v. 3, n. 11, 2023

International Journal of Health Science

INTEGRATIVE AND COMPLEMENTARY PRACTICES AS A HEALTHGENIC APPROACH

Luis Celso da Silva
https://orcid.org/0000-0002-3561-2029

Abstract: This essay presents a brief critical-reflective analysis of the implementation process of Integrative and Complementary Practices – PIC in the unified health system – SUS. The text comprises an analytical, descriptive, critical-reflective and concise review of the literature, presenting PIC as a global approach to salutogenesis, which serves as an orientation for people to be empowered in the continuous search for resources to face the challenges diaries of life and thus promote well-being and health.
Keywords: Integrative and Complementary Practices; Health Care Approaches; Salutogenesis.

INTRODUCTION

Globalization and the old immigration process have brought different peoples to Brazil, such as Europeans and Asians, together with the different aspects, knowledge and knowledge related to different forms of health care, from their respective cultures. In 1962, the World Health Organization - WHO had already recognized a set of traditional medical knowledge and therapeutic practices, not belonging to conventional or orthodox medicine, called alternative medicine (Luz, 2005). These different medical models, along with other therapeutic approaches considered alternative, have undergone a legitimization process (Moebus; Mehri, 2020) and have been called alternative and complementary medicine – CAM.

At the International Conference on Primary Health Care in 1978, which resulted in the Declaration of Alma Ata, World Health Organization recommended its member countries to implement public policies, integrating CAM into their health systems, with the aim of increasing safety., quality and effectiveness in the use of these different care approaches (Brasil, 2018a). The World Health Organization has outlined a plan called the Traditional Medicine Strategy 2014-2023, for the implementation and to enable the integration of CAM into national health systems, in addition to providing concrete suggestions for advancing this integration (Zhang et al, 2019).

CAM encompassing therapeutic resources and complex health systems, established through exclusion processes (Sointu, 2021) and in Brazil, were called Integrative and Complementary Practices - PIC referring to health care approaches. These approaches have been implemented through a dynamic process, asymmetrically, since 2006, with the last incorporation of therapeutic approaches occurring in 2018.

This analytical, descriptive and critical-reflective review article presents a theoretical framework on the implementation of PICs in the Brazilian health system, called the unified health system - SUS, addressing this asymmetry in the process of incorporating PICs into this system and proposing that PICs be understood as a global salutogenic approach.

The essay presents a concise theoretical-conceptual structure in four sections: The first section introduces the topic to be addressed and the purpose of this article. The second section briefly describes the context and institutionalization process of CAM or PIC in the unified health system – SUS. In addition to presenting an analytical perspective on the asymmetry of this process. The third section exposes PIC in a non-extensive way in the context of the Salutogenesis paradigm. And finally, the final considerations of the brief critical-reflective analysis carried out are made.

CONTEXT AND INSTITUTIONALIZATION OF CAM IN BRAZIL

At the beginning of the 20th century, the biomedical model represented by

conventional or orthodox medicine became hegemonic worldwide, starting with studies sponsored by major foundations, such as Carnegie and Rockefeller, for the reconstruction of medical teaching, centered on disease. and in the hospital, adopting the unicausal and biologicist health-disease model (Pagliosa; Da Ros, 2008).

According to Kemp and Edler (2004), medical reform in Brazil led by Silva Mello was not influenced by Flexner, although similar changes occurred in medical education. However, paradoxically, the path taken by the technicist biomedical model in the world has been the same, such as, for example, the triggering of a drastic reduction of all the different medical systems (daSilva, 2022).

In the 1960s, the biomedical model was in crisis due to dissatisfaction and criticism of this disease-centered model. Then, the World Health Organization recognized the need to establish a strategy to meet the needs of the dissatisfied population and, thus, this institutionalized attribution was given to the CAM.

Interestingly, as Kadetz (2015) analyzes, the World Health Organization spreads a biomedical discourse of safety for alternative medicine, which possibly goes back to an American construction of biomedical domination and expertise. As Cant (2020) ponders, globalization has encouraged medical pluralism in a health system shaped by the biomedical paradigm, in which it establishes parameters for CAM to develop.

