

Multiple Paths to Healing: A Narrative Review of Hippocratic, Traditional Chinese, Ayurvedic, and Modern Western Medical Traditions

By Elaina Huang

AUTHOR BIO

Elaina is a high school student in the Bay Area with a passion for both history and medicine. Through her work with a medical nonprofit organization focusing on the healing benefits of music, she hopes to continue to bring complex historical and medical topics to a wider audience.

ABSTRACT

This paper presents a narrative review comparing four different practices of medicine: Hippocratic Medicine, Ayurveda, Traditional Chinese Medicine (TCM), and Modern Western Medicine. Six keyword-based searches were conducted using Google Scholar and PubMed between May 2025 and November 2025, yielding 25 records, of which 17 were included based on relevance and thematic alignment. Sources were analyzed across three domains: core values, the role of the provider, and the role of the patient, to conduct an accurate analysis. The results indicate that Hippocratic Medicine emphasized observation, prevention, and ethical practice, forming the ethical and scientific foundation for Modern Western Medicine. In contrast, TCM and Ayurveda emphasize holistic balance, prevention, and harmony between body, spirit, and everyday lifestyle. Modern Western Medicine prioritizes evidence-based, targeted interventions and technological precision. While all systems aim to treat disease and promote patient well-being, these different practices diverge in their core values and treatment methods. This research suggests potential areas where holistic perspectives may complement biomedical practices of Modern Western Medicine today.

Keywords: *Modern Western Medicine, Traditional Chinese Medicine, Ayurveda, Hippocratic Medicine, Medical Core Values, Role of Provider, Narrative Review, History of Medicine.*

INTRODUCTION

Healing practices have long been integral to human societies, shaped by cultural beliefs, traditions, and the ongoing need to preserve physical and mental well-being. Since ancient times, medical systems have emerged across the world, and many early practices, such as those originating in China and India, continue to influence healthcare today (Patwardhan et al., 2005). Over centuries, different regions developed their own approaches to healing, each with distinct values and methods, yet often sharing important similarities. Illness is a universal human experience, and that's precisely why medicine has remained one of the most important and omnipresent fields across cultures and throughout history (Elendu, 2024).

Over the years, several types of medical practices, most notably Hippocratic Medicine, Traditional Chinese Medicine (TCM), Ayurveda (Traditional Indian Medicine), and Modern Western Medicine, have become increasingly common around the world (Cleveland Clinic, 2025). Although the specific methods of Hippocratic Medicine are a practice of the past, its core principles have served as an important foundation and inspiration for Modern Western Medicine (Elendu, 2024). Western medicine, which rose to global prominence relatively recently alongside scientific and industrial revolutions, focuses on anatomy, pathology, and evidence-based treatments (Bynum, 2006). TCM and Ayurveda, on the other hand, with histories spanning thousands of years, prioritize holistic balance, energy flows, and balance between the mind, body, and environment (Patwardhan et al., 2005).

In the medical field today, where “alternative” medicine such as TCM or Ayurveda is often overlooked by Western-trained doctors, the consideration of medical values of different types of medical practices and potential integration may offer insights on improving patient well-being in the long term.

This paper offers a narrative overview of existing literature on four major medical traditions: Hippocratic Medicine, Traditional Chinese Medicine, Ayurveda, and Modern Western Medicine. Drawing on relevant scholarly sources, we compare the first three traditions with Modern Western Medicine to examine their uses, influences on contemporary practice, and assess the strengths and limitations of each system. The focal points of patient decision-making, provider responsibility, and core medical values (such as perceived underlying causes of disease) were selected, aiming to capture the core principles through which medical systems articulate their values and demonstrate how philosophical foundations shape practical approaches to patient care.

The differences in practices and values give rise to distinct perspectives on patient care and the role of the healthcare provider. This paper aims to offer a perspective that current literature lacks: comparisons of medical practice across cultural traditions and the benefits of their different values and approaches.

METHODOLOGY

This paper uses a narrative literature review approach to compare broad medical traditions and their influence on contemporary practice. Using a conceptual and thematic approach, this study synthesizes the

existing background and compares the values, the role of the patient, and the role of the provider across four major medical traditions: Hippocratic medicine, Traditional Chinese Medicine, Ayurveda, and Modern Western Medicine.

