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സ്വാസ്ഥ്യ
SWASTHYA
NEWS LETTER

JUNE-JULY 2026

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സ്വാസ്ഥ്യ SWASTHYA NEWS LETTER

JUNE-JULY 2026

AYUSH

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Learning Management System (LMS)

The Learning Management System (LMS), an innovative initiative under the National AYUSH Mission Keralam, has emerged as a significant milestone in strengthening AYUSH education, capacity building, and public outreach. Designed as a comprehensive digital learning platform, the LMS delivers structured, accessible, and flexible learning opportunities through a series of Massive Open Online Courses (MOOCs) for AYUSH professionals, students, healthcare workers, and the general public.

The platform aims to promote continuous professional development, expand awareness of AYUSH systems, and support the integration of traditional healthcare knowledge with modern educational technologies. By enabling learners to access courses anytime and anywhere, the LMS initiative contributes substantially to democratizing quality AYUSH education across diverse geographical and professional backgrounds.

Key Objectives of the LMS Initiative

The LMS initiative has been conceptualized with the following major objectives:

- To strengthen digital learning infrastructure in AYUSH education
- To provide accessible and affordable continuing education opportunities
- To promote evidence-based and integrative healthcare practices
- To enhance professional competency among AYUSH practitioners and allied healthcare personnel
- To support public health initiatives through community-focused educational programmes
- To encourage interdisciplinary collaboration and technological adaptation within AYUSH systems

Performance and Achievements

Within just one month of its launch, the Learning Management System (LMS) has

demonstrated remarkable performance and widespread acceptance among learners. Against an initial target of 1,400 enrollments and 700 certifications, the platform significantly exceeded expectations by achieving 5,919 enrollments and 2,612 certifications issued during the initial phase itself.

This exceptional response reflects the growing interest in AYUSH-based learning among healthcare professionals, students, and the general public, while also highlighting the effectiveness of digital learning platforms in expanding educational outreach.

Overall LMS Performance Statistics

(as on 23/06/2026)

3,182 Total Registrations	**5,919** Total Enrollments
3,827 Total Course Completions	**2,612** Total Certificates Issued

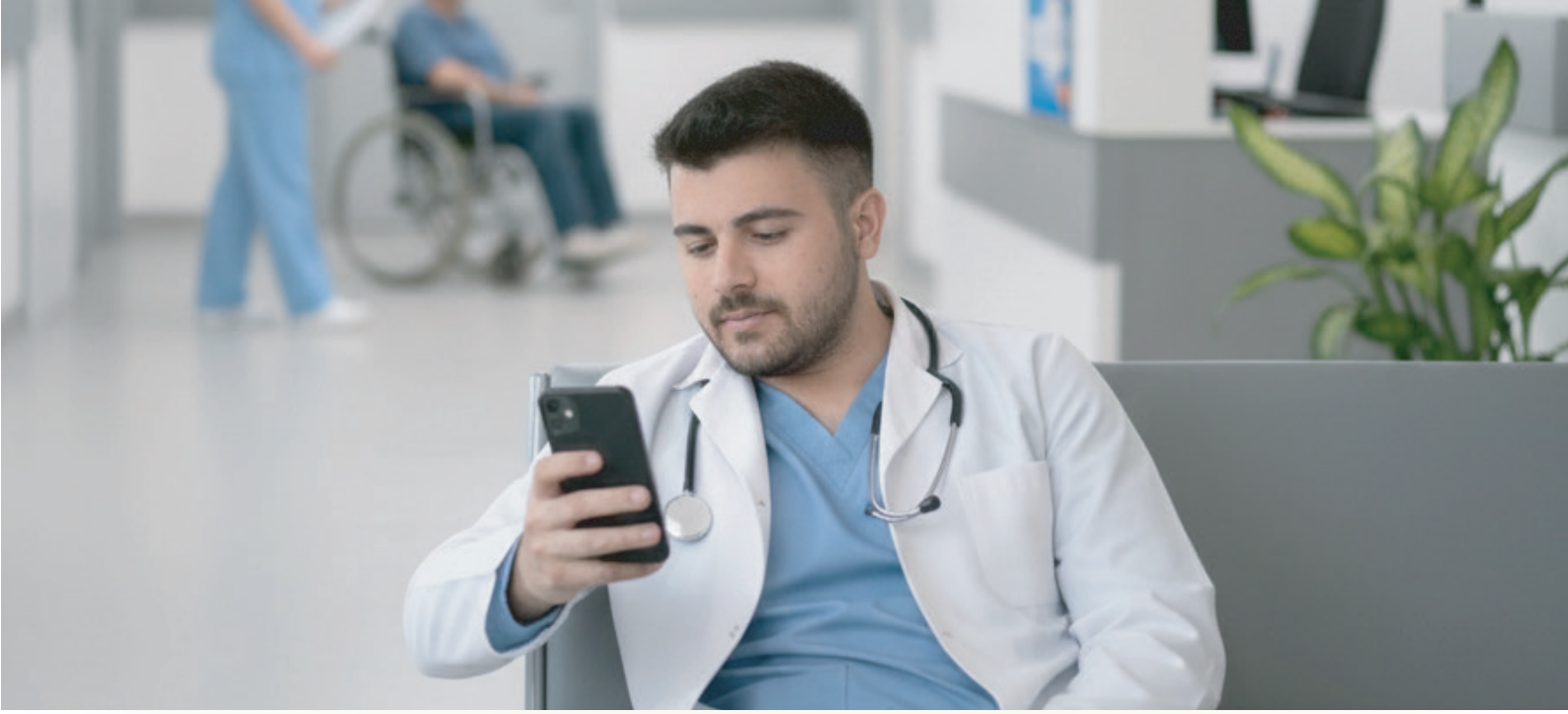
These figures demonstrate not only strong enrollment trends but also consistent learner participation, course completion, and certification uptake. The high completion and certification rates indicate meaningful engagement with the courses rather than passive participation, underscoring the quality, relevance, and accessibility of the LMS programmes.

