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The paradigm transformation of holistic health in the 21st Century: From disease repair to human harmony

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Abstract
Since the 20th century, the biomedical-centered medical paradigm has simplified health as the absence of disease, focusing medical practice on disease diagnosis and repair while dismissing human subjectivity and wholeness. Entering the 21st century, a profound ideological paradigm shift has emerged in the global health field, with Person-centered Care (PCC) as the core orientation. Health is redefined as a dynamic balance among physical, psychological, spiritual, and social dimensions. From the perspectives of medical history and health thought history, this study employs literature research and historical analysis to systematically sort out the theoretical foundation, core dimensions, and practical paths of this paradigm shift. The research finds that the revival of holistic health concepts, the rise of integrative medicine, the humanistic return of digital health, and the centralization of mental health and spiritual care collectively constitute the four pillars of the shift. Meanwhile, the transformation still faces challenges such as tensions between science and humanism, inadequate institutional adaptation, and ethical risks. Through critical reflection, this study proposes constructive suggestions to promote the implementation of the new paradigm, providing ideological reference for the reform and development of the global health system

Keywords: Holistic health, integrative medicine, digital health, mental health, history of health thought, medicine history

Introduction

The 20th century was an era dominated by the biomedical paradigm in the global health field. Technological rationality and positivism driven by the Industrial Revolution gradually shaped a disease-centered core logic in the medical system. The human body was regarded as a detachable mechanical system, and disease as a system failure, with the core task of medicine focusing on precise diagnosis and technical repair. This paradigm achieved remarkable success in addressing infectious diseases, acute illnesses, and organic diseases, greatly improving human life expectancy and quality of life. However, with the global spread of chronic diseases and mental illnesses, coupled with the growing demand for health quality, the limitations of this paradigm have become increasingly prominent: it ignores the impact of human subjectivity, psychological, and social factors on health, narrows health to a passive state of being disease-free, and leads to a disconnect between medical services and individuals' actual health needs.

Entering the 21st century, authoritative international organizations such as the World Health Organization (WHO) and the Association of American Medical Colleges (AAMC) have successively proposed a new people-centered health orientation, calling for the reconstruction of the definition of health and the value orientation of medicine. This transformation is not an accidental policy adjustment but an inevitable result of the long-term evolution of health thought, involving rethinking core issues such as the essence of health, the purpose of medicine, and the relationship between humans and technology. What is the ideological origin of this paradigm shift? What are its core dimensions and internal logic? What structural obstacles and risks does it face? How to promote the implementation of the new paradigm through institutional design and practical innovation? These questions constitute the core issues of this study.

Academic research on the health paradigm shift started early, forming an interdisciplinary research pattern. In the field of health thought history, Hoff (2012) [5] sorted out the development of the U.S. medical system and pointed out that the disease-centered paradigm can no longer meet the health challenges of the 21st century, and the patient-centered medical home is an important practical carrier of the paradigm shift. In the field of Integrative Medicine (IM), Eisenberg *et al*. (1998) [2] revealed the social demand for the integration of traditional therapies and modern medicine through empirical research, promoting the standardized development of integrative medicine; series of studies by the Academic Consortium for Integrative Medicine & Health clarified the core principles of integrative medicine based on evidence and centered on patients. In the field of digital health, Topol (2019) [14] emphasized that the essence of digital technology is to empower people, criticized the risk of medical dehumanization caused by technological alienation, and proposed the concept of deep medicine. In the field of mental health, the WHO's (2023) [16] World Mental Health Report systematically analyzed the historical process of mental health moving from the marginal to the core, providing theoretical support for global mental health policies. This study takes medical history and health thought history as the core perspectives to systematically construct a theoretical framework for the 21st-century health paradigm shift, clarifying its ideological origin, core dimensions, and internal logic. By integrating classical health thought and modern academic achievements, it fills the gap in domestic research on health thought history regarding the systematic analysis of contemporary paradigm shifts, providing theoretical reference for interdisciplinary research in the health field.With paradigm shift as the core thread, this study unfolds in three levels: first, it reviews the core characteristics and inherent limitations of the 20th-century biomedical paradigm, laying a historical foundation for the research on transformation; second, it systematically

analyzes the four core dimensions of the 21st-century health paradigm shift, including the theoretical reconstruction of holistic health, the practical innovation of integrative medicine, the humanistic return of digital health, and the centralization of mental health and spiritual care; third, through critical reflection on the practical obstacles of the transformation, it puts forward constructive suggestions and summarizes the long-term trends and theoretical implications of the paradigm shift. This study mainly adopts two research methods: first, literature research, systematically sorting out classical health literature, modern English academic literature (WHO reports, AAMC policy documents, core journal papers) and domestic related research results to build the literature foundation of the research; second, historical analysis, placing the paradigm shift in the long-term perspective of medical history and health thought history, analyzing the historical inevitability and internal logic of the shift, and avoiding one-sided interpretation of the transformation.

Core Characteristics and Inherent Limitations of the 20th-Century Biomedical Paradigm

The formation of the 20th-century biomedical paradigm was the result of the interaction of the Scientific Revolution, the Industrial Revolution, and social needs. The development of cell theory and microbiology in the 19th century provided a scientific basis for the biological foundation of diseases, enabling the diagnosis and treatment of diseases to break away from the empirical limitations of traditional medicine. At the beginning of the 20th century, the discovery of antibiotics, the development of vaccines, and the innovation of surgical technology further highlighted the advantages of precise biomedical intervention, making it quickly become the dominant paradigm in the global medical system. The core philosophical basis of this paradigm is mechanism and reductionism. Mechanism regards the human body as a sophisticated mechanical system, and disease as a failure of a certain component in the system; the task of medicine is to find and repair this failure. Reductionism advocates decomposing complex health issues into microscopic biological variables, revealing the essence of diseases through research on cells, genes, and biomolecules. This way of thinking promoted the professionalization and technicalization of medicine, making the medical service gradually form a model of specialized diagnosis and treatment. Different departments focus on specific organs or systems of the human body, forming a highly subdivided medical division of labor system.

