes, lead to the social body as a creator of the same disease gives which signs + symptoms = syndrome, where a branch attached to the same social group based on culture, leads to the emergence of the same imaginary of the disease itself converted into "typical experiences syndrome, a set of words, experiences and feelings that are understood as a conglomerate for the members of a society, such a syndrome is a set of experiences associated each other from a network of significance and social interaction" (Good, 1977), so the disease is understood within cultural networks of networks of social significance.

In addition, culture can determine the socio-epidemiological disease patterns in two ways: from a local point of view, culture can shape the behavior of people, this implies that this likely population to acquire certain diseases - cultural affiliation syndromes. The second is that from a global point of view, the politico-economic forces and cultural practices lead people into certain activities, interacting with the environment so that they can affect health - media production and suffer. We can say that the disease is resignificada by their own culture, in the old Mexico, it was attributed to two factors: nature and the religious, in Asia, in the Indian ayurveda, imbalance of one the three humors [air, bile and phlegm] leads to the individual to get sick, in Africa the

azande understand that diseases have a soul which in turn destroys the soul of an organ, attributing the pathological causality in two large groups: those of natural origin and those of supernatural origin (Murdock, 1980;) (Ramírez, 2003), so the culture meanings in models cultural it own reality of the sick.

Also to the disease according to Good (1977), can be understood in three dimensions, the first as a condition of pathological discrete which can be described in terms of physiological and biochemical, in the second, disease understood as a natural fact, every society categorizes it, in the third, the experience of getting sick must differ from one cultural context to another so the disease is built in an individual sense within a social context, where "disease has a component of meaning within a system of meanings [semantic networks of disease], and not in a simple thing < in > as it could be a certain pathology" (Martinez, 2008: p 91), so we an organ can condense a wide range of meanings attributed to beliefs condensed around the collective representations, where this great range of content are pragmatic condition and material of the very social existence, no one can deny the expression of death, health and grief in living social, where the sick is loaded with large networks of significance.

Likewise, the disease cannot be you conceived without the body and its historic, passing from a naturalist point disease passed between humoral theory, iatrochemistry, and the itraomecanica, which was transferred to the inside of the body, the disease became from subjective to objective biomedical definition "disease is an obstacle to the realization of the normal activities of the individual", as to immobilize it, temporarily or permanently, prevent you from fulfilling its role" (Vandale, 1964), so ill is part of a utility model in any profitable economy, is for this reason that the body nowadays becomes a phenomenon of power.

So the disease is construct of the reality social of them collective where is circumscribed the body as giver of them resignificaciones, by which, the disease is an interpretation cultural assigned to the body, resulting of the historicity, the change social with its development, and the great machine hegemonic of the know scientist medical; but the disease can also be a denial to life or an abandonment to the body, the earthly, flee from reality predictable or assigned, and bring us closer to another reality or normalcy of life, another way of life away from the hegemony of the current living, conservation entails us disease can be the gateway to another forgotten reality where there is some tendency to the corporeal but yes to the immaterial (Bacarlett 2006), is illness is part life-giving within the body with its resignificada culture in a negative or positive way granted by the time live by the dominant society.

The process health/disease/care as part of the submission

The health/disease process is part of the human life cycle, where it remains framed in each one of the intimate parts of each age group. Transdisciplinarity and complexity manifest of individually and collectively to the health/disease conditions a unique way of live or die, so this combination leads through psycho-biological and socio-cultural implications that are generated in the body, to the transformation of a wide range of socio-sanitary structures biomedical curative politics and economy, where the same

origin of the process is given in the resignificada condition of living.

Part of the factual fact that the health/disease process is innate part of a collective culture, where the sick has become a condition of evil living and evil to die, curative biomedical models have remained, grown and perpetuated to trying to alleviate the multiple pathologies arising from evil to live, neglecting completely the social determination in its multiculturalism good health live marginalized groups to the misfortune of an impetuous and nonexistent health. It is thus that the health/disease process, built from the hegemonic prevailing health block avoiding complex analyses within the same processes where the complexity makes operant manifestation of own pathology of the collective.

