

**ALTERNATIVE MEDICINE: SOCIOLOGY OF CONVENTIONAL,
COMPLEMENTARY AND ALTERNATIVE MEDICINE**

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Abstract

The heterogeneous character of contemporary healthcare is reflected in the increasing importance of complementary and alternative medicine (CAM) alongside traditional biological systems. The social aspects of conventional medicine, complementary and alternative medicine, and their integration are examined in this review, which emphasizes the ways in which health-seeking behavior is influenced by cultural views, religion, socioeconomic status, gender, age, and digital media. Additionally, it looks at patient satisfaction, public perception, regulatory frameworks, and the ethical issues surrounding the integration of complementary and alternative medicine (CAM) into traditional healthcare. A framework for comprehending medical authority, patient choice, and the social production of health and illness is provided by sociological ideas, such as functionalism, conflict theory, symbolic interactionism, and postmodern viewpoints. Future outlooks highlight how health-seeking behavior will continue to change and how complementary and alternative medicine (CAM) can help solve the complicated health requirements of modern society.

keywords: Complementary and Alternative Medicine (CAM), Conventional Medicine, Integrative Medicine, Health-Seeking Behavior, Sociological Perspective

1. Introduction

Although health and healing are fundamental ideas in all communities, their definitions and applications differ greatly among cultures and eras. Modern healthcare systems have been dominated by conventional medicine, which is based on the biological concept and emphasizes disease pathophysiology, diagnosis, and treatment using scientific and technical methods. However, sociological research contends that because health is profoundly influenced by social, cultural, political, and economic factors, it cannot be fully comprehended by biological mechanisms (Weiss & Copelton, 2023). According to this viewpoint, social interaction patterns, institutional authority, and collective ideas all play a role in the social construction of health. Complementary and alternative medicine (CAM) and mainstream medicine coexist because different approaches to healing and pluralistic health systems are becoming more widely acknowledged.

1.1 Concept of Health and Healing

Physical, mental, social, and spiritual well-being are all included in the concept of health, which goes beyond the absence of illness. Sociologists stress that social norms, attitudes, and expectations impact definitions of health, which are culturally relative (Cockerham, 2021). Many traditional and alternative treatment systems view health as a condition of harmony and balance both within the individual and between the individual and their environment, whereas the biomedical paradigm places a higher priority on objective clinical signs. These holistic methods recognize the importance of social, spiritual, and emotional aspects in the healing process.

Sociologically speaking, healing encompasses more than just physical recuperation; it also entails reconstructing one's identity, creating meaning, and receiving social support during disease experiences (Williams, 2020). According to research, patients' social connections, cultural origins, and beliefs have a big impact on their health-seeking behavior and treatment results, especially when it comes to using complementary and alternative therapies (Shim, 2015). Therefore, rather than being solely medical phenomena, health and healing are best viewed as dynamic processes nested within larger social systems.

1.2 Emergence of Alternative and Complementary Medicine

The term "complementary and alternative medicine" refers to a broad category of medical systems and practices that are not included in the mainstream biomedical framework. In many communities throughout history, traditional medicinal systems like Ayurveda, Traditional Chinese Medicine, and indigenous healing techniques served as the cornerstone of healthcare. As modern medicine became more institutionalized in the 19th and 20th centuries, these systems were frequently disregarded or branded as non-scientific. Nonetheless, CAM has had a notable global comeback since the late 20th century (Bivins, 2020).

Social shifts like rising health consumerism, discontent with impersonal biomedical care, worries about drug side effects, and an increasing focus on holistic well-being are all directly related to this resurgence of interest (Frass et al., 2020). Sociological research shows that cultural identity, education, gender, and trust in healthcare systems all have an impact on CAM use (Heise et al., 2025). CAM increasingly works in tandem with conventional medicine rather than in place of it, indicating changing trends in the use of pluralistic healthcare.

1.3 Sociological Perspective on Medical Systems

The social organization, legitimization, and practice of various medical specialties within societies are all examined from a sociological viewpoint on medical systems. Medical sociology investigates the socioeconomic disparities that influence healthcare access, the power dynamics between professional groups, and the role of institutions in defining acceptable knowledge (Cockerham, 2021). According to this perspective, CAM and traditional medicine are separate but related systems of knowledge, authority, and practice.

CAM is frequently seen as a social reaction to biomedicine's shortcomings, especially its reliance on technological intervention and reductionist methodology (Cant & Sharma, 2019). Sociologists also emphasize how digital media, cultural interchange, and globalization have made alternative remedies more widely accepted. The increasing incorporation of complementary and alternative medicine (CAM) into mainstream healthcare settings is another example of how medical systems are dynamic and how the lines between conventional and unconventional forms of healing are changing (Bivins, 2020). Creating patient-centered, inclusive, and culturally sensitive healthcare models requires an understanding of these relationships.