It must be noted that in the text, the term MAC is used interchangeably with traditional medicine/alternative and complementary medicine – TM/MAC, mainly because the traditionality of multiculturalism in Brazil has not yet been represented, such as traditional indigenous medicine.

TM/CAM recognized by World Health Organization, as a set of traditional medical knowledge and unorthodox therapeutic practices, has been institutionalized and made significant advances in the health systems of its member countries, and the number of those who are committing has increased by a third or more (Zhang et al, 2019).

In Brazil, in 2005, the Ministry of Health presented the National Policy on Natural Medicine and Complementary Practices – MNPC in the SUS (Unified Health System) to the National Health Council – CNS, with the justification of guaranteeing comprehensiveness in health care, while at the same time serving the need to know, support, incorporate and implement experiences in the field of traditional Chinese medicine - acupuncture, homeopathy, phytotherapy and anthroposophic medicine, which were already being developed in the public network of many municipalities and states (Brasil, 2015).

Officially, TM/MAC was institutionalized in the SUS, only with the enactment of Ordinance GM/MS Number: 971/2006 on May 3rd of the same year, which approved the National Policy for Integrative and Complementary Practices – PNPIC, contemplating, at that time, only some of the complex health systems and therapeutic resources (Brasil, 2015). In this essay, this is considered to be the first stage of others, which followed years after the incorporation of other therapeutic care approaches.

The process of incorporating other care approaches, which has been happening asymmetrically, continues to advance. On March 27, 2017, the PNPIC was expanded by 14 others, totaling 19 care practices, as of the publication of Ordinance GM nº 849/2017 (Brasil, 2018a). Finally, on March 21, 2018, with the publication of Ordinance GM, number: 702/2018 (Brasil, 2018b), totaling 29 current care approaches, according to Table 01.

YEAR	CARE PRACTICES OR APPROACHES IMPLEMENTED
2006	Acupuntura/Medicina Tradicional Chinesa, Homeopatia, Plantas Medicinais/ Fitoterapia, Medicina Antroposófica e Termalismo Social/Crenoterapia
2017	Arteterapia, Ayurveda, Biodança, Dança Circular, Meditação, Musicoterapia, Naturopatia, Osteopatia, Quiropraxia, Reflexoterapia, Reiki, Shantala, Terapia Comunitária Integrativa e Yoga
2018	Apiterapia, Aromaterapia, Bioenergética, Constelação Familiar, Cromoterapia, Geoterapia, Hipnoterapia, Imposição de mãos, Ozonioterapia, Terapia de Florais

Table 01: Representation of the PIC incorporation process.

Source: (daSilva, 2022).

A VIEW OF THIS ASYMMETRIC PROCESS

Although other forms of asymmetry can be identified and addressed, this essay considers only those related to the stages of the institutionalization process. Since 2005, with the presentation of the MNPC, an asymmetrical trend can be seen, which was achieved with the PNPIC, by contemplating only homeopathy, traditional Chinese medicine/acupuncture, anthroposophic medicine, medicinal plants and phytotherapy and social thermalism/crenotherapy.

It is important to point out that naturopathy, as a centuries-old global medical system, which has been developed in Brazil since the 1990s under the name of naturology, encompassing part of the complex health systems and therapeutic resources which were incorporated separately into the PNPIC, interestingly, it was not incorporated at this stage with the previously mentioned medical rationales.

This asymmetry in the process can be interpreted as an integration of power favoring the orthodox biomedical model (Gale, 2014). Corroborating Sointu (2021) mentions that the integration process and the search for scientific legitimacy have shaped the way CAM has been practiced, in addition to the appropriation of therapeutic practices and the loss of autonomy of practitioners.