The literature review process followed three stages: search, screening, and selection. Relevant sources were identified through keyword-based searches in Google Scholar and PubMed conducted between May and November 2025. Across six searches, the following keywords were used: Modern Western Medicine, Traditional Chinese Medicine, Ayurveda, Hippocratic Medicine, Medical Core Values, History of Medicine. The search included peer-reviewed articles and books published from 1999 to 2025 in English. The screening and final selection of these sources were guided by their relevance to the research question, representation of diverse viewpoints, and by the recency and relevance of publication dates, so that the data would reflect current perspectives and developments in the different practices. Sources that contained off-topic information were discarded, leaving only those most relevant for full analysis.

Data from the final selected studies were then reviewed in depth. Key findings were summarized and categorized into three thematic areas: core values, the role of the provider, and the role of the patient. These three areas were chosen since they are the focal points of medical treatment, articulating each practice’s values and approach to treatments.

Each study was subsequently examined in comparison to Modern Western Medicine to highlight differences and points of convergence, whilst comparing the strengths and weaknesses of each type of medicine.

RESULTS

A total of 25 possible papers were identified from the 6 searches. The titles and abstracts of those papers were read and evaluated based on how well they fit the objective of this paper, and 8 papers were reviewed but not used, resulting in 17 papers to be used in this review.

The name of the author, year of publication, and type of medical practice each paper focused on are listed in Table 1 below:

Table 1: Author, Date, and Type of Medical Practice of Each Paper

<i>Authors</i>	<i>Date Published</i>	<i>Type of Medical Practice</i>
Askitopoulou, H., & Vgontzas, A. N.	2018	Hippocratic/Western
Bynum, W. F., Hardy, A., Jacyna, S., Lawrence C., and E. M., T.	2006	Modern Western

Cleveland Clinic	2025	Modern Western
Elendu, C.	2024	Hippocratic
Gaur, R.	2024	TCM
Kleisiaris, C. F., Sfakianakis, C., & Papathanasiou, I. V.	2014	Hippocratic
Marcum, J. A.	2017	Hippocratic /Modern Western
Mukherjee, P. K., Harwansh, R. K., Bahadur, S., Banerjee, S., Kar, A., Chanda, J., Biswas, S., Ahmmed, Sk. M., & Katiyar, C. K.	2017	Ayurveda
Patwardhan, B., Warude, D., Pushpangadan, P., & Bhatt, N.	2005	Ayurveda/TCM
Pandey, M. M., Rastogi, S., & Rawat, A. K. S.	2013	Ayurveda
Reiss, J., & Ankeny, R. A.	2016	Modern Western
Silvano, G.	2021	Modern Western
Sun, D., Li, S., Liu, Y., Zhang, Y., Mei, R., & Yang, M.	2013	TCM/Modern Western
Varkey, B.	2020	Modern Western
Verma, S. K., Pandey, M., Sharma, A., & Singh, D.	2024	Ayurveda
Wang, Z., Chen, P., & Xie, P.	1999	TCM
Wujastyk, D.	2023	Ayurveda

The core values, role of the provider, and the role of the patient for each type of medicine were summarized as outlined in Table 2 below:

Table 2: Core Values, Role of the Provider, and Role of the Patient in each type of Medicine

	Core Values	Provider	Patient
Hippocratic	Physical observational approach through dissections; Balance between Four Humors; Lifestyle and Prevention focused; Naturalism and Connection to Environment.	Observes and diagnoses through evidence; Upholds ethics and confidentiality; Follow the four humors, balance and prevention.	Trusts physician's moral guidance; Provides detailed symptom descriptions; Cooperates in adjustment of lifestyle to rebalance the four humors.
Ayurveda	Holistic, preventive, unique individual characteristics; Balance/harmony, connectedness of everything; Three life energies, five elements.	Guides patients toward dosha balance; Uses herbs, diet, and meditation. Emphasizes lifestyle; Teaches self-awareness and wellness.	Active participant in healing; Follows a personalized lifestyle plan; Maintains discipline and self-care.
TCM	Holism: Connecting Nature to the Body (Qi, Yin&Yang, the Five Elements); Preventive, holistic approach; Balance and Harmony (Qi and Yin-Yang).	Diagnoses qi, yin-yang imbalance through tongue and pulse reading; Uses acupuncture, herbs, and massage; Treats the body as an interconnected whole.	Follow holistic, preventive routines; Reports emotional and physical states; Willing to undergo treatments such as acupuncture and cupping and wait for long-term effects.

