

Sociology of Health and the Contemporary Development of Alternative Medicine: Developments and Challenges

Mohammed Oualid SERHOUD^{1*}, Nacima TEBCHOUCHE²

¹ Laboratory of Family and society University of Batna 1(Algeria), mohammedoualid.serhoud@univ-batna.dz

² University of Batna 1 (Algeria) nacima2407@gmail.com

Received: 24 / 08 /2025

Accepted: 16 / 09 /2025

Published: 08 /10 /2025

Abstract: Medical sociology, which emerged in the 1950s, studies the social, cultural, and economic influences on health, illness, and healthcare systems, aiming to understand how societal structures shape health practices and perceptions, as highlighted by scholars such as Talcott Parsons in his book "The Social Order." This article aims to analyze the evolution of traditional medicine into alternative medicine from a sociological perspective, exploring its historical roots, contemporary transformations, and challenges. It concludes that alternative medicine, which includes practices such as acupuncture, chiropractic, and herbal remedies, differs from traditional medicine in terms of formal training and modern diagnoses, reflecting cultural identity and resistance to the mechanistic approach of biomedicine. The global spread of alternative medicine, driven by medical tourism and the media, emphasizes its role in bridging tradition with modernity, addressing holistic health needs, and reshaping perceptions of community health, despite challenges such as the shortage of specialists and sensitive research topics.

Keywords: Health; Illness; Sociology of Health; Alternative Medicine; Traditional Medicine; Healthcare Systems

* Corresponding author.

I- Introduction :

Medical sociology is a specialized branch of general sociology. It studies the complex interactions between social, cultural, and economic factors, on the one hand, and patterns of health, illness, and healthcare, on the other¹. Using its theoretical and analytical tools, this field seeks to understand how concepts of health and illness are influenced by social structures and how therapeutic practices are shaped within cultural and historical contexts². The sociology of health is an extension and development of this interest, addressing health problems in their comprehensive dimensions, including prevention patterns, patient behavior, care policies, and the distribution of health services³. It also examines the relationship between medicine and society in its institutional and symbolic dimensions⁴.

Within this sociological approach, it is important to view traditional medicine as a form of medical knowledge rooted in the cultural heritage of societies and based on the accumulation of popular experiences and knowledge in disease management and treatment⁵. Although this medicine is essentially a local product, it has undergone contemporary transformations that have opened its horizons to other therapeutic models derived from multiple cultures, contributing to the development of the concept of alternative medicine⁶.

Alternative medicine refers to a wide range of therapeutic practices that fall outside the institutional framework of biomedicine. Based on this approach, this theoretical study seeks to provide an analytical reading of the development of alternative medicine from a sociological perspective, based on an understanding of the historical and cultural background of traditional medicine. It also explores its transition into the field of contemporary alternative medicine, examining the challenges and developments that accompanied this transformation.

II– Methods and Materials:

2.1 Sociology of Health

The field of health sociology is one of the fields of sociology that focuses on issues of health and illness as social phenomena deeply embedded in human societies. This field emerged after World War II, specifically during the 1950s⁷. Previously, illness and health were theorized from a biological and organic perspective, meaning that medicine was the only field that had the right to diagnose illness biologically and organically. However, with the advancement of sociological studies and approaches during the 1950s, the medical approach shifted toward the horizon of sociological and social analysis of health and illness^{8, 9}. This also marked a notable shift from a biological diagnosis and approach to a social approach and study. Credit for this goes to the

functionalist sociologist Talcott Parsons (1902-1979), one of the early founders of health sociology¹⁰. He moved beyond the medical perspective and considered health and illness as social phenomena in his book "The Social Order" in 1950¹¹. The delay in the study of health and illness in Europe is due to the French school, which focused more on theory than empiricism¹². My field is the opposite of the American school, which focused on linguistic studies in this field.

2.2 Definition of Medical Sociology and its Origins

Before addressing the definition of medical sociology, it is necessary to point out that it emerged after World War II as a new specialization in sociology in some industrialized countries¹³. It "emerged as a response to the social needs within the health sector experienced by these societies, particularly those related to the changes affecting the health sector at the technical, organizational, economic, and social levels"¹⁴.

Despite the emergence of medical sociology in the late nineteenth and early twentieth centuries, there is no precise definition. Therefore, we will present the following definitions:

2.2.1 Definition of Medical Sociology:

Muhammad al-Jawhari's definition: In his book, Applied Sociology, he defines medical sociology as "an attempt to apply sociological theories and methods to the field of medicine as a social system. This branch also includes the study of people's perceptions of health and illness"¹⁵.

Hussein Abdel Hamid Rashwan believes that "medical sociology is a field of general sociology concerned with studying the mutual influence between society on the one hand and medicine and nursing on the other, and examines the social causes and consequences of illness in the local community"¹⁶.

From these two definitions, from these two definitions, we conclude that there is a relationship and interconnectedness between social and economic factors and health, meaning that one influences and is influenced by the other. Furthermore, people's health is a direct responsibility of society.

David Mechanic, argues that medical sociology is a set of efforts aimed at developing sociological ideas within the context of medical systems and studying important applied issues related to health and disease processes¹⁷.

Patrick Donald views medical sociology as "the science that studies the social causes of illness and death and the social causes of health, vitality, and longevity"¹⁸. In the same vein, **Parsons Talcott** argues that medical sociology is "the science that studies the relationship between society and disease, in terms of its nature, causes, effects, and treatment, and its relationship to the society in which it exists and develops under its conditions and circumstances"¹⁷.

Examining the previous definitions, one finds that they link the concepts of health and illness to society. This is what led medical sociology to emphasize the complementary relationship between them and to provide us with a field of knowledge about the values related to health and illness among members of society, as well as the methods these individuals resort to in treating the diseases they suffer from. This indicates that this science focuses its study on aspects of a social and cultural nature, and in doing so, it draws on a number of approaches to studying issues of health and illness, such as the structural-functional approach, the ecological approach, the comparative approach, and other theoretical approaches from general sociology.

Thus, medical sociology represents a link between sociology and medicine, as **Watson and Susser** argued in Their book, "Sociology of Medicine," defines medical sociology as "the social science concerned with studying the social, economic, environmental, and psychological factors that relate to and influence the health of groups and societies, and the spread of diseases and epidemics, with a practical, applied focus on the social sphere, such as providing medical and social services to promote health, combat disease, and provide appropriate solutions to health problems within their social context." Therefore, medical sociology focuses on studying health and disease phenomena within their social context.

From this, we conclude that any idea or concept presented by medical sociology is reflected in the medical system, providing its members with an understanding of the importance of social factors related to health and disease, the family model and its role in medical decision-making, patient behavior and their relationship with health services, and more.

2.2.2. The Emergence of Medical Sociology:

There are multiple reasons behind the factors that contributed to the emergence of medical sociology. Perhaps the most important of these are two factors.

The first is sociology's neglect of health and disease phenomena in society, and its lack of interest in studying and analyzing health institutions and demonstrating their effective role as a social system or as social institutions responsible for providing healthcare for members of society^{19, 20}.

