

REVIEW

Health promotion through lifestyle medicine. Conceptual convergences between general medicine and dentistry in public health and integrated medical practice

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Abstract: Background: Health promotion and prevention are becoming increasingly important in the context of the growing prevalence of chronic diseases, population aging, and the shift towards patient-centered care. Objective: This review examines the relationship between health promotion, lifestyle medicine, and medical prevention, with particular emphasis on the convergence between general medicine and dentistry and on the positioning of the conceptual framework of Individual Health–General Health–Primordial Health–Total Health. Methods: A narrative review with a conceptual component was conducted. Relevant literature was identified through thematic searches in PubMed and Google Scholar. Sources were selected according to their relevance to the objectives of the review. The quality and applicability of the evidence were considered in relation to the type and authority of the source, its relevance, and its consistency with the literature and reference frameworks used. Results: The literature identifies several risk factors shared by oral and systemic health, including diet, smoking, obesity, chronic inflammation, and stress. These interrelationships support the integration of prevention, health education, and interventions targeting modifiable behaviors into both medical and dental practice. Conclusions: Closer collaboration between general medicine, dentistry, and public health may facilitate a more coherent framework for preventive care. The proposed conceptual model may provide a starting point for future research.

Keywords: health promotion; preventive medicine; public health; lifestyle medicine; oral health; dentistry; integrated care; screening.

INTRODUCTION

Constitution, "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition. The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and States" [1].

In 2025, Daniela Mănuc proposed a conceptual framework that approaches health through four interrelated dimensions. Rather than treating health solely as a clinical or biological state, the framework brings together individual, population-level, and theoretical dimensions of health. According to the author, it comprises four main components:

"1. Individual Health (IH) refers to everything that is individual, variable, contingent, and accidental, and falls within the scope of sciences concerned with the personal dimension.

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2. General Health (GH) / Unified Health addresses the community, the environment, and related aspects from a public health perspective, with an emphasis on the social dimensions of health.

3. Primordial Health (PH) has a universal character in a metaphysical sense and refers to the capacity for regeneration, both at the individual and species level, as well as to the realization of the Universal Human Being. The meaning of Primordial Health is reflected in the term itself, referring to what lies 'beyond the physical' (with 'physics' understood broadly as encompassing the natural sciences as a whole, rather than only the particular discipline known today as physics).

4. Total Health (TH) represents the contextual manifestation of Primordial Health (PH). It refers to the highest potential level of 'Health' that Individual Health and General Health may attain, depending on both the general genetic determinants of the species, which are relatively difficult to modify, and external determinants, which are more amenable to change and characteristic of the current stage of human development. Total Health therefore refers to the attainment of the highest possible level of individual or general 'Health', taking into account the internal and external determinants operating at a given time" [2].

A clear understanding of this health model and its constituent dimensions (Table 1) may help support the development of more integrated standards of care and reduce fragmented approaches to clinical practice.

According to the Ottawa Charter, "Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to well-being" [3].

Table 1: Components of the proposed conceptual framework: Individual Health–General Health–Primordial Health–Total Health

Concept	Brief definition	Level of application	Main focus	Clinical / public health implications	Position within the proposed framework
Individual Health (IH)	The dimension of health related to the characteristics and variability specific to each individual.	Individual	Individual characteristics and personal determinants of health	Supports individualized health assessment and the adaptation of preventive and clinical interventions to the person's profile.	Represents the individual component of the conceptual framework.
General Health (GH) / Unified Health	The dimension of health related to the community, the environment, and social determinants, considered in relation to public health.	Population / community / environment	Social, collective, and environmental determinants of health	Supports prevention, health promotion, and risk-reduction interventions at the population level.	Represents the population and public health component of the conceptual framework.
Primordial Health (PH)	A theoretical component of the model, defined in the original source as a potential and universal state of health that precedes its individual or collective expression.	Conceptual level	Theoretical potential of health	Provides a conceptual basis for organizing the relationship between health potential and its expression.	Represents the theoretical component of the proposed conceptual framework and is distinct from established biomedical models.
Total Health (TH)	An integrative concept describing the highest potential level of health that may be attained at the individual and population levels, depending on existing internal and external determinants.	Individual and population	Integration of individual, social, and environmental determinants of health	May conceptually guide interventions towards optimizing modifiable factors and integrating prevention, clinical care, and public health.	Represents the integrative outcome of the proposed conceptual framework.

