

Editorial

Salutogenic Community Medicine

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A B S T R A C T

The pursuit of health as peace and happiness across physical, mental, and social dimensions remains incomplete under the pathogenesis-driven paradigm of the past two centuries. While scientific development has advanced disease prevention and treatment, it has fallen short of achieving a comprehensive, holistic, and planetary view of wellbeing. The salutogenic model, introduced by Antonovsky, offers a proactive, comprehensive, holistic and could be a cost effective method to achieve peace and happiness. It could be an alternative by emphasizing comprehensibility, meaningfulness, and manageability—measured through the Sense of Coherence (SOC) scale. Our efforts should be to strengthen positive attitude, positive behaviours and healthy environment around us. This approach aligns with Siddharth Gautam's Eightfold Path, which demonstrated the law of causation of happiness, and resonates with the Ottawa Charter's five priority action areas for health promotion, i.e., to build healthy public policy; create supportive environments for health; strengthen community action for health; develop personal skills; and re-orient health services. Community Medicine, as defined by the National Medical Commission, remains influenced by Winslow's public health framework, yet a salutogenic orientation reframes it toward positive determinants of health. This paradigm shift emphasizes strengthening positive attitudes, behaviors, and environments, while embedding sustainability, technology, human values, social justice, and equity into community participation. Salutogenic community medicine thus represents a progressive evolution—moving beyond disease prevention to health creation—preparing societies for the next level of peace and happiness in an interconnected world.

Keywords: Salutogenesis, Sense of Coherence (SOC), Community Medicine, Health Promotion, Ottawa Charter, Eightfold Path, Public Health Paradigm Shift, Sustainability and Equity

Introduction

In recent times, health is perceived as a dynamic equilibrium of body and mind amid social, environmental, and international determinants (Kishore, 2026), which means a dynamic process of living in peace and happiness across all dimensions of life. Health is a state of complete

physical, mental, and social well-being, and not merely the absence of disease or infirmity, and the person should be able to lead a socially and economically productive life (*World Health Organization*). According to Antonovsky (1923–1994), health was seen as a continuum from total ill health (dis-ease) to total health (ease). The

ability to comprehend the whole situation and use available resources was called the sense of coherence (SOC). This capacity was a combination of people's ability to assess and understand the situation they were in, to find meaning to move in a health-promoting direction, and to have the capacity to do so—that is, comprehensibility, meaningfulness, and manageability. Antonovsky also clearly stated that salutogenesis (Origin of health, opposite of origin of illness) was not limited to the disciplinary borders of one profession but rather an interdisciplinary approach, a question of bringing coherence between disciplines and realizing what connects them. It involves cognitive psychology, psychoneuroimmunology, systems theory, quantum theory, chaos theory, and the biopsychosocial model of disease and health. Furthermore, it is not only a question of the person but an interaction between people and the structures of society—that is, the human resources and the conditions of the living context.

Leavell and Clark (1958) explained pre-pathogenesis and pathogenesis and applied five levels of preventive intervention. This concept is conceptually strong and demands integration of preventive medicine in all disciplines of medicine. Because of its influence, various branches such as preventive pediatrics, preventive obstetrics and gynecology, preventive cardiology, and preventive oncology emerged. However, they kept a distance from community medicine. Community Medicine has been defined as the specialty that deals with populations, comprising doctors who measure the needs of the population, both sick and well, who plan and administer services to meet those needs, and those engaged in research and teaching in the field.

The most recent development in terminology is that the definition of medicine accepted by the National Medical Commission (NMC), Government of India, is the science and art of caring for patients, which includes diagnosis, treatment, prevention, and the promotion of health. As we all know, medicine is primarily limited to care, diagnosis, and treatment. Prevention and promotion are ignored. NMC also accepted the definition of Community Medicine as a branch of medicine focused on promoting health, preventing disease, and prolonging life for entire communities, rather than just individuals. Key aspects of community medicine are population-focused, prevention-oriented, promote health, Community participation, Multidisciplinary, and involve a wide range of interventions. However, this definition is mainly influenced by Winslow's definition of public health, which is "the science and art of preventing

disease, prolonging life and promoting health through the organized efforts and informed choices of society". He expanded on this by listing key organized community efforts, including environmental sanitation, control of communicable diseases, education in personal hygiene, and the organization of medical and nursing services for early diagnosis and preventive treatment. His definition is considered a foundational and classic text in the field (Winslow, 1920). Because of this, there is hardly any distinction between public health and community medicine. Therefore, bureaucracy and general professional groups do not discriminate between the two.