Current Course Portfolio

Since its launch, the LMS platform has successfully introduced a diverse range of certificate and introductory courses covering both clinical and public health-oriented subjects.

Courses Offered Till Date:

- Introduction to Dietetics & Yoga for Improving Gut Health
- Certificate Course on Palliative Care (English)
- Certificate Course on Palliative Care (Hindi)



- Certificate Course on Ayurvedic Maternal Care
- Certificate Course on Infertility Management through Ayurveda
- Certificate Course on Introduction to Ayurvedic Psychiatry
- Certificate Course on Introduction to Eye Care through Ayurveda
- Certificate Course on Infertility Management through Homoeopathy

Among the currently available courses, the course on Introduction to Dietetics & Yoga for Improving Gut Health and Palliative Care have demonstrated notably high enrolment, active participation, and successful completion rates.

These outcomes reflect the increasing demand for evidence-informed, patient-centered AYUSH education and interdisciplinary healthcare approaches.

Expansion Plan for 2026

As part of its ongoing commitment to academic excellence and continuous learning, the LMS has prepared an extensive module roadmap for the year 2026. The development and monitoring of these programmes are being carried out under the guidance of an Academic Committee comprising eminent faculty members from the Indian Systems of Medicine (ISM) and Homoeopathy departments. The proposed courses are designed to address clinical, non-clinical, technical, research, and public health domains, thereby ensuring comprehensive and multidisciplinary learning opportunities within the AYUSH framework.

Proposed Courses for 2026

Clinical and Therapeutic Courses

- Stress Management for NCD Prevention through Naturopathy and Yoga
- Detox Therapies in Naturopathy and Yoga

- Integrative Oncology in AYUSH Systems
- Clinical Application of Physiotherapy in AYUSH
- Therapeutic Yoga for Lifestyle Disorders
- NCD Management through AYUSH Systems
- Integrative Cosmetology through AYUSH Systems
- Foundations of National Programme on Prevention & Management of Osteoarthritis & other Musculoskeletal Disorders
- Principles of BLS, Emergency Skills and Minor Procedures
- Fundamentals of Radiology for AYUSH Professionals

Public Health and Community-Oriented Courses

- AYURVIDYA Public Health Programme: An Overview
- Introduction to AYUSH Systems of Medicine for GNMs
- AYUSH Mobile Medical Units for Public Health Service Delivery

Academic, Research and Professional Development Courses

- Basics of Research Methodology & Scientific Writing
- Clinical Communication and Telemedicine
- Latest Trends in Integration of Lab Investigations
- Introduction to Medical, Legal and Insurance Ethics Sensitization Programme
- AI Tools for AYUSH Medical Professionals

Technical and Administrative Courses

- Introduction to Hospital Infection Control and Cleanliness
- IT-Enabled Digital Services in AYUSH
- Introduction to Biomedical Equipment Handling
- Regulatory Framework for Setting up an AYUSH Institution in Kerala

- Basic Concepts of AYUSH Systems of Medicine

Significance and Impact

The LMS platform represents a transformative step in the modernization and expansion of AYUSH education. By leveraging digital technologies and MOOC-based learning methodologies, the initiative enables scalable, standardized, and high-quality educational delivery across the state and beyond.