The Ottawa Charter for Health Promotion presents health as a resource for everyday life rather than as an end in itself. From this perspective, health is understood as a positive concept that encompasses not only the biological dimension, but also personal and social resources, together with individual physical capacities [3].

Consistent with the recognition of health as a fundamental human right, the Ottawa Charter also identifies several prerequisites for achieving and maintaining health. These include peace, adequate economic resources, access to food and housing, education, social equity, a stable ecosystem, and the sustainable use of natural resources. Improvements in health depend on a sound foundation built on these basic conditions [3].

These prerequisites highlight the close interrelationships between social and economic determinants, the physical and social environment, individual health-related behaviors, personal skills, and overall health status [4].

Taken together, these relationships support a holistic understanding of health, which is central to contemporary approaches to health promotion. An integrative perspective therefore requires the systems and structures that shape health determinants to consider how their activities may affect health and well-being at both individual and population levels [4].

Health promotion can be understood as a complex social and political process that extends beyond the development of individual skills. It includes a range of strategies aimed at addressing structural determinants of health, including social, environmental, and economic factors, with the goal of improving both individual and population well-being. In practical terms, health promotion seeks to strengthen the ability of individuals and communities to gain greater control over the factors that influence their health [4].

Within this perspective, closer integration between general medicine and dentistry may help reduce the traditional separation between medical specialties and support a more comprehensive view of the patient. A holistic and integrative approach considers the individual as a whole rather than focusing exclusively on a specific organ system or clinical condition (Table 2). Drawing on the conceptual framework proposed by D. Mănuc, this review explores how integrated medical practice may connect Individual Health with the broader orientation towards Total Health.

The transition from reactive care to preventive and integrated care involves an approach that takes into account the biological, functional, and psychosocial dimensions of health, together with modifiable factors that may influence quality of life.

In this context, collaboration between general medicine and dentistry may support the integration of prevention and patient-centered care.

Table 2: Conceptual distinctions between holistic, integrative, integrated, and biopsychosocial approaches

Concept	Brief definition	Level of application	Main focus	Clinical / public health implications
Holistic	Views the person as a whole, including mind, body, and emotions, rather than focusing only on the disease or affected organ.	Individual / clinical practice	The full range of dimensions that shape a person's health	Encourages multidimensional assessment of the patient and consideration of the individual's personal context.
Integrative	Brings together different perspectives or interventions within a coordinated approach to health, for example conventional medicine alongside lifestyle medicine.	Individual / clinical practice	Combining different approaches within a coordinated model	May support complex preventive and therapeutic interventions tailored to the patient's needs.
Integrated	Refers to a model of care in which professionals and services from different fields collaborate in a structured manner to provide coherent care.	Individual / interdisciplinary clinical practice	Collaboration across specialties for prevention, diagnosis, and treatment	Supports continuity and coordination of care, including collaboration between general medicine and dentistry.
Biopsychosocial	Explains health and disease through the interaction of biological, psychological, and social factors.	Individual / clinical practice	Biological, psychological, and social determinants	Supports the assessment of multiple factors that influence health and the use of multidisciplinary interventions.

METHODS

This study was conducted as a narrative review aimed at synthesizing the literature on health promotion, lifestyle medicine, preventive medicine, and the relationship between oral and systemic health, with particular emphasis on the convergence between general medicine and dentistry. Relevant literature was identified through a narrative search of PubMed and Google Scholar guided by the main themes of the review. The conceptual component also examined the positioning of the proposed Individual Health–General Health–Primordial Health–Total Health framework in relation to contemporary approaches in medicine and public health.

Several types of sources were considered, depending on the nature of the information being examined. These included articles published in peer-reviewed scientific journals, including review and perspective articles; official World Health Organization documents and reports; public health policy and strategy documents; scientific opinions issued by European bodies; recommendations from professional organizations; consensus reports; academic books and monographs; and relevant institutional publications.

Sources were selected according to their relevance to the objectives of the review, their suitability for the topic under consideration, and their contribution to the concepts and relationships discussed. The quality and applicability of the evidence were assessed by considering the type and authority of the source, its relevance, and its consistency with the literature and reference frameworks used. The selected evidence was organized thematically and synthesized narratively, bringing together clinical, preventive, and public health perspectives. The synthesis was used both to examine the convergence between oral and systemic health and to discuss the position of the proposed conceptual framework within contemporary approaches to health promotion and integrated medicine.