The second factor, which is considered one of the main reasons for the emergence and emergence of medical sociology, is represented by medical science's neglect of the social environment surrounding the patient and the extent of its impact on them, and the impact of diseases on the social structure, especially since we are fully aware of the effective role of the environment in influencing human health²¹. Through this neglect of both medicine and sociology, medical sociology emerged, specifically in the 1950s. Through its themes, it attempted to link and clarify the interactive relationship between medical and social phenomena. Examples of this are numerous. For example, but not limited to, we find that heart disease and diabetes are due to social factors represented by dietary patterns and the daily activities of members of society, such as exercise, exposure to social pressures in the workplace, etc²². All of these practices are fundamental causes. For illness, as well as neuropsychiatric illnesses such as fear, anxiety, and hysteria, which are caused by social factors²³. Further development of this field was facilitated by publications in medical sociology, such as **David Mechanic's** 1952 book, "**Stress**, Sick Behavior, and the Patient," and his 1959 book, "Medical Sociology," in addition to Professor **Ballent's** 1954 book, "The Doctor, His Patient, and Illness." We also find **Parsons Talcott**, who wrote a book entitled "The Role of the Patient in the Hospital: Changing Patterns of His Duties and Rights," in 1961, and other works that played a decisive role in the emergence and development of medical sociology.

3. Functions of Medical Sociology and its Most Important Publications:

3.1. Functions of Medical Sociology:

- Its focus on studying the relationship between social reality and diseases prevalent in society.
- Its analysis of the effects of health and disease on society and the social structure.
- Linking data from social reality to psychological illnesses and the impact of psychological illnesses on physical illnesses. This clearly indicates that there is an interactive relationship between social, psychological, and physical illnesses²⁴.
- Diagnosing the causes of social illnesses and ways to treat them.

- Studying and analyzing the human relationship in healthcare institutions, i.e., studying the human relationship between the doctor, the patient, the nurse, and all members of the medical team²⁵.

3.2 Writings that contributed to the emergence of medical sociology:

Medical sociology writings have varied and diversified according to the schools of thought to which each thinker belongs. However, we note that there are five writings:

Talcott Parsons, David Mechanic, Edwin Lemert, Kenneth Jones, and Émile Durkheim.

These writings on community medicine and medical sociology are considered the foundation for the emergence of medical sociology and the development of its theories and methods. We will review them below:

First: The Social System by ***Talcott Parsons*** (1902-1979). ***Parsons*** is considered a pioneer of structural-functional theory. In his book, "The Social System," he focused on studying the social system, which he analyzed into a number of institutions, such as the religious institution and the military institution. The goal of analyzing these institutions was to arrive at social roles, which include rights and duties²⁶. In his study of functional roles, ***Parsons*** chose the healthcare institution, focusing on the hospital and identifying its roles, the most important of which are the role of the patient, the role of the physician, and the social relationship between the two roles²⁷. In his book, "The Social Order," ***Parsons*** recognized the formal social role of the patient, which emerges through the medical profession. ***Parsons*** argues that the balance of the social order depends on each individual fulfilling their role, enabling the system to function effectively and sustainably. Therefore, people must be driven by a sense of duty and commitment to social relationships²⁸.

Given that illness enables a person to stop working, there must be regulatory standards that control and prevent the use of illness as a pretext or excuse for relieving themselves of the duties and responsibilities assigned to each individual²⁹. We can imagine the reality of any organization where its employees are absent from work due to illness or fatigue, and the lack of a suitable alternative. For example, the absence of a worker from a factory would paralyze the industrial sector or reduce production levels, which in turn would inevitably impact the course of economic development and, consequently, comprehensive development. In order for the process to be objective and controlled, leaving no room for the working individual to use illness as an excuse and

abandon their responsibilities or duties, an effective element was relied upon to control the role of the patient and ensure their absence from the work assigned to them for a period of time, depending on their health condition. This effective element is represented by the doctor. In this regard, Parsons says, "We can regulate the role of the patient by appointing physicians who are tools of social regulation by embracing the role of the patient in the doctor's visit"³⁰. That is, the physician works to guide the patient to achieve recovery and return to performing his functional role in society. "Thus, he explains the role of the patient in the family and society as a role based on the patient's commitment to his duties and rights."

Second: The book "Medical Sociology" by **David Mechanic** (1915-2001). He is one of the most important American sociologists. He initially specialized in medicine and later in medical sociology. Among his most important works, in addition to the aforementioned book, are his book on "Family Medicine" and another on "Community Medicine." Anyone who studies the book "Medical Sociology" will find that it focuses on the most important topics that medical sociology studies, including the interaction between doctor and patient³¹. It also compares healthcare systems in a number of countries around the world with their counterparts in the United States and Britain.

Third: The Book of Social Illness by **Edwin Lemert** (1912-1996)

Lemert wrote his book, Social Illness, after adopting the theory of social stigma³². In this book, he classified social illnesses into primary and secondary social illnesses. He concluded that secondary illnesses develop into primary illnesses, and that the latter also develop into secondary illnesses. According to him, primary social illnesses are: "illnesses that affect individuals as a result of one social cause or another, such as alcoholism, addiction to alcohol, and sectarian, class, or ideological extremism"³³. The illness is quickly learned of by members of the local community in which the patient lives, and these individuals form a prejudiced mental stereotype about that individual, such that this image becomes a stigma that accompanies them throughout their lives, as they are labeled a drunkard, for example."

Fourth: The Sociology of Medicine by **Kenneth Jones**³⁴. This book first appeared in 1955. It addressed the relationship between sociology, medicine, family, and socialization, and their impact on individual behavior and social relationships. In Chapter 8, the author examines social ecology and demography by examining population growth trends in society, with everything related to disease and healthcare. Chapter 11 focuses on the study of sociology in medicine, clarifying the

scope of sociology in medicine and the types of diseases prevalent among the population. It also examines the social structure of the hospital as one of the most important healthcare institutions, as **Talcott Parsons** did.

Fifth: The Book of Suicide by **Émile Durkheim** (1858-1917)

The book Suicide is considered the most important work in medical sociology. In it, **Durkheim**³⁵ examines the social factors of suicide, which are attributed to three factors: social isolation, social altruism, and social disintegration. With this conception, he emphasizes that the causes and effects of suicide are not solely psychological or medical, but are primarily social. The social factor is considered the primary influence on an individual's psychological state, causing a kind of imbalance and disturbance in the individual's psychological state. The more severe this disturbance becomes, the more likely the individual is to commit suicide. The same can be said of other social phenomena. The aforementioned works all emphasize the close relationship between sociology and medicine, and that society may be a primary cause of individual illness. Physical illness may also be a cause of the patient's deterioration in social status and deviance.

4. Objectives of Medical Sociology

The objectives of medical sociology are diverse, and all aim to address the human condition in all its psychological, mental, physical, and social aspects. Given this diversity of objectives, they have been classified into two types: practical objectives and scientific and methodological objectives, as follows:

4.1. Practical Objectives:

- Identify the causes and consequences of diseases, and the means of treating and preventing them.
- Study the social environment and its role in the emergence of social and psychological diseases.
- Study the structure of the health institution, its functions, its internal and external relationships, and its system with the aim of activating it. This is because activating the health institution effectively contributes to combating diseases, identifying their causes, and treating them.
- Understand the nature of social relations prevailing in the health institution and ways to strengthen and maintain them by identifying their causes and effects.