The inclusion of emerging topics such as telemedicine, artificial intelligence, biomedical equipment handling, integrative oncology, and research methodology reflects the platform's commitment to aligning AYUSH education with evolving healthcare needs and contemporary medical practices.

Furthermore, the bilingual delivery of selected courses and the inclusion of both professional and public-oriented modules ensure wider outreach, inclusivity, and enhanced learner engagement.

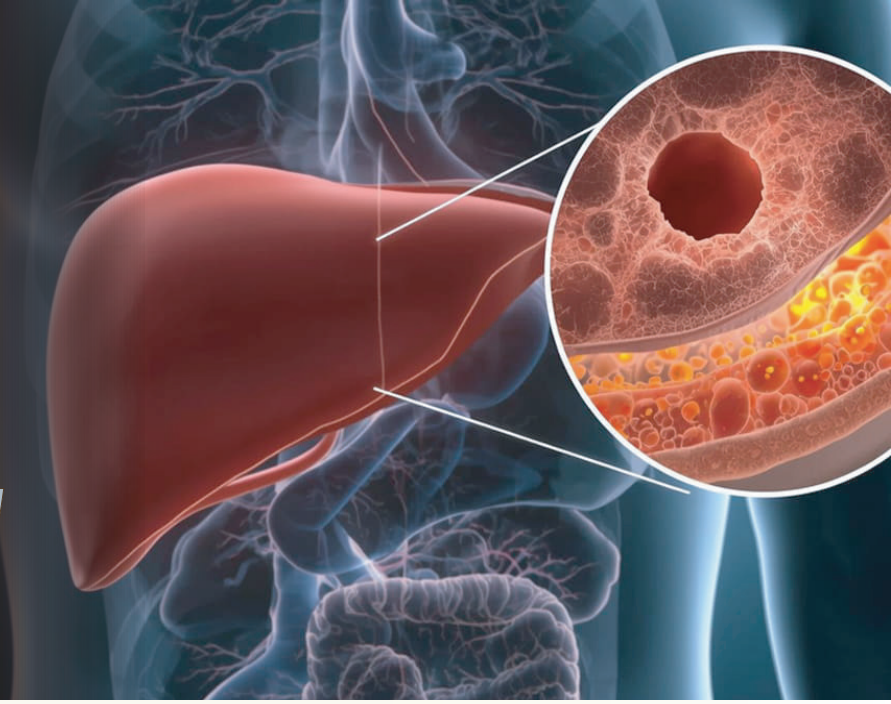
Way Forward

The Learning Management System (LMS) under the National AYUSH Mission is envisioned as a dynamic and evolving digital education platform that will continue to expand the reach and impact of AYUSH learning across diverse sectors. Future efforts will focus on strengthening course diversity, enhancing learner engagement, incorporating emerging healthcare technologies, and promoting interdisciplinary integration within AYUSH systems.

The planned expansion of clinical, technical, research-oriented, and public health modules reflects the commitment of the National AYUSH Mission toward building a skilled and future-ready AYUSH workforce. Continuous academic monitoring, periodic course updates, and wider stakeholder participation will further strengthen the quality and effectiveness of the platform.

With sustained institutional support and increasing learner participation, the LMS initiative is poised to become a model digital education ecosystem for AYUSH capacity building and healthcare education in the years ahead.

NON-ALCOHOLIC FATTY LIVER DISEASE & THE ROLE OF HOMOEOPATHY



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Non-Alcoholic Fatty Liver Disease (NAFLD) is characterized by excessive accumulation of fat in the liver in individuals who consume little or no alcohol. It has become a major public health concern due to the increasing prevalence of obesity, type 2 diabetes mellitus, dyslipidemia, and sedentary lifestyles. The condition is now recognized as the hepatic manifestation of metabolic syndrome and affects individuals across all age groups.

Recent decades have witnessed a dramatic rise in NAFLD worldwide, paralleling changes in dietary habits and physical activity patterns. The disease not only impacts liver health but also increases the risk of cardiovascular disease, chronic kidney disease, and metabolic complications. Consequently, there is growing interest in holistic and preventive approaches that address the underlying lifestyle and constitutional factors contributing to disease development.