RESULTS – NARRATIVE SYNTHESIS OF THE LITERATURE

HEALTH PROMOTION – CONCEPTUAL CONVERGENCES BETWEEN GENERAL MEDICINE AND DENTISTRY IN THE CONTEXT OF INTEGRATED PRACTICE

Health promotion is a core component of contemporary medicine and is closely linked to a holistic view of the individual and to greater integration across medical disciplines. Within this framework, the relationship between general medicine and dentistry has become increasingly relevant, reflecting the close links between oral health and overall health. Integrated medical practice relies on interdisciplinary collaboration, with an emphasis on prevention, early detection, and coordinated clinical management. A growing body of evidence has shown associations between oral conditions, particularly periodontal disease, and systemic disorders such as cardiovascular disease and diabetes mellitus. General medicine and dentistry therefore share important goals in promoting healthier behaviors through lifestyle medicine and in addressing modifiable risk factors.

Health education, early screening, and patient counseling are central to this integrated approach. Patient-centered care also requires recognition of the oral cavity as part of the whole organism rather than as an isolated area of clinical practice. Closer collaboration between general practitioners and dental professionals may support more coordinated and sustainable preventive strategies, with potential benefits for clinical outcomes and quality of life. From this perspective, health promotion is inherently interdisciplinary and depends on the complementary roles of different areas of medical practice.

The conceptual overlap between health promotion and prevention is particularly evident in interventions aimed at reducing risk factors and encouraging healthier behaviors. Many educational initiatives and public health strategies serve both purposes at the same time. Oral hygiene education, nutritional counseling, and smoking cessation programs are relevant examples, as they can contribute both to better overall health and to a lower burden of specific oral diseases.

From this perspective, prevention may be regarded as an essential dimension of health promotion, embedded within a broader set of actions designed to maintain and improve quality of life through health education and the promotion of health-enhancing factors [5].

The complementarity between these two concepts reflects the broader shift in contemporary medicine towards a more proactive approach, concerned not only with treating disease but also with protecting and strengthening health at both individual and community levels.

Following the adoption of the World Health Assembly Resolution on Oral Health in 2021 and the subsequent development of the Global Strategy and Action Plan for 2023–2030, oral health has gained a more prominent place on the global public health agenda [6]. These strategic frameworks move beyond a narrowly biomedical model focused mainly on disease and curative care, and place greater emphasis on the broader determinants of health. Psychological, environmental, and social factors are therefore considered alongside clinical aspects of oral health. In this regard, the second WHO strategic objective focuses on improving access to high-quality oral health care while also addressing the social and commercial determinants that contribute to the risk of oral diseases [6].

WHO defines oral health as “the state of the mouth, teeth and orofacial structures that enables individuals to perform essential functions such as eating, breathing and speaking, and encompasses psychosocial dimensions such as self-confidence, well-being and the ability to socialize and work without pain, discomfort and embarrassment. Oral health varies over the life course, from early life to old age, is integral to general health and supports individuals in participating in society and achieving their potential” [7].

Oral health is therefore part of the fundamental human right to health and an important component of sustainable human development, both of which are central to a rights-based global health approach. Promoting oral health can contribute to broader societal well-being by reducing the burden of oral diseases and their associated economic and social consequences [8].

Health promotion also requires a holistic view of the patient in which oral health is recognized as an integral part of overall health. From an integrative perspective, general medicine and dentistry share common goals in disease prevention, early identification of risk factors, and maintenance of well-being. This approach reflects the close relationship between oral and systemic conditions and supports stronger interdisciplinary collaboration among healthcare professionals. Integrated practice can therefore facilitate coordinated interventions that combine treatment, prevention, and health education.

MEDICAL PREVENTION – A CENTRAL ELEMENT IN HEALTH PROMOTION

Preventive medicine is a key component of modern health promotion policies and plays an important role in shifting healthcare systems towards maintaining and improving population health. Contemporary preventive medicine is often described through the 4Ps: prediction, prevention, personalization, and participation. Unlike approaches focused primarily on curative care, prevention aims to identify and address risk factors before disease develops, thereby helping to reduce disease incidence and prevalence [5]. In this review, prevention is discussed across the primordial, primary, secondary, tertiary, and quaternary levels commonly used in the preventive medicine literature.

Primordial prevention focuses on reducing the emergence of risk factors across the population by addressing the social and environmental conditions in which they develop. This may involve sustainable socioeconomic and cultural policies intended to reduce the conditions that contribute to the development of chronic diseases [2].