The same health itself is a social construction, since it involved not only stakeholders but also its culture, its history, its context, its policy, its economy, etc. This dialectic interpretation of the health/disease phenomenon is also inserted into a social mechanism that tries to provide a solution to this tangled dialectic, this phenomenon called attention which has tried to find explanation at primary levels of human and material organization of the dialectical imbalance of the same processes, but has the qualitative peculiarity of man as a unit of biological, organic and functional but mostly unknown social. Attention is inserted in all factual structure in health, whether in different models and applications of curative care, but always fragmenting the individual and the collective, because its very origin is trying to combat the imbalance between health/disease, and never see in a transdisciplinary manner the range of social determination in health affecting evil die groups.

Health as human value has acquired according to the different historical epoch social significance according to the socio-economic system, which has been inserted as a commercial good. From the social point of view, health is linked to political and economic factors which are the watershed of human relationships, giving shape to the social behavior and thus conditioning the collective experience. In addition the disease is an existential fact against which all human groups have faced him, even before the scientific revolution, beliefs and medical practices were generally related to supernatural phenomena, however with the advance of medical science in the 19th century, an alternative model of therapy emerged based on the premises of the non-traditional therapy regimens where is inserted in a malicious way hegemonic curative care.

With the application of the scientific method of research in clinical pathology, could be reached to the conclusion that many diseases came from different causes (causes theory) that needed to be known, there is born the success of scientific medicine in this century, plundering it so magical and fetishistic residue, gave guideline to century positivist medicine. While these technological advances are limited within the discourse of modernity which raises the idea of the emancipation of human beings through science, this project brings with it a number of changes in the beliefs, ideas, constructs, and medical practices, by all those who participate directly or indirectly in a process called health/disease/care which therefore has altered much the conception and recognition of the other, to be structured as a single giver of truth of the imbalance in the same phenomenon.

We will depart for a concrete example, currently in Mexico and much of the world is practiced a hegemonic institutionalized medical assistance at the service of the unique, and TNCs in health - pharmaceutical, medical insurance, etc. -, taking this into account, the positivist institutionalized care medicine scientific approach is practiced within health institutions, where specifically reduces the other to a system completely biologist snatching him completely identity - culture meanings, rituals, body, etc, forcing and subjecting the groups, to one only significance of health/disease/care, so the staging of a medicine-giving truths, that fight, fight and die to end the disease. In this way the concept of the process health/disease/care, is rather a building scientist that evokes the positivism which has overwhelming commercial interest in order to continue with the collective control, the example are many: "a budget in health which amounts to 134,847.6 million pesos (8 million dollars), and that for the second consecutive year was the consolidated purchase of medicines greatest history by 51 billion pesos) (\$3 000 million), this ensures the supply to improve the health of more than 90 million Mexicans, all these efforts are made towards the attainment of a Universal national system on health, ensuring access and quality of health services to Mexicans regardless of their social or occupational status ", stating to the media that this achievement is a result of successful implementation of public policy of the Government of the Republic" (Government of the United States Mexican presidency of the Republic, 2015), this resets the State a vision of a world where political discourse is inexhaustible full of kindness and good will, this life assigned to groups, would be real vision in a world State health ", or indeed the prevailing reality of these days?" (Casas, 2016).

In this construction process of health/disease/care is marked the great amount of suffering as outrageous a structuring scheme of commercial power care giver, so it can add that; the health care scheme has been sold as a media of concern statewide success, offering the idea of reform in problem-solving and inclusive health to which has nothing (Frenk, 2007), but the reality of the country is another truth that uncomfortable to power factual, since there are reforms in health where is insert mechanism economic Neoliberal who was adopted since the 1980s and imposed by the World Bank and Monetary Fund International (mercantilist, 1990), which has been managed for several decades in a healing model corporatized biologist, whose deterioration and constant infrastructure dismantling State Hospital (Enciso, 2014), has led to reduction of budgets, causing disappearance of priority health programs, as well as shortages of medicines (Manzo, 2014), precarious salaries and outsourcing personnel in the area of health with long lines of waiting for care medical (houses, 2015-c), and a fleeting and non-existent since curate who health indicators continue to perpetuate more chronicity and disease in the collective.