Epidemiology

NAFLD is currently among the most common chronic liver diseases globally. Its prevalence has increased substantially in both developed and developing countries. Urbanization, unhealthy dietary practices, physical inactivity, and increasing rates of obesity have contributed significantly to this trend. Individuals at higher risk include patients with obesity, metabolic syndrome, type 2 diabetes mellitus, dyslipidemia, polycystic ovarian syndrome (PCOS) and individuals leading sedentary lifestyle. The increasing prevalence among younger populations highlights the urgent need for preventive strategies.

Pathophysiology of NAFLD

The pathogenesis of NAFLD is complex and multifactorial. Insulin resistance plays a central role by promoting increased fat accumulation within hepatocytes. Excessive caloric intake, high consumption of refined carbohydrates,

and reduced physical activity contribute to hepatic lipid deposition.

Several mechanisms have been implicated:

- ***Insulin Resistance***

Insulin resistance increases free fatty acid delivery to the liver and enhances triglyceride accumulation.

- ***Oxidative Stress***

Accumulated fat undergoes oxidation, generating reactive oxygen species that damage hepatocytes.

- ***Inflammatory Pathways***

Inflammatory cytokines contribute to hepatocellular injury and progression from steatosis to steatohepatitis.

- ***Gut-Liver Axis***

Alterations in gut microbiota may influence liver inflammation and metabolic dysfunction.

- ***Genetic Susceptibility***

Certain genetic variations increase the risk of NAFLD and disease progression

Clinical Features

Many patients remain asymptomatic for years. When symptoms occur, they are often non-specific and may include:

- Fatigue
- Generalized weakness
- Abdominal discomfort
- Sense of fullness in the right upper abdomen
- Reduced exercise tolerance
- Weight gain

Diagnosis

Diagnosis involves a combination of clinical evaluation, laboratory investigations, and imaging studies.

Laboratory Findings

- Elevated ALT and AST
- Dyslipidemia
- Impaired glucose tolerance
- Increased fasting blood sugar

Imaging

Ultrasonography, Computed Tomography (CT), Magnetic Resonance Imaging (MRI), FibroScan

Histopathology

Liver biopsy remains the gold standard for distinguishing simple steatosis from steatohepatitis and assessing fibrosis.

Conventional Management

Current management primarily focuses on addressing risk factors and preventing disease progression.

Lifestyle Modification

Lifestyle intervention remains the foundation of treatment.

Dietary Measures

- Calorie restriction
- Reduction of saturated fats
- Limitation of refined sugars
- Increased consumption of fruits and vegetables
- Balanced nutritional intake

Physical Activity

Regular aerobic and resistance exercises improve insulin sensitivity and reduce liver fat accumulation.

Weight Reduction

Gradual and sustained weight loss significantly improves liver function and histological findings.

Management of Associated Conditions

- Diabetes control
- Lipid management
- Blood pressure regulation
- Treatment of obesity

Homoeopathic Remedies Commonly Considered in Liver Disorders

The selection of a homoeopathic medicine depends entirely upon individualized case analysis. Remedies historically associated with hepatic and metabolic disturbances include:

Lycopodium clavatum

Often considered in patients with digestive disturbances, abdominal bloating, metabolic imbalance, and chronic hepatic complaints.

Nux vomica

Frequently associated with sedentary lifestyles, dietary excesses, digestive disorders, and stress-related complaints.

Chelidonium majus

Traditionally used in patients presenting with hepatic dysfunction, right-sided abdominal symptoms, and digestive disturbances.

Carduus marianus

Historically associated with liver and biliary disorders and frequently discussed in homoeopathic literature relating to hepatic health.

Phosphorus

May be considered when constitutional characteristics and symptomatology correspond to the remedy picture.

Sulphur

Often prescribed constitutionally in chronic metabolic and digestive disorders when indicated by the totality of symptoms.

It is important to emphasize that these remedies should not be prescribed solely based on a diagnosis of NAFLD. Individualization remains the cornerstone of homoeopathic practice.

Conclusion

Non-Alcoholic Fatty Liver Disease represents a rapidly growing global health challenge linked to modern lifestyle patterns and metabolic dysfunction. While lifestyle modification remains the primary therapeutic strategy, holistic approaches that address constitutional, behavioral, and psychosocial dimensions may offer additional benefits. Homoeopathy, through its individualized and patient-centered philosophy, has the potential to complement conventional management by supporting overall health and encouraging sustainable lifestyle changes. Further scientific research is necessary to establish its precise role within evidence-based integrative care for NAFLD. Ultimately, prevention, early diagnosis, and comprehensive management remain the keys to reducing the burden of this increasingly prevalent disease.

