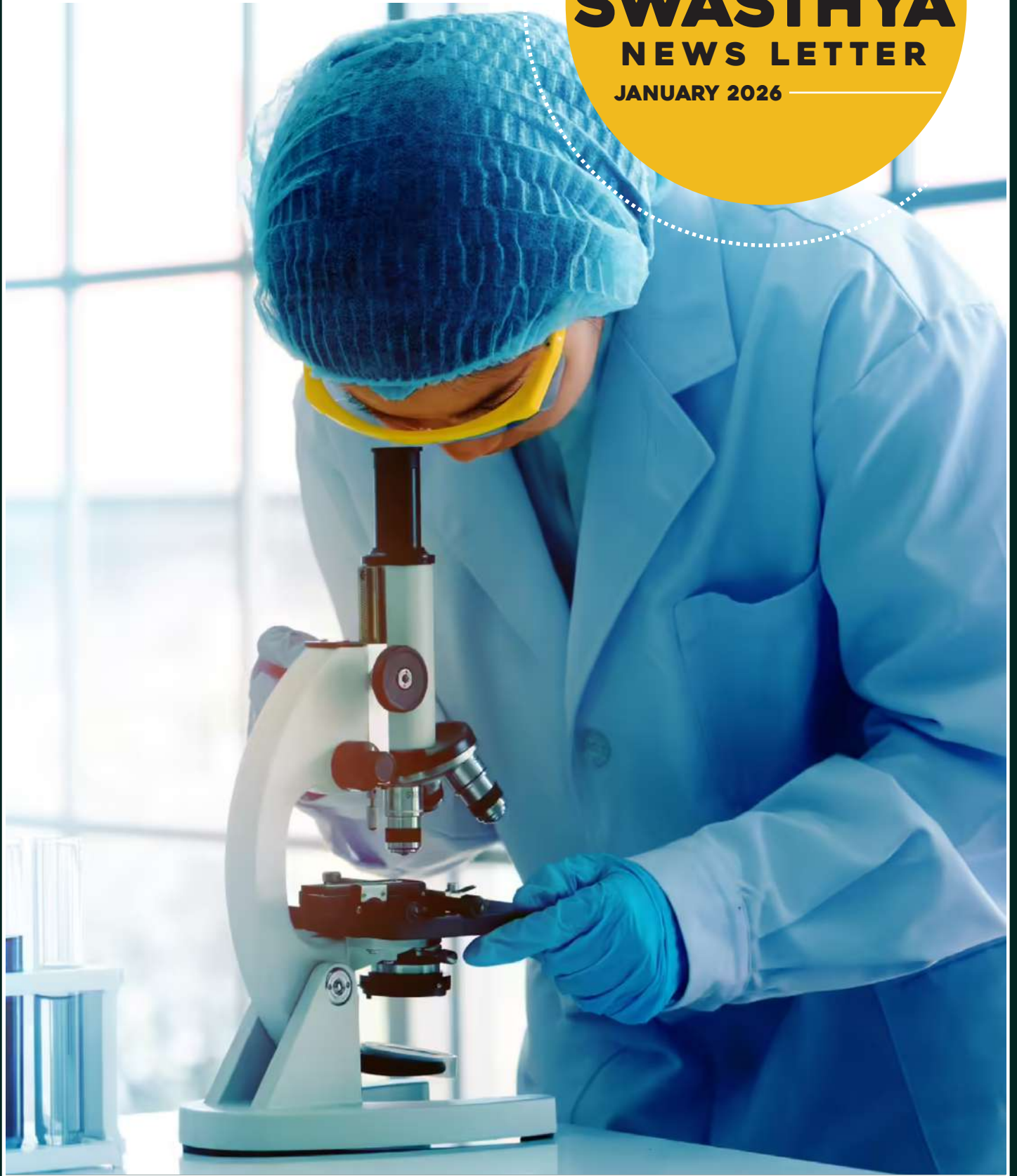




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REACHING THE UNREACHED

TRANSFORMING LIVES IN REMOTE KERALA THROUGH AYUSH HOMOEOPATHY MOBILE MEDICAL UNITS

Dr. Kavya Ajay, MD

District Project Coordinator (Homoeopathy)
National AYUSH Mission Kerala



Kerala is often regarded as a global model for its efficiency in healthcare outcomes at a low cost. While the state consistently invests in healthcare and reports remarkable health indicators, disparities persist, particularly among underserved populations who experience poorer health outcomes. Long distances, limited transport, and financial worries often keep families away from timely healthcare. In view of the above scenario, the National AYUSH Mission has launched Ayush Mobile Medical Units (AMMU), which aim to deliver preventive, promotive, and curative services by offering doorstep healthcare to people residing in remote and inaccessible settlements. These mobile medical units are part of a public health effort to provide free medical care to people in remote and hard-to-reach areas.

