



Research Article

Integration Of Homoeopathy in National Health Programmes: Opportunities and Challenges

Dr Vaibhav Vijaya Ravindra Mahajan

M.D. Homoeopathy HMM, P.G. Hom, London, UK, F.C.H. Dermatology. MUHS Nashik, Prof. And HOD Dept Of Community Medicine

Corresponding Author: *Dr. Vaibhav Vijaya Ravindra Mahajan

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ABSTRACT

Homoeopathy, as a system of complementary and alternative medicine, holds growing importance in India's pluralistic public healthcare framework. Despite official recognition through the Ministry of AYUSH, its integration within National Health Programmes (NHPs) remains limited. This study evaluates the scope, challenges, and potential of incorporating Homoeopathy in India's health programmes, emphasising practical models and field-level evidence. Using qualitative methods, policy review, and two authenticated field-based case studies, the paper highlights the significance of Homoeopathy in noncommunicable disease prevention, school health, and public awareness initiatives. The findings support structured inclusion of Homoeopathy within public health planning, promoting holistic and cost-effective healthcare.

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1. INTRODUCTION

Homoeopathy, founded by Dr Samuel Hahnemann in the late eighteenth century, has evolved into one of the most widely practised alternative systems of medicine in India. The Government of India, through the Ministry of AYUSH, has formally recognised Homoeopathy as part of its national health policy framework (Ministry of AYUSH, 2023). National Health

Programmes (NHPs) aim to provide equitable and accessible healthcare across various domains, such as communicable Disease control, reproductive health, and noncommunicable disease prevention. The integration of AYUSH systems, including Homoeopathy, within these programmes has been gradually increasing. However, implementation is inconsistent, and many opportunities remain unexplored. This study focuses

on analysing the present integration status of Homoeopathy in NHPs, identifying challenges, and documenting field-based evidence of its effectiveness in improving community health outcomes.

OBJECTIVES

1. To assess the current integration of Homoeopathy in selected National Health Programmes in India.
2. To document field-level case studies demonstrating the practical role of Homoeopathy in community health.
3. To identify challenges and propose feasible strategies for enhanced integration.

METHODOLOGY

A qualitative cross-sectional descriptive design was adopted between 2022 and 2024. Data were collected from selected PHCs in Maharashtra and Kerala through structured interviews with AYUSH medical officers, community health workers, and programme coordinators. Policy documents, government circulars, and AYUSH mission reports were also reviewed. Two field-based case studies were documented to demonstrate integration models in action. Ethical approval was obtained from the Institutional Ethics Committee of Dhanvantari Homoeopathic Medical College, Hospital & Research Centre, Nashik.

FINDINGS AND DISCUSSION

Current Integration Status:

The co-location of AYUSH services under the National Health Mission (NHM) has improved accessibility and inter-system collaboration. According to AYUSH Mission data (2023), about 40% of Primary Health Centres (PHCs) in India now have operational AYUSH wings. Homoeopathic practitioners are increasingly involved in preventive and promotive health activities, lifestyle counselling, and chronic disease management.

Case Study 1: Homoeopathic Involvement in NPCDCS, Maharashtra (2023):

A pilot integration at a PHC in Sangamner Taluka included a Homoeopathic consultant as part of the NPCDCS team. Among 120 diabetic and hypertensive patients enrolled, 86 (71.6%) reported measurable improvement in fasting blood sugar and blood pressure over six months. Remedies such as *Syzygium jambolanum*, *Crataegus oxyacantha*, and *Lycopodium* were prescribed alongside counselling on diet and exercise. Patient adherence improved, and the PHC recorded a 32% reduction in dropout rates.

Case Study 2: Homoeopathic Role in School Health Programme, Kerala (2022):

Under the "Healthy Child Initiative," Homoeopathic physicians screened 480 schoolchildren for nutritional and behavioural issues. After individualised treatment with medicines like *Calcarea phosphorica*, *Tuberculinum*, and *Baryta carbonica*, a 20% increase in BMI and a 35% reduction in recurrent

respiratory infections were documented over six months. Parental feedback indicated improved concentration and overall well-being among children.

Barriers Identified:

- Uneven policy implementation across states.
- Limited training of Homoeopathic practitioners in NHP protocols.
- Insufficient research data and digital documentation.
- Supply-chain gaps in Homoeopathic medicines at the PHC level.

Recommendations

1. Develop standardised guidelines for AYUSH integration under all National Health Programmes.
2. Include public health training for Homoeopathic physicians in undergraduate and postgraduate curricula.
3. Strengthen data collection and digital monitoring systems for AYUSH outcomes.
4. Establish joint research cells under AYUSH-ICMR collaborations.
5. Conduct regular community awareness programmes to enhance trust and utilisation.

CONCLUSION

The integration of Homoeopathy within India's National Health Programmes offers a sustainable path toward holistic healthcare delivery. Field experiences from Maharashtra and Kerala demonstrate measurable benefits in chronic disease and child health outcomes. Strengthening capacity-building, data documentation, and interdisciplinary collaboration will enable Homoeopathy to become a vital component of India's health mission.

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About the corresponding author

Dr. Vaibhav Vijaya Ravindra Mahajan is an accomplished scholar and medical professional holding an M.D. in Homoeopathy (HMM), P.G. in Homoeopathy from London, U.K., and F.C.H. in Dermatology from MUHS, Nashik. He serves as Professor and Head of the Department of Community Medicine, contributing extensively to education, research, and clinical practice in Homoeopathic and community health sciences.