Ayurvedic Management of Retinal Vein Occlusion

A Case Report

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Retinal vein occlusion (RVO) is the second most common retinal vascular disease after diabetic retinopathy and represents an important cause of visual disability among middle-aged and elderly individuals. The condition occurs due to obstruction of retinal venous circulation, resulting in retinal hemorrhages, edema, ischemia, and varying degrees of visual loss. Depending on the site of obstruction, retinal vein occlusion is classified into Central Retinal Vein Occlusion (CRVO), and Branch Retinal Vein Occlusion (BRVO).

Among these, BRVO is more common and generally has a better prognosis than CRVO. Nevertheless, progression of BRVO to impending or complete CRVO may occur, leading to severe retinal ischemia and substantial visual impairment. Systemic hypertension, diabetes mellitus, dyslipidemia, glaucoma, and cardiovascular diseases are recognized risk factors for retinal vein occlusion.

Conventional treatment modalities primarily focus on managing complications such as macular edema and neovascularization through intravitreal anti-VEGF injections, corticosteroids, and laser photocoagulation. However, the presence of associated systemic comorbidities may sometimes necessitate postponement or modification of treatment plans.

Ayurveda describes visual disorders under the broad spectrum of Drishtigata Roga and emphasizes a holistic approach incorporating systemic purification, ocular therapies, and dietary regulation.The present case report describes the successful Ayurvedic management of a patient diagnosed with BRVO with impending CRVO in whom conventional invasive intervention was deferred because of renal dysfunction.

Case Presentation

A male patient, Mr. Prajeesh. (name Changed)

53 years, presented to the Nethra Department of Rama Varma District Ayurveda Hospital, Thrissur, with complaints of sudden diminution of vision in the right eye associated with ocular discomfort.

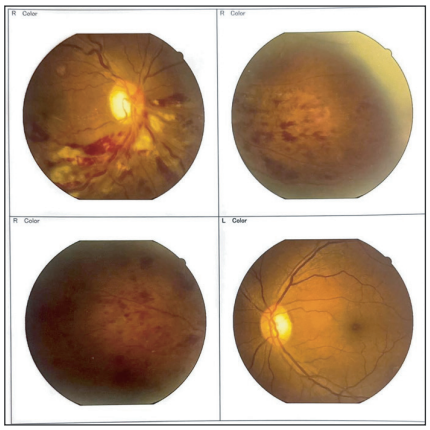
The patient was a known case of systemic hypertension for the previous fourteen years and was on regular antihypertensive medication. There was no history suggestive of diabetes mellitus, thyroid dysfunction, glaucoma, or other major systemic illnesses.

A significant past medical history revealed that at the age of 40 years, while employed abroad in ceiling construction under hot climatic conditions, the patient developed severe nephrolithiasis. The condition led to renal failure of one kidney, while the opposite kidney was affected by renal calculi requiring surgical extraction. Since then, he has remained under regular medical follow-up, with periodic assessment of renal function.

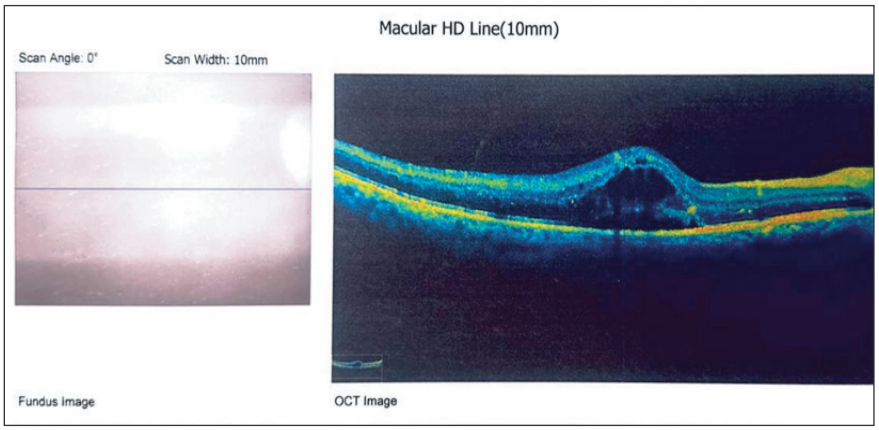
Recent laboratory investigations demonstrated impaired renal function, with serum creatinine levels reaching 1.9 mg/dL. Subsequent monitoring showed improvement to 1.6 mg/dL, indicating persistent but stable renal dysfunction.