Modern Western Medicine	Purely physical observation-based; Uses biological principles to learn more about the symptoms internally; Targets the specific area of disease (disease-localising approach). Intense and effective techniques such as surgery and strong drugs.	Uses science-based data such as X-rays and lab tests for diagnosis; Specializes in targeted interventions such as surgery and certain drugs; Prioritizes patient autonomy.	Follows medical advice and care plans; Less active role compared to Ayurveda and TCM, as some internal issues are not felt but rather seen through imaging/tests; Communicates symptoms and gives consent to the physician's every decision.
-------------------------	---	--	--

Hippocratic Medicine (Classical Western)

Hippocratic medicine emerged in ancient Greece around the 4th and 5th centuries BCE and is widely considered one of the earliest foundations of Western medical practices, representing a pivotal shift in the history of healthcare (Reiss and Ankeny, 2016). Although traditionally associated with the Greek physician Hippocrates, much of what is known about this tradition comes from the *Hippocratic Corpus*, a collection of roughly 70 medical texts, important medical histories, treatises, research, and lectures, written by different authors over several centuries (Marcum, 2017). These writings reflect an early attempt to explain disease in natural, rather than supernatural, terms, marking a major shift from earlier Greek beliefs that illnesses were caused by the gods. It moved medicine away from spiritual explanations toward an increasingly observational and science-based approach (Elendu, 2024).

1.1. Core Values

A central value in Hippocratic medicine is the humoral theory, which states that health depends on the balance of four bodily humors: black bile, yellow bile, blood, and phlegm, which were believed to influence not only physical health but also personality and emotions, and were connected to the seasons and natural elements (Reiss and Ankeny, 2016). The four humors could be rebalanced through lifestyle and diet changes of moderation and purging excess humors through vomiting or sweating. Some approaches also included balancing an excess by applying its opposite, including combating cold with heat and vice versa (Marcum, 2017). Another significant contribution of Hippocratic medicine is the emphasis on clinical observation, which influenced the change in the role of the provider. This tradition values the use of careful observation, attention to lifestyle and prevention, and a connection to the environment (Kleisiaris et al., 2014). Hippocrates gained knowledge about the human body through systematic physical examination, accurate observations, accumulated experience, and logical reasoning to determine both the prognosis and diagnosis of the ailment (Askitopoulou & Vgontzas, 2018). Hippocratic medicine also established ethical principles that continue to influence medical practice today. While the modern “Hippocratic Oath” is a later interpretation, the original writings emphasize professional conduct,

confidentiality, and the importance of doing no harm (Askitopoulou & Vgontzas, 2018). Together, these ideas form the earliest expression of a medical ethic grounded in responsibility to the patient.

1.2. The patient

Hippocratic medicine was highly patient-centered. Hippocrates pioneered medical ethics, distinguishing personal expertise and personality in medicine (Marcum, 2017). In the Hippocratic Oath, he emphasized that the purpose of medicine is to serve the patient's best interests, a principle known as Beneficence. Equally important is non-maleficence: physicians must avoid harming patients (Varkey, 2020). Treatments that could endanger the patient, such as deadly drugs, certain injections, or abortions, and any treatments that would bring the patient harm were strictly prohibited (Marcum, 2017). These ethical principles gained legal significance after the Nuremberg Trials in response to the atrocities of the Nazis, such as pseudo-medical experiments in concentration camps during World War II (Askitopoulou and Vgontzas, 2018).