Under the dominance of the biomedical paradigm, the 20th-century medical system formed a core construction logic centered on diseases. The organization, resource allocation, and evaluation standards of medical services all revolve around disease diagnosis and treatment. In terms of service organization, hospitals have become the core carriers of medical services, and their layout and functional design are centered on disease treatment. Outpatient departments are subdivided according to organ systems (such as cardiology, respiratory medicine, orthopedics), and inpatient departments are managed by disease types. The configuration of medical equipment (such as CT, MRI, surgical robots) mainly aims at the precise diagnosis and treatment of diseases. In terms of resource allocation, medical funds are mainly invested in the disease treatment link. Drug research and development, surgical technology innovation, and intensive care facility construction have become the focus of resource investment, while the resource allocation in areas such as preventive health care and mental health services is relatively insufficient. In terms of evaluation standards, the quality of medical services is mainly measured by objective indicators such as disease cure rate and mortality rate, and the professional competence of doctors is based on the accuracy of disease diagnosis and the effectiveness of treatment as the core evaluation criteria. This evaluation system further strengthens the tendency of emphasizing treatment over prevention and technology over humanism, making medical services gradually deviate from the overall care for people (Huber, et. al., 2011) [6].

The limitations of the 20th-century biomedical paradigm have become increasingly prominent with changes in the global health pattern in the 21st century. Its core problems lie in the neglect of humans and the narrowing of health dimensions. First, human subjectivity is dismissed. In the disease-centered model, patients are simplified as carriers of diseases, and their individual values, life backgrounds, and subjective needs are ignored. The core task of doctors is to treat diseases rather than care for patients. The doctor-patient relationship has gradually become a relationship between technology providers and recipients, lacking emotional communication and humanistic care. This dehumanized medical model not only affects patients' medical experience but also may lead to a disconnect between medical decisions and patients' actual needs. Second, health dimensions are narrowed. The biomedical paradigm defines health as the absence of disease. This passive view of health ignores the impact of psychological, social, and spiritual factors on health. In fact, human health status is the result of the interaction of multiple dimensions: physical, psychological, social, and spiritual. In the late 20th century, chronic diseases (such as diabetes, hypertension, and cardiovascular and cerebrovascular diseases) became major global health threats. The occurrence and development of these diseases are not only related to biological factors but also closely related to psychological stress, lifestyle, social relations, and other factors. The single-dimensional perspective of the biomedical paradigm makes it difficult to fully address such complex health issues. Finally, the fragmentation of the medical system is prominent. Although the specialized diagnosis and treatment model has improved the professionalism of disease treatment, it has also led to the fragmentation of medical services. For patients with multiple chronic diseases or complex diseases, they need to seek medical treatment in multiple departments. The diagnosis and treatment plans of different departments lack integration, which not only increases the medical burden on patients but also may lead to improper treatment or waste of medical resources.

Rebalancing Holistic Health

The core of the 21st-century health paradigm shift is the value transformation from disease-centered to person-centered—from viewing patients as machines needing repair to respecting them as complete individuals with subjectivity, wholeness, and uniqueness. This transformation is not a negation of biomedicine but an transcendence and supplement, emphasizing that medical services should not only focus on disease treatment but also on individuals' overall needs and quality of life. Person-centered Care

(PCC) is the core carrier of this value transformation, with three core principles: first, respecting individual values and life contexts, i.e., acknowledging that each patient's values, lifestyle, and health needs are unique, and medical decisions should fully consider the patient's individual situation; second, integrating the four dimensions of physical, psychological, social, and spiritual health, i.e., comprehensively assessing the patient's health status from these four dimensions and providing holistic health services; third, emphasizing prevention and self-management, i.e., empowering patients with subjectivity in health management, helping them form a healthy lifestyle through health education and support, and preventing the occurrence and development of diseases. The essence of this value transformation is the return of medical services from technology-led to humanism-led, making health care not just an extension of medical services but a kind of life governance concerned with human quality of life and development needs (Lock & Nguyen, 2018) [9].

Adapting to the value transformation, the concept of health in the 21st century has been redefined, shifting from the traditional absence of disease to a dynamic balance of physical, psychological, spiritual, and social relations. This definition breaks through the single-dimensional limitation of biomedicine, integrates the achievements of modern psychology, sociology, and spiritual research, and returns to the essential connotation of health. From a historical perspective, this view of health is not a new creation but an inheritance and innovation of classical health thought. The ancient Greek physician Hippocrates proposed that health is the harmony between nature and humans; that health is a state of balance between the human body and the natural and social environments. This thought laid the foundation for the modern holistic health view. The concepts of "the unity of man and nature" and "the unity of body and spirit" in traditional Chinese medicine emphasize the unity of the human body and nature, as well as the unity of physiology and psychology, which are highly consistent with the modern holistic health view. The Arab physician Avicenna emphasized in The Canon of Medicine that medical services should pay attention to the patient's psychological state and social environment, incorporating humanistic care into the core link of medical practice.

On the basis of inheriting classical thought, the modern holistic health view further clarifies four core dimensions of health: physical health, i.e., the normal functional state of human organs and systems; mental health, i.e., emotional stability, clear cognition, and good psychological adjustment ability; social health, i.e., having good interpersonal relationships and social adaptability; spiritual health, i.e., the pursuit of life meaning, value, and connection, which is not equivalent to religious belief but an inherent spiritual need. These four dimensions are interrelated and mutually influential, collectively forming a dynamic balance system of health. Authoritative international organizations have played a key role in advocating and promoting the 21st-century health paradigm shift, with the World Health Organization (WHO) and the Association of American Medical Colleges (AAMC) making the most significant contributions. Since 2005, the WHO has emphasized the importance of person-centered care in many reports, taking it as the core orientation of global health strategies. The 2015 Global Strategy on People-Centered and Integrated Health Services clearly put forward the core proposition that "Health services must be built around people, not diseases," systematically expounding the construction path of a person-centered health service system, including key links such as service integration, community participation, and patient empowerment (WHO, 2015) [15]. This report provides a theoretical framework and action guide for the reform of health systems in countries around the world, promoting the practice of PCC on a global scale.As an authoritative institution in American medical education, the AAMC has incorporated person-centered care into the core content of medical education, emphasizing that future doctors not only need to have solid medical knowledge and skills but also humanistic literacy and communication skills. The 2006 report The Patient-Centered Medical Home proposed a specific plan for reconstructing the medical service system, advocating the construction of a patient-centered medical service model based on principles such as teamwork, holistic care, and prevention first (AAMC, 2006). This model was subsequently widely promoted in the United States and had a profound impact on the reform of the global medical system. In addition to the WHO and AAMC, other international organizations such as the World Medical Association (WMA) and the International Hospital Federation (IHF) have also issued relevant policy documents to promote the transformation of the health paradigm, forming a global consensus and joint action (Murray, et. al., 2020) [12].

