

Holistic Health Approaches: Engineering Multi-Disciplinary Solutions

Abner Tom Kalukusu

Department of Clinical Medicine and Dentistry Kampala International University Uganda

Email: abnertomkalukusu@studwc.kiu.ac.ug

ABSTRACT

Holistic health represents a transformative paradigm in healthcare that emphasizes the interconnectedness of physical, mental, emotional, social, environmental, and spiritual dimensions of human well-being. This paper examines the historical evolution of holistic practices, beginning with Hippocratic traditions, and traces their resurgence in contemporary integrative medicine. Central to the holistic approach is the acknowledgment that human health cannot be fully understood or treated through the reductionist biomedical model alone. Instead, a transdisciplinary framework incorporating complementary and alternative medicine, preventive care, nutrition, physical activity, arts, and technology is essential. The paper also presents successful case studies and evaluates innovative practices such as Integrated Systems Care and Generative Developmental Systems Coaching. Additionally, the role of interdisciplinary collaboration and the challenges in implementation, especially in the context of complex socio-cultural systems, are discussed. By embracing the holistic health model, healthcare systems can evolve into more inclusive, personalized, and sustainable structures that not only treat disease but foster lifelong wellness.

Keywords: Holistic Health, Integrative Medicine, Preventive Healthcare, Complementary and Alternative Medicine (CAM), Interdisciplinary Collaboration, Health Ecologies

INTRODUCTION

Health is defined as the state of mental and physical well-being and freedom from disease, illness or injury. When defining health in a more holistic sense, other aspects of a patient's life are intensified and included, such as marital problems, financial contraceptive, addiction, social stressors or environmental situation. Therefore, holistic health is a complex and multi-disciplinary issue with a wide range of contributing and affecting factors that can be potentially beneficial or detrimental to an individual's wellbeing. For example, social stress did not statistically explain self-reported emotional health, once perceived financial distress was included in the model. On the other hand, financial stress explained less of the variance in emotional health when marital problems were included. Factors affect each other as well, making holistic health an intricate web of inter-relations and interconnectedness involving cultural, social, environmental and political aspects. Preventive healthcare as a requirement for holistic healthcare is clearly seen in health statistics indicating increases in the prevalence of effective treatment for acute and chronic diseases in the developed world, yet not being able to see a significant decline in morbidity and mortality rates of either acute or chronic diseases during the last four decades. Preventive health services are also touted as a cheaper option for governments due to the higher cost of curative healthcare. However, the cost effectiveness of preventative healthcare must be evaluated in a broader sense. Today's cancer has a twenty year span between diagnosis/treatment and death, too lengthy for a return on investment to be expected during a government candidate's elected period. The most convincing cost-benefit analysis yet still goes on unharnessed. Prescriptive and realistic methods of cost-effectiveness are required to promote public faith in preventative healthcare options [1, 2].

Historical Perspectives

Clinical holistic medicine is very old, with roots in the medicine of Hippocrates and tradition in Europe dating back more than 2,000 years. The medical doctors in those days were philosopher-medics who used body-, psychology-, and spirit-care in harmony as well as all possible modes of gain, in order to help their patients step into their own character, perform meaningful work as a helping hand and ask guidance to the gods. In high society, this philosophy and paradigm of medicine lasted for many centuries and was called “being delivered in time.” In the Middle Ages and Renaissance, the old model of health care was altered, and a medical approach not mentioning the word “holistic” was in use for more than 300 years. In modern times, qualitative and phenomenological research on health has generated epidemiological models that describe quality of life as an evolvable organism with many dimensions and many interacting parts. On the basis of this a new clinical tool for dialogue with patients and understanding of their situation as sick or healthy was made and presented in scientific journals. A new research area in quality of life (intended as ‘being good’) grew logarithmically. At the same time, a parallel development in complementary and alternative medicine (CAM) generated a post-modern and integration predicament in which the clinical holism of Hippocrate was rediscovered in unity of body, psyche and spirituality [3, 4].

