



International Journal of Contemporary Research In Multidisciplinary

Research Article

From Susceptibility to Risk: An Integrative Review Bridging the Organon of Medicine and Contemporary Community Medicine

Dr. Reena A. Solanki ^{1*}, Dr Sandhya Sahu ²

¹ BHMS, MD Homoeopathy (Organon of Medicine and Homoeopathic Philosophy), Diploma in Yoga, Associate Professor of Organon of Medicine and Homoeopathic Philosophy, Aarihant Homoeopathic Medical College and Research Institute (part of Swarnim Startup & Innovation University), Gandhinagar, Gujarat, India

² BHMS, MD Homoeopathy (Psychiatry) C.G.O, F.N.R, F.C.R, Associate Professor, Department of Community Medicine, Aarihant Homoeopathic Medical College and Research Institute (part of Swarnim Startup & Innovation University), Gandhinagar, Gujarat, India

Corresponding Author: * Dr. Reena A. Solanki

DOI: <https://doi.org/10.5281/zenodo.21900586>

Abstract

Background: The concept of susceptibility occupies an important position in the theoretical framework of the Organon of Medicine, particularly in its discussion of individual responses to disease-producing influences. Contemporary Community Medicine, in contrast, conceptualises disease occurrence through epidemiological risk factors, determinants of health, exposures, host characteristics, and social and environmental conditions. Although these frameworks emerged from different intellectual traditions, both emphasise that disease does not occur independently of the characteristics of the individual and the surrounding environment.

Objective: This integrative review examines the conceptual relationship between susceptibility as described in the Organon of Medicine and risk factors and determinants of health in contemporary Community Medicine. It aims to identify areas of conceptual convergence, divergence, and potential relevance for preventive and individualised healthcare.

Methods: A narrative-integrative approach was adopted. Classical homoeopathic literature, particularly Hahnemann's Organon of Medicine, was examined alongside established epidemiological literature and contemporary public-health frameworks addressing risk factors, causation, social determinants, vulnerability, prevention, and population health. The analysis was interpretive and conceptual rather than a systematic assessment of clinical efficacy.

Results: The review identifies several areas of conceptual overlap, including recognition of individual variation, host characteristics, environmental influences, behavioural conditions, and interactions between person and environment. However, important differences remain. Homoeopathic susceptibility is primarily a theoretical construct within an individualized therapeutic system, whereas epidemiological risk is an empirically measurable probabilistic construct supported by population-level evidence. Contemporary public health further extends risk analysis to social, economic, environmental, commercial, and structural determinants. Consequently, susceptibility should not be regarded as synonymous with epidemiological risk.

Conclusion: A carefully bounded conceptual dialogue between the two frameworks may enrich discussions of individualized assessment and preventive health. The most defensible integration is not to equate homoeopathic susceptibility with epidemiological risk, but to examine how individual predisposition, exposure, vulnerability, and population-level

Manuscript Information

- ISSN No: 2583-7397
- Received: 09-07-2026
- Accepted: 08-08-2026
- Published: 12-08-2026
- IJCRM:5(4); 2026: 699-707
- ©2026, All Rights Reserved
- Plagiarism Checked: Yes
- Peer Review Process: Yes

How to Cite this Article

Solanki R A, Sahu S. From Susceptibility to Risk: An Integrative Review Bridging the Organon of Medicine and Contemporary Community Medicine. Int J Contemp Res Multidiscip. 2026;5(4):699-707.

Access this Article Online



www.multiarticlesjournal.com

determinants can be considered within a multidimensional model of health and disease. Future research should operationalize susceptibility-related concepts and examine whether they demonstrate measurable associations with validated epidemiological outcomes.

KEYWORDS: susceptibility, Organon of Medicine, homoeopathy, risk factors, epidemiology, Community Medicine, determinants of health, vulnerability, preventive medicine, individualised healthcare.

1. INTRODUCTION

Health and disease are increasingly understood as complex phenomena arising from interactions among biological, behavioural, environmental, social, and structural influences. The traditional biomedical tendency to attribute disease to a single proximate cause has progressively been supplemented by multifactorial and ecological approaches. Epidemiology therefore investigates not only the occurrence of disease but also the distribution of determinants that modify the probability of disease within individuals and populations (Gordis, 2014; Rothman et al., 2008).