Experiences already lived in other countries demonstrate that the biomedical paradigm, with all its epistemological framework, created strategies for the domesticated integration process of CAM in health systems, where conventional medicine is predominant (Fadlon, 2004). In addition, alternative and complementary therapeutic practices have been incorporated by orthodox model professionals, under the pretext of integrative medicine and many so as not to lose their patients/clients to heterodox therapists (Baer; Coulter, 2008).

In Brazil, this concept has been widely used in the academic field, where Brazilian researchers have mistakenly used the term Integrative Medicine referring to Integrative and Complementary Practices (da Silva, 2022), which for Melchard (2018) is not necessary, only for the recognition of the salutogenic orientation of these practices.

PIC IN THE CONTEXT OF SALUTOGENESIS

As health sociologist Aaron Antonovsky has stated, salutogenesis is an interdisciplinary approach and a way to bring coherence and find connections between disciplines (Eriksson; Lindström, 2005). For Antonovsky, it is a resource-centered approach to coping with life's daily challenges and promoting well-being and health.

Antonovsky (1996) considers that all of us, in the course of life, live in a continuum process, that is, in constant movement between the healthy and sick poles, where people must always focus on salutary factors – those that lead them towards the healthy pole

– wherever they are on this continuum, which would characterize salutogenesis.

A salutogenic theory was elaborated from a key construct or a global orientation, called Sense of Coherence - SOC (Antonovsky, 1996), so that people can perceive the stressors of life, as understandable, significant and manageable or manageable and that how much the stronger the SOC becomes, the possibilities of obtaining the general resources of resistances increase, facilitating their movement towards the healthy pole of the continuum.

The salutogenic paradigm that focuses on the origin or creation of health, resources for well-being and health as opposed to the pathogenic orientation of the origins and risk factors of diseases (Antonovsky, 1996; Eriksson; Lindström, 2005; Mittelmark; Bauer, 2022), which paradoxically predominates in the current biomedical model and in health promotion research and practice (Mittelmark et al, 2022).

This paradigm must be seen as a constant learning process (Haugan; Lindström, 2021), focused on people (Sarsina et al, 2012) and on different types of resources, with a holistic and vitalist characteristic, which is in line with the essence of several approaches belonging to PIC, which have been used to promote the well-being and health of individuals and groups.

Therefore, salutogenesis allows us to perceive the existing connections with the PICs and a harmonic or coherent relationship between them. Also serving as a guideline so that these therapeutic approaches can empower people, train them in the continuous quest to stay healthy, in addition to providing resources for self-restoration of health (Melchart, 2018).

The salutogenic orientation of some of the therapeutic care practices belonging to PIC has been studied worldwide, as can be seen in: Art Therapy (Huss; Samson, 2018; Szulc, 2021), Acupuncture (Mazza, 2017) and Traditional Chinese Medicine (Petzold; Lehmann, 2011; Mazza. 2017), Ayurveda (Petzold; Lehmann, 2011; Morandi et al, 2011; Mazza, 2017; Bidhuri; Ghildiyal, 2019) and Naturopathy (Ijaz et al, 2022) with Yoga (Lindström; Eriksson, 2005; Nair, 2020).

Antonovsky recommends that one must think of this salutogenic paradigm in a complementary way to the pathogenic paradigm (Antonovsky, 1987; 2002).

Hochwälder's summary Table 02 (2022) shows the contrast between the essence of the salutogenic orientation and the pathogenic orientation.

Salutogenic Perspective	Pathogenic Perspective
Oriented towards individual and collective health	Oriented to those who have the disease
Heterostasis	Homeostasis
Health/disease continuum	healthy/sick dichotomy
History of the person – Holistic	Diagnosis and the patient's illness – Reductionist
Wholesome factors, which create health	Risk factors, which create disease
Stressors and tension could be: pathogenic, neutral or salutogenic	Stress and tension are pathogenic
Promotion, improvement and strengthening of health	Cure and treat diseases

Table 02: Salutogenic and Pathogenic Perspectives - Characteristics and Contrasts.

Source: Adapted from Hochwälder (2022).