Key Principles of Holistic Health

In Western societies, the reductionist biomedical model has long dominated health and illness discourse, viewing humans as biological systems made of interacting parts. Any alteration can lead to ill health or disorder breakdowns. Biomedical research often seeks novel therapies at this level. However, this biological perspective is now recognized as insufficient, necessitating a socioeconomically informed psychosociocultural approach. Defining health is complex; while it is a common term, a lack of clear understanding can hinder meaningful discussions among health experts and actors. A transdisciplinary approach is essential, engaging all fields relevant to health research and implementation, from modeling and testing to provision of means. An example of this collaborative focus is dedicating time to discuss the broader impacts of work. Socioeconomic insights are insufficient alone; thus, relevant disciplines must collaborate to enhance understanding, bridging theoretical perspectives and paradigms. Although public health policy and research are distinct, public health research significantly influences media and civil society. Direct involvement of public health experts in discussions is crucial, as personal views may be dismissed as unscientific if expressed too polemically. This necessitates careful consideration of persuasive arguments from various fields and sensitivity to the language used in discussions [5, 6].

Multi-Disciplinary Collaboration

In pursuit of comprehensive health approaches that involve various disciplines and sensory systems, this section highlights a unique event stemming from collaborative efforts across institutions and disciplines. The historical conversations between the Arts and Health sectors led to the creation of a one-day interdisciplinary symposium titled “The Arts & Health Symposium: The Role of the Arts in the Enhancement of Human Health & the Amelioration of Disease.” This collaboration tackled the challenge of knowledge creation in arts related to health and aimed to solidify a foundation for further interdisciplinary inquiries. The symposium explored the increasing interest in the health potential of the arts and creativity, striving to discern what this trend implies for the future of arts-related practices. It examined various current practices from both art-making and research perspectives, ranging from the public health approach—what art might contribute to health—to exploring how health influences art. The curator intentionally avoided value judgments regarding these inquiries, as such determinations lay outside their curatorial responsibilities. The objective was to showcase broader forces of temporality and materiality, often linked to marketability and security, currently influencing the arts and health landscape. By doing so, the curatorial task aimed to create an alternative understanding of this space. Through the symposium's performance format, participants—including attendees, artists, and presenters—shared their works and insights, collaboratively engaging in exploration through lived experiences rather than merely observing a traditional fixed-program symposium [7, 8].

Innovative Practices in Holistic Health

This section examines five practices derived from Holistic Health innovations discussed previously. The focus is on strategies that integrate complementary and alternative medicine to enhance conventional healthcare and support community health. Three practices target healthcare systems: Generative

Developmental Systems Coaching (GDSC), Interprofessional Collaborative and Integrative Care (ICIC), and Integrated Systems Care (ISC). Two practices empower consumers: the New Health Ecologies Framework (NHEF) and Quali-Quantitative Analysis (QQA). GDSC involves a collaborative effort at Delaware Valley University to support youth through preventative health assessments and connections to health services, engaging families to build Health Ecologies. It ensures intentional ecosystem design, considering the motivations of families, community partners, and health systems, while engaging various leadership levels and addressing factors such as socio-economic dynamics and educational quality. ICIC is practiced in numerous US healthcare centers, showing positive patient outcomes. Research has been limited on the landscape of these centers. A study investigated the interprofessional collaborative care across diverse US healthcare settings, analyzing financial models and key insights to enhance collaborative care practices. ISC, led by the National Center for Systems Design in Holistic Health, fosters collaboration among healthcare providers for individuals and families. This approach builds on patients' Health Ecologies and emphasizes shared accountability among collaborators, contrasting with traditional person-centered care by implementing a restructured care framework. The NHEF advances its predecessor through QQA, facilitating the understanding of personal and population health within complex life ecosystems. Plans include an app to help users visualize and analyze their health ecologies, ensuring user engagement while optimizing resource utilization [9, 10].