The World Health Organization (WHO) recognizes that health is influenced by social and economic circumstances, physical environments, individual characteristics, and behaviours. Contemporary public health consequently considers determinants operating at multiple levels rather than focusing exclusively on biomedical pathology.

Within homoeopathic philosophy, the concept of *susceptibility* has historically been associated with differences among individuals in their responses to disease-producing influences. Hahnemann's *Organon of Medicine* places substantial emphasis

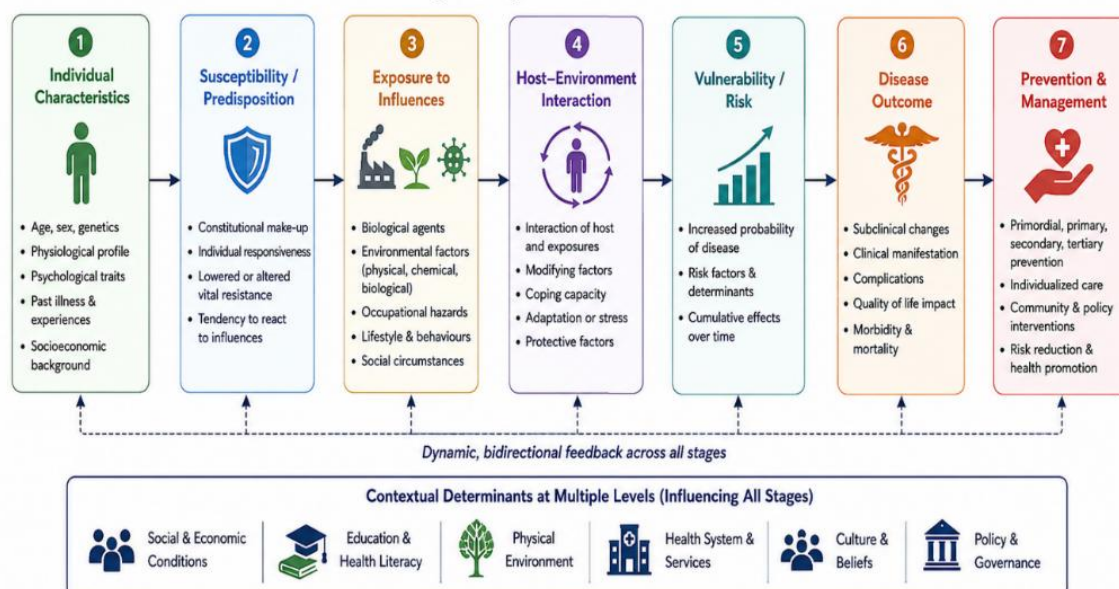
on the individual constitution, the totality of symptoms, maintaining influences, and the circumstances that modify disease expression. The sixth edition contains 291 aphorisms and represents Hahnemann's later formulation of his therapeutic system.

The apparent similarity between these perspectives raises an important academic question: **Can the concept of susceptibility in the Organon be meaningfully discussed alongside contemporary epidemiological concepts of risk and vulnerability?**

The answer requires conceptual precision. Susceptibility, as used within the Organon, belongs to a historical theoretical framework and is not equivalent to a modern epidemiological risk estimate. Epidemiological risk is generally quantifiable through population-based observations, whereas susceptibility in classical homoeopathic literature is predominantly individualized and interpretive.

This review therefore seeks to establish a scholarly bridge without collapsing the distinction between the two conceptual systems.

**Figure 1. Conceptual Integration Framework:
From Susceptibility to Risk and Health Outcomes**



Note: Susceptibility reflects individual predisposition within a given context; risk emerges from the interaction of host, exposures and broader determinants over time.

2. Concept of Susceptibility in the Organon of Medicine

2.1 Historical context

Samuel Hahnemann developed the *Organon of Medicine* during a period when modern epidemiology, molecular biology, immunology, and contemporary concepts of social determinants had not yet developed. His writings consequently employed a conceptual vocabulary substantially different from present-day biomedical and public-health terminology.