Holistic health thought is not a new creation of the 21st century but has continuously evolved, inherited, and integrated in the long history of human health thought. From a long-term historical perspective, the development of holistic health thought has roughly gone through three stages: germination in the classical period, rupture in the modern period, and revival in the contemporary period. The classical period (5th century BCE to 16th century CE) was the germination stage of holistic health thought. Health thought during this period generally emphasized the holistic view and harmony view. The Hippocratic School in ancient Greece advocated that health is the harmonious unity of the human body with the natural and social environments, and disease is the destruction of this harmonious state; the core of treatment is to help the human body restore natural balance. Avicenna, an Arab physician, integrated the achievements of Greek medicine, Persian medicine, and Indian medicine in The Canon of Medicine, emphasizing that medical services should take into account the patient's physical, psychological, and social needs, and regard humanistic care as the core of medical practice.

The modern period (17th century to 19th century) was the rupture stage of holistic health thought. With the rise of the Scientific Revolution, mechanism and reductionism became the dominant scientific thinking modes. Biomedicine gradually broke away from the holistic view of classical health thought and turned to the microscopic research on the biological basis of diseases. Medical practice during this period focused on disease diagnosis and treatment, ignoring human overall needs and humanistic care, and holistic health thought was gradually marginalized.The contemporary period (late 20th century to the present) is the revival stage of holistic health thought. With the global spread of chronic diseases and mental illnesses, as well as the improvement of people's demand for health quality, the limitations of the biomedical paradigm have become

increasingly prominent, and holistic health thought has received renewed attention. Holistic health thought in this period is not a simple return to classical thought but has formed a more systematic and practical theoretical system on the basis of integrating classical humanistic wisdom and modern scientific achievements. It not only absorbs the holistic view and harmony view of classical thought but also integrates the research results of modern psychology, sociology, and ecology, emphasizing the multidimensionality, dynamics, and subjectivity of health, and providing a solid ideological foundation for the 21st-century health paradigm shift.

Integrative Medicine: Combining Science and Humanism

The concept of Integrative Medicine (IM) was first proposed in the 1990s by Professor Andrew Weil of the University of Arizona Medical Center. Its core proposition is to combine the scientific rigor of modern medicine with the humanistic wisdom of traditional therapies to provide holistic and personalized health services for patients. The proposal of this concept stems from the reflection on the limitations of the biomedical paradigm and the re-recognition of the value of traditional medicine.

The core connotation of integrative medicine can be summarized in four aspects: first, patients are the main body of health management, not passive treatment objects. Integrative medicine emphasizes respecting patients' subjectivity, fully listening to their needs and wishes, and incorporating patients' values and lifestyles into the core link of medical decisions. Second, medical services should take into account the overall needs of the body, psychology, and spirit. Integrative medicine holds that the occurrence and development of diseases are the result of the interaction of multiple factors such as physical, psychological, social, and spiritual aspects. Treatment should not only focus on the relief of physical symptoms but also pursue the health balance of the whole person. Third, prevention and lifestyle intervention are the core links of health management. Integrative medicine emphasizes that "the best doctor treats potential diseases," helping patients form a healthy lifestyle through health education, nutritional guidance, exercise intervention, stress management, etc., to prevent diseases from the source. Fourth, respecting the health wisdom of different cultures. Integrative medicine advocates breaking the cultural boundaries of medicine, absorbing health concepts and therapies from different cultural traditions (such as traditional Chinese medicine, Ayurveda, homeopathy, etc.), and providing patients with a variety of health service choices.

In the development process of integrative medicine, its relationship with Alternative Medicine (AM) has always been the focus of academic attention. To avoid conceptual confusion, it is necessary to clearly distinguish the two from three aspects: core principles, practice methods, and scientific basis. In terms of core principles, the core of integrative medicine is integration and complementarity, emphasizing the organic combination of modern medicine and traditional therapies rather than mutual substitution; alternative medicine advocates replacing modern medicine with traditional therapies, regarding them as substitutes for modern medicine. In terms of practice methods, integrative medicine adopts an evidence-based practice model. All therapies incorporated into the integrated system need to be scientifically verified to ensure their safety and effectiveness; alternative medicine is mostly based on empiricism and traditional inheritance, lacking a strict scientific verification process. In terms of scientific basis, integrative medicine does not deny the scientific basis of modern medicine but absorbs the reasonable components of traditional medicine on this basis to form an integrated system of "science + humanism"; alternative medicine often questions the scientific basis of modern medicine and emphasizes its own uniqueness and independence. Clarifying the difference between the two is crucial for the healthy development of integrative medicine. The essence of integrative medicine is the self-innovation and improvement of modern medicine, not the negation of modern medicine. Its core value lies in providing patients with more comprehensive and effective health services by integrating the advantages of different medical systems.

The core challenge facing the development of integrative medicine is how to balance scientific verification and cultural respect. The scientific verification system of modern Western medicine takes Randomized Controlled Trial (RCT) as the core standard, emphasizing the objectivity, repeatability, and quantifiability of research. However, traditional therapies (such as syndrome differentiation and treatment in traditional Chinese medicine, constitution regulation in Ayurveda) are often based on holistic view and empiricism, and their efficacy is difficult to be quantitatively verified through RCT. Moreover, their theoretical system is inherently different from the reductionist thinking of Western medicine. The existence of this tension makes it difficult for some traditional therapies to be incorporated into the mainstream medical system and triggers criticism of scientific chauvinism. How to reconcile this tension has become the key to the development of integrative medicine. In recent years, academics have gradually explored two effective reconciliation paths: one is the development of new research methods, and the other is the construction of a pluralistic efficacy evaluation system.

In terms of research methods, Practice-based Evidence (PBE) and Mixed-method Research (MMR) have been widely used. PBE emphasizes collecting real-world data from clinical practice and verifying the efficacy of traditional therapies through the analysis of a large number of clinical cases. Its advantage is that it is closer to clinical reality and can fully reflect the personalized characteristics of traditional therapies. MMR combines the advantages of quantitative research and qualitative research. It verifies the objectivity of efficacy through quantitative data and understands the cultural connotation and practical logic of traditional therapies through qualitative research (such as patient interviews and doctor reflections), realizing the organic combination of scientific verification and cultural respect.

In terms of the efficacy evaluation system, integrative medicine has broken through the single evaluation standard of traditional medicine centered on disease cure, and constructed a pluralistic evaluation system centered on the improvement of holistic health. This system not only includes the improvement of physical indicators (such as blood pressure and blood glucose control) but also covers multiple dimensions such as psychological state adjustment (such as the relief of anxiety and depression), quality of life improvement (such as the improvement of sleep and

appetite), and social function recovery (such as the improvement of interpersonal relationships). It can more comprehensively reflect the efficacy of traditional therapies and is more in line with the core concept of holistic health.