Nutrition and Holistic Health

Holistic health is a broad and integrative approach to healthy, well-being, addressing the whole individual and all fundamental aspects of health. Holistic health acknowledges that physical health is actually produced and patterned by many structural, functional, and psychobiological factors. Accordingly, it is practiced by a multi-disciplinary team of health professionals. As one definition of holistic health, good health is a balance of quantitative and qualitative values governing all existential factors of the individual and his/her environment. It is unclear what brings about improvements in health and possibly human development misses. Just how is it possible for one country to develop health and longevity and for another country not to? Again, no details are clear. It is presumed that higher quality of nutrition and life, in general, leads to improved health, whereas the reverse brings disease and death. Of this, there is a plethora of evidence but it is largely qualitative and qualitative details are sparse and not easily investigable. Holistic health and wellness is a growing endeavor, with hundreds of institutions teaching and promulgating it. There is no grounding at all in quantification, thus any review must be vague and inexact. There are well-known and easily defined source issues, intrinsic to the nature of a holistic approach to the analysis of health and health care promotion. Many disciplines have overlapping interests and systems representations and description. The mind, thus multi- and trans-disciplinary approaches are expected to be taken for engineering health and wellness models. However, defining health and well-being, and the modeling of components and their interrelationships is an extremely daunting task because non-linearity reigns, as is generally the case in other fields of socio-economic, political, technological, and cosmological interest. Yet, health and lifespan are of utmost importance to humans and their continued existence is a primary driver of human progress towards greater harmony and synergy [11, 12].

Physical Activity and Wellness

The average adult spends nine hours daily in sedentary behaviors, with one-third of U.S. adults reporting no leisure-time physical activity. While many express intentions to exercise, actual participation in fitness activities remains low. This contributes to high levels of overweight and obesity, posing risks to health. Despite health education efforts highlighting benefits and risks, changes in physical activity have been minimal. Motivational challenges persist, with individuals often lacking self-efficacy or genuine desire to act. PA program designers frequently misjudge that intentions reliably predict actions. Simply acknowledging intentions doesn't lead to behavior change when actions stem from habitual choices. A deeper exploration of motivation, intention in the Action Stages of Change Model, attitudes, and theories like Reasoned Action and Planned Behavior is essential. Integrating literacy strategies into vocational training for adults with special needs could support behavior change. Starting a PA program may seem simple, yet addressing real-life barriers is crucial. Setting concrete goals, such as committing to walking after work instead of watching television, is necessary. Honesty about the benefits of increased activity is vital; for some, a strong incentive is needed to break old habits. Collecting personal narratives can help

assess satisfaction and goals. Understanding past contentment can clarify the conflicts between desired activity and hours spent in inactivity, highlighting wasted time and resources [13, 14].

Technology in Holistic Health

The great advances of mankind have been to the benefit of the whole of mankind, but today they have become the property of very few. Technologies are being developed that are becoming a danger to the existence of the whole species of mankind. For instance, recent technology in bioelectronics is creating the possibility of mind control of the individual by the government or by unscrupulous entrepreneurs. Technology to generate energy from wind, sun, plants and waste will take humanity not just into a stage of abundance, but also of freedom from oppression by energy monopolies and countries with enormous oil and gas resources like those that shape the challenges in the Middle East today. The modern economies of the world depend on technology looking for the greatest profit on the financial market, little caring about the consequences for the individuals and the societies in which this is pursued. So called alternative medicine things are developing in quite the opposite direction. Not just all kinds of dubious methods are springing up like mushrooms in the dark, but real methodological and theoretical approaches are being developed in the holistic paradigm. Real multi-disciplinary models of health complaints based on classical psychodynamic hypothesis and on integrative physics yet to come are being developed, taking hope seriously as a big ontological problem of existence. These are however excluded a priori from research and funding by meritocratic domination thinking. This does not mean however that they should be dismissed, it is undoubtedly a big world with valid epistemological problems for holistic therapy research [15, 16].