Within the *Organon*, disease is considered in relation to the individual organism rather than solely as an isolated pathological entity. The patient's individual characteristics and manifestations of illness are central to observation and therapeutic decision-making.

The *Organon* emphasizes careful observation of the individual and the circumstances associated with disease expression. This approach provides a philosophical basis for considering why apparently similar exposures may produce different clinical manifestations in different persons.

2.2 Susceptibility as an individual concept

In the classical homoeopathic framework, susceptibility may broadly be understood as the individual's tendency or responsiveness to influences capable of producing illness. The concept has subsequently been interpreted in different ways within homoeopathic literature.

Importantly, susceptibility should not automatically be translated into terms such as *genetic predisposition*, *immune susceptibility*, or *epidemiological risk*. Those modern constructs possess specific operational definitions and require empirical measurement.

A more academically appropriate interpretation is that susceptibility represents a historically developed theoretical construct concerning differential individual responsiveness.

3. Risk Factors in Contemporary Community Medicine

3.1 Epidemiological understanding of risk

Epidemiology examines the distribution and determinants of health-related states or events in specified populations. Risk refers to the probability that an individual or population will experience a particular outcome over a defined period.

Risk factors are characteristics, exposures, or conditions associated with an increased probability of an outcome. They may include behavioural, biological, environmental, occupational, socioeconomic, demographic, and genetic factors.

The epidemiological approach therefore shifts the question from:

Why does this individual appear susceptible?

toward questions such as:

Which exposures are associated with disease occurrence, in whom, under what circumstances, and with what magnitude of risk?

This distinction is fundamental to scientific interpretation.

3.2 Multifactorial causation

Contemporary epidemiology recognizes that many diseases arise from combinations of causal components rather than from a single factor. The concept of a web of causation illustrates how biological, behavioural, environmental, and social factors may interact within complex causal structures (Ventriglio et al., 2016).

For example, the development of cardiovascular disease may involve age, genetic factors, hypertension, dyslipidaemia, tobacco exposure, diet, physical inactivity, obesity, psychosocial stress, socioeconomic conditions, and access to healthcare.

Consequently, risk is increasingly interpreted within a network of interacting determinants.

4. Determinants of Health: The Contemporary Expansion of Risk

Modern Community Medicine extends beyond conventional risk factors to include broader determinants of health.

WHO identifies three broad domains:

1. Social and economic environment
2. Physical environment
3. Individual characteristics and behaviours

These determinants include income, education, employment, housing, social support, environmental conditions, genetics, and behavioural factors.

Social determinants are particularly important because health inequalities frequently follow a social gradient. Individuals experiencing socioeconomic disadvantage may simultaneously encounter poorer housing, occupational hazards, nutritional insecurity, environmental exposures, reduced educational opportunities, and barriers to healthcare.

This perspective substantially broadens the concept of vulnerability.

4. Susceptibility and Risk: Conceptual Comparison

Dimension	Susceptibility in the Organon	Risk in Community Medicine
Primary focus	Individual	Individual and population
Historical origin	Homoeopathic philosophy	Epidemiological/public-health science
Main orientation	Individual responsiveness	Probability of an outcome
Measurement	Traditionally qualitative/interpretive	Quantitative and qualitative
Evidence framework	Classical theoretical literature and clinical observation	Epidemiological studies and population data
Exposure	Considered in relation to the individual	Defined and measured systematically
Environment	Relevant to disease expression	Major determinant of health
Behaviour	Considered in individual context	Established behavioural risk determinant
Genetics	Historically discussed differently from modern genetics	Measurable biological/genetic determinant
Social factors	Not equivalent to contemporary SDOH framework	Central component of modern public health
Causality	Individualized conceptual interpretation	Formal causal inference
Prevention	Individual and contextual orientation	Individual, community, and population strategies

Therapeutic relevance	Individualization of case assessment	Identification and modification of risk
Scientific status	Historical theoretical construct	Empirically testable epidemiological construct

The comparison demonstrates that the two concepts have conceptual intersections but different epistemological foundations.