Observing only two characteristics of salutogenic approaches, holism, of human totality, and vitalism, related to energy or vital force, both inherent to PIC, it can be demonstrated how this paradigm contrasts with the pathogenic paradigm. In addition, PIC as a salutogenic approach can be characterized, in addition to the two mentioned above, by naturalism,

humanism and spiritualism, differing from the biomedical model of the pathogenic approach, centered on the disease and characterized by dualism, reductionism, materialism, scientism and individualism (Ning, 2018).

It is important to emphasize that the coexistence of two Greek philosophical thoughts is ancient and even today continue to influence health care practices, they are Aesculapius/Asclepius, a mechanistic view of health and disease, represented by biomedicine and Hygeia, an alternative view, based on the principle of *Vis medicatrix naturae*, of a holistic and vitalist approach to health, represented by the PIC (Coulter et al, 2019).

The biomedical model rooted in health systems, not unlike the SUS, based on pathogenic orientation, already has its defined niche, one related to the disease and its importance within the system. On the other hand, the PICs of a holistic approach, notably a representative of the salutogenic paradigm, are still looking for a niche to be filled in the SUS (Kelner et al, 2004).

However, admitting the salutogenic paradigm would become a major challenge for the SUS, which could translate, at the very least, into admitting an alternative and complementary approach to pathogenesis (Mittelmark; Bauer, 2022). As mentioned, Antonovksy had already thought of a complementary relationship between the salutogenic and pathogenic paradigms and in the opinion of Strümpfer (1990), the acceptance of the first must not mean the rejection or abandonment of the second.

As for the integration of PICs with the biomedical model of differing characteristics, the debate on the feasibility of a fair integration in the presence of the hegemonic influence of the biomedical paradigm must be expanded (Possamai-Inesedy; Cochrane, 2013). At the same time, rethink whether integration refers to incorporation, as mentioned earlier, with power asymmetry or as the mutual transformation, with more symmetry and genuine complementarity (Gale, 2014).

FINAL CONSIDERATIONS

Since the beginning of the process of institutionalization of PIC, it has been wrong to say the least when following the World Health Organization guidelines that approach scientific medicine as the superior to TM/CAM, whether in the choice of therapeutic approaches that have been and those that have not been, such as for example those belonging to Traditional Indigenous Medicine, incorporated into the SUS (Unified Health System), by the PNPIC.

Corroborating, even from a perspective presented in a different moment and context, Bauer and Coulter (2008) express their perception that the hegemonic power of representatives of the biomedical model, together with governments and corporations, domesticated holistic health, whether with CAM and now with integrative medicine, where some holistic therapies are adjuvants in a system with high-tech approaches.

Accompanied by this, one can still mention the appropriation of therapeutic practices by the biomedical model, without its philosophical elements, especially in the cases of other medical rationales (Luz, 2005), such as traditional Chinese medicine/acupuncture (Raaphorst; Houtman, 2016), ayurveda (Viale; Vicol, 2022) and naturopathy (Wardle et al, 2013; Ijaz et al, 2022), with the creation of a contradictory or hybrid knowledge (Keshet, 2010; 2011) which has been characterized by a hierarchy of value (Ning, 2018) by hegemonic power.

Undoubtedly, it is an opportune moment for the PICs in this search for their niche in the

SUS (Unified Health System), a reorientation in the establishment of a theory of knowledge based on the salutogenic orientation, making their distinction clear and positioning themselves for their complementarity to the biomedical pathogenic model.

Certainly, in particular PIC professionals and researchers, everyone must be aware of a domestication process (Fadlon, 2004; Raaphorst; Houtman, 2016) and attentive to isomorphic behavior (Shuval; Mizrach, 2004; daSilva, 2022) and the possibility of returning to a coexistence on the border, as it is the hegemonic biomedical power disguised as the maximum authority to arbitrate on human health (Perurena, 2014). In addition, one must not try to imitate or copy the strategies of the biomedical model, as it will probably not be able to guarantee the same economic status, power and market share (Cant, 2020).