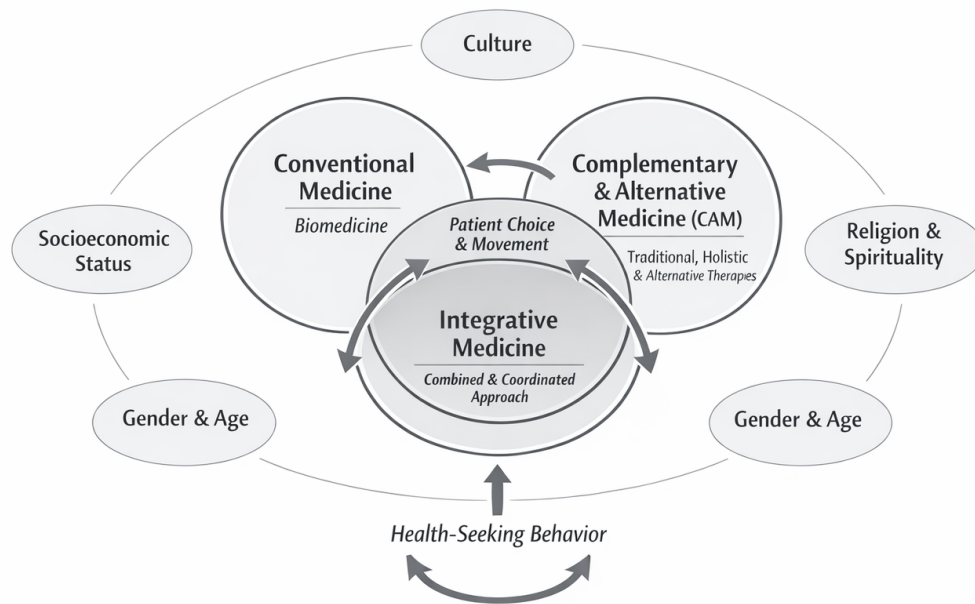


Fig 1: Conceptual Framework of Medical Pluralism in Healthcare

2. Conventional Medicine: A Sociological Overview

In the majority of modern cultures, conventional medicine—also referred to as biomedicine or allopathic medicine—dominates the healthcare system. Sociologically speaking, it is both a scientific endeavor and a potent social institution that influences the definition and treatment of health, illness, and healing. Medical sociology investigates the knowledge basis, professional authority, institutional frameworks, and social impact of traditional medicine (Cockerham, 2021).

2.1 Definition and Core Principles

A healthcare system based on empirical research, standardized clinical procedures, and scientific rationality is known as conventional medicine. Biological explanation of disease, evidence-based diagnosis, pharmaceutical or surgical treatments, and dependence on specialized professional training are among its fundamental tenets (Bury, 2020). This system has a high degree of legitimacy in contemporary countries because it places a strong emphasis on objectivity, technical innovation, and quantifiable results.

Sociologically speaking, these ideas represent more general cultural values connected to progress, reason, and science. Critics counter that an overemphasis on biological mechanisms

could ignore the social circumstances of sickness and the lived experiences of patients (Weiss & Copelton, 2023).

2.2 Biomedical Model and Professional Authority

Conventional medicine is theoretically based on the biomedical model. It mainly ignores psychological, social, and cultural aspects of medical study and views sickness as a departure from normal biological functioning (Engel, 1977). By establishing doctors as the principal specialists in charge of illness diagnosis and treatment, this approach strengthens professional authority.

According to Freidson's theory of professional domination, institutional regulation, licensure, and specialized knowledge are how medicine keeps control over healthcare (Freidson, 2001). Conventional medicine is able to establish acceptable medical knowledge and marginalize other forms of healing because professional authority is further backed by the state, medical school systems, and biomedical research institutes (Cockerham, 2021).

2.3 Doctor–Patient Relationship

One of the main topics in the sociology of traditional medicine is the doctor-patient interaction. Paternalism, in which doctors exert power and patients are expected to follow medical advice, has historically defined this relationship. According to Parsons' theory of the "sick role," patients who seek medical attention and follow professional advice are socially permitted to retreat from their regular responsibilities (Parsons, 1951).