The Center for Integrative Medicine at the Mayo Clinic in the United States is a model of global integrative medicine practice. The center organically combines modern medicine with traditional therapies to provide patients with comprehensive health services including nutritional consultation, acupuncture, meditation, massage, and traditional Chinese medicine conditioning. The service model of the center is patient-centered. Through the collaboration of an interdisciplinary team (including Western medicine doctors, traditional Chinese medicine practitioners, nutritionists, psychologists, and rehabilitation therapists), it formulates personalized health management plans for patients. Practical data show that the integrated services of the center have achieved remarkable results in chronic disease management, pain control, and mental health intervention, and patients' satisfaction and quality of life have been greatly improved (Mayo Clinic, 2022) [11].

Integrative medicine practice in Germany focuses on the combination of traditional European therapies and modern medicine. Many hospitals in Germany have natural therapy centers that provide traditional therapies such as homeopathy, herbal therapy, and hydrotherapy, combined with modern medical drug treatment and surgical treatment for the treatment of chronic diseases, autoimmune diseases, etc. The German government has incorporated some traditional therapies into the medical insurance payment scope through legislation, providing institutional guarantee for the development of integrative medicine (German Society for Integrative Medicine, 2021) [3].

The future development of integrative medicine will present three core trends: first, the continuous improvement of professionalism and standardization. Integrative medicine will gradually form an independent disciplinary system with a clear theoretical framework, research methods, and practice norms; second, the deep integration of technology empowerment and personalized services. With the development of big data, artificial intelligence, and other technologies, integrative medicine will be able to formulate more accurate and personalized health management plans according to patients' genetic characteristics, lifestyle, health data, etc.; third, the dialectical unity of globalization and localization. While absorbing the advantages of different medical systems around the world, integrative medicine will pay attention to the adaptability to local culture and medical systems, forming an integrative medicine model with regional characteristics.

The Rise of Digital Health

The global spread of the COVID-19 pandemic in 2020 became an important turning point in the development of Digital Health. During the pandemic, lockdown and isolation measures severely restricted traditional offline medical services, making it difficult for patients' medical needs to be met through traditional models. In this context, digital health, as a new type of health service model, rose rapidly and became a key support for ensuring the continuity of medical services during the pandemic. The explosive development of digital health is mainly reflected in three aspects: first, the widespread application of telemedicine. Countries around the world have promoted online consultations, remote diagnosis, and online prescriptions. Through video calls, voice consultations, and other methods, they provide non-emergency medical services for patients, effectively reducing the risk of personnel mobility and cross-infection. Second, the popularization of health monitoring technology; the sales of wearable devices (such as smart watches and bracelets) and household health monitoring equipment (such as blood glucose meters and blood pressure monitors) have increased significantly. Patients can monitor their own health data in real-time through these devices and share the data with doctors to achieve remote management of health status. Third, the rapid iteration of digital health platforms; Various health apps and community health platforms have quickly optimized their functions, providing one-stop services such as pandemic prevention knowledge popularization, mental health support, and online medicine purchase, forming a diversified digital health service ecosystem.

The pandemic not only promoted the technological innovation and application popularization of digital health but also prompted people to rethink the relationship between technology and health. The essence of digital health is not the simple superposition of technologies but the realization of humanization, accessibility, and efficiency of health services through technology empowerment. After the rapid development during the pandemic, modern digital health is no longer limited to a single technological application but has formed a multi-dimensional and multi-level health ecosystem, covering health monitoring, diagnostic assistance, treatment intervention, health management, social support, and other links.

Health apps and wearable devices are the core carriers of health monitoring and self-management. Such devices can real-time monitor users' sleep quality, heart rate, steps, stress index, blood glucose, blood pressure, and other health data, and provide personalized health advice through data analysis, such as exercise plans, dietary guidance, and sleep improvement programs. For example, Apple's Health App can integrate data from multiple wearable devices to provide users with a comprehensive health profile; Xiaomi Sports App encourages users to develop exercise habits through step counting and calorie consumption calculation. The popularization of these tools has transformed health management from passive medical treatment to active prevention, endowing users with greater health autonomy.

The application of Artificial Intelligence (AI) in medical diagnosis has greatly improved the efficiency and accuracy of diagnosis. AI-assisted diagnosis systems can quickly identify disease characteristics through in-depth learning of a large number of medical images (such as CT, X-ray, pathological sections) and medical records, providing diagnostic references for doctors. For example, Google's DeepMind Health system has achieved an accuracy rate equal to or even exceeding that of professional doctors in lung cancer screening; AI diagnosis systems developed by Chinese enterprises such as Infervision and Yitu Healthcare have been widely used in COVID-19 image diagnosis, diabetic retinopathy screening, and other fields. AI-assisted diagnosis not only reduces the workload of doctors but also helps solve the problem of uneven distribution of medical resources, allowing patients in remote areas to enjoy high-quality diagnostic services.

Community health platforms are an important part of the digital health ecosystem, and their core value is to provide

patients with social support and psychological care. Through the construction of online support groups, patient communities, expert consultation sections, and other functions, such platforms enable patients to exchange experiences, share feelings, and obtain emotional support with each other, and also easily obtain guidance from professional doctors. For example, online support platforms for depression patients help patients relieve loneliness and anxiety through functions such as patient sharing, psychological counseling, and expert Q&A; community platforms for chronic disease patients provide services such as disease management experience exchange, diet and exercise guidance, and promote the improvement of patients' self-management ability.

Personalized Health Analytics is the core technical support of the digital health ecosystem. By integrating multi-dimensional information such as users' genetic data, lifestyle data, health monitoring data, and medical records, and using big data analysis and machine learning technology, it provides users with tailored health advice and disease prediction. For example, genetic testing companies such as 23andMe predict users' risk of certain diseases (such as breast cancer and Parkinson's disease) by analyzing their genetic data and provide targeted prevention advice; some health management platforms formulate personalized health management plans for users by analyzing their diet, exercise, and sleep data, helping users prevent the occurrence of chronic diseases.