- Identify social diseases and distinguish them from psychological, neurological, and physical diseases^{36, 37}.

4.2. Scientific and Methodological Objectives of Medical Sociology

- Focus on increasing the number of researchers and professors in the field of medical sociology with the aim of developing and advancing scientific research in this field and making it more effective in explaining most of the social phenomena it addresses.
- Develop theories and methods of medical sociology, particularly the analytical approach used to obtain new information.
- Establishing academic departments specializing in medical sociology within the departments of psychology and sociology, as such departments would further the development of medical sociology and community medicine.
- Establishing academic boundaries between medical sociology and sociology and medicine, as establishing these boundaries leads to the independence, maturity, and full autonomy of medical sociology³⁸⁻⁴⁰.

4.3 Areas of Interest in Medical Sociology

It should be noted here that medical sociology is divided into two sections: the first is called the study of medicine or sociology in medicine, and the second is called the use of sociology in the field of medicine or the sociology of medicine. This division was proposed by the scholar Robert Strauss.

First: Robert Strauss's classification of medical sociology:

Regarding the first field, we find it "concerned with the study of medicine as a system and the various branches of the existing medical system, using sociological methods and approaches."

The sociologist is considered the only specialist in the study of such a subject.

As for the second field, "it concerns the study of the social conditions and circumstances of health and illness, especially those related to specific diseases." According to **R. Strauss**, "the sociology of medicine can be a field of interest for people outside the medical profession, i.e., those not closely connected to medical teaching or clinical research"⁴¹.

In other words, the latter field represents a field of shared interest for sociologists, anthropologists, ecologists, and physicians alike. Many disciplines, and even society itself, share this field in terms of understanding people's opinions and perceptions about the effective causes of disease and the therapeutic methods adopted to eliminate and mitigate diseases. Public participation, therefore, plays an effective role in promoting health development plans if governments pay attention and care to it. In general, we say that distinguishing between these two fields does not mean a categorical separation between them. Rather, the purpose of the separation is to clarify that each field has its own specific interests, which ultimately leads to the integration of these fields, resulting in a sound vision and conception for achieving health development. This indicates that social life abounds with numerous topics that require research and study. Some of these topics involve collaboration between specialist physicians and sociologists, while others involve the sociologist studying them alone. In this regard, **Muhammad al-Jawhari** says, "The close relationship between these two branches of medical sociology is most clearly evident in the field of studying mental health hospitals, which can be applied in the same spirit to studying all types of healthcare institutions." As for areas of interest in medical sociology, **Rodney M. Coe's** 1970 book «Medical Sociology» is considered one of the most important works that have highlighted the most important fields of medical sociology. The researcher argued that there are four basic perspectives used in the field of medical sociology, including "that each society develops its own systems for healthcare, and these systems vary in their degree of sophistication, ranging from folk medicine to modern formal medicine"⁴².

Second: David Mechanic, who identified the most important areas of interest in medical sociology as follows:

- *Health policy*: This field specializes in studying various methods of healthcare in society, the relationships between governmental and voluntary bodies in this field, and international cooperation in the field of medical services. This field also studies people's needs for medical services and the availability of financial, scientific, and technical capabilities to provide these services⁴³.
- *The relationship between social pressures and illness*: i.e., studying the relationship between the pressures faced by the population of a society and their rates of disease. This study is conducted between sociologists and physicians⁴⁴.

- *Social and community psychiatry*: This latter field studies the factors that contribute to improving the health status of individuals, as well as raising the level of health awareness and disease prevention, and the correct psychological response to illness and treatment⁴⁵.
- *Studying medical education systems and their outcomes*: This course examines the strategy in place in medical education and its outcomes, in addition to studying some medical professions, such as nursing and medical auxiliary professions⁴⁶.
- *The structure and functions of community health organizations*: the nature of their relationship with the population, and methods of providing medical care⁴⁷.
- *It also addresses the following topics*: the distribution of diseases among the population and their causes, cultural and social responses to disease, as well as the social and cultural aspects of medical care, the study of mortality, and the study of the hospital as a social organization. In this regard, we must not forget the most important field of medical sociology, social epidemiology. This course aims to study the emergence and distribution of diseases among the population, i.e., the social origins of diseases and the factors affecting changes in mortality rates, using available statistical data.

The topics that medical sociology specializes in studying include^{3, 4}:

- The concept and objectives of medical sociology, its fields, methods, and problems.
- Its history, its most important pioneers, and their scientific works.
- The relationship between medical sociology and sociology and medicine.
- The emergence of medical sociology as a science independent of sociology and medicine, and the factors that led to its independence from other scientific branches.
- The structural and functional analysis of medical institutions, such as hospitals, medical clinics, health centers, and others. This analysis includes an analysis of social roles within healthcare institutions, rights, and duties...
- The human relationship between physician and patient, as well as between nurse and patient.
- Social factors influencing health and illness.

- Community and family medicine.

Thus, we find that medical sociology is characterized by a broad scope of interest, especially since it is concerned with studying extremely important applied issues and matters. Therefore, its role is almost identical to that of a psychiatrist or specialist in other fields.

5. Problems of Medical Sociology:

Every science has its own difficulties and problems. Like other sciences, medical sociology suffers from a number of scientific and methodological problems, including^{48, 49}:

The presence of some topics that are too sensitive to study and research, such as the social effects of chronic illnesses on patients and their families.

The newness and emergence of this science also means that specialists in it constitute a small percentage, which is reflected in the quantity and quality of scientific research. This, in turn, constitutes a very small percentage compared to other specializations, making it incapable of explaining the physical and causal manifestations of social illnesses.

Specialization in medical sociology requires specialization in both sociology and medicine. Given the difficulty of achieving this requirement, it is natural for there to be a small number of specialists in medical sociology.

The lack of clear boundaries between medical sociology and sociology on the one hand, and between medicine and medical sociology on the other.

6. From Medical Sociology to Health Sociology:

When we talk about disease, we don't just mean a dysfunction in the body; it also refers to a dysfunction in society. From this perspective, the field of medicine became a subject of sociological research, and as a result, what is known as medical sociology emerged. Initially, the goal of medicine throughout the ages was to find a cure for various ailments. However, the developments in medicine and medical sociology have transformed the function of medicine from the art of treating and curing diseases to a higher function embodied in maintaining the health of healthy individuals. This is known as health prevention⁵⁰.

This led to the concept of medical sociology being transformed into the sociology of health. This is what some researchers have argued for, regarding the necessity of expanding the scope of

medical sociology to the sociology of health. This is because the latter field is more comprehensive and broader than the former, which focuses primarily on diseases, disabilities, and the institutions and professions that care for them. Meanwhile, the sociology of health refers to the same fields when applied to the study of healthy individuals. In other words, "the sociology of health was used to refer to scientific approaches to prevention, and then health"³.