Due to greater health literacy, information access, and a focus on patient autonomy, this relationship has changed in recent decades toward more patient-centered and collaborative decision-making models (Bury, 2020). Despite this change, power disparities frequently still exist, especially among socially disadvantaged populations, underscoring persistent problems with inequality and communication in traditional healthcare systems (Williams, 2020).

2.4 Institutionalization and Medicalization of Health

Conventional medicine operates in highly institutionalized environments, including clinics, hospitals, medical schools, and regulatory agencies. Institutionalization upholds biomedical standards among societies and standardizes medical practice. Medicalization, or the extension

of medical authority into previously non-medical spheres of daily life, is a crucial social idea linked to this trend (Conrad, 2020).

Conditions like childbirth, age, mental health, and lifestyle choices have become medical issues requiring professional care due to medicalization. Sociologists contend that although this process might result in better diagnosis and treatment, it may also obfuscate socioeconomic determinants of health and pathologize everyday human experiences (Conrad & Barker, 2019). The advantages and disadvantages of traditional medicine in contemporary society are thus reflected in institutionalization and medicalization.

3. Complementary and Alternative Medicine (CAM)

A wide range of medical and healthcare systems, procedures, and goods that are not typically included in traditional biomedicine are referred to as complementary and alternative medicine (CAM). Sociologically speaking, complementary and alternative medicine (CAM) is a significant part of medical pluralism, representing cultural diversity, patient autonomy, and various conceptions of health and healing (Cant & Sharma, 2019).

3.1 Definition and Classification of CAM

In general, complementary and alternative medicine (CAM) refers to health methods that are either utilized in addition to or instead of traditional medical therapies. According to the World Health Organization (WHO), complementary and alternative medicine (CAM) is a broad category of health practices that are frequently based on traditional knowledge and cultural beliefs but are not fully incorporated into a nation's dominant healthcare system (WHO, 2019).

Whole medical systems, mind-body practices, biologically based therapies, manipulative and body-based techniques, and energy therapies are some of the prominent classifications for complementary and alternative medicine (CAM) (NCCIH, 2023). Sociologists stress that this categorization represents power dynamics between biomedical and non-biomedical knowledge systems in addition to therapeutic distinctions (Bivins, 2020).

Table 2. Classification of Complementary and Alternative Medicine Systems

Category	Description	Examples
Whole Medical Systems	Complete systems with theory and practice	Ayurveda, TCM, Unani, Homeopathy

Mind–Body Practices	Interaction of mind and body in healing	Yoga, meditation, prayer
Biologically Based Therapies	Natural substances used therapeutically	Herbal medicines, dietary supplements
Manipulative & Body-Based Methods	Physical manipulation of body parts	Massage, chiropractic
Energy Therapies	Based on energy fields within or around body	Reiki, therapeutic touch

3.2 Historical Evolution of CAM Practices

Long before contemporary scientific medicine emerged, traditional healing practices served as the main source of healthcare in many civilizations. Centuries of philosophical contemplation and empirical observation led to the development of systems like Ayurveda, Unani, and Traditional Chinese Medicine. Due to colonial impact and the increasing power of scientific reason, these systems were suppressed in many parts of the world as biomedicine grew in popularity during the nineteenth century (Bodeker & Burford, 2020).

Dissatisfaction with traditional medicine, worries about drug side effects, and an increasing focus on holistic and preventative healthcare all contributed to a resurgence of interest in complementary and alternative medicine (CAM) in the late 20th century. Sociological studies connect this comeback to more general socioeconomic tendencies including consumerism, individualization, and cultural revival movements (Cant & Sharma, 2019). As a result, in many healthcare systems, complementary and alternative medicine has grown in prominence, credibility, and institutional acknowledgment.

3.3 Major CAM Systems

3.3.1 Ayurveda

One of the oldest traditional medical systems is Ayurveda, which dates back more than 3,000 years to India. It views health as the harmony of the environment, mental wellness, and physical energies (doshas). Herbal remedies, diet control, lifestyle changes, and detoxification treatments are some of the treatment modalities (Sharma et al., 2018).

Sociologically speaking, Ayurveda is an indigenous knowledge system that has been resurrected thanks to government assistance and widespread interest in holistic and natural

treatment. Ongoing discussions between tradition and modernity are reflected in its incorporation into India's official healthcare systems (Bodeker & Burford, 2020).

3.3.2 Homeopathy

The foundation of homeopathy is the idea that "like cures like" and the use of extremely diluted chemicals to promote the body's ability to heal itself. Homeopathy was created by Samuel Hahnemann in the late eighteenth century, in part as a protest of the aggressive medical procedures that were then common (Bivins, 2020).