Case Studies of Successful Holistic Programs

The case studies to be presented are about two very successful holistic programs in cardiovascular disease. One is by the integrative medicine physician Dr. Dean Ornish who is combining modern medicine with psychosomatic medicine. His program is called the 'Dean Ornish Program' and is built around ultramodern 'first generation' medical solutions such as a very low-fat vegetarian diet, aerobic training, smoking cessation, life-style changes, psychosocial training, and, if needed, pharmaceuticals. To this is added a personal development program to be executed autonomously by the patient. This part ensures the sustainability of life-style changes and includes individual therapy and psychosocial training. The reason why Dean Ornish has been so successful is, in part, because this program is based on all the clinical holistic body treatments. The other program is by the Danish researcher and health educator Professor Lars Møller. His program, the 'Holistic Heart', is a community-based project combining established modern cardiological expertise with holistic medicine in a joint approach for the individual and the community. The program came about because, despite preventive measures, hospitalization and morbidity due to a heart condition increased. The program includes an 'Opening the Heart' course and healthy community-training to ensure sustainable changes. It is built on a medical foundation and combines established modern medicine with holistic medicine, psychosomatic medicine, and peer teaching. The program illustrates how an astonishing resource can be found in the community. People with heart problems offered their time and effort in a surprisingly well-directed way [17, 18].

Challenges in Implementing Holistic Approaches

A major driver of improved child health and survival is nutrition through breastfeeding and complementary feeding. Designing and scaling these programs is challenging due to their narrow focus and limited scale. The complex social and cultural factors impacting child health cannot be overlooked. Effective frameworks that prioritize understanding this complexity are needed to inform interventions. Success depends on addressing situational coherence, diagnostic acumen, solution legitimacy, system relevance, and the ability to learn and adapt. Focused efforts on these challenges can significantly reduce suffering, enhance global productivity, and improve health across generations. Designing effective and sustainable positive change in child health is essential but requires addressing global development issues with positive intentions. Opportunities exist to create more scalable solutions that consider local contexts. New practices and methodologies are necessary to identify social and cultural nuances, navigate complexity, and develop well-matched interventions. This collective design effort demands exploration of how various disciplines can collaborate across creative, social, and technical realms [19, 20].

Future Directions in Holistic Health

The field of holistic medicine needs an upgrade to fully integrate human consciousness, fulfilling its promise to enhance health care systems currently hampered by over-specialization. This requires visionary thinking and a “top ten” dream for holistic medical research and implementation with unlimited resources. Research would focus on quality of life, particularly in clinical settings, encouraging individuals to confront limitations and traumas, engage in lifelong self-development, nurture hope, and create supportive environments. While social, mental, emotional, and spiritual health are crucial, they are often overlooked in fast-paced, bureaucratic medical systems that reduce individuals to mere symptoms rather than seeing them holistically. A new paradigm for practitioners is essential, with implications for global health. The question of what constitutes health and who has a right to it is central, alongside the role of governments in ensuring access to holistic health. Integrating human consciousness into healthcare will transform how we understand quality of life, shifting the focus to the individual mind and bodily experience. This understanding could reshape health care, guiding clinicians to help clients engage fully with their experiences, activating deeper aspects of consciousness for transformation [21, 22].

Ethical Considerations in Holistic Practices

The individuality of the person being treated requires a thoughtful consideration of how best to integrate different methods and approaches into the health treatment and care of the complex human being. Healing has many dimensions. There are many ways to connect with the multi-dimensional aspects of the human being. This complexity is, however, inherent to any undertaking of health-related holism and provides a unique challenge for the practitioner. There will be a variety of challenges facing the health practitioner or care giver. The individual offerings will be on a variety of different dimensions. Conventional biomolecular medicine will offer depth tests on blood or saliva, examining the physiological parameters, possible virulence, injuries, and anatomy of the client. Conventional medicine will follow on with medical diagnosis and treatment that works within these biological or bio-chemical paradigms. More holistic approaches may examine all aspects of the human being, focusing on different non-material aspects from a non-local state space, which will offer emotional, cognitive, or vital insights on the maladies of the patient. These health considerations will focus on the patient as a whole composing not just of biological molecules in methano-dimensions in space, but also on emotions, the absolutely non-material flow of energy, sense of self, thought, consciousness, and cognition. Therapies will then be tailored to the needs of the patient who composes of complex higher dimensional senses. A prescriptive mix of either intense, penetrating biomolecular medication or much deeper energetic subtle straddling across multiple physiological aspects would be relevant. It is, however, paramount to have a broad knowledge of these approaches, their feasible scope of effectiveness, interaction, and treatment steps. Respect for the multi-disciplinary complexity and diversity of approaches available will be needed. The treatment might span from bio-molecular medication to energetic massage in the same treatment sequence [23, 24].