Figure 2. Comparative Framework: Susceptibility in the Organon of Medicine vs. Risk Factors in Community Medicine

DIMENSION	Susceptibility in the Organon of Medicine	Risk Factors in Community Medicine	Points of Convergence
 Primary Focus	Individual organism and its unique responsiveness to disease-producing influences	Individuals within populations and population groups	Recognizes individual variation in health and disease
 Conceptual Basis	Philosophical-vitalistic, derived from homeopathic principles	Empirical-scientific, based on epidemiological evidence	Both seek to understand determinants of disease
 Nature of Concept	Qualitative, individualized, holistic	Quantitative and qualitative, measurable, probabilistic	Both consider multiple influences on health
 Measurement	Traditionally interpretive; not standardized	Standardized tools, metrics and statistical measures	Assessment is essential for care and prevention
 Determinants Considered	Constitution, mental state, environment, modes of life, maintaining causes	Biological, behavioural, environmental, social, economic, cultural, structural	Both acknowledge role of person and environment
 Causality	Individualized causal interpretation	Causal inference using study designs and models	Both explore cause-effect relationships
 Level of Application	Primarily individual clinical application	Individual, community and population levels	Relevant to both individual and community health
 Goal	Restoration of health through individualized care	Disease prevention, risk reduction, health promotion	Promotion of health and prevention of disease
 Evidence Base	Classical literature, clinical experience	Epidemiological studies, trials, surveillance data	Both evolve with knowledge and experience
 Scope	Focuses on the individual as a whole	Extends to social determinants and policy context	Health is multifactorial and context-dependent

Key Takeaway: Susceptibility in the Organon and risk factors in Community Medicine arise from different epistemologies but intersect in their recognition of individual differences, contextual influences, and the importance of prevention and holistic care.

6. Areas of Conceptual Convergence

6.1 Individual variation

One of the strongest areas of conceptual convergence is recognition that individuals do not respond uniformly to the same environmental or biological conditions.

Modern medicine recognizes heterogeneity in disease susceptibility due to genetics, age, sex, immune status, comorbidities, behaviour, socioeconomic circumstances, and previous exposures.

The Organon similarly emphasizes individual differences in the manifestation of illness.

Thus, both frameworks challenge an excessively simplistic assumption that identical exposures necessarily produce identical outcomes.

6.2 Host-environment interaction

The epidemiological triad traditionally describes relationships among **agent, host, and environment**. Contemporary models have expanded this concept to incorporate complex interactions among biological, environmental, social, and behavioural factors.

The Organon also gives importance to circumstances surrounding the individual and factors that may influence disease expression. Although the terminology differs, both perspectives can therefore be discussed within a broader host-environment framework.

6.3 Behavioural and lifestyle influences

Modern Community Medicine identifies tobacco use, unhealthy diets, physical inactivity, and harmful alcohol use among major modifiable risk factors for noncommunicable diseases. WHO further emphasizes the contribution of environmental and social conditions to these behaviours.

Lifestyle-related influences can therefore be incorporated into a multidimensional assessment of health risk.

The conceptual value of this approach is particularly evident in chronic diseases where individual behaviour interacts with socioeconomic and environmental conditions.

6.4 Environmental exposure

Air pollution, occupational hazards, unsafe housing, poor sanitation, contaminated water, and climate-related exposures are recognized determinants of health.

Modern public health therefore regards environmental exposure as a major component of disease prevention rather than merely a background circumstance.

A broader interpretation of susceptibility can consequently consider the interaction between individual characteristics and environmental exposure, provided that such relationships are empirically evaluated.

7. Important Areas of Divergence

Despite conceptual similarities, several differences must be maintained.

7.1 Ontological differences

Susceptibility within the classical Organon is embedded within a philosophical and therapeutic framework developed before modern epidemiology.

Epidemiological risk, in contrast, is fundamentally probabilistic and population-based.

Therefore:

Susceptibility $\neq$ Risk

A susceptible individual is not necessarily a high-risk individual according to epidemiological criteria, and a population with an elevated epidemiological risk may contain individuals who do not develop the disease.

7.2 Measurement

Modern epidemiology can estimate measures such as:

- incidence
- prevalence
- relative risk
- odds ratio
- attributable risk
- population attributable fraction
- hazard ratios

These measures allow researchers to quantify associations and estimate the potential impact of interventions.