On 15th january 2026, while driving, the patient suddenly experienced a blackout of vision in the right eye accompanied by ocular pain. The episode was alarming and significantly affected his daily activities. He immediately sought ophthalmic consultation at a tertiary care center.

Detailed ophthalmological evaluation suggested retinal vascular pathology, and intravitreal injection therapy was advised. However, considering the patient's renal impairment and overall clinical condition, the treating specialist deferred the procedure. Despite conservative management, the visual symptoms persisted, prompting the patient to seek Ayurvedic treatment.



FIG(1)



FIG(2)

Clinical Findings

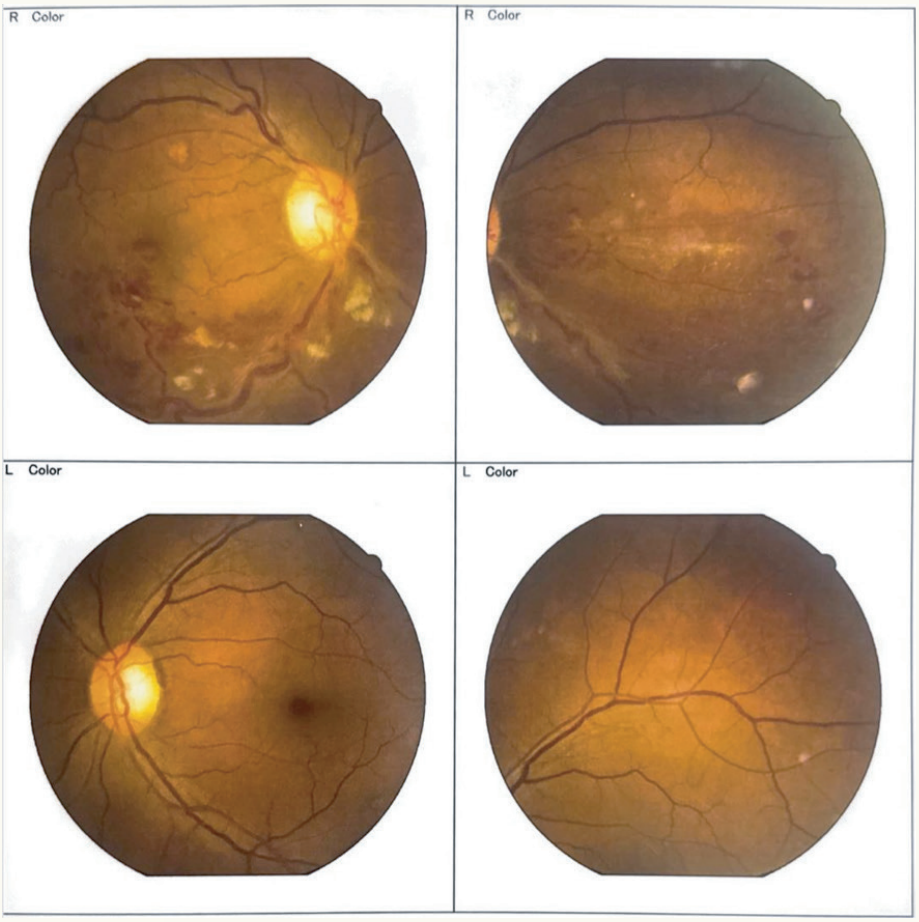
At presentation on 11th February 2026, the patient complained of sudden diminution of vision in the right eye of approximately 1 month duration, associated with difficulty visualizing the upper part of objects and persistent blurring of vision. The best-corrected visual acuity (BCVA) was 6/24p in the right eye (OD) and 6/6 in the left eye (OS). Intraocular pressure measured by non-contact tonometry was 15 mmHg in the right eye and 16 mmHg in the left eye.

Fundus examination of the right eye revealed extensive retinal hemorrhages involving the inferior quadrant, venous dilatation and tortuosity, cotton-wool spots, hard exudates, and macular involvement suggestive of Branch Retinal Vein Occlusion (BRVO) with features of impending Central Retinal Vein Occlusion (CRVO) (fig1). The left eye showed mild hypertensive retinal vascular changes consistent with Grade I hypertensive retinopathy.