The Role of Education in Holistic Health

Curricula in health care will include holism in medical sociology and psychology. Medical sociology examines external factors affecting patient health, while medical psychology explores belief systems impacting health. Utilizing patient life events as clinical examples provides deeper understanding beyond symptoms alone, revealing overlooked causal chains and the effects of lifestyle changes on health. Listening to patient stories enriches health workers' perspectives and fosters holistic teaching. Education centered on clinical cases and shared secrets encourages health professionals to embrace holism. Patient lives offer more insights than lectures, and health educators should gather these valuable experiences. Incorporating patients' insights into medical decision-making promotes a humble and caring approach to education. Holistic health care trains practitioners to maintain focus, posing essential questions about health. It challenges the reductionist view, prompting discussion on whether a shift towards holistic methods is necessary. Holism serves as both a foundational and consequential paradigm in health care, emphasizing the harmony of structural living units through intelligence, emotion, and trust. Acknowledging complex chaos as inherently healthy, holistic health care advocates for stewardship, aligning priorities with fundamental safety principles. It critiques the ignorance of basic truths and highlights the significance of self-evident rules. Understanding various elements beauty, cycles, beliefs

can reveal deeper insights into health, while neglecting these aspects creates a vacuum in knowledge about health stewardship [25, 26, 27].

Public Perception of Holistic Health

Holistic medicine is gaining significant attention from both the public and medical professionals. Many doctors are seeking further training in "holistic" or "complementary" medicine, driven by growing social movements focused on quality of life and human consciousness. However, much of what is labeled as holistic may lack true holistic integration, potentially becoming a new branch of traditional biomedicine. This could minimize the incorporation of psychogenic and noogenic insights into health studies. Perspectives on holistic medicine often reflect individual biases, with some seeing it merely as self-knowledge beyond conventional treatment. It is viewed as human-centered, emphasizing the clinician's sensitivity towards the vulnerable human soul. There is a widely conveyed need for a spiritual approach in treatment, particularly for patients who perceive their issues as spiritual. Yet, some perceive holistic medicine with skepticism, associating it with new-age ideas. Importantly, a comprehensive approach to holistic medicine is essential, recognizing that illness involves more than physical ailments it's about lives that can feel meaningless and burdensome. An epistemological framework is urgently needed to connect various strands of human knowledge and experience that have evolved separately, as well as to foster meaningful discussions beyond strict scientific explanations [28, 29, 30].

CONCLUSION

The shift toward holistic health reflects an essential evolution in healthcare thinking one that recognizes the multifaceted nature of human existence and the dynamic interrelations that shape well-being. Traditional reductionist models, while critical for diagnosing and treating acute conditions, fall short in addressing the broader spectrum of human health. As shown through historical context, contemporary innovations, and successful case studies, holistic health offers a framework that merges ancient wisdom with modern science. The growing integration of disciplines ranging from the arts to systems engineering illustrates the need for collaborative, inclusive approaches that consider the whole person and their environment. However, widespread adoption faces structural, economic, and epistemological barriers that must be thoughtfully navigated. Moving forward, the implementation of holistic health must prioritize cost-effectiveness, scalability, and cultural competence to ensure meaningful and equitable impact. Ultimately, holistic health is not just a model of care it is a philosophy of living that aspires toward harmony within the individual and society.