Classical susceptibility does not possess an equivalent standardized measurement system.

This creates a major methodological challenge for attempts to integrate the two frameworks.

7.3 Causality

An association between a characteristic and disease does not necessarily establish causality. Contemporary epidemiology uses causal frameworks, study designs, confounding assessment, effect modification, and statistical inference to evaluate causal relationships (Rothman et al., 2008).

Therefore, conceptual similarity between two historical terms cannot be treated as evidence of causal equivalence.

8. From Individual Susceptibility to Population Vulnerability

A potentially productive conceptual bridge can be constructed through the intermediate concept of **vulnerability**.

Vulnerability can be understood as arising from the interaction of:

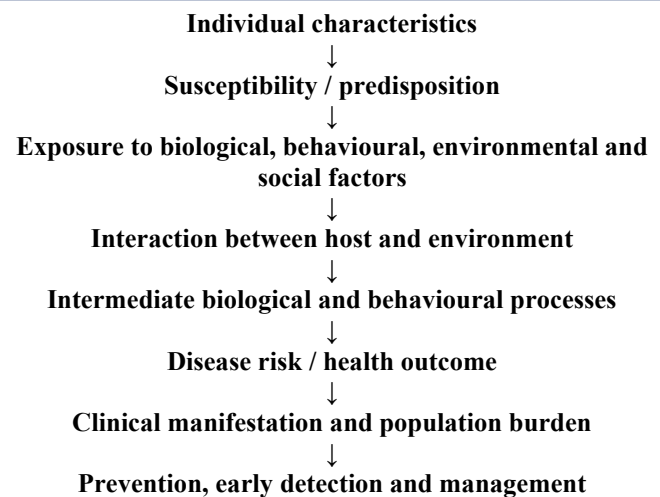
Individual characteristics + exposure + environmental conditions + social context + available resources

This model is consistent with contemporary social-determinants frameworks, which emphasize that living conditions influence exposure, vulnerability, and health outcomes.

From this perspective, susceptibility can be treated as one possible conceptual descriptor of individual variation, while epidemiological vulnerability encompasses a much broader set of measurable determinants.

9. A Proposed Integrative Framework

A multidimensional framework may be represented as:



This model should be interpreted as a **conceptual framework rather than a validated causal model**.

Its principal value lies in encouraging researchers to consider individual and population dimensions simultaneously.

10. Implications for Preventive Medicine

The integration of individual and population perspectives has implications for preventive medicine.

10.1 Primordial prevention

Primordial prevention addresses social and environmental conditions that generate risk factors.

Examples include:

- healthy urban planning
- tobacco-control policies
- food-system interventions
- environmental regulation
- health-promoting education
- poverty reduction
- improved housing
- occupational safety

10.2 Primary prevention

Primary prevention aims to prevent disease before its onset through interventions directed toward modifiable risks.

Examples include:

- vaccination
- tobacco cessation
- physical activity promotion
- healthy nutrition
- reduction of harmful alcohol use
- occupational protection

10.3 Secondary prevention

Secondary prevention involves early identification of disease or high-risk states through screening, case finding, and timely intervention.

10.4 Individualized preventive assessment

A clinically individualized approach may additionally consider:

- family history
- previous illness
- occupational exposure
- lifestyle
- psychological and social circumstances
- environmental context
- adherence patterns
- healthcare accessibility

Research domain	Possible measurable variable
Family predisposition	Validated family-history questionnaire
Environmental exposure	Exposure duration/intensity
Lifestyle	Standardized lifestyle score
Stress	Validated psychological scale
Sleep	Sleep-quality index
Physical activity	MET-minutes/week
Nutritional exposure	Dietary assessment
Disease recurrence	Number of episodes/years
Multimorbidity	Number and type of diagnosed conditions
Healthcare utilization	Visits/admissions/year
Quality of life	Validated QoL instrument

Such operationalisation would allow researchers to investigate whether variables traditionally described under the broad concept of susceptibility demonstrate reproducible associations with clinical outcomes.

12. Implications for Community Medicine

Community Medicine traditionally operates at the interface between individual healthcare and population health.