(fig1) Optical Coherence Tomography (OCT) of the right eye demonstrated significant macular edema with a Central Macular Thickness (CMT) of 685 µm. (fig2) Renal function tests revealed a serum creatinine level of 1.6 mg/dL, indicating underlying renal dysfunction. Based on the clinical presentation, fundus findings, and OCT evaluation, a diagnosis of BRVO with impending CRVO and associated macular edema in the right eye was established.

Outcome

Following completion of kriyakramas and 21-day Ayurvedic in-patient treatment, the patient reported subjective improvement in visual clarity and reduction in ocular discomfort. At follow-up examination on 09th June 2026, visual acuity in the right eye improved to 6/12, while the left eye remained stable at 6/6. Intraocular pressure was 16 mmHg in the right eye and 15 mmHg in the left eye. Fundus photography demonstrated marked resolution of retinal hemorrhages, reduction in venous



FIG(3)

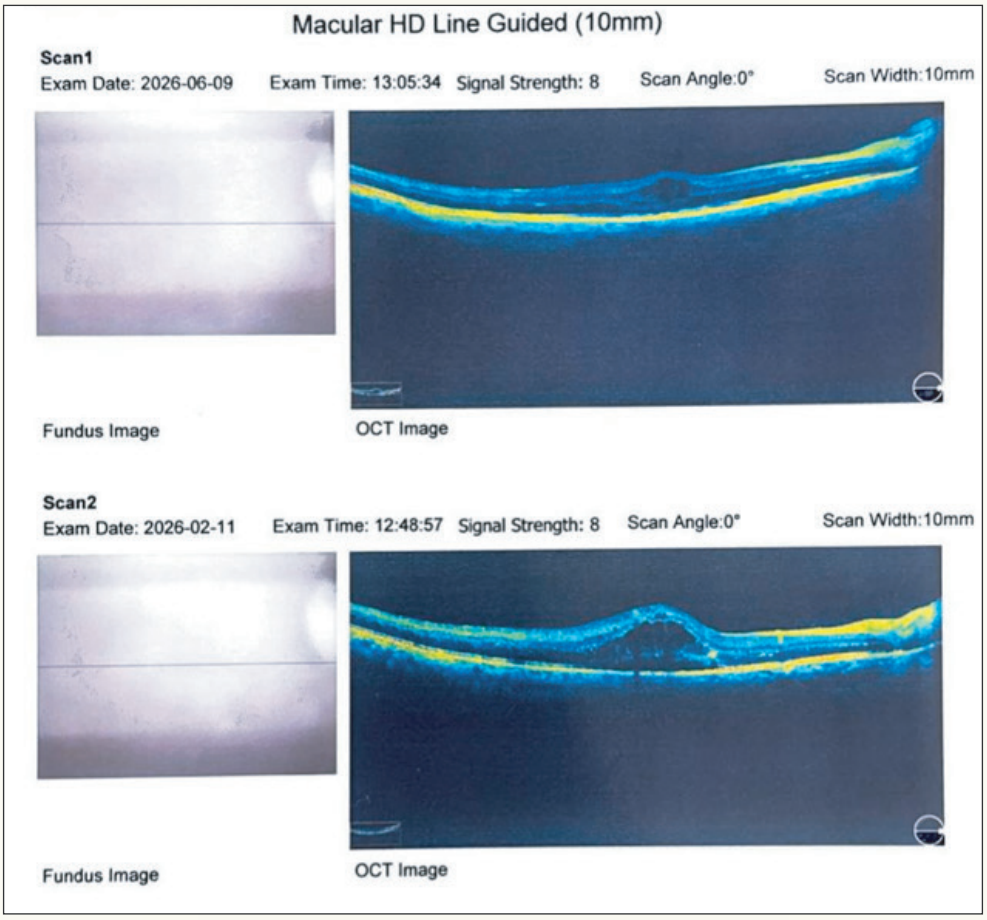
congestion, and absorption of retinal exudates (fig3). The retinal appearance suggested stabilization of the vascular occlusive process with no evidence of progression to complete CRVO.

Repeat OCT showed a significant reduction in macular edema, with Central Macular Thickness decreasing from 685 µm to 376 µm, (fig4) representing substantial anatomical improvement. The patient was advised regular ophthalmic follow-up and continued systemic control of hypertension.