Sociologically, patients' discontent with traditional medicine, desire for personalized treatment, and faith in natural remedies are frequently associated with homeopathy's ongoing appeal. In many nations, including India, homeopathy is still widely used and institutionally supported despite continuous scientific disagreement on its effectiveness (Cant & Sharma, 2019).

3.3.3 Unani Medicine

The principle of humoral balance is the foundation of Unani medicine, which has its roots in Greco-Arab traditions. The four humors must be in balance for health to be maintained, and herbal medicines, nutrition therapy, and lifestyle modification are all part of the treatment (Rahman et al., 2020).

Sociologically speaking, Unani medicine is a reflection of identity and cultural continuity, especially in Muslim communities. Its institutionalization and survival serve as an example of how traditional medical systems endure due to community trust, state acknowledgment, and societal support (WHO, 2019).

3.3.4 Traditional Chinese Medicine (TCM)

A complete medical system, traditional Chinese medicine is based on ideas like meridians, Qi (vital energy), and Yin-Yang equilibrium. It uses techniques like Tai Chi, herbal medicine, and acupuncture to bring the body back into balance (Kaptchuk, 2020).

TCM's international growth serves as an example of how globalization and cross-cultural interaction have shaped contemporary healthcare. Sociologists observe that its incorporation into Western healthcare systems encourages diversified approaches to health and undermines biomedical domination (Bivins, 2020).

3.3.5 Yoga and Naturopathy

Naturopathy and yoga place a strong emphasis on mind-body connection, lifestyle change, and natural healing. While naturopathy concentrates on diet, hydrotherapy, and natural cures, yoga integrates physical postures, breathing methods, and meditation to achieve overall well-being (Telles et al., 2022).

Sociologically, self-care and preventative healthcare are intimately linked to these systems. Their increasing appeal is a reflection of modern health principles that emphasize stress reduction, wellness, and individual accountability for one's health (WHO, 2019).

Table 3. Major CAM Systems: Origin, Core Concepts, and Sociological Significance

CAM System	Origin	Core Concept	Sociological Significance
Ayurveda	India	Balance of doshas	Cultural identity, indigenous knowledge
Homeopathy	Europe	Like cures like	Patient autonomy, individualized care
Unani	Greco-Arab	Humoral balance	Religious and cultural continuity
TCM	China	Qi and Yin–Yang	Globalization of traditional knowledge
Yoga & Naturopathy	India	Lifestyle and self-healing	Preventive care and wellness culture

4. Sociological Theories Applied to Medical Systems

Sociological theories offer analytical frameworks for comprehending the functioning of medical systems in society, the construction of authority, and the social production and maintenance of health practices, including complementary and alternative medicine. These theories look at medicine as a social institution entwined with power dynamics, cultural meanings, and daily interactions, going beyond clinical explanations (Turner, 2012).

4.1 Functionalist Perspective

According to the functionalist viewpoint, society is a system of interconnected components that cooperate to preserve social stability. According to this concept, medicine is seen as an essential institution in charge of treating illness and making sure society runs well. According to Talcott Parsons' functionalist perspective, disease interferes with social duties and

production, and medical institutions help to control this interference by making illness acceptable and promoting healing (Parsons, 1978).

From a functionalist perspective, CAM can be seen as an additional system that addresses unmet functional demands, such as long-term care, emotional support, and preventive health practices, while conventional medicine is crucial to reestablishing social order (Light, 2004). Therefore, when biomedical treatments are thought to be inadequate, complementary and alternative medicine (CAM) provides alternate coping mechanisms for sickness, which promotes social stability.

4.2 Conflict Theory

Inequality, power battles, and resource control within society are the main topics of conflict theory. When applied to medical systems, this viewpoint emphasizes how state support, economic interests, and professional monopolies allow traditional medicine to remain dominant. It is believed that access to healthcare and medical knowledge is unequally distributed, perpetuating racial, gender, and class disparities already in place (Navarro, 2009).

CAM is frequently seen from a conflict perspective as a reaction to the bureaucratization and commercialization of biomedicine. The marginalization of alternative medical systems is a reflection of larger conflicts in healthcare around authority and legitimacy. Conflict theorists contend that rather than addressing underlying structural determinants of health, the medicalization of social problems often promotes institutional and commercial interests (Waitzkin, 2011).

4.3 Symbolic Interactionism

Symbolic interactionism places a strong emphasis on the meanings people give to health, illness, and therapy as well as small-scale social interactions. Instead of being solely biological phenomena, health and illness are regarded as socially produced through communication, interpretation, and shared symbols (Blumer, 1969).