The discipline therefore provides an appropriate context for examining the relationship between:

Person → Family → Community → Environment → Health system → Population

A modern public-health framework should not regard individuals as isolated biological entities. Their health is influenced by the circumstances in which they are born, grow, work, live, and age. WHO emphasizes that these social determinants substantially shape health opportunities and inequalities.

Consequently, prevention requires interventions at multiple levels.

13. The Individual–Population Continuum

Geoffrey Rose's population strategy provides an important epidemiological perspective: the distribution of risk within a population can influence the occurrence of disease at the individual level, and population-wide interventions may sometimes produce greater preventive benefit than interventions directed exclusively toward high-risk individuals (Rose, 1992). This concept offers an important bridge to individualized approaches.

Such individualized assessment is compatible with modern preventive medicine when the factors being assessed are defined and supported by appropriate evidence.

11. Implications for Homoeopathic Research

If susceptibility is to be investigated scientifically, it should be transformed from a broad philosophical construct into measurable variables.

Potential research domains could include:

A complete health strategy may therefore involve both:

High-risk strategy

Identifying and managing individuals with elevated measurable risk.

Population strategy

Changing environmental and social conditions that shift the distribution of risk throughout the population.

The two approaches are complementary rather than mutually exclusive.

14. Ethical and Scientific Considerations

Any attempt to integrate historical medical concepts with contemporary public health must avoid retrospective validation. The fact that two frameworks use apparently similar concepts does not establish that they share the same biological mechanism.

Three principles are therefore important:

1. **Conceptual similarity should not be interpreted as empirical equivalence.**
2. **Historical terminology should not be converted into modern scientific terminology without operational validation.**
3. **Clinical claims should be supported by appropriately designed empirical research.**

This distinction is particularly important when discussing individualized medical systems within an evidence-based research environment.

15. Future Research Directions

Future research may investigate the relationship between susceptibility-related constructs and validated epidemiological variables through:

15.1 Prospective cohort studies

Participants could be classified according to predefined susceptibility-related characteristics and followed longitudinally for disease outcomes.

15.2 Case-control studies

Individuals with and without a defined disease could be compared with respect to measurable biological, behavioural, environmental, and social variables.

15.3 Multilevel studies

Individual-level characteristics could be examined simultaneously with household, community, environmental, and socioeconomic variables.

15.4 Mixed-methods research

Quantitative epidemiological measurements could be combined with qualitative exploration of individual experiences and health behaviour.

15.5 Causal modelling

Directed acyclic graphs and modern causal-inference approaches could help distinguish confounding, mediation, effect modification, and causal pathways.

15.6 Validation studies

Specific susceptibility-related constructs should undergo reliability, construct-validity, predictive-validity, and criterion-validity assessment before being used as scientific variables.

16. Limitations

This review has several limitations.

First, the analysis is conceptual and does not establish empirical equivalence between susceptibility and epidemiological risk.

Second, interpretations of susceptibility may vary across different schools and historical interpretations of homoeopathic literature.

Third, contemporary epidemiology contains multiple competing models of causation, and no single framework completely captures the complexity of disease development.

Fourth, the review does not constitute a systematic review or meta-analysis and therefore does not quantify the strength of evidence for clinical outcomes.

Finally, future empirical investigation is necessary before susceptibility-related constructs can be considered validated epidemiological predictors.

17. CONCLUSION

The concepts of susceptibility in the *Organon of Medicine* and risk factors in contemporary Community Medicine arise from different intellectual and methodological traditions. Nevertheless, both recognize, in different ways, that health and disease are influenced by characteristics of individuals and their surrounding circumstances.

Contemporary Community Medicine provides an empirically measurable framework in which disease risk can be examined through biological, behavioural, environmental, socioeconomic, and structural determinants. The WHO framework particularly emphasizes that health is shaped by conditions in which people live, work, and age.