Healthcare on Wheels

Each mobile unit functions as a small, travelling clinic. Travelling into interior regions of Idukki,

Wayanad, Palakkad, and Kannur, these vehicles carry a medical officer, a multipurpose worker, and Homoeopathic medicines to patients who may otherwise be left out.

Inaccessible and underserved villages are identified and mapped by the medical officer under the guidance of tribal extension officer or concerned officer. A detailed schedule of visits to the community is then prepared. Tribal promoters or health inspectors inform the community regarding the schedule of AMMU visits. Screening for communicable and non-communicable diseases are done by the medical officers prior to patient diagnosis and evaluation. Based on the condition of the patient, individualized homoeopathic treatment is provided. Follow up of the cases are done on a regular basis. The focus is primarily on common, communicable, and noncommunicable diseases as well as chronic and seasonal illnesses, especially among women, children, and the elderly. One unit of



District	Main areas covered	
Wayanad	Niravilpuzha	Bavali
	Appappara	Kunjome
	Begur	Thirunelli
	Mananthavadi	Venmaani
	Thrissileri	Thalappuzha
	Makkiyad	Thonichal
	Edavaka	Kunjome
	Valad	
Idukki	Marayoor	Chinnakanal
	Kanthaloor	
Kannur	Muzhakkunnu	Peravor
	Padiyoor	Ulickal
	Cherupuzha	Kanichaar
	Kolayadu	Eramam Kottur
	Kelakam	Kottiyoor
Palakkad	Agali	Sholayar
	Puthur	

The Impact: April 2024–March 2025

Over the years, AMMU-Homoeopathy units have treated over 17,000 people residing in four different districts, namely Wayanad, Idukki, Palakkad, and Kannur. From April 2024 to March 2025, more than 3000 new cases utilized AMMU services. Awareness sessions were conducted on a regular basis focusing primarily on importance of hygiene, nutrition, mental health and sexual health awareness. Women form nearly half of all beneficiaries.





Young girls experiencing menstrual health issues, lactating and pregnant women, and elderly women facing reproductive issues were treated effectively through the Homoeopathic system of medicine. Children suffering from nutritional deficiencies, infections, and low immunity received timely care and guidance through these mobile units.

A structured evaluation of AMMU services was conducted among the beneficiaries to assess the effect of the project. The findings highlighted that a vast majority of patients actively use AMMU services, with significant improvements in common communicable and non-communicable diseases, and nutritional deficiencies.

District	Old Cases	New Cases
Wayanad	4222	1621
Idukki	2069	811
Kannur	4588	174
Palakkad	605	193

* April 2024 to March 2025

Results showed that regular awareness sessions, free consultation, and timely delivery of medicines have improved the access to Homoeopathy-based healthcare in tribal areas. Over 80% of respondents gave positive feedback, praising the AMMU for improving community well-being and access to care.

Conclusion

Mobile Homoeopathy units are a reminder that care need not be complex to be impactful; sometimes healing arrives not in the form of a large hospital but in a small vehicle on a dusty road with a doctor who listens and medicines that cure. As Kerala continues its march toward equitable health coverage, this model stands out as a replicable, low-cost, high- impact success in the public health landscape.

Ayurkarma

Making Panchakarma Accessible to Every Household

Dr. Unnymaya M R

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SPMSU, NAM Kerala



Project Ayurkarma

In Kerala, Ayurveda has always been more than a system of medicine; it is a way of life. Among its many treatment approaches, Panchakarma plays a crucial role in managing chronic diseases, improving mobility, and enhancing overall well-being, especially among adults and senior citizens. However, for many people, Panchakarma has remained difficult to access due to high costs, the need for hospital admission, and limited availability in government institutions. To address this gap, the National AYUSH Mission (NAM), Kerala, launched Project Ayurkarma—an initiative that provides outpatient (OP)-based Panchakarma treatments through Government Ayurveda Dispensaries, bringing specialised care closer to the community.