It is noteworthy that this shift has not only affected medical sociology, but also other aspects. It is no longer simply a question of medical sociology and medical economics. Rather, the matter has changed, and in their place has come the sociology of health, health economics, health psychology, and health policy. Concern has shifted to human health, focusing on finding the means by which to maintain health. We note here that the term "human health" refers not only to the sick person, but also to the healthy person who does not suffer from any disease. This indicates that treating the sick alone is not sufficient; rather, they must be protected. And health education. The same is said of a healthy person regarding the necessity of prevention and health education through awareness campaigns, whether in the workplace or at the family level. This is what is practiced in most countries, both developed and developing⁵¹.

Thus, it can be said that sociology has made an effective contribution in clarifying the social and cultural dimensions of health and illness. This contribution has been embodied in the publication of a number of studies and books that address the social dimensions of illness and health. In addition, medical students have been enthusiastic about the need to provide them with a curriculum on the psychological and sociological dimensions of illness and health. This means that illness cannot be considered solely a biological event, but also a psychological and social event⁵².

Based on all of the above, it can be said that health sociology is a new branch of general sociology. It focuses on the study of the social factors of health and illness and is based on an understanding of the diverse social contexts that go beyond personal experiences regarding the health of individuals within a community and how they interact with health services provided by healthcare institutions or the environment.

7. Alternative Medicine

7.1. The Concept of Alternative Medicine and Its Origins

The concept of "alternative medicine" is a modern concept, and there is no established, specific definition of this concept to date. It can be defined as a treatment method that does not use drugs and synthetic chemicals to treat diseases⁵³.

Alternative medicine is a therapeutic technique that relies on the use of natural remedies, alternative technologies, and nutritional supplements instead of traditional chemical drugs. Alternative medicine is typically used to treat diseases that cannot be treated with conventional medicines or to alleviate symptoms and improve overall health⁵⁴.

Alternative treatments used in alternative medicine include many techniques and therapies, including herbal medicine, massage, yoga, light therapy, breathing training, psychoanalytic therapy, and others. These treatments are usually used in a complementary manner, meaning they are used together to achieve health benefits⁵⁵.

Alternatively, it is a collection of treatment methods derived from the traditional medical heritage of various nations, such as ancient Chinese, Indian, Tibetan, African, and American medicine, and the Prophetic medicine of Muslims. Some refer to alternative medicine as folk medicine. Therefore, it is important to understand what folk medicine is and what are the similarities and differences between it and alternative medicine⁵⁶.

7.2. Definition of Traditional Medicine:

*"A system of cultural values and knowledge that has been shaped since ancient times, a therapeutic medical system built on traditional forms of belief, behavior, and practices aimed at combating disease in the pursuit of healing"*⁵⁵.

Some have defined it, based on the types of practices practiced and the types of traditional healers who practice it, as:

- Folk medical practices specific to members of a particular ethnic group, such as Chinese folk medicine or Mexican-American folk medicine⁵⁷.
- Practiced by medical practitioners outside of formal medical institutions⁵⁸.
- Its therapeutic methods may be either good methods derived from ancient Semitic traditions or inferior therapeutic methods, such as those used by primitive communities to treat themselves rather than seeking trained medical care⁵⁹.

The World Health Organization considers traditional medicine a form of traditional medicine and defines it as: "Referring to methods and means that existed before the advent of modern scientific medicine. It also includes health treatments that belong to the heritage of each society and are passed down from generation to generation"⁵⁶.

It also defines it as: "The knowledge, skills, and practices based on the theories, beliefs, and experiences inherent in different cultures and used to maintain health and prevent, diagnose, treat, or improve the condition of those afflicted by physical and mental illness. Traditional (folk) medicine encompasses a wide range of treatments and practices that may vary from country to country and region." In some countries, this medicine is referred to as alternative or complementary medicine⁵⁶.

Miller states that folk medicine is the most widespread use among people of traditional cultures, and that resorting to the ways and approaches of life contained in ancient cultures, whether in social or health life, is an attempt to adhere to everything traditional, even in its secondary form, especially when moving geographically and interacting with other cultures. Cultural heritage is considered a clinging to identity⁶⁰.

Don Yoder: He argues that folk medicine is all traditional ideas and perspectives on disease, and the related behaviors and practices related to disease prevention and treatment, regardless of the official framework of scientific medicine⁶¹.

Folk medicine, also known as informal healthcare, is a collection of health services unrelated to medical sciences, i.e., away from hospitals, doctors, and specialists. These are practices and services provided to patients by individuals who have no scientific connection to the medical profession or medical team. They may have field experience, information, or practices inherited from their parents or grandparents. In summary, we can say that folk medicine is a collection of experiences and practices passed down from grandparents to children, from generation to generation, through verbal transmission. It is an integral part of popular culture and relies on experienced individuals who have standing and trust in the local environment in which they practice. Most of these individuals are elderly and use a variety of therapeutic materials in their treatments, all of which come from nature, including herbs, animal organs, and skins, as well as other natural materials such as wood, iron, and others. This includes reliance on metaphysical matters, such as spirits, jinn, and treatment with magic, etc^{62, 63}.

7.3. Similarities and Differences Between Alternative Medicine and Folk Medicine

Similarities

Both alternative medicine and folk medicine are considered part of a therapeutic heritage used by or have been used by a specific group or people for treatment. This heritage is as ancient as those of ancient Egyptian medicine, Chinese medicine, etc⁵⁶.

That is, alternative medicine includes folk medicine, and both are the origins of modern medicine. The treatment methods followed by these peoples to treat illness, or as a lifestyle in a particular environment, have led many modern medical scientists to explain the causes of illness and extract medicines, especially in the herbal form, i.e., treatment with herbs⁵⁶.

Differences

Alternative medicine differs from folk medicine in that most of those who practice alternative medicine have received training in using a particular alternative medicine method, unlike those who practice folk medicine, who have inherited it from their ancestors⁶⁴.

Alternative medicine practitioners use more than one method or style of treatment, unlike traditional medicine practitioners, who use a single method or style of treatment to treat a specific illness⁶⁵.

Traditional medicine relies on metaphysical matters to diagnose illness, while alternative medicine often relies on modern methods such as Chinese x-rays and laboratory tests. In other words, it does not conflict with modern medicine except in the treatment style⁶⁶.

Most users of traditional medicine are elderly and have limited educational attainment, unlike alternative medicine practitioners, who are found across all age groups and have a reasonable educational level. In many cases, we find some doctors and health practitioners practicing this type of treatment after taking numerous training courses. For this reason, we find that alternative medicine is growing and increasing, due to the theoretical and field studies conducted by practitioners of this type and the results achieved in treatment and overall health maintenance. Alternative medicine practitioners practice their therapeutic activities in specialized centers that contain all the equipment, including occupational safety equipment, for this activity. Meanwhile,

traditional medicine practitioners are found using unlicensed facilities that are not subject to oversight or occupational safety, especially the dangers of transmitted and contagious diseases⁶⁷.