In this way there is a complex interaction between health policies, services, individuals and realities, resulting in a blackout of the process health/disease/care as a subject of analysis in health policy, since this leads to a series of benefits which have been taken through the magno regulation governing the country, the political Constitution of the Mexican United States that defined in article 4 : ".. .have person has the right to protection of health." The law will define the bases and modalities for access to health services

and establish the concurrence of the Federation and the States in the area of general health... ", with the above you should draw a model of need real health groups [deleted by positivism often medical scientist at the mercy of the State where taking the final decision on health" bounded and is deleted from the real need], so that the health/disease/care process is cooptado by factual structures of power structured as unnecessary icons of life itself, are made to submit or tame the groups, leading them in different social extracts to a culture of human life that can leave an economic gain through satisfy social needs as the same haphazard construction of disease , so this need is converts in a well necessary that originates a well commercial made through the same satisfaction essential of the well profitable in health, would how much money is you willing in invest in your health and in it of their beings dear?, the health as well commercial of construction cultural of idolatry social has made of its own search a need required in a world with hypermodernity , and social exclusion, which has no money to solve your disease, remains outside any benevolent social structure in care, to meet with their loved ones death itself, with his misfortune, chronicity, and oblivion.

The fallacy which is embedded in the collective conditions progressively the undeniable trend of scientific submission through the process health/disease/care, where the crucial phenomenon of earthly outcome becomes economic availability of monetary capital to combat disease, positioning years pass dedicated to the economic output of the collective to satisfy priority needs encrudecen the process health/disease/care - sick is innate condition of evil live - , so social factors involve conditions squalid resignation prone to spending more on health by having less, thus increasing a neoliberal through economic reproduction an asset that represents the universal need of the right to health, education, work, security, food, dress, etc., not only is not concrete in health search , it is necessary to realize the model-centric worldview hegemonic medical healing, where the existence of medicine itself is the fight against the disease appropriating body implementing therapeutic manipulation invasive, to eradicate the body malfunctions, electrolytes and molecules of glucose, cholesterol, triglycerides, or cardiac enzymes, which play the detonating role of the medical standards for capital good in health, so the normal or pathological is part of the essence of this worldview fatal.

Genes with regulators Biomolecular, neutrinos, medicine nano-tronica, transplants of any kind of organ, modulation of stem cells, Positron tomography, speculation of a medicine to combat the process health/disease, which leaves the individual and submits it to the arduous passage of biomedical internships and services of subspecialties that emerge every day, warming to the cells and the genome to a fully theatrical fallacy , conditioning one arrogant science of fashion that destroys our thin wires being, at the expense of technical terms and services that play with the unreality of our social world, so there will be a cure real body, since it meets a wide range of cultural appropriation scientific for getting sick in a thousand ways, what is now a new condition [H1N3] tomorrow will be appropriate as part of a mandatory and necessary immunization schedule to not get sick, so human genome or tauonicos neutrinos, are part of a fallacious submission in order to fight from a process health/disease/care

to the abandonment of social common sense, with regard to the good live.

By way of closing

The process health disease must consider it in a situation not static, in this way it is possible to refer to health or disease, from an aspect of integral and dynamic perspective where the complex has its integrative complexity, so it is inevitable to refer it only and exclusively as health/disease, this process is equipped with an expression with two pole continuous infinite way interseccionados , which constitute a process where them individuals and them collective is move of way continuous between them timber of significance cultural, assigned by the own construction social of the time, so this process not should look is to the lightness or much less than way static, since the line between health / disease is incessant, chaotic and turbulent, is time that through these reasons practices can refute it built around this process , and build a new approach to the process health/illness, encompassing a look transdisciplinary anchored in each territory, place, individual and collective, looking for so u need n common good in health. It should not continue with these epidemiological desktop fleeting looks, because many of them end up in one or the other pole of the same process, by which the existence of a pole times is prepended to each other, ending with gravitate between one of the two States, without realizing the dynamics of the process itself. Therefore, it is necessary to consider the object of knowledge as a health/disease/care processes, as part of the constant Dynamics where the individuals life develops from birth until his death, so the cultural context that dominate the reality of the process itself, will constitute, perpetuate and continue building the networks of significance this dichotomy changing environment.

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