1.3. The provider

Due to the importance of clinical observations for Hippocratic medicine, providers were encouraged to study patients carefully, focusing on their symptoms, diet, living conditions, and behavior. Only after observing the full picture, the physician could make prognoses (Kleisaris et al., 2014). Confidentiality is a cornerstone of the Hippocratic Oath: physicians are expected to keep all patient information private (Askitopoulou & Vgontzas, 2018). Everything physicians see or hear during treatment should be kept to themselves, and disclosure of private information is looked down upon. Integrity, ethical conduct, and professional purity are highly valued qualities among physicians (Askitopoulou & Vgontzas, 2018). Compassion and empathy towards patients are also essential, defining an exemplary physician loved and respected by both patients and colleagues alike (Askitopoulou & Vgontzas, 2018).

Traditional Chinese Medicine

Traditional Chinese Medicine (TCM), with over 4,000 years of history, is one of the world's oldest continuously practiced medical systems. Its core concepts are outlined in foundational texts such as *Huangdi Neijing*, which outline the balance of the body's vital energy (qi), to restore the harmony between opposite forces (Yin & Yang), and energies (Wang et al., 1999). It is a holistic and preventative medical system applied through its seven pillars: acupuncture, Tui Na, Qi Gong, moxibustion, herbal medicine, Tai Chi, and dietary therapy (Gaur, 2024).

2.1 Core Values

TCM is built on a holistic worldview where humans are regarded as the center of the universe, a link of celestial and earthly elements (Patwardhan et al., 2005). This highlights the essential value of interconnectedness in both nature and the human body, where each human or body part is understood as

part of a larger system rather than separate from their environment or other parts of the body (Patwardhan et al., 2005).

TCM is grounded in the concept of *qi*, or vital energy, which flows through the body along meridians and sustains both physical and mental health. Illness is understood as a disruption or imbalance of *qi*, and treatment focuses on restoring harmony, particularly in chronic conditions (Sun et al., 2013). Rather than emphasizing disease treatment alone, TCM prioritizes prevention and long-term vitality through holistic practices, including diet, herbal medicine, adequate sleep, and exercises such as qigong (Cleveland Clinic, 2025; Sun et al., 2013). Health is further interpreted through the frameworks of yin and yang—dynamic, complementary forces whose balance maintains well-being—and the Five Elements (wood, fire, earth, metal, and water), which link organs, emotions, and bodily functions to natural patterns (Patwardhan et al., 2005). Diagnostic and therapeutic techniques such as pulse reading, tongue examination, acupuncture, cupping, massage, and individualized herbal and dietary prescriptions are used to assess imbalances and restore systemic equilibrium (Wang et al., 1999).

A problem in one organ can be addressed, as well as taking precautions against issues arising in a closely related organ, which can be traced through the corresponding elements (Patwardhan et al., 2005). Yin & Yang are believed to be relative and not absolute; everything in the human body is a balance; they are complementary and invisible forces that are relative and dynamic, perpetually shifting to sustain balance within the body and the natural world (Sun et al., 2013). Health is maintained when Yin and Yang exist in harmony, while disease develops when these energies fall out of balance (Cleveland Clinic, 2025).

2.2. *The patient*

TCM maintains a patient-centered focus in hospitals and clinics. Rather than isolating a disease, treatment strategies consider the whole person, including lifestyle, environment, and underlying imbalances (Patwardhan et al., 2005). Emotions and environmental stressors are taken into consideration, and the body is regarded as a whole, rather than solely the problematic area (Patwardhan et al., 2005). Physicians aim not only to manage symptoms but also to restore harmony within the patient's system (Patwardhan et al., 2005).

2.3. *The provider*

TCM practitioners focus on the patient rather than the disease itself; in other words, they diagnose and treat not only the surface-level symptoms, but also take into consideration the aspects of the body that may not be in balance (Sun et al., 2013). Through holistic methods that can show a person's overall well-being, such as looking at the color and texture of the patient's tongue palette as well as reading the pulse patterns, TCM practitioners are able to put the symptoms the patients are experiencing in the larger picture (Patwardhan et al., 2005). Herbs, massages, and cupping are also used to correct the imbalance of yin and yang and internal energies of hot and cold. TCM physicians take the pain and bodily feelings, for example often being cold, as well as family accounts of their overall state, seriously (Sun et al., 2013). Unlike Western Medicine, the physician prods parts of the body to see if there is extra pain in a certain

area, observes, and treats specific areas based on patient reports and tongue plus pulse readings (Sun et al., 2013). For example, TCM providers put acupuncture needles in the exact important nerve areas that the patient reports the most in pain when the physician presses on the spot. All these methods are very telling of the holistic well-being of the patient (Patwardhan et al., 2005).