The rapid development of digital health, while improving medical accessibility and efficiency, also faces the risk of technological alienation. If human subjectivity, privacy protection, and humanistic care are ignored, digital health may repeat the dehumanization of biomedicine. Therefore, the modern health management academic community has proposed the concept of Human-centered Technology, emphasizing that the development of digital technology must be centered on human needs to realize the organic integration of technology and human nature. The core principles of human-centered technology include three aspects: first, respecting patients' privacy and data autonomy. Digital health involves a large amount of personal health data, which are highly sensitive. Therefore, the design and application of digital health technology must strictly abide by the laws and regulations on data privacy protection, clarify the rules for data collection, use, storage, and sharing, and endow users with control over their own data. Second, designing empathetic user interfaces. The user group of digital health technology is wide, including the elderly, chronic disease patients, and people with low educational levels. Therefore, the design of technical interfaces should be simple, easy to use, friendly, and intuitive, fully considering the usage habits and abilities of different users, and avoiding health inequality caused by technical barriers. Third, it focuses on promoting interpersonal support and psychological well-being. The essence of digital technology is connection. Digital health should promote communication and support between doctors and patients, and among patients through technical means, rather than replacing face-to-face humanistic care. For example, telemedicine should pay attention to emotional communication between doctors and patients, conveying care through video calls and other methods; community health platforms should create a warm and supportive atmosphere to help patients establish emotional connections.

The practical requirements of human-centered technology are reflected in the entire life cycle of digital health products. In the product design stage, user research and demand analysis should be carried out to fully understand the health needs and usage scenarios of different users; in the product development stage, attention should be paid to the research and development of data security and privacy protection technologies to ensure the security of user data; in the product promotion stage, user education should be strengthened to help users master the usage methods, and attention should be paid to the digital divide problem, providing necessary technical support for vulnerable groups; in the product iteration stage, product functions should be continuously optimized according to user feedback to improve the user experience.

The rapid development of digital health has brought a series of ethical challenges, mainly focusing on four aspects: data privacy, digital divide, technology dependence, and responsibility definition. The risk of data privacy leakage is the primary ethical challenge facing digital health. Health data includes sensitive content such as personal physical characteristics, medical history, and genetic information. Once leaked, it may have a serious impact on an individual's reputation, employment, insurance, and other aspects. At present, some digital health products have opaque data collection and use processes, lacking effective data security protection measures, leading to frequent data leakage incidents. Second, the digital divide problem has become increasingly prominent. The development of digital health relies on the Internet, smart devices, and digital literacy, and there are significant differences in these aspects among people of different ages, incomes, educational levels, and regions. The elderly, low-income groups, rural residents, and others often lack necessary smart devices and digital skills, making it difficult to enjoy the convenience brought by digital health, which further exacerbates health inequality.

Third, the risk of technology dependence is worthy of vigilance. Some users are overly dependent on digital health devices and apps, ignoring their own subjective feelings and life experiences, leading to the technicalization and superficialization of health management.

For example, some users pay excessive attention to the step data of wearable devices and perform ineffective exercise to achieve goals, which instead harms their physical health; some patients are overly dependent on online consultations, ignoring the importance of offline examinations and face-to-face diagnosis and treatment, which may lead to misdiagnosis or delayed treatment. Fourth, the definition of responsibility is difficult. Digital health involves multiple subjects, including technology developers, medical service providers, platform operators, and users. In the event of medical disputes or data leakage incidents, the definition of responsibility is often very complex. For example, if an AI-assisted diagnosis system makes a misdiagnosis, whether the responsibility should be attributed to the technology developer, the doctor using the system, or the platform operator currently lacks clear legal and ethical norms.

To address the ethical challenges of digital health development, it is necessary to build a pluralistic governance response system from four aspects: legal norms, technological innovation, industry self-regulation, and social participation. First, in terms of legal norms, it is necessary to accelerate the formulation and improvement of laws and

regulations related to digital health, clarifying the specific requirements for data privacy protection, the access standards for digital health products, and the basic principles for responsibility definition. For example, the European Union's General Data Protection Regulation (GDPR) has strict regulations on the protection of health data, clarifying the rules for the collection, use, storage, and sharing of health data to protect users' data rights and interests. Second, in terms of technological innovation, it is necessary to strengthen the research and development and application of data security and privacy protection technologies, such as encryption technology, blockchain technology, and privacy computing technology, to prevent data leakage risks at the technical level. At the same time, it is necessary to promote the inclusive development of digital health technology, develop low-cost and easy-to-operate digital health products suitable for the elderly and low-income groups, and narrow the digital divide. Third, in terms of industry self-regulation, digital health enterprises should strengthen ethical awareness, formulate industry self-regulation guidelines, and standardize their business behavior. For example, enterprises should establish a transparent data collection and use mechanism, clearly informing users of data purposes; strengthen the ethical review of products to ensure that product design and application comply with human-centered principles; actively participate in public welfare undertakings and provide free or low-cost digital health services for vulnerable groups. Fourth, in terms of social participation, it is necessary to strengthen public education, improve public digital literacy and health literacy, and help the public correctly understand and use digital health products. At the same time, social organizations, academic institutions, and other parties should be encouraged to participate in the research and supervision of digital health ethics, forming a good atmosphere of widespread concern and participation of the whole society.

Mental Health and Spiritual Care

As one of the core dimensions of holistic health, the status of mental health has undergone a long evolution from the marginal to the core in the history of health thought. Before the 20th century, mental health was long ignored. Mental illness was regarded as a moral defect or mental disorder, and patients were often discriminated against and excluded, lacking effective treatment and care. At the beginning of the 20th century, the rise of psychoanalysis laid a theoretical foundation for mental health research. Studies by scholars such as Freud and Jung revealed the impact of psychological factors on human behavior and health, promoting the professional development of mental illness treatment. However, under the dominance of the biomedical paradigm, mental health was still regarded as a marginal field of medicine, and psychotherapy was classified as the exclusive domain of psychiatry, disconnected from general medical services.

Since the 21st century, with the continuous rise in the global prevalence of mental illness and the confirmation of the close connection between mental health and physical health, mental health has gradually moved from the marginal to the core. The World Health Organization officially listed mental health as the core of global health strategies at the beginning of the 21st century, emphasizing that mental health is an important part of health for all. According to the WHO's (2023) [16] World Mental Health Report, about 970 million people worldwide suffer from varying degrees of mental illness, and mental illness has become one of the main causes of disability globally. At the same time, a large number of studies have confirmed that emotional problems such as psychological stress, anxiety, and depression can significantly increase the risk of chronic diseases such as diabetes, heart disease, and hypertension, while a good mental health state helps improve physical immunity and promote disease recovery. The improvement of the status of mental health is essentially a reflection of the holistic health concept, marking the transformation of the health paradigm from a single physical dimension to an integrated physical and mental dimension.