Objectives of Project Ayurkarma

Project Ayurkarma was designed with a clear public health vision:

- To make Panchakarma services accessible through Government Ayurveda Dispensaries

- To reduce the financial burden on patients seeking specialised Ayurveda care
- To ensure quality, hygiene, and standardised treatment protocols
- To support the management of chronic and lifestyle-related health conditions
- To strengthen the role of public sector Ayurveda in Kerala's health system

By shifting Panchakarma services from hospital-centric models to OP settings, Ayurkarma allows patients to receive care without disrupting daily work, family life, or income.

Building on Last Year's Impact

The 2024–25 impact assessment established that Project Ayurkarma was well accepted by patients, with high satisfaction, strong trust in government Ayurveda institutions, and clear benefits in terms of affordability and accessibility. Encouraged by these findings, the programme was continued and expanded in FY 2025–26, with regular patient feedback collected to understand its growing impact.

The 2025–26 impact assessment, based on feedback from 957 beneficiaries, provides strong evidence that Ayurkarma is succeeding in reaching the people who need it most.

Beneficiaries of Ayurkarma

- 62.4% of beneficiaries were women
- 67.4% belonged to the working-age group (17–60 years)
- 31.1% were senior citizens

This shows that Ayurkarma is particularly relevant for women, working adults, and the elderly, groups that often face barriers in accessing long-duration or inpatient treatments.

Quality Care, High Satisfaction

Patient experience remains one of Ayurkarma's strongest achievements.

- 77.9% of beneficiaries rated their experience as Very Satisfactory
- 22.1% rated it as Satisfactory
- 100% of respondents reported overall satisfaction with the services

Patients consistently appreciated:

- Clear explanation of treatment procedures
- Courteous behaviour of doctors and therapists
- Clean therapy rooms and adequate facilities

These findings reflect the programme's emphasis on patient dignity, communication, and hygiene, as highlighted in last year's assessment as well.

Trust in Public Sector Ayurveda

Trust is a powerful indicator of success in any public health programme.

- 99.8% of patients were willing to continue Ayurkarma treatment if required
- 99.4% were willing to recommend the services to family and friends

Such strong endorsement confirms that people not only benefit from Ayurkarma but also place confidence in government-provided Ayurveda care.

Affordable Care that Makes a Difference

Affordability continues to be a key strength of Project Ayurkarma. Most beneficiaries reported that the treatment costs were reasonable, with expenses mainly related to medicines and travel. Compared to private Panchakarma centres, Ayurkarma offers specialised therapies at significantly lower cost, making them accessible to economically vulnerable populations.

Why Ayurkarma is a Successful Initiative

By combining accessibility, affordability, quality, and public trust, Project Ayurkarma has demonstrated that specialised Ayurveda services can be effectively delivered through the public health system.

From last year's early evidence to this year's large-scale confirmation, the programme has shown that:

- OP-based Panchakarma is feasible and acceptable
- Public sector Ayurveda can deliver high patient satisfaction
- Community trust in government health services can be strengthened

Looking Ahead

With all 26 Ayurkarma units currently functioning and beneficiary numbers steadily

increasing, Project Ayurkarma stands as a model initiative under the National AYUSH Mission. Continued monitoring, patient feedback, and service strengthening will help ensure that Panchakarma remains accessible, people-centred, and impactful across Kerala.