Ayurveda

Ayurveda, or “the science of life” in Sanskrit, is a traditional medical system that originated in India over 2,000 years ago and remains widely practiced today (Pandey et al., 2013). Its major classical texts, the *Charaka Samhita* and *Sushruta Samhita*, form the basis of Ayurvedic theory and practice, covering topics such as internal medicine, surgery, pathology, pharmacology, and lifestyle guidance. Ayurveda is built on the belief that health depends on maintaining balance in the body’s physical, mental, and spiritual dimensions (Mukherjee et al., 2017).

3.1 Core Values

Ayurveda medicine has two main objectives: to prevent the cause of disease and make the patient more aware of the disease (Wujastyk, 2023). Ayurveda treats the patient as a whole and not just the disease alone. This practice of medicine takes the unique qualities of each individual into consideration, such as socio-economic status, genetic identity, and psychosocial conditions, as well as other factors that might make them more prone to certain diseases (Mukherjee et al., 2017). Ayurveda places a strong emphasis on prevention, daily routines (*dinacharya*), and seasonal practices (*ritucharya*). Good health is seen not only as the absence of disease but as the ongoing process of aligning one’s habits, such as sleep, diet, exercise, and emotional management, with natural rhythms. Ayurveda advocates for balance between the mind, body, and spirit. Five elements control the human body: fire, water, air, ether, and earth (Patwardhan et al., 2005). These elements come together to form the three doshas: pitta, vata, and kapha, which all control different aspects of the body (Patwardhan et al., 2005). These doshas represent fundamental forces or biological energies that govern physiological and psychological functions. Every individual is believed to have a unique combination of doshas, known as their *prakriti*, or constitution, established at birth. Disease arises when the doshas become imbalanced due to factors such as diet, climate, emotional stress, or improper lifestyle (Wujastyk, 2023). Every element of the body is connected, as well as nature; the Ayurveda philosophy is that when one element suffers, other elements of seemingly unrelated parts of the body will be affected (Patwardhan et al., 2005). Pitta controls digestion and metabolism, Vata controls movement and nerves, and Kapha controls structure and stability (Patwardhan et al., 2005). Dosha balance is key, which serves as a sign of obeying nature; suppression of natural bodily needs is considered unhealthy and a prelude to illness (Verma et al., 2024). According to Ayurveda values, health equates to balanced doshas, a strong digestion system, and a clear mind (Wujastyk, 2023).

3.2 The patient

In Ayurveda, the patient plays an active and essential role in their own healing process. Success is not achieved merely through physicians’ instructions but through the individual’s full participation and

willingness to engage with the system (Pandey et al., 2005). Patients are expected to take responsibility for their health, becoming empowered and self-reliant as they learn how lifestyle and daily choices such as nutrition, mood and exercise affect well-being (Pandey et al., 2005). This involves committing to long-term changes rather than seeking temporary relief or excuses for unhealthy habits (Verma et al., 2024). A major part of patients being active participants in their wellbeing centers on diet and nutrition, where patients follow personalized programs designed to restore balance and support rejuvenation (Verma et al., 2024). Ultimately, Ayurveda emphasizes that healing depends on the patient's dedication to self-discipline, lifestyle adjustments, and active cooperation with the treatment plan. Since the constitution varies from person to person, Ayurvedic treatment is highly individualized and emphasizes restoring equilibrium for the specific patient (Verma et al., 2024).

3.3 The provider

Providers are depicted as bearers of medical wisdom by guiding patients through the interior of the body with a lamp of knowledge and providing compassionate, personalized care. Similar to TCM, providers focus on the patient holistically as opposed to Modern Western Medicine, which only addresses the direct symptoms (Patwardhan et al., 2005). In other words, they diagnose and treat not only the surface-level symptoms but also take into consideration the imbalance of doshas (Patwardhan et al., 2005). Specific treatments are administered based on which elements and doshas are in balance. Ayurveda providers aim to rejuvenate the wellness of patients both physically and mentally through nutritious diets, herbs and botanical formulations, and meditation, as well as other methods to increase circulation (which boosts blood flow, energy, and overall health) (Verma et al., 2024). The provider actively includes the patient in the entire treatment process, teaching them to become empowered to create routines of wellness catered specifically to their respective issues; patients are encouraged to be responsible for their own wellness (Patwardhan et al., 2005).