The global spread of the COVID-19 pandemic in 2020 not only posed a serious threat to human physical health but also triggered a global mental health crisis. During the pandemic, factors such as social isolation caused by lockdowns, fear of infection risks, increased economic pressure, and grief over the loss of relatives led to a significant increase in psychological problems such as anxiety, depression, and insomnia worldwide. However, this crisis also became an important opportunity for the publicization of mental health, promoting the transformation of mental health from a personal issue to a public health issue. Governments and social organizations around the world have taken actions to build a diversified mental health support system.

First, at the policy level, many governments have incorporated mental health into the core content of pandemic prevention and control, establishing psychological epidemic prevention hotlines and online support services. For example, the Chinese government opened multiple psychological assistance hotlines in the early stage of the pandemic, organizing psychological experts to provide free psychological consultation services for the public; the U.S. government invested special funds to support the development of mental health services through the Coronavirus Aid, Relief, and Economic Security (CARES) Act; the British government launched the Every Mind Matters mental health support program, providing online mental health assessment and self-help tools for the public. Second, at the service model level, the accessibility of mental health services has been significantly improved. Diversified psychological intervention methods such as Mindfulness, Acceptance and Commitment Therapy (ACT), music therapy, and art therapy have been widely used. These therapies not only have good intervention effects but also are easy to carry out online, meeting the mental health needs of large-scale populations. At the same time, the professionalism of mental health services has been continuously improved, the number of professionals such as psychologists, counselors, and psychiatrists has continued to increase, and the service quality has been continuously improved. Third, at the social cognitive level, public attention and acceptance of mental health have significantly increased. The pandemic has made more people realize the importance of mental health, the de-stigmatization process of mental illness has accelerated, and more and more people are willing to take the initiative to seek mental health services.

Mental health is no longer regarded as a shameful thing but has become an important content that everyone needs to pay attention to and maintain in daily life.

As the fourth dimension of holistic health, Spiritual Care has received renewed attention in the 21st-century health paradigm shift. Spirituality is not equivalent to religious belief but refers to an individual's pursuit of life meaning, value, purpose, and connection, which is the core demand of the human spiritual level. The core manifestations of spiritual health include reverence for life, acceptance of self, care for others, and pursuit of transcendent values. Studies have confirmed that spiritual health has an important impact on an individual's overall health. Koenig's (2012) [8] research found that people with clear life meaning and spiritual beliefs often have stronger psychological resilience and coping abilities when facing diseases and pressures, lower incidence of negative emotions such as anxiety and depression, and faster disease recovery. For terminally ill patients, spiritual care can help them relieve death anxiety and gain inner peace and dignity.

Based on the important value of spiritual health, the modern medical system has begun to gradually incorporate spiritual care into the core content of health services, forming a diversified practical model of spiritual care. First, at the medical institution level, many hospitals have set up special spiritual care departments or prayer spaces, equipped with professional spiritual care providers (such as pastors, priests, monks, psychologists, etc.) to provide spiritual support for patients. Through communication with patients, spiritual care providers understand their life stories, value beliefs, and spiritual needs, helping patients find life meaning and relieve spiritual pain. For example, many hospitals in Europe and the United States have spiritual care centers that provide personalized spiritual care services for patients with different religious beliefs and no religious beliefs. Second, at the clinical practice level, spiritual care is organically integrated with medical services. In the diagnosis and treatment process, doctors not only pay attention to the patient's physical symptoms but also their mental state and spiritual needs, providing spiritual support through listening, empathy, encouragement, and other methods. For example, in cancer treatment, doctors will help patients re-recognize the value of life and stimulate their courage to survive; in palliative care, medical staff will help patients pass away peacefully through companionship, listening, and respecting their wishes. Third, at the education and training level, spiritual care has gradually been incorporated into the core content of medical education. Many medical colleges and universities have set up courses related to spiritual care to help medical students understand the connotation and importance of spiritual health and master the basic skills of spiritual care. At the same time, medical institutions will regularly carry out spiritual care training to improve the spiritual care ability of medical staff.

Physical, psychological, and spiritual integrated care is the core practice model of the holistic health paradigm. Its core is to organically integrate the health services of the four dimensions of physical, psychological, social, and spiritual, providing holistic and personalized health care for patients. The practical path of this model mainly includes the following four aspects: first, establishing an interdisciplinary collaboration team. Physical, psychological, and spiritual integrated care requires the collaboration of interdisciplinary professionals such as doctors, nurses, psychologists, nutritionists, rehabilitation therapists, and spiritual care providers. Team members jointly assess the patient's physical, psychological, and spiritual health status through regular communication and joint consultations, formulate personalized health management plans, and implement and adjust them collaboratively. Second, constructing a full-cycle health management system; Physical, psychological, and spiritual integrated care runs through the entire cycle of disease prevention, diagnosis, treatment, rehabilitation, and palliative care. In the prevention stage, it helps individuals maintain physical, psychological, and spiritual health through health education, lifestyle intervention, psychological adjustment, and spiritual guidance; in the diagnosis stage, it comprehensively considers the impact of physical, psychological, social, and spiritual factors on diseases to ensure the comprehensiveness of diagnosis; in the treatment stage, it adopts an integrated treatment plan, taking into account the relief of physical symptoms and the satisfaction of psychological and spiritual needs; in the rehabilitation stage, it helps patients fully recover their health through rehabilitation training, psychological support, social integration, and spiritual growth; in the palliative care stage, it helps patients pass away peacefully through pain control, psychological counseling, spiritual support, and social care. Third, adopting diversified intervention methods. Physical, psychological, and spiritual integrated care integrates intervention methods from multiple disciplines such as modern medicine, psychology, sociology, and spirituality, including drug treatment, surgical treatment, psychotherapy, nutritional intervention, exercise rehabilitation, meditation, mindfulness, art therapy, and spiritual dialogue. According to the specific situation of patients, appropriate intervention methods are selected to form a personalized intervention plan. Fourth, emphasizing patients' subjectivity and participation. Physical, psychological, and spiritual integrated care emphasizes that patients are the main body of health management, encouraging patients to actively participate in the health decision-making and management process. Through health education, skill training, and other methods, it improves patients' self-management ability, allowing patients to play a leading role in health management.

Practice has proved that physical, psychological, and spiritual integrated care has remarkable results. In terms of clinical effects, this model can effectively relieve patients' physical symptoms, improve their psychological state, enhance their spiritual health level, and promote disease recovery; in terms of patient experience, this model can enhance patients' sense of being respected, cared for, and safe, and improve their medical satisfaction; in terms of medical efficiency, this model can reduce unnecessary medical expenses and improve the utilization efficiency of medical resources. For example, Kaiser Permanente Medical Group in the United States has not only significantly improved patients' health outcomes but also reduced medical costs by implementing the physical, psychological, and spiritual integrated care model (Kaiser Permanente, 2020 [7].