REFERENCES

1. Shanableh A, Aderibigbe S, Omar M, Shabib A. Challenges and opportunities of multi-disciplinary, inter-disciplinary and trans-disciplinary research. *Higher Education in the Arab World: Research and Development*. 2022 Feb 3:311-25. [\[HTML\]](#)
2. Catchpole K, Bowie P, Fouquet S, Rivera J, Hignett S. Frontiers in human factors: embedding specialists in multi-disciplinary efforts to improve healthcare. *International Journal for Quality in Health Care*. 2021 Jan 1;33(Supplement_1):13-8. [oup.com](#)
3. Elendu C. The evolution of ancient healing practices: From shamanism to Hippocratic medicine: A review. *Medicine*. 2024 Jul 12;103(28):e39005.
4. Sharma A, Sabharwal P, Dada R. Herbal medicine—An introduction to Its history. In *Herbal medicine in andrology* 2021 Jan 1 (pp. 1-8). Academic Press.
5. Ugwu CN, Ugwu OP, Alum EU, Eze VH, Basajja M, Ugwu JN, Ogenyi FC, Ejemot-Nwadiaro RI, Okon MB, Egba SI, Uti DE. Medical preparedness for bioterrorism and chemical warfare: A public health integration review. *Medicine*. 2025 May 2;104(18):e42289.
6. Johnson MI, Bonacaro A, Georgiadis E, Woodall J. Reconfiguring the biomedical dominance of pain: time for alternative perspectives from health promotion?. *Health Promotion International*. 2022 Aug 1;37(4):daac128. [uos.ac.uk](#)
7. Hunt J. Holistic or harmful? Examining socio-structural factors in the biopsychosocial model of chronic illness, 'medically unexplained symptoms' and disability. *Disability & Society*. 2024 Apr 20;39(4):1032-61.
8. King JL. Summary of twenty-first century great conversations in art, neuroscience and related therapeutics. *Frontiers in Psychology*. 2018 Aug 8;9:1428.