Fig 1: Age distribution of beneficiaries of Ayurkarma Project

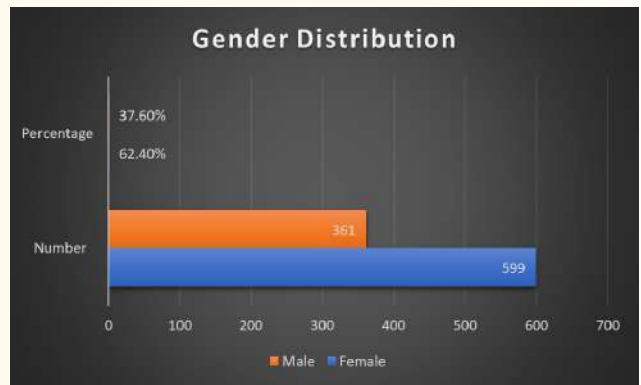


Fig 2: Gender distribution of beneficiaries of Ayurkarma Project

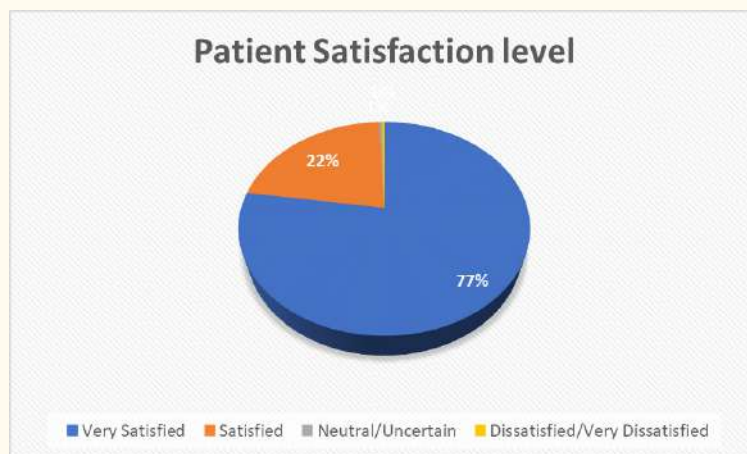


Fig 3: Patient reported over all treatment satisfaction of Ayurkarma project

Source: Impact Assessment of Project Ayurkarma, NAM Kerala – FY 2024–25 and FY 2025–26

SILENT KILLER IN WATER

Understanding amoebic meningoencephalitis & the role of homoeopathy treatment

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Amoebic Meningoencephalitis (AME) is a rare but often fatal infection of the brain and its protective coverings (meninges), caused by free-living amoebae found in warm freshwater environments. The disease progresses rapidly, leading to inflammation, necrosis, and destruction of brain tissue. Although uncommon, AME poses a significant public health concern due to its high mortality rate and diagnostic challenges.

Causative Organism

The main causative agent of Amoebic Meningoencephalitis is *Naegleria fowleri*, commonly known as the "brain-eating amoeba." Other species such as *Acanthamoeba* spp. and *Balamuthia mandrillaris* may also cause similar but often slower-progressing infections.

- *Naegleria fowleri* thrives in warm freshwater, such as lakes, hot springs, and inadequately chlorinated swimming pools.
- The organism enters the human body through the nasal passages, travels along

the olfactory nerves, and invades the central nervous system (CNS), leading to severe brain inflammation.

- **Mode of Transmission**- Infection occurs when contaminated water enters the nose, usually during swimming, diving, or nasal cleansing with unsterile water. The amoeba does not spread through drinking water or from person to person.

Clinical Signs and Symptoms

The incubation period is typically 2–7 days. The disease mimics acute bacterial meningitis, making early recognition difficult.

Early symptoms:

- Severe frontal or generalized headache
- High-grade fever
- Nausea and vomiting
- Neck stiffness
- Photophobia (light sensitivity)

Progressive or advanced symptoms:

- Disorientation and confusion
- Seizures



- Altered mental status or hallucinations
- Loss of balance or coordination
- Coma and death within days if untreated

Complications

Amoebic Meningoencephalitis progresses rapidly and can lead to:

- Cerebral edema (brain swelling)
- Increased intracranial pressure
- Brain tissue necrosis
- Hydrocephalus (fluid accumulation in the brain)
- Coma and death

Mortality rates remain above 95%, despite modern medical care.

Latest Diagnostic Investigations

Early and accurate diagnosis is critical but challenging due to the disease's rapid progression.

Modern diagnostic methods include:

1.Cerebrospinal Fluid (CSF) Examination:

- CSF shows high protein, low glucose, and elevated neutrophil count.

Motile trophozoites may be observed in a wet mount under a microscope.

2.Polymerase Chain Reaction (PCR):

- Detects *Naegleria fowleri* DNA with high specificity and sensitivity.

3.Neuroimaging (CT/MRI):

- Reveals brain edema, hemorrhagic lesions, or meningeal enhancement.

4.Immunofluorescence and Antigen Detection Tests:

- Helpful in differentiating amoebic infection from bacterial or viral meningitis.

5.Next-Generation Sequencing (NGS):

- A modern diagnostic tool capable of identifying amoebic DNA directly from clinical samples.



Ways of Prevention

Since treatment is often unsuccessful, prevention is the most effective measure against AME.

Preventive strategies include:

1. Avoid swimming or diving in untreated warm freshwater.
2. Use nose clips or keep the head above water during swimming.
3. Ensure proper chlorination of swimming pools.
4. Use boiled, distilled, or sterile water for nasal irrigation or cleansing.
5. Increase public awareness about the risk of freshwater exposure in endemic areas.

