

Universal Health Coverage through Homoeopathic Integration in the state of Odisha

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Abstract

The current document focuses on a plan that is in the pipeline to be implemented in the state of Odisha. The plan is best mentioned as a draft document. It does not aim at an experimental model but rather it focuses on use of the already established and proven medicines that are effective clinically and therapeutically. The triad strategy given in the box aims at a snap shot of the document that will address three different age groups.

Keywords: Homoeopathy; AYUSH; NAFLD; RH; UNIGME.

INTRODUCTION

The Plan

The perennial issue of universal health coverage can be achieved if the alternative therapeutic system of homoeopathy of the *Ayush* ministry is brought to the forefront. This is the basic premise

on which the current document is based. As an alternative system of medicine, Homoeopathy can play an active role therapeutically where its strength will be nurtured through coverage of masses. The issue of inclusion of this therapeutic system to augment the universal coverage in India has already been proposed by experts in an article by Lancet in 2023.¹ This is the proposed idea of the document. It is said 'the taste of the pudding is in its eating'. The same principle is applied here where in the medicines that have been proved to be effective clinically or will be effective clinically will be put to test among the masses. The use, pattern of use, follow up to explore to the benefits will be the criteria to gauge the efficacy of the therapeutic system of Homoeopathy. The popularity of Homoeopathy is already established in India that very much includes the state of Odisha.⁶ The recent updates of the Ministry of *Ayush* of Government of India stand as a testimony to the fact.³

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The Strategy^{4,5}

The strategy includes a triad approach where the medicines will be seen through the lens of short term benefits, medium term benefits and long term benefits. The ailments for which the system has proven its efficacy will be divided into these three categories.

The first is the short term category. Here, ailments like all viral diseases that include eruptive fevers, viral pneumonia, viral diarrhea etc. will be covered. It is significant to note that the primarily the target group will be the under 5 children. As per Lancet and United Nations Interagency Group for Mortality Estimation (UNIGME) 2019², 10% of all under 5 children deaths are due to diarrhea and 15% of all under 5 children deaths are due to pneumonia. This is a global level data that applies to India and Odisha as well.

The second is the medium term category where ailments like Fatty liver or Non Alcoholic Fatty Liver Disease (NAFLD), Resistant Hypertension (RH), Migraine and Benign Hyperplasia of the Prostate (BHP) will be targeted.

The third is the nutritional/metabolic disorders and renal disorders that the current strategy focuses on. Basically, here the first target will be to reduce the inflammatory markers so that the chronicity and the complications are avoided.

The Management Information System

The identified cases using the available secondary data or primary data will be the baseline to locate the families and individuals suffering from these disorders. A simple research tool will be used to identify potential target group for the above mentioned ailments.

In the second step, the individuals/families will be categorized into the three categories as per the triad strategy. The selected drug or the chosen remedy or remedies for each category will be given to these target groups for a period of 7 days for the short term ones, for a period of two months for the second category and for a period of three months for the third category.

Accordingly, follow up to these cases will be done after a period of the prescribed time as mentioned above. The follow up will be done using a different research tool that will be prepared based upon the variables mentioned above. The change in remedy and potency will be done for each of the category as per the decision of the committee.

The data analysis will be both qualitative and

quantitative where the number of individuals those were benefited or not benefited will be enumerated. Following that, the qualitative aspect of their recovery will also be recorded.

Following that, based upon the feedback and the effect of the medicines, the used medicine given for the particular ailment will be correlated and a therapeutically hypothesis will be deduced for the particular ailment and the used medicines.

Based upon the hypothesis, the public health system of Homoeopathy for Odisha Government will issue a circular among all the practitioners to use the medicines for the particular ailments that are a public health issue currently.

Documentation and Publication

Finally, the results of the entire process will be documented and put up for the media. After that, the findings will be published in a reputed journal there by contributing to the existing literature in the public domain.

The document at a snap shot

Triad strategy - Short term, Medium term and Long term.

Short term - Target group - U5 children - covers ailments like viral eruptive fevers, viral pneumonia & viral diarrhea.

Medium term - Target group - 6 year to 65 - covers ailments like NAFLD, RH, Migraine and BHP.

Long term - Neonatal to 85+- covers ailments like metabolic disorders and renal disorders that ails the targeted communities.

No Cost Proposal

The significant advantage of the entire process is that it will be done within the existing budget and man power already approved for the current financial year.

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comprehensive action plan. This will be an effort led by him where in the integration of Homoeopathy will be done to augment the current Universal Health Coverage in the state of Odisha.

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