7.4. Alternative Medicine Methods

There are many alternative medicine methods, and we will discuss the most important or most widespread of these methods. We have attempted to divide these methods into four basic categories:

7.4.1 Body Treatments:

This type of treatment is used by specialized therapists, through direct intervention in the body, through pressure, suction, or heat, with the aim of stimulating organic functions, alleviating pain, and enhancing the body's ability to heal itself. This method often relies on the body's muscular and skeletal systems, but it also affects the nervous and circulatory systems⁶⁸. The most important types of this method include:

□ **Chiropractic:** This therapeutic approach was adopted in North America at the beginning of the twentieth century. It relies on manual massage and manipulation, viewing the relationship between the structure of the spine and the function of the nervous system as the key to maintaining or restoring health. The primary method for correcting this relationship is spinal manipulation. Chiropractors may also perform physical therapies (such as the use of heat and cold, electrical stimulation, and rehabilitation strategies), massage, acupuncture, or recommend specific exercises and lifestyle changes. They may also recommend ways to eliminate certain habits in patients' work environments to make work easier and safer. These changes can help prevent back pain. The treatment process is being actively studied. The most common problems treated with chiropractic include lumbar pain, headaches, skin pain, and neuralgia caused by irritated nerves. Previous clinical studies have shown that chiropractic treatment is as effective as formal medical treatment for relieving low back pain. Serious complications of spinal manipulation, such as lower back pain, nerve damage in the neck, and damage to the arteries in the neck, are rare. Other side effects may include malaise, headache, and fatigue, which usually resolve over time. Spinal manipulation is contraindicated in people who have or have previously suffered from osteoporosis, neuropathy, previous spinal surgery, stroke, or vascular disorders⁶⁹.

□ **Therapeutic Massage Therapy:** The use of this type of therapy dates back to ancient Chinese medicine (circa 2700 BC). Massage was known as "Tui Na" in ancient China and was part of

Ayurveda, the traditional medical system in India that originated over 4,000 years ago and was associated with herbal remedies and therapeutic oils. It was also used in ancient Greece and Rome by physicians such as Hippocrates as part of physical rehabilitation after injuries. It is also mentioned in Arab and Islamic medical heritage, such as *Ibn Sina's* book, as a means of stimulating blood circulation and loosening muscles. This technique relies on the systematic manipulation of the body's soft tissues, using the hands, elbows, or special tools, with the goal of improving the patient's physical or mental health. It is used to relieve lower back and neck pain, improve sleep quality, alleviate symptoms of anxiety and depression, and enhance athletic performance and recovery after exercise. It is contraindicated in cases of open wounds, skin infections, fractures, or osteoporosis, and in cases of pregnancy in women⁷⁰.

□ **Reflexology:** The use of this type of therapy dates back to ancient Egypt (circa 2330 BC), where drawings were found in the *Ankh-Mahor* tomb in *Saqqara* depicting practitioners massaging the hands and feet. In ancient China, this type of therapy was associated with the philosophy of Qi (energy balance). Its modern Western form was developed in the early twentieth century by American physician *William Fitzgerald* and nurse *Eunice Ingham*. This type of therapy relies on applying limited pressure to specific areas of the feet, hands, or ears, which are believed to be connected via nerve pathways to various organs and systems in the body. The hands and feet are divided into areas, each associated with a specific system in the body, called the body's reflex map. Pressing on these areas stimulates the nervous system associated with that organ, known in this type as "energy flow." This type of treatment is used to relieve headaches and migraines, reduce stress and anxiety, relieve lower back and joint pain, improve sleep quality, and help reduce symptoms of irritable bowel syndrome and some digestive disorders. It is also used for foot wounds and infections, diabetes, and peripheral circulatory disorders⁷¹.

□ □ **Cupping:** The use of this type of treatment dates back to ancient Egyptian civilization and was mentioned in the *Ebers Papyrus* around 1550 BC as a method for treating various diseases. It was used as part of traditional Chinese medicine as a preventative and therapeutic treatment, and was used as part of bloodletting techniques for common diseases in the Middle Ages⁷².

Cupping is a therapeutic procedure in which special cups are placed on the skin to create negative pressure (suction) to stimulate blood flow, relieve pain, and stimulate circulation. There are several types of cupping, including dry cupping, wet cupping, mobile cupping, and fire cupping. This type of therapy is used to relieve lower back pain, reduce migraines and headaches, reduce

asthma and respiratory symptoms, relieve muscle pain caused by stress, and support general health through preventative practices. Cupping should not be used in cases of severe anemia or bleeding disorders, in areas of inflammation and open wounds, or on the abdomen and lower back of pregnant women. It is best used by a trained practitioner to avoid infection or skin damage⁷³.

□ **Leech therapy:** The use of this type of therapy dates back to ancient Egypt, where depictions of leeches were found on medical murals. It was used for skin diseases and inflammations. It is part of the Indian Ayurveda tradition and was used as a blood purifier. Hippocrates and Galen recommended this method for treating various ailments, particularly high blood pressure and vascular congestion in Greek and Roman medicine. It was used in medieval Europe and Islamic civilization to treat fever and circulatory disorders. The scholar and physician **Ibn Sina** mentioned it in his book, *The Canon of Medicine*, as a treatment for some skin and joint diseases⁷⁴.

This type of therapy uses specific types of medicinal leeches for therapeutic purposes, allowing them to attach to the skin and absorb a limited amount of blood. This type of therapy is based on the properties of leech saliva, which contains active biological compounds, such as hirudin, which prevents blood clotting, as well as vasodilating and pain-relieving compounds⁷⁵.

This type of therapy is used to treat blood congestion in affected areas, relieve joint and rheumatic pain, treat skin diseases, cosmetic surgery and transplantation, treat peripheral circulatory insufficiency, relieve pain in cases of osteoarthritis, and treat superficial venous thrombosis. This type of therapy is contraindicated in cases of severe anemia, bleeding disorders, the use of medications that increase blood flow, a weakened immune system, or acute infections⁷⁶.

Fire Towel Therapy: The use of this type of therapy dates back to ancient China and falls within the philosophy of activating vital energy (Qi). It has been used in Japan and Korea, but under different names, in traditional baths and massage centers. This type of therapy was introduced to the Arab and Islamic world by therapists trained in China⁷⁷. □

It is a heat therapy technique that relies on placing a towel or cloth soaked in a special liquid, followed by a medical alcohol solution. The towel is then placed on the area to be treated, often the back, shoulder, or joints. The towel is lit for a short time, then the flame is extinguished with another towel or by applying pressure. This process takes seconds, with the goal of safely transferring intense heat to the deep tissues of the body. Sometimes, herbs or therapeutic oils are added to enhance the health benefits. This technique is commonly used to relieve muscle and joint

pain, particularly caused by dampness and cold, improve blood circulation in the extremities, relieve neck and shoulder stiffness, aid muscle relaxation, especially after stress and physical activity, and stimulate the immune system, according to traditional Chinese medicine. This type of treatment prevents skin infections, heat sensitivity, and open wounds⁷⁷.

Bee sting therapy: This type of therapy dates back to traditional Chinese medicine more than 2,000 years ago, when it was combined with acupuncture. Some ancient Egyptian medical papyri mentioned the use of bee stings to treat joint pain and rheumatism. It was also used in Arab folk medicine in rural areas to treat bone and joint pain. It is currently widely practiced in Asia and Eastern Europe, and there is great interest in it in alternative medicine centers throughout the Arab world.