Primary prevention aims to reduce the risk of disease before it occurs by identifying and addressing modifiable risk factors in individuals who are clinically healthy. Examples include maintaining a healthy oral microbiome through appropriate oral hygiene and a low-sugar diet, smoking cessation counseling, and nutritional education aimed at supporting metabolic health and maintaining a healthy body weight [3].

Secondary prevention focuses on detecting disease at an early stage, primarily through screening, followed by timely diagnosis and treatment. Examples include cervical cytology and HPV testing for cervical cancer, mammography for breast cancer, fecal occult blood testing, low-dose computed tomography for lung cancer screening in high-risk populations, and periodontal probing and bleeding indices to identify early signs of periodontitis [9,10,11].

Tertiary prevention aims to limit the long-term consequences of established disease by reducing complications, preventing disability, and improving quality of life [5].

Quaternary prevention seeks to identify and limit unnecessary, unjustified, or insufficiently evidence-based medical interventions in order to protect patients from overdiagnosis, overtreatment, adverse effects, and other potential harms associated with medical care [12].

Health promotion is closely linked to the principles of preventive medicine, which extend beyond preventing the onset of disease to supporting healthy behaviors and environments that are conducive to health. Preventive interventions can therefore operate at the individual, community, and societal levels, combining health education, regulatory policies, and population-protection measures. Through these strategies, prevention can help foster a culture in which responsibility for maintaining and improving health is shared by both individuals and society.

Contemporary public health policies place considerable emphasis on preventive strategies because of their potential to reduce the burden of disease and improve quality of life.

Integrating preventive medicine into health promotion policies also reflects a broader shift in the way healthcare systems are organized, with increasing emphasis on proactive and interdisciplinary approaches. Within this framework, collaboration across medical specialties, including between general medicine and dentistry, is important for delivering coordinated and effective care. Preventive medicine should therefore be viewed not only as part of clinical practice, but also as a guiding principle of public health policy, contributing to the development of sustainable health systems that are more responsive to population needs.

The effectiveness of health promotion policies also depends on the ability of governments to address socioeconomic determinants through coordinated action across different sectors. Such initiatives can support the transition from reactive to more proactive models of care, improve access to early diagnosis, including during asymptomatic stages, and contribute to reducing avoidable mortality at the population level.

A relevant example is the implementation of the Health in All Policies (HiAP) approach in emerging socioeconomic settings. This approach extends action beyond the healthcare sector by promoting multisectoral policies that address the social determinants of health. From this perspective, key components of sustainable development include:

- Strengthening basic infrastructure by ensuring access to essential resources such as safe drinking water, sanitation, and adequate housing, thereby helping to reduce epidemiological risks.
- Building economic resilience by supporting productivity and equitable income, with the aim of reducing household vulnerability to the financial consequences of illness. Investment in human capital through coordinated development of education and healthcare services can further strengthen individual capabilities and collective well-being.
- Promoting gender equity and social support by redistributing and sharing caregiving responsibilities for vulnerable members of society, including children, older adults, and people with chronic illnesses [13].

LIFESTYLE MEDICINE AS A PRIMARY INSTRUMENT IN HEALTH PROMOTION

Lifestyle medicine is a relatively recent approach within contemporary medicine that shifts part of the focus from symptom-oriented, curative care towards prevention and the identification and management of modifiable determinants of chronic non-communicable diseases, while also serving as an adjunct to conventional treatment [14].

This approach goes beyond general behavioral advice and incorporates evidence-based interventions aimed at improving nutrition, promoting appropriate levels of physical activity, supporting healthy sleep patterns, and reducing chronic stress. Together, these measures may contribute to better physiological resilience and long-term health.

By addressing these core areas, lifestyle medicine can play an important role in health promotion and may help patients take a more active role in managing their own health.

When incorporated into routine clinical practice and supported by coherent public health policies, lifestyle interventions can become a practical and measurable component of care rather than remaining a broad or abstract concept. Within the framework discussed in this review, such interventions may also contribute to the broader goals associated with Total Health.