This brief essay presents PIC as a salutogenic approach, which must occur in clinical practice, through a coherent, holistic and vitalistic learning process, serving as an orientation for people to be empowered in the continuous search for healthy behaviors and habits. and be able to obtain more opportunities for choices to obtain healthy resources to face life's daily challenges and thus promote well-being and health.

Thus, there may be a possible salutogenic relationship between the PIC professional and the interactor, where both are able to make the most of the fortuitous events propitious to this relationship, called serendipity by Walpole (Beitman, 2011). Admitting salutogenesis as a philosophy of human existence (Antonovsky; Sagy, 2022) and going beyond, as also being the essence of the sustainability of PICs based always on the need, will and autonomy of the interactors.

Although the theoretical structure of this essay presented has been concise, the proposed objectives have been achieved, mainly in terms of demonstrating that PIC as a health care approach is shown to be in harmony with the paradigm of salutogenesis. Even due to the scarcity of publications in Portuguese, I think that the essay can fill a gap in the Brazilian scientific literature and expand a salutogenic debate to promote well-being and health.

REFERENCES

1. LUZ, Madel T. Cultura Contemporânea e Medicinas Alternativas: Novos Paradigmas em Saúde no Fim do Século XX. **PHYSIS: Rev. Saúde Coletiva**, Rio de Janeiro, v. 15 (Suplemento), p. 145-176, 2005. https://doi.org/10.1590/S0103-73312005000300008.

2. MOEBUS, R.L.N, MERHY, E.E. Genealogia da Política Nacional das Práticas Integrativas e Complementares. **Saúde em Redes**, v. 3, n. 2, p. 145-152, 2020. https://doi: http://dx.doi. org/10.18310/2446- 4813.v3n2p145-152.

3. BRASIL. Ministério da Saúde, Secretaria de Atenção à Saúde, Departamento de Atenção Básica. **Manual de Implantação de Serviços de Práticas Integrativas e Complementares no SUS**. Brasília: Ministério da Saúde, 2018a; 56 p. https://pesquisa.bvsalud.org/bvsms/resource/pt/ biblio-905958.

4. ZHANG, Qi; SHARAN, Aditi; ESPINOSA, Stéphane. A; GALLEGO-PEREZ, Daniel; WEEKS, John. The Path toward Integration of Traditional and Complementary Medicine into Health Systems Globally: The World Health Organization Report on the Implementation of the 2014–2023 Strategy. **The Journal of Alternative and Complementary Medicine**, v. 25, n. 9, p. 869-871, 2019. http://doi.org/10.1089/acm.2019.29077.jjw.

5. SOINTU, Eeva. Complementary and Alternative Medicine. In **The Wiley Blackwell Companion to Medical Sociology**. Edited by William C. Cockerham. John Wiley & Sons Ltd. 1st Edition, p. 516-536, 2021. https://doi.org/10.1002/9781119633808.

6. PAGLIOSA, FL, Da ROS, MA. O Relatório Flexner: para o Bem e para o Mal. **Rev. Bras. Educ. Med.** v. 32, n. 4, p. 492–499, 2008. https://doi.org/10.1590/S0100-55022008000400012.

7. KEMP, Amy; EDLER, Flavio C. A Reforma Médica no Brasil e nos Estados Unidos: uma comparação entre duas retóricas. **História, Ciências, Saúde-Manguinhos**, v. 11, p. 569-585, 2004. https://doi.org/10.1590/S0104-59702004000300003.

8. DA SILVA, Luis C. Política Nacional de Práticas Integrativas e Complementares: Uma Breve Análise Reflexiva. **Revista Brasileira de Práticas Integrativas e Complementares em Saúde**, v. 2, n. 3, p. 59-72, 2022. https:// revistasuninter.com/revistasaude/index.php/revista-praticas-interativas/article/view/1276.

9. KADETZ, Paul. Safety Net — the Construction of Biomedical Safety in the Global 'Traditional Medicine' Discourse, **Asian Medicine**, v. 10, n.1-2, p. 121-151, 2015. https://doi.org/10.1163/15734218-12341348.