In treatment, Ayurveda employs a wide range of methods, including herbal formulations, mineral preparations, dietary modifications, yoga, massage, and detoxification procedures collectively known as panchakarma.

Modern Western Medicine

Modern Western medicine is the dominant medical system in much of the world today and is grounded in scientific research, technological innovation, and evidence-based practice. Its development accelerated from the 19th century on, triggered by advances such as the Scientific Revolution (a 16th-17th European shift to using experiments and evidence to understand nature, serving as the beginnings of modern science) and became rooted in the rise of biology, anatomy, chemistry, and evidence-based research, creating a new understanding of the human body (Bynum, 2006).

Further advancements in biological sciences, such as the discovery of microorganisms, led to germ theory, which revolutionized medicine. The theory explained that infectious diseases are caused by specific microbes rather than imbalances or bad air; this understanding transformed medical practice by

improving sanitation, sterilization, and targeted treatments. Later developments in biology, with germ theory as the foundation, such as antibiotics, vaccines, and medical imaging like x-rays further improved diagnosis and treatment. Human survival rates greatly increased and thus quality of life as well as life expectancy (Silvano, 2021).

In Modern Western Medicine, diseases are understood as disruptions at the molecular, cellular, or organ-system level, caused by identifiable factors such as pathogens, genetic mutations, biochemical imbalances, or physiological dysfunction. Diagnosis relies heavily on laboratory tests, imaging, and standardized criteria. This approach allows for precise interventions, from pharmaceuticals to surgical procedures, many of which provide rapid and measurable results (Silvano, 2021).

DISCUSSION

This study focused on the four enduring medical systems: Hippocratic (classical Western), Traditional Chinese Medicine (TCM), and Ayurveda (Traditional Indian) and Modern Western Medicine. It focuses on their epistemologies, diagnostic logic, therapeutic aims, and roles of providers and patients. In this discussion, the practices are compared and we examine the ways each tradition has shaped, challenged, and been incorporated into Modern Western Medicine.

Epistemology and diagnostic logic

At a foundational level the three systems rest on different epistemologies. Hippocratic medicine offers a clinical, observation-based model that moved away from supernatural causation but rather toward empirical observation, case comparison, and anatomical investigation (Marcum, 2017; Kleisiaris et al., 2014). By contrast, TCM and Ayurveda adopt systemic, balance-oriented epistemologies: illness is framed as imbalance in qi or doshas respectively, and diagnosis relies on pattern recognition across bodily signs, symptoms, emotions, and lifestyle (Patwardhan et al., 2005; Pandey et al., 2013). These differences produce distinct diagnostic practices: Modern Western Medicine uses laboratory and imaging data to localize pathology, whereas TCM and Ayurveda emphasize integrative, holistic assessment methods (Sun et al., 2013; Verma et al., 2024).

Therapeutic aims and temporal orientation

Therapeutically, Modern Western Medicine specializes in targeted, often rapid interventions for identifiable pathologies, surgery, pharmaceuticals, and acute care, valued for their immediacy in life-threatening or structurally defined conditions (Reiss & Ankeny, 2016; Bynum, 2006). TCM and Ayurveda prioritize long-term regulation, prevention, and lifestyle modification; their interventions (herbs, acupuncture, massage, yoga, meditation) are often incremental and holistic, aiming to restore systemic balance over time (Patwardhan et al., 2005; Pandey et al., 2013). This divergence explains why patients with chronic, functional, or medically unexplained symptoms commonly seek traditional approaches when Western diagnostics find no discrete lesion.