Principles of nutrition through the bidirectional integration of oral and systemic health

The relationship between diet, nutrition, systemic health, and oral health is bidirectional, with each component influencing the others. This interdependence supports a holistic approach, as oral health can affect the nutritional management of chronic disease, while systemic conditions may in turn influence oral health status [15]. Diets high in refined carbohydrates and free sugars, particularly when combined with frequent consumption of acidic foods, represent shared risk factors for both obesity and dental caries. This relationship also highlights the broader role of oral health in chronic disease management. Maintaining adequate oral function can support nutritional intake and overall disease management, while changes in oral health may sometimes reflect underlying systemic conditions. Poorly controlled diabetes mellitus provides a relevant example, as affected individuals have a substantially higher risk of periodontal disease than those with normal glycaemic control [15]. These associations support a more integrated approach to the monitoring and care of patients with chronic disease.

Stress – a metabolic and affective risk factor

Stress is difficult to assess clinically because of its diffuse and multifaceted nature, yet its impact on mental health is well established. Depression, in particular, is among the leading causes of disability worldwide. Psychological resilience is closely connected with broader aspects of health, and the relationship between depression and obesity is one of the most consistently reported associations in the literature. Large meta-analyses have described a bidirectional relationship between metabolic dysfunction, particularly obesity, and affective disorders such as depression, reinforcing the close links between mental and systemic health [16]. Prolonged exposure to chronic stress has also been associated with accelerated cellular aging, including greater telomere shortening, a process linked to biological aging and cumulative physiological stress [17]. In addition, several studies have reported associations between gut microbiome composition and symptoms of anxiety and depression. Within this broader context, lifestyle interventions, particularly improvements in diet and regular physical activity, may support psychological well-being and contribute to better metabolic, cardiovascular, and overall health outcomes [16].

Inflammation – A major risk factor in chronic non-communicable diseases

Chronic inflammation is increasingly recognized as an important pathophysiological factor in many non-communicable diseases. From an evolutionary perspective, the inflammatory response developed as a crucial adaptive mechanism that supported survival in environments with a high infectious burden, before the widespread availability of modern hygiene and sanitation measures. In contemporary settings, however, persistent or inappropriate activation of these defense mechanisms may contribute to chronic low-grade systemic inflammation. This is particularly relevant in the context of longer life expectancy and prolonged exposure to lifestyle-related pro-inflammatory factors. Western lifestyle patterns may therefore contribute to sustained low-grade inflammation, which can disrupt physiological homeostasis and promote the development and progression of chronic degenerative conditions [16].

Obesity – A carcinogenic risk factor and an unfavorable vector in neoplastic therapies

“Obesity results from a disruption of energy homeostasis, namely an imbalance between energy intake and expenditure that leads to a positive energy balance and excessive energy storage. Its etiology is multifactorial and involves genetic, neurohormonal, environmental, and behavioral factors. From an epigenetic perspective, obesity cannot be explained solely by genetic or environmental factors, but rather by their interaction, to which lifestyle also contributes. Some of these influences may be modifiable through appropriate behavioral changes. People with obesity are at increased risk of premature death as a result of associated conditions such as diabetes mellitus, coronary heart disease, and cerebrovascular disease” [18]. In addition, systemic inflammation related to adipose tissue may also have implications for oral health [16].

“Studies have shown that obesity is associated with an increased incidence of several malignancies, including breast, colorectal, uterine, ovarian, thyroid, renal, pancreatic, liver, and gallbladder cancers, as well as multiple myeloma, meningioma, gastric cardia cancer, and oesophageal adenocarcinoma. Obesity may also be associated with a poorer prognosis in patients with cancer, while excess body weight may influence treatment outcomes and has been linked to a higher risk of recurrence and mortality. Management therefore requires medical, nutritional, and psychological counseling aimed at lifestyle modification, including dietary optimization through reduced caloric intake and behavioral changes that support healthier habits. Pharmacological treatment may be considered as an adjunct to dietary measures, while bariatric surgery may be an option when previous interventions do not achieve the desired results” [18].

LIFESTYLE FACTORS INFLUENCING HEALTHY AGEING AND HEALTHSPAN

This section examines lifestyle medicine as an important component of health promotion, bringing together balanced nutrition, physical activity, stress management, sleep quality, and the development of health-promoting behaviors. These elements are considered alongside the principles of prevention and healthy aging. When combined with a structured preventive approach, they provide a broader framework for supporting health and maintaining function later in life.

The main objective is to promote a sustainable biopsychosocial balance that may help preserve autonomy, functional capacity, and well-being throughout the aging process.