10. CANT, Sarah. Medical pluralism, mainstream marginality or subaltern therapeutics? Globalisation and the integration of 'Asian' medicines and biomedicine in the UK. **Society and Culture in South Asia**, v. 6, n. 1, p. 31-51, 2020. https://doi.org/10.1177/2393861719883064.

11. BRASIL. **Política Nacional de Práticas Integrativas e Complementares no SUS: atitude de ampliação de acesso**. 2. ed. Brasília: Ministério da Saúde; 2015; 96 p. https:// bvsms.saude.gov.br/bvs/publicacoes/politica_nacional_praticas_integrativas_complementares_2ed.pdf.

12. BRASIL. **Portaria nº 702, de 21 de março de 2018**. Altera a Portaria de Consolidação nº 2/GM/MS, de 28 de setembro de 2017, para incluir novas práticas na Política Nacional de Práticas Integrativas e Complementares – PNPIC. Brasília: Ministério da Saúde; 2018b. https://bvsms.saude.gov.br/bvs/saudelegis/gm/ 2018/prt0702_22_03_2018.html.

13. GALE, Nicola. The Sociology of Traditional, Complementary and Alternative Medicine. **Sociology Compass**, v. 8, n. 6, p. 805-822, 2014. https://doi.org/10.1111/soc4.12182.

14. FADLON, J. Meridians, chakras and psycho-neuro-immunology: The dematerializing body and the domestication of alternative medicine. **Body and Society**, v. 10, n. 4, p. 69-86, 2004. https://doi.org/10.1177/1357034x04047856.

15. BAER, Hans A; COULTER, Ian. Taking Stock of Integrative Medicine: Broadening Biomedicine or Co-option of Complementary and Alternative Medicine? **Health Sociology Review**, v. 17, n. 4, p. 331-341, 2008. http://dx.doi.org/10.5172/hesr.451.17.4.331.

16. MELCHART, Dieter. From complementary to integrative medicine and health: do we need a change in nomenclature? **Complementary Medicine Research**, v. 25, n. 2, p. 76-78, 2018. https://doi.org/10.1159/000488623.

17. ANTONOVSKY, Aaron. The salutogenic model as a theory to guide health promotion. **Health Promotion International**, v. 11, n. 1, p. 11-18, 1996. https://doi.org/10.1093/heapro/11.1.11.

18. LINDSTRÖM, B; ERIKSSON, M. Salutogenesis. **Journal of Epidemiology and Community Health**, v. 59, p. 440-442, 2005. https://doi.org/10.1136/jech.2005.034777.

19. MITTELMARK, Maurice B; BAUER, Georg F**.** Salutogenesis as a Theory, as an Orientation and as the Sense of Coherence. In: **The Handbook of Salutogenesis**. Springer, Cham, p. 11-17, 2022. https://doi.org/10.1007/978-3-030-79515-3_3.

20. MITTELMARK, M. B; ERIKSSON, M; SAGY, S; PELIKAN, J. M; VAANDRAGER, L; MAGISTRETTI, C. M; LINDSTRÖM, B; BAUER, G. F. Salutogenesis for Thriving Societies. **The Handbook of Salutogenesis**, Springer, Cham, p. 635-638, 2022. https://doi.org/10.1007/978-3-030-79515-3_57.

21. HAUGAN, Gørill; ERIKSSON, Monica. An introduction to the Health Promotion Perspective in the Health Care Services. In: **Health Promotion in Health Care–Vital Theories and Research**. Springer, Champ, p. 3-14, 2021. https://doi.org/10.1007/978-3-030-63135-2_1.

22. SARSINA, Paolo Roberti di; ALIVIA, Mauro; GUADAGNI, Paola. Traditional, Complementary and Alternative Medical Systems and their Contribution to Personalisation, prediction and prevention in medicine—person-centred Medicine. **EPMA Journal**, v. 3, n. 15, p. 1-10, 2012. https://doi.org/10.1186/1878-5085-3-15.