It is a natural therapeutic method that relies on the use of live bee stings or the injection of bee venom into specific points on the body. The goal is to utilize the venom's components to stimulate the immune response and reduce pain and inflammation. It is part of apitherapy, which includes all therapeutic bee products (honey, royal jelly, propolis, and bee venom). It is used to treat joint diseases (rheumatoid arthritis, knee arthritis), chronic pain (lower back pain, neck stiffness, shoulder pain), neurological diseases, and to stimulate the immune system in some cases of chronic infections. This method is contraindicated for pregnant women, unstable heart patients, and those with severe immune disorders or allergies to bee venom⁷⁸.

□ ***Acupuncture:*** This form of treatment dates back to traditional Chinese medicine, which is based on the principle of balance. It later spread to Japan and Korea, where schools emerged to teach it in various ways. It spread to Europe in the seventeenth century through missionaries and the Tajik movement, becoming part of alternative medicine in the West. This form relies on inserting very fine needles (acupuncture) into specific points on the body, known as acupuncture points, to restore the balance of vital energy and stimulate natural healing mechanisms. It is used as a pain reliever for chronic pain such as lower back pain, neck pain, and arthritis; for neurological conditions such as migraines and facial paralysis; for digestive disorders such as irritable bowel syndrome and indigestion; and for psychological disorders such as insomnia, anxiety, and depression. It also helps boost immunity and reduce stress. Pregnant women, patients with bleeding disorders, or those taking anticoagulants are prohibited from using this form of treatment at specific points⁶⁶.

7.4.2. Herbal Remedies:

The persistence of this treatment method dates back to a number of ancient civilizations. Ancient Chinese medicine uses more than 5,000 herbal recipes, the most famous of which are ginseng, ginger, and licorice root⁷⁹. Ayurveda, the ancient Indian medicine, relies on a combination of herbs, nutrition, and yoga, such as turmeric and ashwagandha. In Islamic traditional medicine, this method was popularized by scholars such as *Ibn Sina* and *Al-Zahrawi*, who used black seed, fenugreek, and thyme⁸⁰. Traditional European medicine used herbs such as chamomile, mint, and lavender, which later became part of modern pharmacology. It is considered one of the oldest forms of medical practice in human history and serves as the backbone of many traditional medical systems. It is used to treat many ailments, including digestive disorders (mint, ginger, and chamomile). For respiratory ailments, thyme and eucalyptus are used. For skin ailments, aloe vera and tea tree oil are used. For mental health, valerian and lavender are used. For immune support, ginseng, echinacea, and many other herbs and their associated oils are used for each type of ailment. These products are developed and sold as nutritional supplements and therapeutic oils on a regular basis⁸¹.

7.4.3. Mindfulness Therapies:

The sustainability of this therapeutic approach dates back to ancient Chinese medicine, which utilizes meditation and exercise to improve the flow of vital energy. Ayurvedic medicine has used yoga, meditation, and breathing control for thousands of years to promote balance between body, mind, and spirit. In ancient Buddhist traditions, mindfulness techniques and deep meditation were developed to achieve mental clarity and reduce psychological distress. Some relaxation techniques and cognitive behavioral therapy have been incorporated into contemporary Western psychiatry. Mindfulness therapies are based on several scientific and psychological foundations, such as psychosomatic interactions. Psychological stress affects the immune system, endocrine glands, and the heart. Therefore, physiological processes must be managed through breathing and relaxation techniques, and cognition and behavioral reprogramming can be used to reduce harmful emotional responses. The parasympathetic nervous system is also activated, promoting natural healing. This approach is used to treat psychological disorders such as anxiety, depression, sleep disorders, and post-traumatic stress disorder. It treats some physical ailments such as chronic pain, migraines, high blood pressure, and irritable bowel syndrome. It also promotes overall health by boosting immunity, improving cognitive performance, and enhancing quality of life. The World Health Organization and major research centers such as the National Institutes of Health support the integration of some mindfulness-based therapies into healthcare, particularly for reducing stress and supporting patients

with chronic diseases. However, these must be implemented by trained professionals with ongoing evaluation of outcomes⁶⁶.

7.4.4 Integrated Medical Therapies:

This is the integration of several therapeutic approaches, i.e., the use of the philosophy of ancient Chinese, ancient Indian, Arab, and Islamic medicine in treatment. These are therefore complete medical systems that arose within specific cultural and historical contexts and encompass an integrated approach to explaining health and disease. They rely on a distinct diagnostic approach, possess multiple and interconnected treatment patterns, and are the product of centuries of accumulated knowledge and therapeutic experiences. They derive their strength from their connection to a society's cultural and religious identity. They do not separate the body, mind, and spirit, and view health as a result of a balance between the individual and their environment. They employ diverse methods and styles of treatment. Despite their traditional roots, many of them incorporate elements of modern medicine. In the cultural context, they are not merely medical practices, but rather the embodiment of cognitive and cultural systems. They reflect society's perception of the body, health, and disease, and employ symbols and beliefs to give meaning to the medical experience. They are also linked to social and religious rituals. In the context of public health, they complement modern medicine, as we find some countries integrating these practices. Systems that provide formal health services, such as those in China and India, provide alternative treatment options for patients, giving them an active role in the healing process. In many areas, they are more cost-effective and less expensive than biomedicine⁸².

IV- Conclusion:

Alternative medicine, with its diverse therapeutic approaches, represents a distinct social and cultural phenomenon. The diversity of therapeutic practices reflects the divergence in societies' perceptions of health and illness. These approaches are not merely technical alternatives to modern medicine; rather, they are cognitive patterns rooted in symbolic, religious, and historical systems that reshape the individual's relationship with their body, nature, and sacred things. They also reflect the dynamics of cultural identity and symbolic resistance to the dominance of Western medical models, particularly in the context of the globalization of healthcare.

From a sociological perspective, interest in alternative medicine reflects the individual's search for meaning and harmony, and their desire to regain control over their therapeutic path. It is also a reaction to the mechanistic and reductive nature of modern biomedicine, making it a space for dialogue between modernity and tradition, science and popular knowledge. Alternative medicine has spread globally through medical tourism and increased awareness of healthy lifestyles. It has gained national and local popularity thanks to strong ties to popular heritage and local beliefs, as well as widespread promotion through the media and social media platforms, the power of social networks, and the sharing of positive experiences. Alternative medicine has transitioned from a popular practice to a regulated framework in private centers and clinics, reflecting the institutionalization of these practices. It has become part of contemporary health culture, intertwining cultural, social, and economic dimensions, reshaping individuals' relationships with illness and treatment within an interconnected local and global context.

Referrals and references:

- .1 Russell, L. (2013). Sociology for health professionals.
- .2 Elendu, C. (2024). The evolution of ancient healing practices: From shamanism to Hippocratic medicine: A review. *Medicine*,103(28):e39005.
- .3 Weiss, G., Copelton, D. (2023). *The sociology of health, healing, and illness*: Routledge.