Since many alternative therapies place a high value on patient narratives, tailored care, and holistic interpretations of illness, this viewpoint is especially pertinent to complementary and alternative medicine (CAM). According to Kleinman's idea of "illness narratives," patients actively interpret their experiences and select treatments that are consistent with their identities

and beliefs (Kleinman, 1988). According to symbolic interactionists, the usage of complementary and alternative medicine (CAM) is a significant social action that is influenced by cultural symbols, individual experience, and patient-healer trust (Charmaz, 2006).

4.4 Postmodern and Cultural Perspectives

Postmodern viewpoints stress plurality, uncertainty, and patient choice in healthcare while challenging the supremacy of universal scientific facts. According to this perspective, the growth of complementary and alternative medicine (CAM) is a reflection of a growing distrust of biomedical authority as well as a greater focus on self-identity, lifestyle, and reflexive health practices (Giddens, 1991).

Cultural approaches also emphasize how deeply ingrained medical systems are in historical settings, cultural traditions, and belief systems. Through surveillance and normalization, medicine serves as a kind of social control, as demonstrated by Foucault's examination of medical knowledge (Foucault, 1973). According to Baer et al. (2013), complementary and alternative medicine (CAM) is an alternative epistemology of health that affirms cultural diversity in healing traditions and opposes biological reductionism.

5. Social Factors Influencing the Use of CAM

Sociocultural circumstances have a significant impact on health-seeking behavior in addition to biological considerations. Cultural norms, religious convictions, financial status, gender roles, age, and media and digital health information exposure all influence decisions between complementary and alternative medicine (CAM) and mainstream medicine. People frequently blend several medical systems instead of depending solely on biomedicine, which can be explained by sociological study.

5.1 Cultural Beliefs and Traditions

People's perceptions of sickness, its causes, and suitable treatments are greatly influenced by their cultural beliefs. Many societies view sickness as a disturbance of social, moral, or spiritual equilibrium in addition to being a medical defect. Because they closely correspond with cultural worldviews and indigenous knowledge systems, traditional healing systems like Ayurveda, Unani, and folk medicine continue to have an impact (Helman, 2022). The

continuous use of alternative therapies in addition to established medical care is frequently encouraged by cultural familiarity, faith in traditional healers, and community support.

From a sociological standpoint, Kleinman's idea of explanatory models emphasizes how treatment preferences and compliance are influenced by patients' cultural understandings of illness (Kleinman, 1980). Patients may look for complementary and alternative medicine (CAM) treatments that more closely align with their lived experiences when biomedical explanations clash with deeply held cultural beliefs.

5.2 Religion and Spirituality

Because they shape attitudes about pain, healing, and recovery, religion and spirituality have a profound impact on health behavior. People seek spiritual healing techniques like prayer, meditation, or faith-based therapies in addition to medical care because many religious traditions perceive sickness as a test of faith, a spiritual imbalance, or the result of moral behavior (Koenig, 2018). Religious or spiritually minded people find complementary and alternative medicine (CAM) therapies like yoga, meditation, and naturopathy especially appealing since they frequently include spiritual components.

According to sociological research, spiritual coping strategies can improve psychological well-being, lower stress levels, and offer emotional support—all of which have an indirect impact on health outcomes (Pargament, 2013). The coexistence of spiritual and biological healing systems in heterogeneous communities is indicative of a wider societal acceptance of various routes to well-being.

5.3 Socioeconomic Status and Education

Access to healthcare and the choice of medical systems are significantly influenced by socioeconomic class (SES). Due to their affordability, health consciousness, and exposure to wellness-focused lifestyles, people from higher socioeconomic backgrounds frequently have easier access to complementary and alternative medicine (CAM) treatments (Marmot, 2020). Because educated people are more inclined to challenge biomedical supremacy and look for individualized healthcare solutions, higher educational attainment is linked to increased usage of complementary and alternative medicine (CAM), especially preventative and holistic therapies.

On the other hand, because traditional medicine is more affordable, accessible, and culturally familiar, economically deprived populations might rely on it. According to sociological studies, structural variables including poverty, education, and healthcare infrastructure promote health disparities and affect people's decision to use conventional medicine, complementary and alternative medicine, or both (Link & Phelan, 1995).

5.4 Gender and Age Differences

Health-seeking behavior is significantly influenced by gender, with women typically using more healthcare services, including complementary and alternative medicine. Research shows that women are more prone to conduct self-care, holistic therapies, and preventative care; these behaviors are frequently driven by caregiving responsibilities and increased health consciousness (Courtenay, 2000). Women looking for alternatives for mental health issues, reproductive health, and chronic diseases are especially likely to use complementary and alternative medicine (CAM).