As a professional in the field for a long time, the five levels of prevention are the core of community medicine: primordial, primary, secondary, tertiary, and quaternary prevention. However, our discipline should be salutogenic community medicine, focusing on health promotion and the positive determinants of health. The beauty of the conceptual world of salutogenesis lies in its dynamic, flexible approach and its persistent focus on the ability and capacity to manage. In comparison with concepts like coping or resilience (which are more rigid and context-dependent), salutogenesis has the advantage of adaptability and universal applicability. It is a significant life orientation that always focuses on problem-solving.

The Sense Of Coherence (SOC) consists of three elements: comprehensibility, manageability, and meaningfulness. The original definition by Antonovsky explained it as a global orientation that expresses the extent to which one has a pervasive, enduring. However, dynamic feeling of confidence that (1) the stimuli from one's internal and external environments in the course of living are structured, predictable, and explicable; (2) the resources are available to one to meet the demands posed by these stimuli; and (3) these demands are challenges, worthy of investment and engagement. The concept of salutogenesis is very similar to the Buddhist concept of health, which focuses on maintaining health rather than managing illness.

The *Ottawa Charter for Health Promotion* identifies health as a resource for everyday life, not the object of living. It is a positive concept that emphasizes social and personal resources, as well as physical capabilities. Health promotion is the process of enabling people, individually and collectively, to increase control over the *determinants of health* and thereby improve their *health*. The *Ottawa Charter* identified 5 priority action areas: to *build healthy public policy*; create *supportive*

environments for health; strengthen community action for health; develop personal skills; and re-orient health services (Ottawa Charter, 1986).

We have to shift our focus from the pathogenic approach of what causes diseases, about avoiding problems, disease/illness, an anomaly, reactive, treating disease, and against pain or loss to what causes health, identifying potential, entropy, proactive - presence of health, optimistic - go get health, for gain or growth, and discovering how to live fully.

We need to develop indicators to ensure that community medicine is moving towards salutogenesis. These are as follows:

Comprehensibility (Cognitive Dimension): An increasing sense of comprehensibility means an individual perceives their internal and external environments as predictable, orderly, and understandable.

Indicators:

- Belief that events in life make sense and are structured.
- Ability to predict outcomes reasonably well, even in the face of challenges.
- Feeling that one is informed and has clarity about their situation.
- Developing shared mental models or a typical frame of reference in a community or organization.

Manageability (Behavioral Dimension): Manageability involves the belief that one has the necessary resources, skills, and support to cope with life's demands and challenges.

Indicators:

- Confidence in one's ability to cope and manage difficult situations.
- Effective use and mobilization of internal and external resources (e.g., social support, knowledge, finances). E.g., Lunch together – builds natural supports and peer networking.
- Perception of having control over one's life or believing in a reliable source of support (e.g., a community, higher power). E.g., level of social support
- Active adaptation and problem-solving abilities. e.g., Problem Solving Inventory (PSI)

Meaningfulness (Motivational Dimension): Meaningfulness is the motivational component, the feeling that life is interesting, challenges are worthy of engagement, and there is a purpose to one's efforts.

Indicators:

- High levels of commitment and engagement in life tasks and personal relationships.
- Experiencing a sense of purpose and personal growth.
- Motivation for change and investing energy in one's well-being.
- Active participation in decision-making processes in one's family, community, or workplace.

It is expected that, in the coming decades, community medicine will emerge as a strong discipline. The following outcome measures will help the discipline to establish its feasibility, practicability, validity, worth, and cost-effectiveness:

- **Improved Subjective Well-being:** Increased happiness, life satisfaction, self-esteem, and overall perceived quality of life.
- **Enhanced Resilience:** Greater ability to adapt to changes and recover efficiently from setbacks and adversity.
- **Positive Health Behaviors:** Engaging in self-care, seeking support when needed, and maintaining healthy lifestyles.
- **Stronger Social Connections:** Development of a sense of belonging, social support, and integration within communities.
- **Positive Physical Health:** While the link is complex, a strong SOC is associated with better self-rated physical health and lower rates of certain diseases and symptoms (e.g., reduced anxiety-related symptoms, less insomnia, improved functional capacity).

This is a positive and progressive shift in approach and concept to prepare the community for the next level of peace and happiness, where sustainability, technology, human values, social justice, and equity shape the community participation for health action.

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