Scope of Homoeopathy

Homoeopathy offers a supportive and constitutional approach to managing inflammatory and infective brain conditions. While Amoebic Meningoencephalitis is a medical emergency requiring prompt hospital management, homoeopathic medicines may help in:

- Enhancing host immunity
- Reducing inflammatory responses

- Aiding recovery in post-infective neurological weakness or after acute treatment

Some remedies that may be considered according to symptom similarity include:

1. ***Belladonna*** – Sudden onset of high fever, throbbing headache, flushed face, delirium, and sensitivity to light and noise.
2. ***Helleborus niger*** – Slow mental response, stupor, rolling of the head, and signs of brain irritation.
3. ***Apis mellifica*** – Swelling of brain tissues, drowsiness, and relief from cold applications.
4. ***Bryonia alba*** – Headache aggravated by movement, dryness of mouth, and constipation.
5. ***Arsenicum album*** – Restlessness, anxiety, and exhaustion after severe infections.
6. ***Gelsemium sempervirens*** – Drowsiness, dizziness, and dull headache with muscle weakness.
7. ***Cicuta virosa*** – Convulsions with rigidity, jerking of limbs, and post-encephalitic symptoms.

IRIA: Shaping the Future of Ayurveda Through Science and Collaboration

A New Global Chapter in Evidence-Based Traditional Medicine



A Vision Rooted in Tradition, Oriented to the Future

Ayurveda, one of the world's oldest systems of medicine, has sustained generations through its holistic approach to health and wellbeing. Yet, in today's rapidly evolving global health landscape, traditional knowledge systems must engage with modern science to remain relevant, credible, and impactful.

Recognising this need, the Government of Kerala has embarked on a visionary initiative—the establishment of the International Research Institute of Ayurveda (IRIA). Conceived as a global centre of excellence, IRIA aims to strengthen Ayurveda through scientific validation, translational research, and multidisciplinary collaboration, while preserving its classical foundations.

IRIA is not envisioned as a conventional research institute alone. Instead, it is designed as a convergent platform, where Ayurveda

meets modern biomedical sciences, public health, technology, industry, and policy—creating pathways for evidence-based integration into contemporary healthcare systems worldwide.

IRIA Matters in Today's Health Landscape

The world is facing complex health challenges—ageing populations, chronic lifestyle disorders, degenerative diseases, mental health concerns, and rising healthcare costs. These challenges demand approaches that are preventive, personalised, and sustainable. Ayurveda offers unique perspectives in this context. However, for wider global acceptance, it must be supported by robust evidence, standardised methodologies, ethical governance, and reproducible outcomes. IRIA seeks to address this gap by generating scientifically credible data, developing scalable models of care, and creating innovation pathways grounded in traditional knowledge.



Through IRIA, Kerala aims to position itself as a global knowledge leader in evidence-based Ayurveda, reinforcing the state's long-standing legacy in traditional medicine and medical pluralism.

The Pre-Launch Strategic Meet: Laying the Foundation

As a crucial step towards realising this vision, the IRIA Pre-Launch Strategic Meet was organised on December 29, 2025, at the Kerala Arts and Crafts Village, Thiruvananthapuram. The meet marked the formal beginning of IRIA's journey from concept to institution.

The event brought together a distinguished gathering of clinicians, researchers, academicians, policymakers, public health experts, and industry representatives from across the country. The objective was clear—to collectively shape the strategic direction, research priorities, and collaborative frameworks that will define IRIA's future.

More than a ceremonial event, the pre-launch meet functioned as a think-tank and planning platform, fostering open dialogue, shared understanding, and consensus on the path ahead.

A Shared Commitment to Scientific Ayurveda

The inaugural and keynote addresses set the tone for the deliberations that followed. Speakers highlighted Kerala's responsibility – and opportunity – to lead the transformation of Ayurveda into a scientifically validated, globally relevant medical system.

Key themes that resonated throughout the sessions included:

- The importance of methodological rigour and ethical research practices
- The need to align Ayurvedic research with national and global health priorities
- The role of institutions like IRIA in bridging classical knowledge and modern science
- Ensuring patient safety, quality assurance, and measurable health outcomes



The discussions underscored a collective commitment to move beyond isolated studies, towards coordinated, impact-oriented research ecosystems.

**Round Table Deliberations:
Converting Vision into Action**

A central feature of the Pre-Launch Strategic Meet was the series of round table deliberations, designed to translate broad vision into actionable ideas. Rather than focusing on narrow specialisations, these discussions adopted a holistic approach - reflecting the core philosophy of Ayurveda itself.

Participants deliberated on:

- Building institutional networks and collaborative research platforms
- Strengthening translational and clinical research capabilities
- Creating shared infrastructure and data ecosystems
- Ensuring sustainability and quality in medicinal plant resources
- Encouraging responsible innovation, startups, and industry partnerships

The round tables enabled free exchange of perspectives, allowing diverse stakeholders to





to contribute insights based on their experience in research, clinical practice, governance, and innovation. The emphasis was on practical feasibility, long-term impact, and institutional sustainability.