Another significant aspect is age. While younger populations are increasingly drawn to complementary and alternative medicine (CAM) due to wellness trends and digital health platforms, older adults may rely on traditional care due to long-standing cultural customs. According to sociological interpretations, these trends are related to generational disparities in risk perception, health attitudes, and medical institution confidence.

5.5 Media and Information Technology

By making health information and alternative treatment alternatives more accessible, the growth of digital media and information technology has changed how people seek health care. The public's impressions of both conventional medicine and complementary and alternative medicine are greatly influenced by social media, internet forums, and health websites. Online testimonials, influencer culture, and alternative health narratives frequently have an impact on patients' growing self-diagnosis and self-care practices (Lupton, 2017).

Sociologically speaking, digital health platforms can make medical knowledge more accessible, but they also give rise to worries about false information and uncontrolled complementary and alternative medicine. The increasing prominence of complementary and

alternative medicine (CAM) in digital platforms is indicative of broader trends toward patient autonomy and consumer-driven healthcare.

6. Public Perception and Acceptance of Alternative Medicine

The adoption and application of complementary and alternative medicine (CAM) are heavily influenced by public opinion. Beyond clinical results, opinions regarding non-conventional therapies are shaped by social trust, perceived hazards, patient experiences, and community impact. Sociological research highlights that the increased demand for individualized and comprehensive care, skepticism toward biomedical domination, and broader changes in health attitudes are all reflected in the acceptance of CAM.

6.1 Trust, Risk Perception, and Safety Concerns

The public's acceptance of alternative medicine is largely influenced by trust. Due to a lack of faith in traditional healthcare systems, which is frequently linked to impersonal treatment, over-medicalization, and perceived pharmaceutical hazards, many people resort to complementary and alternative medicine (CAM) (Giddens, 1991). Despite the paucity of scientific proof, complementary and alternative medicine (CAM) therapies are often perceived as "natural" and hence safer. Instead of a rigorous risk assessment, this view is socially formed and reinforced by shared experiences and cultural narratives.

Sociological research shows that risk perception in healthcare is socially mediated through media discourse, individual testimonies, and institutional credibility rather than being solely scientific (Beck, 1992). Different assessments of therapeutic risk result from CAM users prioritizing experiential knowledge and moral faith in practitioners, whereas biomedical systems emphasize evidence-based safety criteria.

6.2 Patient Satisfaction and Holistic Care

The popularity of CAM is largely due to high patient satisfaction levels. Holistic treatment, extended consultation periods, emotional support, and patient involvement in decision-making are all common features of alternative medical systems. This patient-centered approach is in contrast to mainstream medicine's technical and disease-focused orientation from a sociological standpoint (Baer et al., 2003).

According to research, patients frequently express higher levels of satisfaction with complementary and alternative medicine (CAM) as a result of better communication, empathy, and alignment with personal health values (Thorne et al., 2002). Health decisions are greatly influenced by the subjective experience of therapy, even in cases when clinical efficacy is similar. This is part of a larger shift in healthcare toward relationship-based and consumer-focused strategies.

6.3 Role of Social Networks and Community Influence

The spread and acceptability of alternative medicine are significantly influenced by social networks and community structures. CAM techniques are frequently legitimized and belief in non-conventional therapy is reinforced by family customs, peer recommendations, and community support. Health habits are socially structured, according to sociological studies, and people are more likely to use therapies recommended by reliable social groups (Rogers, 2003).

By facilitating the quick dissemination of individual success stories and alternative health narratives, digital communities and social media platforms have increased the reach of complementary and alternative medicine in modern contexts (Nettleton et al., 2020). These networks serve as alternative knowledge systems, influencing public views of safety and efficacy and occasionally contesting biomedical authority.

7. Integration of CAM with Conventional Medicine

Combining complementary and alternative medicine (CAM) with traditional medicine has become a major trend in healthcare worldwide. With the goal of enhancing health outcomes, patient satisfaction, and care efficiency, integrative medicine blends the benefits of biomedical science with the patient-centered, holistic methods of complementary and alternative medicine. Sociologically speaking, this integration shows the increasing acceptance of medical diversity as well as the negotiation of legitimacy, authority, and trust across various healthcare paradigms (Bodeker & Cohen, 2016).