The growing gap between longer life expectancy and the number of years lived in good health has important implications for public health policy. Addressing this gap requires multidimensional strategies that combine lifestyle-related factors with advances in geroscience. As populations live longer, the prevalence of chronic disease and disability also increases, making the preservation of functional health increasingly important. Personalized approaches, supported by medical innovation and appropriately targeted interventions, may therefore contribute to reducing the burden of chronic disease and to maintaining vitality and independence in later life [19].

Active longevity depends on extending healthspan, with the aim of preserving physiological well-being as chronological age advances. This involves, among other factors, reducing allostatic load—the cumulative biological burden resulting from chronic activation of stress-response systems—and limiting systemic inflammation [20].

Aging can therefore be approached as a stage of life in which functional reserves may be preserved through evidence-based measures such as appropriate nutrition, regular physical activity, stress management, and sustained social engagement.

Adopting this perspective requires a shift from predominantly reactive care towards a more proactive model, in which clinicians play an active role in preventing functional decline and supporting biological resilience. Evidence-based strategies, including appropriate caloric restriction and optimization of sleep quality, may help preserve physical and cognitive function over time.

From this perspective, healthcare is viewed as an integrated process that addresses physical, psychological, and broader dimensions of well-being. Within the conceptual framework discussed in this review, such an approach contributes to the idea of Total Health, understood as an aspiration towards healthy living and longevity supported by balanced everyday choices.

DISCUSSION

The literature synthesis indicates that health promotion, preventive medicine, and lifestyle medicine should not be viewed as separate fields, but rather as complementary components of an integrated approach to health. From a preventive perspective, the traditional separation between general medicine and dentistry is becoming increasingly difficult to justify, given the presence of shared determinants and risk factors such as diet, smoking, obesity, chronic inflammation, stress, and individual health-related behaviors. The bidirectional relationship between oral and systemic health therefore supports a patient-centered approach and closer interdisciplinary collaboration [6,15,16].

At the population level, the implications extend beyond the direct clinician–patient relationship. The principles of the Ottawa Charter and contemporary public health approaches emphasize the role of social, economic, and environmental determinants in shaping health [3]. Integrating oral health into broader health policies, in line with WHO guidance, supports the development of interventions that combine prevention, access to care, health education, and efforts to reduce health inequalities [6].

Within this context, the Individual Health–General Health–Primordial Health–Total Health framework may serve as a conceptual tool for bringing together the different levels at which health is shaped. Its value lies in linking the individual dimension of health with population-level determinants and with efforts to improve health potential through interventions targeting modifiable factors. This perspective is consistent with current trends in medicine towards personalization, prevention, patient involvement in clinical decision-making, and interdisciplinary coordination of care.

The relevance of this approach is further reinforced by population aging and the rising prevalence of chronic diseases. Extending healthspan requires not only the treatment of established disease, but also earlier intervention on behavioral, metabolic, and psychosocial factors that influence health across the life course [19,20].

Looking ahead, translating these principles into practice will require the development of interdisciplinary models that can be applied in both clinical care and public health. The proposed conceptual framework may therefore provide a starting point for future research on integrating prevention and health promotion across general medicine, dentistry, and other components of the healthcare system.

CONCLUSION

Within health promotion as a broader systemic approach, preventive medicine and lifestyle medicine provide a common framework for integrating preventive interventions and addressing risk factors that affect both general and oral health. Closer collaboration

between general medicine and dentistry may therefore help reduce fragmentation of care and strengthen an interdisciplinary, patient-centered approach.

The Individual Health–General Health–Primordial Health–Total Health framework is presented in this review as a proposed conceptual model rather than a validated biomedical construct. It offers an integrative perspective on the relationship between individual, social, and environmental determinants of health. Translating this perspective into clinical practice and public health policy may support a gradual shift from predominantly reactive care towards a more proactive and preventive model focused on maintaining health and quality of life across the life course.

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Authors' contribution

Conceptualization, C.-M.T. and A.-C.P.; methodology, C.-M.T. and A.-C.P.; investigation C.-M.T., A.-C.P. and A.-C.L.; resources, S.T. and S.C.G., writing – original draft, C.-M.T. and A.-C.P.; writing review & editing, C.-M.T. and A.-C.P.; project administration, C.A.C., A.S. and S.M.B.; formal analysis, D.M. and A.K.; supervision, D.M. and A.M.A.S.; validation, D.M. and A.M.A.S. All authors have read and agreed to the published version of the manuscript.

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