- .4 Cockerham, WC., Scambler, G. (2021). Medical sociology and sociological theory. *The wiley blackwell companion to medical sociology*, 22-44.
- .5 Masango, CA. (2020). Indigenous knowledge codification of African traditional medicine: Inhibited by status quo based on secrecy? *Information Development*, 36(3):327-338.
- .6 Carlessi, PC. (2024). Instituting Traditional Medicine: changes to identity and legitimacy in global health. *Social Theory & Health*, 22(4):269-284.
- .7 Bloom, SW., Zambrana, RE. (2022). Trends and Developments in the Sociology of Medicine. *Advances In Medical Social Sciences: Routledge*, 73-122.
- .8 González, L. A. (2024). historical review of the concepts of normal/pathological and health/disease. *Neurosciences and History*, 12(1):1-19.
- .9 Buzzoni, M., Tesio, L., Stuart, MT. (2022). Holism and reductionism in the illness/disease debate. *From Electrons to Elephants and Elections: Exploring the Role of Content and Context: Springer*; 743-778.
- .10 Treviño, AJ., Staubmann, H. (2022). *The Routledge international handbook of Talcott Parsons studies: Routledge, Taylor & Francis Group*.
- .11 Pacifici Noja, UG., Profita, G., Boccanelli, A. (2020). Elements of sociology for students of health disciplines.
- .12 Stahnisch, FW. (2024). The Hospital as a Beacon of Science? Parisian Academic Medicine around 1800. *Histories*. 4(3):369-393.
- .13 Mormont, M. (2023). Who is rural? Or, how to be rural: Towards a sociology of the rural. *Rural restructuring: Routledge*. 21-44.
- .14 Clemente-Suárez, VJ., Navarro-Jiménez, E., Moreno-Luna, L., et al. (2021). The impact of the COVID-19 pandemic on social, health, and economy. *Sustainability*. 13(11):6314.
- .15 Joyce, K., Smith-Doerr, L., Alegria, S., et al. Toward a sociology of artificial intelligence: A call for research on inequalities and structural change. *Socius*. 207:2378023121999581. 21
- .16 Clarke, AE. (2024). Social worlds/arenas theory as organizational theory. *Social organization and social process: Routledge*. 119-158.
- .17 Jasim, KH. (2021). Medical Sociology and Social Theories of Health and Disease. *Turkish Journal of Computer and Mathematics Education*. 12(4):1750-1770.
- .18 Gianfredi, V., Nucci, D., Pennisi, F., Maggi, S., Veronese, N., Soysal, P. (2025). Aging, longevity, and healthy aging: the public health approach. *Aging Clinical and Experimental Research*. 37(1):1-12.
- .19 Mauldin, L., Brown, RL. (2021). Missing pieces: Engaging sociology of disability in medical sociology. *Journal of Health and Social Behavior*. 62(4):477-492.
- .20 Van Niekerk, L., Manderson, L., Balabanova, D. (2021). The application of social innovation in healthcare: a scoping review. *Infectious diseases of poverty*. 10(1):26.
- .21 Aliakbari Dehkordi, M., Eisazadeh, F., Aghajanbigloo, S. (2020). Psychological consequences of patients with coronavirus (COVID-19): A Qualitative Study. *Iranian Journal of Health Psychology*. 2(2):9-20.
- .22 Hill-Briggs, F., Adler, NE., Berkowitz, SA., et al. (2020). Social determinants of health and diabetes: a scientific review. *Diabetes care*. 44(1):258.
- .23 Onofrj, M., Ajdinaj, P., Digiovanni, A., et al. (2023). Functional Neurologic Disorders, disorders to be managed by neurologists, or are neurologists wandering in a dangerous field with inadequate resources? *Frontiers in Psychiatry*. 14:1120981.
- .24 Kirkbride, JB., Anglin, DM., Colman, I., et al. (2024). The social determinants of mental health and disorder: evidence, prevention and recommendations. *World psychiatry*. 23(1):58-90.

- .25 Aydogdu, ALF. (2024). Interpersonal relationships of the nursing team in the work environment according to nursing students: A qualitative study. *Nurse Education in Practice*. 74:103861.
- .26 Ormerod, R. (2020). The history and ideas of sociological functionalism: Talcott Parsons, modern sociological theory, and the relevance for OR. *Journal of the Operational Research Society*. 71(12):1873-1899.
- .27 Chen, H-F. (2021). Social theory and the history of sociology. *The Palgrave Handbook of the History of Human Sciences*: Springer. 1-25.
- .28 Scott, J. (2020). Talcott Parsons and American Sociology. *The Emerald Guide to Talcott Parsons*: Emerald Publishing Limited. 1-21.
- .29 Wiley, LF., Bagenstos, SR. (2020). The personal responsibility pandemic: centering solidarity in public health and employment law. *Ariz. St. LJ*. 52:1235.
- .30 Gerhardt, U. (2022). Parsons, role theory, and health interaction. *Sociological theory and medical sociology*: Routledge.110-133.
- .31 Boardman, JD., Fletcher JM. (2021). Evaluating the continued integration of genetics into medical sociology. *Journal of Health and Social Behavior*. 62(3):404-418.
- .32 Brouwer, AR., D'Souza, C., Singaraju, S., Arango-Soler, LA. (2022). Value attitude behaviour and social stigma in the adoption of veganism: An integrated model. *Food Quality and Preference*. 97:104479.
- .33 Mohsin, K. INVESTIGATION AND ANALYSIS OF SOCIAL PROBLEMS. *Fundamentals of*.86.
- .34 Kenneth Jones, L., Hite, RL. (2020). Who wants to be a scientist in South Korea: Assessing role model influences on Korean students' perceptions of science and scientists. *International Journal of Science Education*. 42(16):2674-2695.
- .35 >Durkheim - Suicide - A study in sociology.pdf>.
- .36 Jenkins, TM., Underman, K., Vinson, AH., Olsen LD, E., Hirshfield L. (2021). The resurgence of medical education in sociology: A return to our roots and an agenda for the future. *Journal of Health and Social Behavior*. 62(3):255-270.
- .37 Scambler, G. (2022). Habermas and the power of medical expertise. *Sociological theory and medical sociology*: Routledge. 165-193.
- .38 Sushko, V., Spasennikov, B. (2021). SOCIOLOGY OF MEDICINE: ISSUES OF METHODOLOGY. *Bulletin of Semashko National Research Institute of Public Health*. (2):90-99.
- .39 Falkovskaya, K., Martynenko, A. (2020). The sociological research methods in practice of medical social work. *Problems of Social Hygiene, Public Health and History of Medicine*. 28(2):261-265.
- .40 Vyalykh, NA., Nor-Arevyan, OA., Posukhova, OY., Mosienko, OS., Cherevkova, AI. (2021). Methodological matrix for sociological study of social well-being of the professional medical community during a complex epidemiological situation. *Revista Turismo Estudos e Práticas-RTEP/GEPLAT/UERN*. (01):1-12.
- .41 Assi, VE., Chima, PA. (2020). The relationship of medical sociology to sociological theory: Its historical root, contributions and contemporary development. *International Journal of Scientific Advances*. 1(3):124-132.
- .42 Coe, RM. (1970). *Sociology of Medicine*: McGraw-Hill.
- .43 Buse, K., Mays, N., Colombini, M., Fraser, A., Khan, M., Walls, H. (2023). *Making health policy*, 3e: McGraw Hill.
- .44 Cooper, CL., Marshall, J. (2024). Occupational sources of stress: A review of the literature relating to coronary heart disease and mental ill health. *Managerial, occupational and organizational stress research*. 3-20.