23. HUSS, Ephrat; SAMSON, Tali. Drawing on the arts to enhance salutogenic coping with health-related stress and loss. **Frontiers in Psychology**, p. 1612, 2018. https://doi.org/10.3389/fpsyg.2018.01612.

24. SZULC, Wita. Does art therapy need a theory? Considerations on Terminology, Models and Paradigms of Art Therapy. **Studia Paedagogica Ignatiana**, v. 24, n. 4, p. 23-50, 2021. https://doi.org/10.12775/SPI.2021.4.001.

25. MAZZA, Claudio et al. Simposio Nazionale Atti "Le Medicine Tradizionali, Complementari e Non Convenzionali nel Servizio Sanitario Nazionale per l'uguaglianza dei diritti di salute oltre le esperienze regionalistiche: Salutogenesi e Prevenzione, Formazione a Profilo Definito, Buona Pratica Clinica, Ricerca Clinica No-Profit. Criticità, esigenze sociali, prospettive future: un confronto interdisciplinare". **Advanced Therapies-Terapie d'avanguardia**, v. 6, n. 10, 2017. Nuova Ipsa Editore, Palermo. ISSN 2281-485X. Disponível em: https://www.salutogenesi.org/.

26. PETZOLD, Theodor Dierk; LEHMANN, Nadja. Salutogenesis, Globalization, and Communication**. International Review of Psychiatry**, v. 23, n. 6, p. 565-575, 2011. https://doi.org/ 10.3109/09540261.2011.639351.

27. MORANDI, A; TOSTO, C; SARSINA, P. R di; LIBERA, D. Salutogenesis and Ayurveda: Indications for Public Health Management. **EPMA Journal**, v. 2, n. 4, p. 459-465, 2011. https://doi.org/10.1007/s13167-011-0132-8.

28. BIDHURI, Yashika; GHILDIYAL, Shivani. Role of Salutogenetic Fortes of Ayurveda in Enhancing Public Health - A Review. **World Journal of Pharmaceutical Research**, v. 8, n.10, p. 1824-1829, 2019. https://doi.org/10.20959/wjpr201910-15817.

29. IJAZ, Nadine; WELSH, Sandy; BOON, Heather. Toward a 'green allopathy'? Naturopathic Paradigm and Practice in Ontario, Canada. **Social Science & Medicine**, v. 315, p. 115557, 2022. https://doi.org/10.1016/j.socscimed.2022.115557.

30. NAIR, Pradeep M. K. Integrated Approach of Yoga and Naturopathy alongside Conventional Care: A Need of the hour Healthcare Strategy in the Management of COVID-19 in India – An overview. **Yoga Mimamsa**, v. 52, p. 70-75, 2020. https://doi.org/10.4103/ym.ym_11_20.

31. ANTONOVSKY, Aaron. Health promoting factors at work: The sense of coherence. Chapter 15, p. 153-167, 1987. In **Psychosocial Factors at Work and their Relation to Health**. Kalimo, R., El-Batawi, M. A. & Cooper, C. L. (Eds). Geneva: World Health Organization. ISBN 9241561025.

32. ANTONOVSKY, Aaron. Unraveling the Mystery of Health: How People Manage Stress and Stay Well. Part 2, Chapter 9, p. 127-139, 2002. In **The Health Psychology Reader**. Marks, David F. (Ed). Sage. https://dx.doi.org/10.4135/9781446221129.

33. HOCHWÄLDER, Jacek. Theoretical Issues in the Further Development of the Sense of Coherence Construct. In: **The Handbook of Salutogenesis**. Springer, Cham, p. 569-579, 2022. https://doi.org/10.1007/978-3-030-79515-3_53.

34. NING, Ana. Epistemic Hybridity: TCM's Knowledge Production in Canadian Contexts. In: Complementary and Alternative Medicine: Knowledge Production and Social Transformation, p. 247-272, 2018. https://doi.org/10.1007/978-3-319-73939-7_10.