Provider-patient roles and ethics

Hippocratic values, such as clinical responsibility, beneficence, non-maleficence, and patient confidentiality, remain central to Modern Western professional ethics and training (Askitopoulou & Vgontzas, 2018; Reiss & Ankeny, 2016). Meanwhile, provider roles in TCM and Ayurveda often incorporate prolonged therapeutic relationships, lifestyle counselling, and active guidance of patient habits, creating a model of care that inherently involves the patient in long-term self-management (Wang, 1999; Pandey et al., 2013). These emphases have influenced Western primary care and behavioral medicine, encouraging more attention to counseling, prevention, and shared decision-making.

Influences on Modern Western Medicine

Each tradition has left concrete traces in modern practice. The Hippocratic legacy supplies the methodological and ethical backbone of contemporary biomedical practice, such as clinical observation, anatomical study, and oath-based professional values (Marcum, 2017; Askitopoulou & Vgontzas, 2018). TCM and Ayurveda have contributed practices and concepts that modern biomedicine has selectively studied and adopted (albeit rare): acupuncture and certain herbal preparations are now integrated into pain management and supportive oncology; mindfulness, yoga, and lifestyle interventions (originating from Ayurvedic or related traditions) inform preventive and psychosomatic care and population health initiatives (Patwardhan et al., 2005; Varkey, 2020). These adoptions reflect a growing recognition in Western medicine of the value of mind-body interactions, prevention, and non-pharmacologic therapies for chronic conditions, offering potential for better treatment of the patient as a whole person (Reiss and Ankeny, 2016).

Challenges to integration

Despite complementary strengths, substantial barriers limit seamless integration. Core value differences, like mechanistic, reductionist models versus holistic, pattern-based logics, make translation of concepts difficult. Standardization and rigorous clinical evidence for many traditional treatments remain variable; concerns about safety, quality control of herbal products, and interactions with other medications make clinical adoption more complex (Varkey, 2020). Medical system frameworks and professional training also lack instruction for “alternative” values: credentialing, standardized curriculum, and professional communication channels are underdeveloped in many contexts. Finally, the rapid, high-intensity treatment model of Western medicine can undervalue slower, preventive approaches that require longitudinal investment.

Clinically, the clearest path forward is selective integration guided by data and patient preference. Primary care settings are a natural area for incorporating lifestyle, mind/body, and some TCM/Ayurvedic practices, especially for chronic and functional disorders, while retaining Western medicine’s rapid response capacity for acute pathology. Policy actions should prioritize rigorous clinical trials and pharmaceutical safety studies for traditional therapies; quality and standardization of herbal preparations; interprofessional education that teaches clinicians to communicate across epistemic boundaries; and

accessible, patient-centered care models that respect cultural traditions and informed choice (Patwardhan et al., 2005; Varkey, 2020).

CONCLUSION

This narrative review compared three global medical traditions with Modern Western Medicine, highlighting both shared principles and key differences. While all traditions value patient decision-making, practitioner responsibility, and coherent explanations of disease, they diverge in emphasis and practice. Ayurveda and Traditional Chinese Medicine prioritize prevention and the maintenance of internal balance, whereas Western Medicine focuses on diagnosis, targeted intervention, and technological precision. Hippocratic Medicine occupies an intermediate position, combining preventive ethics and careful observation with early surgical practices. Together, these traditions offer distinct yet complementary perspectives on health and healing. Future research should explore integrative models that incorporate preventive and holistic principles from Ayurveda and TCM into evidence-based Western practice, particularly through clinical settings that blend individualized care with modern diagnostics. Such case-by-case integration may have the potential to enhance patient well-being and contribute to a more effective and patient-centered healthcare system.