Suggestions for the Health Paradigm Shift

Although remarkable progress has been made in the 21st-century health paradigm shift, it still faces many practical obstacles in the practice process. These obstacles involve multiple levels such as systems, culture, technology, and resources, which seriously affect the implementation and promotion of the new paradigm. The existing medical

system is established on the basis of the biomedical paradigm, with a strong path dependence. In terms of institutional design, the organizational form, resource allocation method, payment system, and evaluation standards of medical services are all centered on disease treatment, making it difficult to adapt to the person-centered holistic health needs. For example, the medical insurance payment system mainly covers expenses related to disease treatment, while holistic health services such as preventive health care, mental health services, and spiritual care often lack sufficient medical insurance support; the evaluation standards of medical services still mainly rely on traditional indicators such as disease cure rate and mortality rate, lacking effective evaluation of the improvement of holistic health. In terms of interest patterns, the medical industry chain formed under the biomedical paradigm (such as pharmaceutical enterprises, medical device enterprises, and specialized hospitals) has a strong interest inertia and resists the interest adjustments that may be brought about by the paradigm shift. For example, pharmaceutical enterprises are more inclined to invest funds in the research and development of therapeutic drugs, while the investment in preventive health care products and services is relatively insufficient; specialized hospitals are worried that the paradigm shift may lead to a decline in their market share and lack enthusiasm for the promotion of integrative medicine and holistic health services.

The core of the health paradigm shift is to realize the integration of scientism and humanism, but in reality, the tension between the two still exists. Some medical practitioners are deeply influenced by the biomedical paradigm, adhere to the scientistic way of thinking, and lack recognition of humanistic health concepts and practical methods. They believe that humanistic dimension services such as mental health and spiritual care lack scientific basis and are difficult to be incorporated into the formal medical service system. At the public level, traditional health concepts still have a strong influence. Many people still equate health with the absence of disease and have insufficient understanding of the importance of mental health and spiritual health.

The public's demand for holistic health services has not been fully stimulated, and the acceptance of new health services such as integrative medicine and spiritual care needs to be improved. As an important technical support for the paradigm shift, the development of digital health has the risks of technological alienation and the digital divide, which have become important obstacles to the paradigm shift. Some digital health products over-pursue technological innovation and ignore human subjectivity and humanistic care, leading to the technicalization and superficialization of health management.

For example, some health apps pay excessive attention to the monitoring of data indicators and ignore users' actual health needs and life experiences; some AI-assisted diagnosis systems lack consideration of patients' psychological states and social backgrounds, which may lead to one-sided diagnosis. The digital divide problem exacerbates health inequality, making it difficult for some groups to enjoy the convenience brought by digital health. The elderly, low-income groups, rural residents, and others are often excluded from digital health services due to the lack of necessary smart devices, Internet access, and digital skills, which is contrary to the inclusive goal of holistic health.

The effective supply of holistic health services requires sufficient human, material, and financial resources. However, at present, the supply of holistic health services is generally insufficient worldwide. In terms of human resources, there is a huge gap in professionals such as psychologists, spiritual care providers, and integrative medicine doctors, which is difficult to meet the public's health needs; in terms of material resources, the facilities (such as spiritual care spaces and rehabilitation centers) and equipment (such as psychological assessment equipment and integrated treatment equipment) required for holistic health services are insufficiently configured; in terms of financial resources, the investment in holistic health services by governments and society is relatively limited, which is difficult to support the construction and development of the holistic health service system. Although the concept of holistic health has been widely recognized, there are still problems of sloganization and formalization in practice. Many medical institutions claim to implement person-centered care, but in actual services, they still continue the traditional disease-centered model, lacking attention to patients' overall needs. For example, some hospitals have set up psychological consultation rooms, but due to the lack of professional talents and resource guarantees, they are unable to provide effective mental health services; some integrative medicine centers simply superimpose traditional Chinese medicine and Western medicine services, lacking true organic integration. This imbalance between concepts and practice not only affects the quality and effect of holistic health services but also may lead to a crisis of public trust in the new paradigm, hindering the in-depth advancement of the paradigm shift.

The core of integrative medicine is to realize the dialectical unity of science and humanism, but in the practice process, some integrative medicine practices have an unbalanced tendency of emphasizing science over humanism or humanism over science. Practices that emphasize science over humanism overemphasize the scientific verification of traditional therapies, ignoring their humanistic connotation and personalized characteristics, leading to integrative medicine becoming a superposition of technologies; practices that emphasize humanism over science overemphasize the humanistic wisdom of traditional therapies, ignoring the importance of scientific verification, which may lead to some therapies lacking safety and effectiveness being incorporated into the integrated system, endangering patients' health rights and interests.

The development of digital health has the risk of technological alienation. Some digital health products over-pursue the advancement of technology and the complexity of functions, ignoring human subjectivity and humanistic care. For example, some telemedicine platforms simplify doctor-patient communication into mechanical interaction of questions and answers, lacking emotional communication and humanistic care; some health monitoring equipment over-collect user data, threatening users' privacy and security. This imbalance between technology and human nature may lead to digital health deviating from the people-centered core direction, exacerbating the dehumanization tendency of medical care, which is contrary to the goal of the paradigm shift.The transformation of the holistic health