35. COULTER, Ian; SNIDER, Pamela; NEIL, Amy. Vitalism – a Worldview Revisited: a Critique of Vitalism and its Implications for Integrative Medicine. **Integr Med (Encinitas)**, v. 18, n. 3, p. 60, 2019. PMID: 32549817; PMCID: PMC7217401.

36. KELNER, Merrijoy; WELLMAN, Beverly; BOON, Heather; WELSH, Sandy. Responses of Established Healthcare to the Professionalization of Complementary and Alternative Medicine in Ontario. **Social science & medicine**, v. 59, n. 5, p. 915-930, 2004. https://doi.org/10.1016/j.socscimed.2003.12.017.

37. STRÜMPFER, D. J. W. Salutogenesis: A New Paradigm. **South African Journal of Psychology**, v. 20, n. 4, p. 265-276, 1990. https://doi.org/10.1177/008124639002000406.

38. POSSAMAI-INESEDY, Alphia; COCHRANE, Suzanne. The Consequences of Integrating Complementary and Alternative Medicine: An Analysis of Impacts on Practice. **Health Sociology Review**, v. 22, n. 1, p. 65-74, 2013. https://doi.org/10.5172/hesr.2013.22.1.65.

39. GALE, Nicola. The Sociology of Traditional, Complementary and Alternative Medicine. **Sociology Compass**, v. 8, n. 6, p. 805–822, 2014. https://doi.org/10.1111/soc4.12182.

40. RAAPHORST, N; HOUTMAN, D. 'A necessary evil that does not "really" cure disease': The domestication of biomedicine by Dutch holistic general practitioners. **Health:** v. 20, n. 3, p. 242-257, 2016. https://doi.org/ 10.1177/1363459315583154.

41. VIALE, Marine, VICOL, Mark. Conserving Traditional Wisdom in a Commodified Landscape: Unpacking Brand Ayurveda. **Journal of Ayurveda Integr Med**. Online, Nov 18:100667, 2022. https://doi.org/10.1016/j.jaim.2022.100667.

42. WARDLE, Jon L; ADAMS, Jon; LUI, Chi-Wai, STEEL, Amie E. Current Challenges and Future Directions for Naturopathic Medicine in Australia: a Qualitative Examination of Perceptions and Experiences from Grassroots Practice. **BMC Complement Altern Med**, v. 13, n. 15, 2013. https://doi.org/10.1186/1472-6882-13-15.

43. KESHET, Yael. Hybrid Knowledge and Research on the Efficacy of Alternative and Complementary medicine treatments. **Social Epistemology**, v. 24, n. 4, p. 331-347, 2010. https://doi.org/10.1080/02691728.2010.506959.

44. KESHET, Yael. Energy Medicine and Hybrid Knowledge Construction: The Formation of New Cultural-epistemological Rules of Discourse. **Cultural Sociology**, v. 5, n. 4, p. 501-518, 2011. https://doi.org/10.1177/1749975510390749.

45. SHUVAL, Judith T; MIZRACHI, Nissim. Changing boundaries: modes of coexistence of alternative and biomedicine. Qualitative **Health Research**, v. 14, n. 5, p. 675-690, 2004. https://doi.org/10.1177/1049732304263726.

46. PERURENA, Fátima C.V. Institucionalização de práticas integrativas e complementares no Sistema Único de Saúde!? **História, Ciências, Saúde: Manguinhos**, v. 21, n. 1, p. 361-363, 2014. https:// doi.org/10.1590/S0104-59702014000100010.

47. BEITMAN, Bernard D. Coincidence Studies. **Psychiatric Annals**, v. 41, n. 12, p. 561-571, 2011. https://doi.org/10.3928/00485713-20111104-03.

48. ANTONOVSKY, Avishai; SAGY, Shifra. Aaron Antonovsky (1923–1994): The Personal, Ideological, and Intellectual Genesis of Salutogenesis. In: **The Handbook of Salutogenesis**. Springer, Cham, p. 19-27, 2022. https://doi.org/10.1007/978-3-030-79515-3_4.