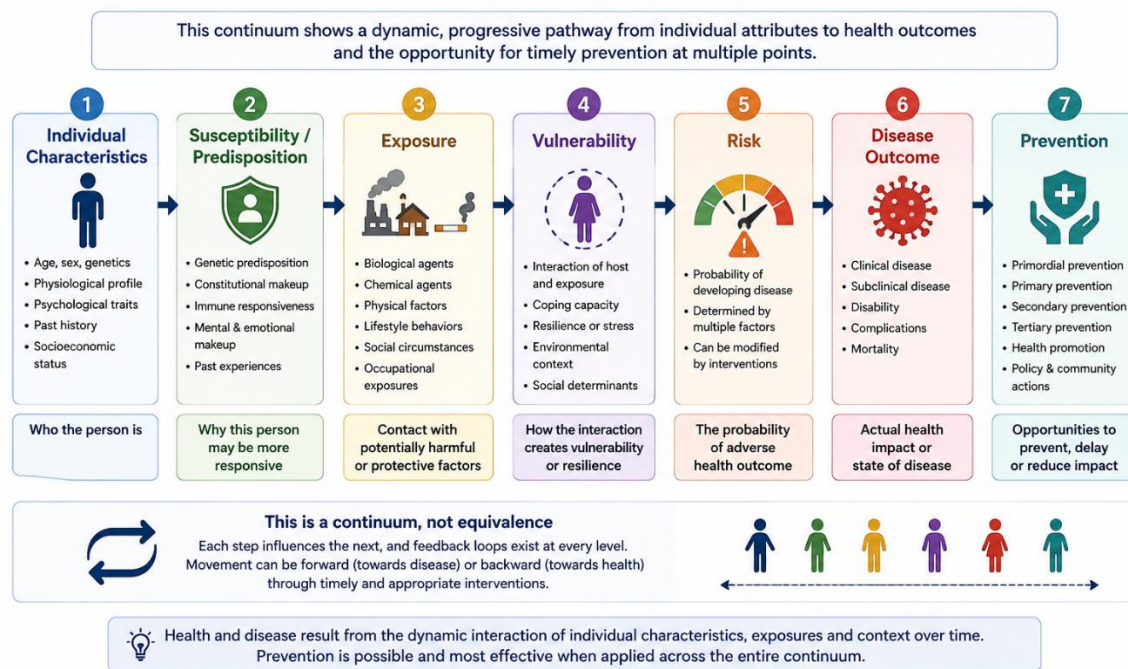
The concept of susceptibility may therefore be explored as a historical individualized construct concerning differential responsiveness, but it should not be presented as synonymous with epidemiological risk, genetic predisposition, or established biological vulnerability.

A scientifically defensible integration is possible when the two frameworks are placed on a **conceptual continuum rather than treated as equivalent constructs**:

**Individual characteristics → Susceptibility/predisposition
→ Exposure → Vulnerability → Risk → Disease outcome
→ Prevention**

Conceptual Continuum (Not Equivalence)

From Individual Characteristics to Prevention



Such an approach creates an opportunity for interdisciplinary dialogue between the historical philosophy of individualised medicine and contemporary population health science. The ultimate research challenge is to convert broad theoretical concepts into clearly defined, reproducible, and measurable variables that can be tested using modern epidemiological methods.

Author Contributions

Author 1: Dr. Reena A Solanki: BHMS, MD Homoeopathy (Organon of Medicine and Homoeopathic Philosophy), Diploma in Yoga, Conceptualization, development of the review framework, literature interpretation, analysis of the concepts of susceptibility and homoeopathic philosophy, drafting of the manuscript, and critical revision.

Co- Author - Dr Sandhya Sahu: BHMS, MD Homoeopathy (Psychiatry) C.G.O, F.N.R, F.C.R, Associate Professor Department - Community Medicine Literature review related to epidemiology and Community Medicine, analysis of risk factors and determinants of health, preparation of comparative tables, critical review of the manuscript, and final approval of the submitted version.

Both authors contributed to the intellectual development of the manuscript and approved the final version.

Funding

This research received **no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.**

Conflict of Interest

The authors declare **no conflict of interest** related to the preparation or publication of this article.

Ethical Approval

Not applicable. This article is an integrative literature review and does not involve human participants, identifiable patient data, animals, or primary data collection.

Informed Consent

Not applicable. No human participants were recruited and no individual-level identifiable information was used.

Data Availability Statement

No original datasets were generated or analyzed during this study. The article is based on information available through the published literature and cited academic and institutional sources.