paradigm is a global process, but there are significant differences in culture, medical systems, and social backgrounds among different countries and regions, requiring the exploration of localized transformation paths. However, in the practice process, some countries and regions blindly copy the Western holistic health model, ignoring the adaptability of local culture and medical systems, leading to poor transformation effects. For example, some developing countries directly introduce Western integrative medicine models, but due to the lack of corresponding cultural foundation, talent reserves, and resource guarantees, integrative medicine services are difficult to implement; some countries ignore local digital infrastructure and public digital literacy when promoting digital health, leading to low coverage and utilization rates of digital health services.Institutional innovation is the core driving force for promoting the paradigm shift, which needs to be reconstructed from four aspects: service organization, resource allocation, payment system, and evaluation standards. First, in terms of service organization, it is necessary to break the limitations of traditional specialized diagnosis and treatment and build an integrated person-centered health service system. Promote service models such as medical homes and community health centers to provide patients with one-stop health services including preventive health care, disease treatment, rehabilitation nursing, mental health services, and spiritual care. Second, in terms of resource allocation, it is necessary to adjust the structure of medical resource allocation and increase resource investment in holistic health services such as preventive health care, mental health, spiritual care, and integrative medicine. Strengthen the training and introduction of holistic health service talents and establish a professional talent team; increase investment in facilities and equipment for holistic health services to improve service conditions. Third, in terms of payment system, it is necessary to reform the medical insurance payment method and include holistic health services such as preventive health care, mental health services, and spiritual care into the medical insurance payment scope. Establish a value-based medical insurance payment model, with the improvement of holistic health as the core evaluation indicator, to encourage medical institutions to provide high-quality holistic health services. Fourth, in terms of evaluation standards, it is necessary to construct a pluralistic holistic health evaluation system, breaking through the traditional disease-oriented evaluation standards. Evaluation indicators should include multiple dimensions such as physical health indicators, mental health indicators, social function indicators, spiritual health indicators, and patient satisfaction, comprehensively reflecting the quality and effect of holistic health services. Cultural integration is an important support for promoting the paradigm shift. It is necessary to strengthen the dialogue and integration between scientism and humanism, and create a cultural atmosphere of holistic health. First, in terms of medical education, it is necessary to reconstruct the medical education system and incorporate humanistic literacy training into the core content of medical education. Increase relevant courses such as medical ethics, medical psychology, medical anthropology, and spiritual care to cultivate medical students' holistic health concepts and humanistic care abilities. At the same time, strengthen interdisciplinary education, encourage medical students to learn knowledge of psychology, sociology, philosophy, and other related disciplines, and improve their comprehensive literacy. Second, in terms of medical practice, it is necessary to strengthen the humanistic training of medical staff and improve their humanistic care abilities. Through activities such as doctor-patient communication skills training, narrative medicine practice, and spiritual care training, help medical staff establish a patient-centered service concept, learn to listen to patients' voices, and pay attention to their overall needs. Third, in terms of public education, it is necessary to strengthen the publicity and popularization of the holistic health concept and improve the public's health literacy. Through various forms such as media publicity, community education, and health lectures, disseminate the concepts and knowledge of holistic health to the public, guide them to establish a correct view of health, and pay attention to their own physical, psychological, social, and spiritual health.

Technology empowerment is an important means to promote the paradigm shift. It is necessary to strengthen the human-centered design and application of digital health and avoid technological alienation. First, in terms of technology research and development, it is necessary to adhere to the people-centered research and development concept, integrating user needs and humanistic care into the entire process of digital health product design. Strengthen user research to fully understand the health needs and usage scenarios of different users; focus on the usability and friendliness of products, design simple and intuitive operation interfaces; strengthen the research and development of data security and privacy protection technologies to ensure the security of user data. Second, in terms of technology application, it is necessary to promote the organic integration of digital health and humanistic care. For example, in telemedicine, attention should be paid to emotional communication between doctors and patients, conveying care through video calls and other methods; in community health platforms, a warm and supportive atmosphere should be created to promote emotional connections among patients; in AI-assisted diagnosis, full consideration should be given to patients' psychological states and social backgrounds to provide doctors with more comprehensive diagnostic references. Third, in terms of narrowing the digital divide, it is necessary to strengthen the construction of digital infrastructure, improve the coverage and popularization rate of the Internet; increase digital skills training for vulnerable groups to help the elderly, low-income groups, and others master the use of digital health products; develop low-cost and easy-to-operate digital health products to meet the health needs of vulnerable groups.

The transformation of the holistic health paradigm is a process of dialectical unity of globalization and localization. It is necessary to strengthen global cooperation while focusing on local innovation. First, in terms of global cooperation, it is necessary to strengthen experience exchange and technology sharing among countries to jointly address global health challenges. Through international conferences, academic exchanges, cooperative research, and other methods, share the successful experiences and best practices of the holistic health paradigm shift; strengthen the coordination and guidance of international organizations to promote the reform and development of the global health system. Second, in terms of local innovation, it is necessary

to explore a holistic health model with local characteristics in combination with the country's cultural traditions, medical systems, and social backgrounds. For example, China can combine the holistic view and humanistic wisdom of traditional Chinese medicine to build an integrated Chinese and Western medicine holistic health service system; India can combine the traditional concepts of Ayurveda medicine to explore an integrative medicine model with Indian characteristics; African countries can combine local traditional medicine and community health resources to build an inclusive holistic health service system.

Conclusion

The 21st-century health paradigm shift is a profound revolution in the history of human health thought, marking a fundamental transformation in the health field from disease repair to holistic harmony. This transformation is not an accidental policy adjustment but an inevitable result of the increasingly prominent limitations of the biomedical paradigm, the continuous upgrading of human health needs, and the profound changes in the global health pattern (OpenAI, 2023) [13]. Through the long-term sorting out of health thought history and the systematic analysis of contemporary health practices, this study reveals the theoretical foundation, core dimensions, and internal logic of this paradigm shift. The research finds that the revival of the holistic health concept is the ideological core of the transformation, which redefines health as a dynamic balance of physical, psychological, social, and spiritual aspects, returning to the essential connotation of health; the rise of integrative medicine is the practical carrier of the transformation, realizing the dialectical unity of the scientific rigor of modern medicine and the humanistic wisdom of traditional therapies; the humanistic return of digital health is the technical support of the transformation, which improves the accessibility and efficiency of health services through technology empowerment while adhering to the people-centered core direction; the centralization of mental health and spiritual care is the key dimension of the transformation, marking the leap of the health paradigm from a single physical dimension to an integrated physical, psychological, and spiritual dimension.

However, this study also finds that the health paradigm shift still faces many practical obstacles and risks, including institutional path dependence, cultural tension, technological alienation, insufficient resources, etc. There are imbalances between concepts and practice, science and humanism, technology and human nature, and globalization and localization in the transformation process. To promote the in-depth advancement of the paradigm shift, it is necessary to build a systematic response system from four aspects: institutional innovation, cultural integration, technology empowerment, global cooperation, and local innovation, and construct a person-centered holistic health service system. Looking forward to the future, holistic health will become the dominant paradigm in the global health field, and health services will pay more attention to wholeness, personalization, inclusiveness, and humanism. With the continuous improvement of systems, the in-depth integration of culture, the continuous innovation of technology, and the deepening of global cooperation, the goal of holistic health will be gradually realized, and humanity will enter a healthier, more harmonious, and dignified new era (Lu, 2022) [10]. As an exploration at the level of health thought history, this study hopes to provide theoretical reference for the reform and development of the global health system and lay the foundation for subsequent related research. Future research can further focus on the specific practice models, effect evaluation, and institutional guarantees of the holistic health paradigm, providing more targeted empirical support for the paradigm shift.

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