7.1 Integrative Medicine: Concept and Scope

According to Kligler et al. (2017), integrative medicine is a coordinated strategy that addresses the physical, emotional, mental, social, and spiritual facets of health by combining evidence-

based CAM treatments with traditional therapies. It covers palliative care, wellness promotion, chronic illness management, and preventive care. Integration necessitates cooperation, communication, and shared decision-making between biomedical professionals and CAM providers, in contrast to parallel practice.

Sociologically speaking, integrative medicine signifies a move toward patient-centered care and acknowledgment of many health epistemologies. It promotes pluralistic modes of healthcare delivery that take into account cultural, spiritual, and individual preferences while challenging the hierarchical authority of biomedicine (Sointu, 2006).

7.2 Benefits of Integration

The integration of CAM with conventional medicine offers multiple benefits:

1. **Holistic Care:** Integrative approaches target the psychological, social, and spiritual aspects of health in addition to physical symptoms (Bodeker & Cohen, 2016).
2. **Patient Satisfaction:** Individualized care, extended consultations, and cooperative decision-making all contribute to increased patient satisfaction (Frenkel et al., 2010).
3. **Chronic Disease Management:** In disorders like diabetes, heart disease, and cancer, integrative approaches increase quality of life, decrease adverse drug reactions, and improve adherence (Lee et al., 2014).
4. **Healthcare Efficiency:** According to Kligler et al. (2017), effective integration may lower hospitalization rates, encourage preventative treatment, and maximize resource use.

7.3 Challenges and Ethical Concerns

Despite the advantages, integration faces several challenges:

- **Scientific Validation:** Not all CAM therapies are supported by robust evidence, raising concerns about efficacy and safety (Verhoef et al., 2005).
- **Professional Resistance:** Some healthcare professionals remain skeptical due to differing epistemologies and perceived threats to biomedical authority.
- **Ethical Dilemmas:** Issues such as informed consent, patient autonomy, and potential drug–herb interactions require careful management.
- **Regulatory and Policy Gaps:** Standardization, licensing, and insurance coverage for

integrative practices remain inconsistent across countries (Bodeker & Cohen, 2016).

7.4 Role of Healthcare Professionals

Healthcare professionals play a pivotal role in facilitating integration:

- **Collaboration:** Physicians, nurses, and CAM practitioners must communicate effectively to coordinate care.
- **Education:** Professionals require training in both biomedical and CAM practices to guide patients safely.
- **Advocacy:** Providers can advocate for evidence-based integrative policies and promote patient empowerment (Sointu, 2006).
- **Monitoring and Safety:** Continuous evaluation of treatment outcomes and potential interactions is essential to ensure patient safety (Verhoef et al., 2005).

Professionals serve as social mediators between medical traditions, influencing public opinion and establishing the legitimacy of integrative care in healthcare systems.

8. Regulation and Policy Framework

The growing popularity of complementary and alternative medicine (CAM) has brought attention to the urgent need for evidence-based policy, standardization, and regulatory control. Frameworks for regulations and policies guarantee professional responsibility, patient safety, and the incorporation of complementary and alternative medicine within national healthcare systems. Regulatory strategies varies greatly throughout the world, reflecting variations in legislative frameworks, cultural acceptance, and scientific evaluation criteria (Bodeker & Burford, 2007).

8.1 Global Regulatory Approaches

Countries have taken a variety of approaches to CAM regulation, from minimal inspection to formal recognition and licensing. CAM practitioners operate under organized legal frameworks in some countries, such China and Germany, while it is mostly a self-regulated market in other countries (Ernst, 2010).

The World Health Organization (WHO) has stressed the significance of creating national regulations, policies, and safety standards for complementary and traditional medicine. In order to promote safe and efficient CAM usage, WHO's Global Strategy on Traditional and

Complementary Medicine 2014–2023 promotes research, quality assurance, practitioner training, and public education (WHO, 2013).

8.2 CAM Regulation in India and Other Countries

With the AYUSH framework, which regulates Ayurveda, Yoga, Unani, Siddha, and Homeopathy, India has created one of the most extensive CAM regulatory frameworks. To guarantee safety and effectiveness, the Ministry of AYUSH creates courses, certifies professionals, and keeps an eye on clinical procedures (Patwardhan et al., 2015).

Other countries illustrate varied approaches:

- **United States:** CAM practitioners are regulated at the state level; professional licensing applies to some therapies (e.g., chiropractic, naturopathy), while others remain unregulated (Nahin et al., 2016).
- **United Kingdom:** CAM therapies operate under self-regulation or professional associations, with oversight focused on consumer safety and advertising standards (Adams et al., 2009).
- **China:** Traditional Chinese Medicine (TCM) is integrated into the national healthcare system with formal licensing and hospital-based services (Zhang et al., 2018).