- .45 Rosen, A., Gill, NS., Salvador-Carulla, L. (2020). The future of community psychiatry and community mental health services. *Current opinion in psychiatry*. 33(4):375-390.
- .46 Tang, KS., Cheng, DL., Mi, E., Greenberg, PB. (2020). Augmented reality in medical education: a systematic review. *Canadian medical education journal*. 11(1):e81.
- .47 Alderwick, H., Hutchings, A., Briggs, A., Mays, N. (2021). The impacts of collaboration between local health care and non-health care organizations and factors shaping how they work: a systematic review of reviews. *BMC public health*. 21(1):753.
- .48 Kim, J-H., Lee, HA. (2020). The trend and prospect of medical sociology: Its concepts and the interface with medical history. *Korean Journal of Medical History*. 29(3):843-902.
- .49 Monaghan, L., Gabe, J. (2022). *Key concepts in medical sociology*: Sage.
- .50 Jones, M. (2022). Sociology and health. *Health studies: An introduction*: Springer. 201-234.
- .51 Evans, RG., Barer, ML., Marmor, TR. (2021). *Why are some people healthy and others not?: The determinants of health of populations*: Walter de Gruyter GmbH & Co KG.
- .52 Cockerham, WC. (2020). *Sociological theories of health and illness*: Routledge.
- .53 Ng, JY., Dhawan, T., Fajardo, R-G., et al. (2023). The brief history of complementary, alternative, and integrative medicine terminology and the development and creation of an operational definition. *Integrative Medicine Research*. 12(4):100978.
- .54 Saggar, S., Mir, PA., Kumar, N., Chawla, A., Uppal, J., Kaur, A. (2022). Traditional and herbal medicines: opportunities and challenges. *Pharmacognosy Research*. 14(2).
- .55 Barcan, R. (2020). *Complementary and alternative medicine: bodies, therapies, senses*: Routledge.
- .56 Che, C-T., George, V., Ijinu, T., Pushpangadan, P., Andrae-Marobela, K. (2024). Traditional medicine. *Pharmacognosy*: Elsevier. 11-28.
- .57 Sorrell, TR. (2020). Mexican traditional medicine: Application of a traditional and complementary medicine system to improve opioid use treatment in Latinos. *Journal of Holistic Nursing*. 38(4):384-399.
- .58 Zhu, Y-P. *Chinese materia medica: chemistry, pharmacology and applications*: CRC press; 2024.
- .59 Rausch, H., Schröder, S., Friedemann, T., Cameron, S., Kuchta, K., Konrad, M. (2024). History and present of European traditional herbal medicine (Phytotherapy). *History, Present and Prospect of World Traditional Medicine*: World Scientific. 131-234.
- .60 Ogidi, OI., Emaikwu, NG. (2023). Utilization methods and practices of herbal medicine in Africa. *Herbal Medicine Phytochemistry: Applications and Trends*: Springer. 1-28.
- .61 Hill, CE., Mathews, H. (2021). Traditional health beliefs and practices among southern rural Blacks: A complement to biomedicine. *Perspectives on the American South*: Routledge. 307-322.
- .62 Jamal, A. (2023). Embracing nature's therapeutic potential: Herbal medicine. *International Journal of Multidisciplinary Sciences and Arts*. 2(3):117-126.
- .63 Kim, JK., Kim, KH., Shin, YC., Jang, B-H., Ko, S-G. (2020). Utilization of traditional medicine in primary health care in low-and middle-income countries: a systematic review. *Health Policy and Planning*. 35(8):1070-1083.
- .64 Al-Worafi, YM. (2020). Herbal medicines safety issues. *Drug safety in developing countries*: Elsevier. 163-178.
- .65 Lee, EL., Richards, N., Harrison, J., Barnes, J. (2022). Prevalence of use of traditional, complementary and alternative medicine by the general population: a systematic review of national studies published from 2010 to 2019. *Drug safety*. 45(7):713-735.
- .66 Matos, LC., Machado, JP., Monteiro, FJ., Greten, HJ. (2021). Understanding traditional Chinese medicine therapeutics: an overview of the basics and clinical applications. Paper presented at: Healthcare.

- .67 Kigen, CR. (2021). *Impediments to the Attainment of the Right to Health in Kenya: a Case for the Utilization of Traditional Medicine*, University of Nairobi.
- .68 Akter, S., Hasan, MN., Rokeya, B., et al. (2021). Alternative medicine: a recent overview. *Alternative Medicine-Update* 142.-103
- .69 Kisling, LA., Stieglmann, RA. (2024). Alternative medicine. *StatPearls [Internet]*: StatPearls Publishing.
- .70 Ansari, KA. Dalk (Massage therapy): A Review.
- .71 Cai, D-C., Chen, C-Y., Lo, T-Y. (2022). Foot reflexology: recent research trends and prospects. Paper presented at: Healthcare.
- .72 El Sayed, SM., Mahmoud, HS., Nabo, MMH. (2013). Methods of wet cupping therapy (Al-Hijamah): in light of modern medicine and prophetic medicine. *Altern Integ Med*. 2(3):1-16.
- .73 Al-Bedah, AM., Elsubai, IS., Qureshi, NA., et al. (2019). The medical perspective of cupping therapy: Effects and mechanisms of action. *Journal of traditional and complementary medicine*. 9(2):90-97.
- .74 Witwit, LJ., Ali, LO., Abbas, AM. (2024). A Critical Review of *Hirudo medicinalis* and Historical Aspects of Leech Therapy. *Medical Journal of Ahl al-Bayt University*. 3(1):154-170.
- .75 Chhayani, K., Daxini, P., Patel, P. (2023). An overview on medicinal leech therapy. *Journal of Pharmacy and Pharmacology*. 11:107-113.
- .76 Hosseini, M., Jadidi, A., Derakhshan Barjoei, MM., Salehi, M. (2024). Applications of leech therapy in medicine: a systematic review. *Frontiers in Medicine*. 11:1417041.
- .77 Suleski, R. (2024). *72 Ways of Saving Lives: Folk Remedies in Old China*: The Chinese University of Hong Kong Press.
- .78 Zhang, E., Ji, X., Ouyang, F., et al. (2023). A minireview of the medicinal and edible insects from the traditional Chinese medicine (TCM). *Frontiers in Pharmacology*. 14:1125600.
- .79 Hou, JP., Jin, Y. (2012). *The healing power of Chinese herbs and medicinal recipes*: Routledge.
- .80 Saad, B. (2024). History, present and prospect of greco-arab and islamic herbal medicine. *History, present and prospect of world traditional medicine*: World Scientific. 235-300.
- .81 Giannenas, I., Sidiropoulou, E., Bonos, E., Christaki, E., Florou-Paneri, P. (2020). The history of herbs, medicinal and aromatic plants, and their extracts: Past, current situation and future perspectives. *Feed additives*: Elsevier. 1-18.
- .82 Leung, P-C. (2023). Integrative practice in Asia-India and China. *Journal of Ayurveda and Integrative Medicine*. 14(1):10.0591