REFERENCES

- Askitopoulou, H., & Vgontzas, A. N. (2018). The relevance of the Hippocratic Oath to the ethical and moral values of contemporary medicine. Part I: The Hippocratic Oath from antiquity to modern times. *European Spine Journal*, 27(7), 1481–1490. <https://doi.org/10.1007/s00586-017-5348-4>
- Bynum, W. F., Hardy, A., Jacyna, S., Lawrence C., and E. M., T. (2006). *The Western Medical Tradition: 1800-2000*. Cambridge University Press.
https://assets.cambridge.org/052147/5651/frontmatter/0521475651_frontmatter.pdf
- Cleveland Clinic. (2025). *What Is Western Medicine?*
<https://my.clevelandclinic.org/health/articles/western-medicine>
- Elendu, C. (2024). *The evolution of ancient healing practices: From shamanism to Hippocratic medicine: A review. Medicine*, 103(28), e39005. <https://doi.org/10.1097/MD.00000000000039005>
- Gaur, R. (2024). *A brief history: Traditional Chinese medicinal system. Pharmacological Research – Modern Chinese Medicine*, 10, 100387. <https://doi.org/10.1016/j.prmcm.2024.100387>
- Kleisiaris, C. F., Sfakianakis, C., & Papathanasiou, I. V. (2014). Health care practices in ancient Greece: The Hippocratic ideal. *Journal of Medical Ethics and History of Medicine*, 7, 6.
<https://pmc.ncbi.nlm.nih.gov/articles/PMC4263393/>
- Marcum, J. A. (2017). Hippocrates and the Hippocratic Tradition: Impact on Development of Medical Knowledge and Practice? In T. Schramme & S. Edwards (Eds.), *Handbook of the Philosophy of Medicine* (pp. 821–837). Springer Netherlands. https://doi.org/10.1007/978-94-017-8688-1_82
- Mukherjee, P. K., Harwansh, R. K., Bahadur, S., Banerjee, S., Kar, A., Chanda, J., Biswas, S., Ahmmed, Sk. M., & Katiyar, C. K. (2017). Development of Ayurveda – Tradition to trend. *Journal of Ethnopharmacology*, 197, 10–24. <https://doi.org/10.1016/j.jep.2016.09.024>

-
- Patwardhan, B., Warude, D., Pushpangadan, P., & Bhatt, N. (2005). *Ayurveda and Traditional Chinese Medicine: A Comparative Overview*. *Evidence-Based Complementary and Alternative Medicine*, 2(4), 465–473. <https://doi.org/10.1093/ecam/neh140>
- Pandey, M. M., Rastogi, S., & Rawat, A. K. S. (2013). *Indian traditional Ayurvedic system of medicine and nutritional supplementation*. *Evidence-Based Complementary and Alternative Medicine (eCAM)*, 2013, 376327. <https://doi.org/10.1155/2013/376327>
- Reiss, J., & Ankeny, R. A. (2016). *Philosophy of medicine*. In *The Stanford Encyclopedia of Philosophy*. <https://plato.stanford.edu/entries/medicine/#IntrHowShouWeDefiHealDise>.
- Silvano, G. (2021). A brief history of Western medicine. *Journal of Traditional Chinese Medical Sciences*, 8(Suppl. 1), S10–S16. <https://doi.org/10.1016/j.jtcms.2020.06.002>.
- Sun, D., Li, S., Liu, Y., Zhang, Y., Mei, R., & Yang, M. (2013). Differences in the origin of philosophy between Chinese medicine and western medicine: Exploration of the holistic advantages of Chinese medicine. *Chinese Journal of Integrative Medicine*, 19(9), 706–711. <https://doi.org/10.1007/s11655-013-1435-5>
- Varkey, B. (2020). *Principles of clinical ethics and their application to practice*. *Medical Principles and Practice*, 30(1), 17–28. <https://doi.org/10.1159/000509119>
- Verma, S. K., Pandey, M., Sharma, A., & Singh, D. (2024). *Exploring Ayurveda: Principles and their application in modern medicine*. *Bulletin of the National Research Centre*, 48(1), 77. <https://doi.org/10.1186/s42269-024-01231-0>
- Wang, Z., Chen, P., & Xie, P. (1999). *History and Development of Traditional Chinese Medicine*. IOS Press. <https://books.google.com.sg/books?id=F5qDqKBsrLwC>
- Wujastyk, D. (2023). *The roots of Ayurveda: Selections from Sanskrit medical writings*. Google Books. <https://web.archive.org/web/20230907111402/https://books.google.com/books?id=sJOEMwrVyRcC&q=The+Roots+of+Ayurveda:+Selections+from+Sanskrit+Medical+Writings.&pg=PR1#v=snipet&q=The%20Roots%20of%20Ayurveda%3A%20Selections%20from%20Sanskrit%20Medicinal%20Writings.&f=false>