These models show that regulation is influenced by cultural integration, historical acceptance, and healthcare policy priorities.

8.3 Standardization, Quality Control, and Evidence-Based Practice

Ensuring quality control and standardizing treatments are two of the biggest challenges in CAM regulation. Safety and effectiveness may be jeopardized by variations in formulations, doses, and practitioner abilities (Ernst, 2010). Particularly for herbal and botanical medications, standardization entails establishing procedures, verifying ingredients, and keeping an eye on production procedures.

In order to harmonize complementary and alternative medicine, there is a growing emphasis on evidence-based practice. Safety, effectiveness, and cost-effectiveness are established through clinical trials, systematic reviews, and observational research (Patwardhan et al., 2015). As a result of a global shift toward scientifically informed policy, regulatory frameworks

increasingly frequently demand that CAM therapies provide empirical support prior to formal inclusion into healthcare systems (WHO, 2013).

10. Future Perspectives

Technological developments, changing patient preferences, and the growing need for integrated, evidence-based healthcare will all influence complementary and alternative medicine's (CAM) future. According to sociological and public health viewpoints, complementary and alternative medicine (CAM) will keep growing, especially as cultures adopt patient-centered care and pluralistic medical systems.

10.1 Changing Health-Seeking Behavior

Proactive, preventative, and holistic approaches are becoming more prevalent in health-seeking behavior. Patients today are more knowledgeable, health-literate, and open to considering a variety of treatment options. The adoption of complementary and alternative medicine (CAM) is driven by a number of factors, including cultural heterogeneity, an increase in the prevalence of chronic diseases, and discontent with fragmented biomedical services (Hahn & Kleinman, 2017).

Sociologically speaking, this tendency represents a shift away from passive deference to medical authority and toward independent, knowledgeable decision-making. In order to address physical, emotional, and spiritual health, people are increasingly navigating numerous medical systems and frequently integrating traditional care with complementary and alternative medicine (CAM) (Sointu, 2006).

10.2 Role of Research and Education

Thorough research and professional training are necessary for the advancement of CAM. CAM interventions are safe, effective, and standardized thanks to evidence-based practice. Interdisciplinary cooperation and well-informed patient counseling are improved when CAM curricula are incorporated into medical, nursing, and allied health education (Bodeker & Ong, 2020).

Clinical trials, pharmacological research on herbal remedies, and sociocultural studies of patient experiences and obstacles to CAM acceptance are among the top research goals. While

preserving patient safety, strengthening the research infrastructure might legitimate complementary and alternative medicine (CAM) in mainstream healthcare (Patwardhan et al., 2015).

10.3 Digital Health and CAM Promotion

The marketing and uptake of complementary and alternative medicine (CAM) are being progressively influenced by digital technologies, including social media platforms, telemedicine, and mobile health applications. These platforms offer teleconsultations with CAM practitioners, information, and peer support (Lupton, 2017).

Sociologically speaking, digital health is a move toward democratized medical knowledge that challenges established healthcare authority structures and gives patients the power to make educated decisions. Unregulated digital content, however, increases the possibility of false information, highlighting the necessity of professional supervision, evidence-based resources, and quality control (Ventola, 2014).

11. Conclusion

A complex, heterogeneous healthcare environment is shown by a sociological analysis of complementary and alternative medicine (CAM), traditional medicine, and their combination. With the support of institutional frameworks, professional authority, and biomedical reason, conventional medicine still offers evidence-based, scientifically proven treatments. On the other hand, complementary and alternative medicine (CAM) employs patient-centered, holistic, and culturally based methods that address the mental, emotional, and spiritual aspects of health.

Functionalism, conflict theory, symbolic interactionism, and postmodern viewpoints are sociological theories that provide important insights into how patient choice, medical authority, and cultural meanings influence health-seeking behavior. CAM acceptance is also influenced by community impact, public opinion, and trust. Regulatory frameworks and legislative initiatives are crucial for guaranteeing ethical, high-quality, and safe practices.

In order to balance traditional and alternative systems, future perspectives highlight the increasing significance of integrative medicine, digital health, and evidence-based research. CAM can supplement conventional medicine to offer comprehensive, easily accessible, and

culturally sensitive healthcare by encouraging cooperation among medical professionals, advancing patient education, and bolstering regulatory control. In the end, acknowledging and incorporating several medical paradigms promotes a more patient-centered, inclusive, and flexible healthcare system that satisfies the changing demands of modern society.

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13. Conflict of Interest

The authors declare that there is no conflict of interest regarding the publication of this review.

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