9. Bogatyreva OA, Pahl AK, Bogatyrev NR, Vincent JF. Means, advantages and limits of merging biology with technology. *Journal of Bionic Engineering*. 2004 Jun;1(2):121-32.
10. Simha S, Brown AC. Preventive Care in Children and Adolescents. *Primary Care: Clinics in Office Practice*. 2021 Mar 1;48(1):99-116. [\[HTML\]](#)
11. Mazzola A, Vaughn LM, Chelvakumar G, Conard LA, Fortenberry DJ, Voss RV, Lipstein EA. Decision support needs for transgender and gender-diverse youth and families: a patient-centered needs assessment. *Journal of Adolescent Health*. 2023 Mar 1;72(3):452-9. [jahonline.org](#)
12. Green L, Ashton K, Bellis MA, Clemens T, Douglas M. 'Health in all policies'—a key driver for health and well-being in a post-COVID-19 pandemic world. *International journal of environmental research and public health*. 2021 Sep 8;18(18):9468. [mdpi.com](#)
13. Ugwu CN, Ugwu OP, Alum EU, Eze VH, Basajja M, Ugwu JN, Ogenyi FC, Ejemot-Nwadiaro RI, Okon MB, Egba SI, Uti DE. Sustainable development goals (SDGs) and resilient healthcare systems: Addressing medicine and public health challenges in conflict zones. *Medicine*. 2025 Feb 14;104(7):e41535.
14. De Garine-Wichatitsky M, Binot A, Ward J, Caron A, Perrotton A, Ross H, Tran Quoc H, Valls-Fox H, Gordon IJ, Promburom P, Ancog R. "Health in" and "Health of" social-ecological systems: A practical framework for the management of healthy and resilient agricultural and natural ecosystems. *Frontiers in Public Health*. 2021 Jan 28;8:616328. [frontiersin.org](#)
15. Ruggiero S. Conceptual change as it relates to motivation to engage in regular physical exercise. *Counseling & Wellness: A Professional Counseling Journal*. 2013;4:71-92.
16. Barwais FA, Cuddihy TF, Tomson LM. Physical activity, sedentary behavior and total wellness changes among sedentary adults: a 4-week randomized controlled trial. *Health and quality of life outcomes*. 2013 Dec;11:1-8.
17. Hains BJ, Hains KD, Knobloch NA. Examining the dynamics of field philosophies and epistemologies within community development education. *International Journal of Community Well-Being*. 2021 Jun;4:245-61. [\[HTML\]](#)
18. Rudin T. Global Challenges Require Multi-Disciplinary Solutions: The Origin, Intent, and Outcomes of a Major National Academy of Sciences Study. In *Integrative Contemporary Art and Science Practices 2025* (pp. 25-32). Routledge.
19. Van Staden CW, Cloninger CR, Cox J. Holistic framework in person centered medicine. In *Person Centered Medicine 2023* Apr 14 (pp. 85-103). Cham: Springer International Publishing.
20. Ongesa TN, Ugwu OP, Ugwu CN, Alum EU, Eze VH, Basajja M, Ugwu JN, Ogenyi FC, Okon MB, Ejemot-Nwadiaro RI. Optimizing emergency response systems in urban health crises: A project management approach to public health preparedness and response. *Medicine*. 2025 Jan 17;104(3):e41279.
21. Dinc R. *Natural Health Sciences: A Comprehensive Guide*. CRC Press; 2025 Feb 25.
22. Engelhart A, Mason S, Nwaozuru U, Obiezu-Umeh C, Carter V, Shato T, Gbaja-Biamila T, Oladele D, Iwelunmor J. Sustainability of breastfeeding interventions to reduce child mortality rates in low, middle-income countries: a systematic review of randomized controlled trials. *Frontiers in health services*. 2022 Aug 11;2:889390. [frontiersin.org](#)
23. Ekholuenetale M, Barrow A. What does early initiation and duration of breastfeeding have to do with childhood mortality? Analysis of pooled population-based data in 35 sub-Saharan African countries. *International Breastfeeding Journal*. 2021 Dec;16:1-9.
24. Paudyal V, Sun S, Hussain R, Abutaleb MH, Hedima EW. Complementary and alternative medicines use in COVID-19: A global perspective on practice, policy and research. *Research in Social and Administrative Pharmacy*. 2022 Mar 1;18(3):2524-8. [nih.gov](#)
25. Oliveira M, Miguel M, van Langen SK, Ncube A, Zucaro A, Fiorentino G, Passaro R, Santagata R, Coleman N, Lowe BH, Ulgiati S. Circular economy and the transition to a sustainable society: integrated assessment methods for a new paradigm. *Circular Economy and Sustainability*. 2021 Jun;1:99-113. [springer.com](#)

26. Kim W, Gwon Y, Park S, Kim H, Kim J. Therapeutic strategies of three-dimensional stem cell spheroids and organoids for tissue repair and regeneration. *Bioactive Materials*. 2023 Jan 1;19:50-74.
27. Atayoglu T, Buchholz N, Atayoglu AG, Caliskan M. Is there a place for a holistic approach in surgical training?. *Arab Journal of Urology*. 2014 Mar 1;12(1):21-4.
28. Ventegodt S, Andersen NJ, Merrick J. Holistic medicine: scientific challenges. *The Scientific World Journal*. 2003;3(1):1108-16.
29. Alzeer J. Integrating medicine with lifestyle for personalized and holistic healthcare. *Journal of Public Health and Emergency*. 2023 Dec 25;7.
30. Salmon JW, editor. *Alternative medicines: Popular and policy perspectives*. Taylor & Francis; 2022 Aug 12.

CITE AS: Abner Tom Kalukusu (2025). Holistic Health Approaches: Engineering Multi-Disciplinary Solutions. *IAA Journal of Biological Sciences* 13(1):51-58.
<https://doi.org/10.59298/IAAJB/2025/1315158>