Collaboration as the Cornerstone

One of the strongest messages emerging from the meet was the importance of collaboration over isolation. IRIA is envisioned as a hub, connecting universities, research institutions, hospitals, industries, and international partners through structured networks.

By enabling shared use of expertise, infrastructure, and resources, IRIA aims to:

- Accelerate high-quality research
- Avoid duplication of efforts
- Enhance research translation into clinical practice
- Support innovation and knowledge dissemination

This collaborative model is expected to significantly strengthen the credibility and visibility

of Ayurvedic research at national and global levels.

Innovation with Responsibility

Innovation formed another key pillar of the discussions. Participants emphasised that innovation in Ayurveda must be scientifically sound, ethically governed, and socially responsible.

IRIA is expected to play a catalytic role in:

- Supporting startups and innovation clusters
- Facilitating industry-academia partnerships
- Strengthening intellectual property frameworks
- Promoting technology-enabled research and validation

Importantly, innovation was not viewed merely in terms of products, but also in research methodologies, healthcare delivery models, and policy engagement.



The Road Ahead for IRIA

The Pre-Launch Strategic Meet concluded with a shared understanding that IRIA represents a long-term institutional commitment, rather than a short-term project.

The collective deliberations outlined a clear roadmap for the next phase, including:

- Initiation of priority collaborative research projects
- Formalisation of institutional and international partnerships
- Development of shared research and data platforms
- Strengthening innovation ecosystems and industry engagement

As IRIA moves toward its formal launch, it carries forward the collective aspiration to reaffirm Ayurveda's place in global health-care - not as an alternative, but as an evidence-based, integrative medical science.

A Global Vision, Grounded in Kerala

IRIA stands at the intersection of tradition and transformation. Rooted in Kerala's rich Ayurvedic heritage, the institute looks outward - to global scientific standards, international collaboration, and emerging health needs.

With a clear vision, committed leadership, and collaborative spirit, IRIA has the potential to redefine how Ayurveda is researched, practiced, and perceived worldwide.

The Pre-Launch Strategic Meet marked the beginning of this journey - one that seeks to honour the past, engage the present, and shape the future of Ayurveda for generations to come.





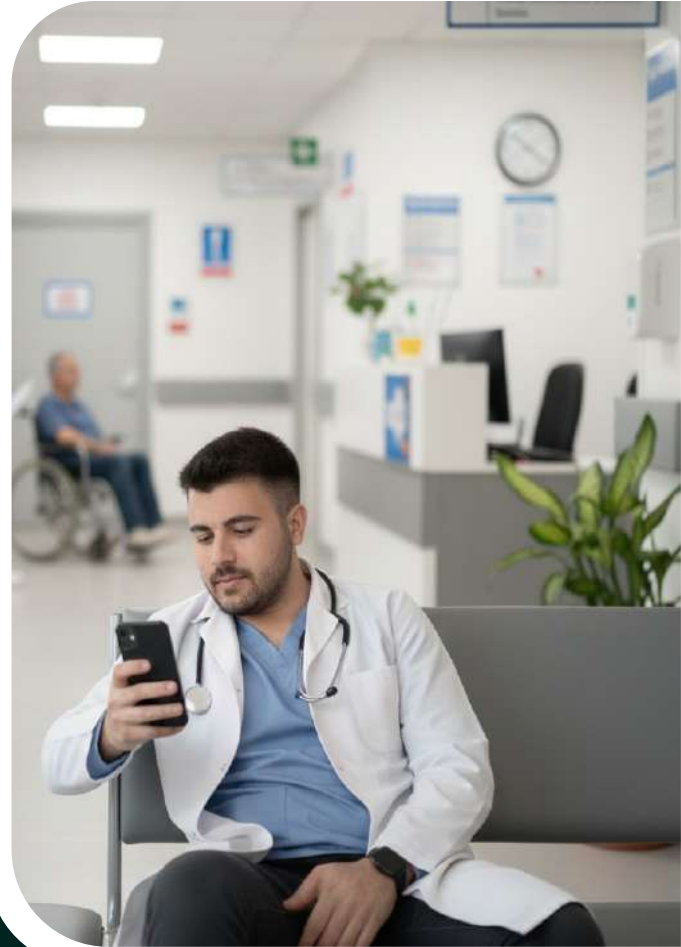




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