Acknowledgements

The authors acknowledge the contributions of researchers and academic institutions whose published literature provided the conceptual and scientific foundation for this review.

Author Declaration

Both authors confirm that the manuscript is an original scholarly work prepared for academic publication and that all relevant sources have been appropriately acknowledged and referenced.

REFERENCES

1. Gordis L. Epidemiology. 5th ed. Philadelphia: Elsevier/Saunders; 2014.
2. Hahnemann S. Organon of medicine. 6th ed. Boericke W, translator. [Place unknown]: William Boericke; 1921.
3. Kenah E. Rothman diagrams: the geometry of causal inference in epidemiology. arXiv. 2023.
4. Marmot M, Wilkinson RG, editors. Social determinants of health. 2nd ed. Oxford: Oxford University Press; 2006.
5. Porta M, editor. A dictionary of epidemiology. 6th ed. Oxford: Oxford University Press; 2014.
6. Rose G. The strategy of preventive medicine. Oxford: Oxford University Press; 1992.
7. Rothman KJ, Greenland S, Lash TL. Modern epidemiology. 3rd ed. Philadelphia: Lippincott Williams & Wilkins; 2008.
8. Ventriglio A, Bellomo A, Bhugra D. Web of causation and its implications for epidemiological research. Int J Soc Psychiatry. 2016;62(1):3-4. doi:10.1177/0020764015587629.
9. Wilkinson RG, Marmot MG, editors. Social determinants of health: the solid facts. 2nd ed. Geneva: World Health Organization; 2003.
10. World Health Organization. Constitution of the World Health Organization. Geneva: World Health Organization; 1948.
11. World Health Organization. A conceptual framework for action on the social determinants of health. Geneva: World Health Organization; 2010.
12. World Health Organization. Determinants of health. Geneva: World Health Organization; 2024.
13. World Health Organization. Noncommunicable diseases. Geneva: World Health Organization; 2024.
14. World Health Organization. Social determinants of health: key concepts. Geneva: World Health Organization; 2024.
15. World Health Organization. Noncommunicable diseases. Geneva: World Health Organization; 2025.
16. World Health Organization. Noncommunicable disease surveillance, monitoring and reporting: risk factors. Geneva: World Health Organization; 2025.
17. McLeroy KR, Bibeau D, Steckler A, Glanz K. An ecological perspective on health promotion programs. Health Educ Q. 1988;15(4):351-77.
18. Evans RG, Barer ML, Marmor TR, editors. Why are some people healthy and others not? The determinants of health of populations. New York: Aldine de Gruyter; 1994.
19. Dahlgren G, Whitehead M. Policies and strategies to promote social equity in health. Stockholm: Institute for Futures Studies; 1991.
20. Beaglehole R, Bonita R, Kjellström T. Basic epidemiology. Geneva: World Health Organization; 1993.

Creative Commons (CC) License

This article is an open-access article distributed under the terms and conditions of the Creative Commons Attribution-Non-Commercial-No Derivatives 4.0 International (CC BY-NC-ND 4.0) license. This license permits sharing and redistribution of the article in any medium or format for non-commercial purposes only, provided that appropriate credit is given to the original author(s) and source. No modifications, adaptations, or derivative works are permitted under this license.

About the Author



Dr. Reena A Solanki She hold BHMS, MD Homoeopathy (Organon of Medicine and Homoeopathic Philosophy), Diploma in Yoga, Associate Professor in the dept. of Organon of Medicine and Homoeopathic Philosophy at Aarinhant Homoeopathic Medical College and Research Institute, affiliated with Swarnim Startup & Innovation University, Gandhinagar, Gujarat, India. She is veteran Speaker and philosopher, want to learn newer teaching Methods, And Good Academician



Dr. Sandhya Sahu holds a BHMS and MD in Homoeopathy (Psychiatry), along with C.G.O, F.N.R, and F.C.R qualifications. She serves as an Associate Professor in the Department of Community Medicine at Aarinhant Homoeopathic Medical College and Research Institute, Gujarat, India. Her academic interests include Homoeopathy, Psychiatry, Community Medicine, medical education, clinical practice, research, and holistic approaches to healthcare.