Ayurvedic Perspective

From an Ayurvedic standpoint, retinal vascular disorders can be understood as conditions involving vitiation of Dosha affecting the ocular channels. Long-standing hypertension, vascular compromise, and circulatory disturbances may be correlated with derangement of Vata and Pitta along with obstruction caused by Kapha and Rakta Dushti. Visual impairment resulting from impaired retinal perfusion can be viewed as a manifestation of dysfunction affecting the Drishti Mandala. The chronicity of systemic illness, vascular pathology, and impaired circulation collectively indicate involvement of Vata, Pitta, and Rakta.

Therefore, treatment was planned with the objectives of pacifying vitiated Dosha, improving microcirculation, reducing vascular congestion, and promoting ocular nourishment.



FIG(4)

Therapeutic Intervention

- The patient was admitted and treated for a period of twenty-one days.
- Thalapothichil was administered using guduchyadi yoga churna with thakra as dravadravya for 7 days
- Takradhara was administered using medicated Takra prepared with Musta (Cyperus rotundus), Amalaki (Emblica officinalis), and Guduchyadi yoga.
- Mukkadi Purampada mixed with ksheera was applied as an external ocular therapy for 21days.
- Mridweekadi Netra Dhara was performed for 21 days using medicated preparations known for their Chakshushya and Pittahara properties. The therapy was intended to provide nourishment to ocular tissues and enhance functional recovery.
- Chandanadi Anjanam was administered as a local ocular application for 21 days.

Supportive Measures

The patient was advised strict blood pressure control, adequate hydration, dietary regulation, and regular monitoring of renal parameters. Lifestyle modifications and avoidance of factors likely to aggravate dosha were also recommended.

Results

The patient completed the entire 21 day treatment protocol without any adverse events.

Progressive improvement in visual symptoms was noted during the treatment period. The patient reported reduction in ocular discomfort and subjective improvement in visual clarity. Follow-up ophthalmic evaluation demonstrated stabilization of retinal findings. No evidence of further progression toward complete Central Retinal Vein Occlusion was observed. The retinal vascular status remained stable, and the patient expressed satisfaction with the outcome of treatment. The patient was advised periodic ophthalmic follow-up and continuation of supportive Ayurvedic medications as indicated.

Discussion

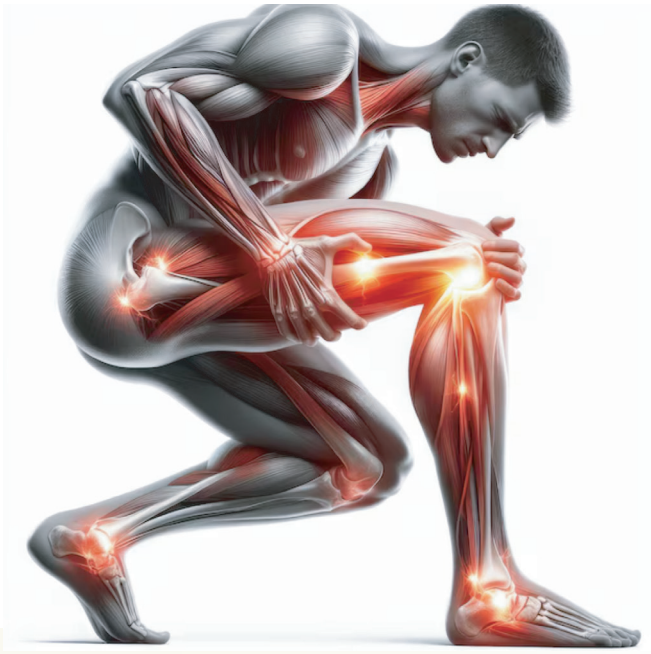
Retinal vein occlusion represents a multifactorial vascular disorder associated with both local and systemic risk factors. Hypertension is recognized as one of the most significant contributors to retinal venous occlusion. Chronic elevation of blood pressure induces vascular endothelial damage, arteriosclerotic changes, and compression of retinal veins at arteriovenous crossings, thereby predisposing to venous obstruction. Ayurvedic management aimed not only at local ocular pathology but also at systemic correction. Takradhara may contribute to balancing aggravated Pitta, reducing physiological stress, and promoting neurovascular regulation.

Ocular Kriyakalpa such as Mukkadi Purampada, Mridweekadi Netra Dhara, and Chandanadi Anjanam are traditionally employed to improve ocular function, reduce inflammation, and support tissue nourishment. The favorable outcome observed in this case may be attributed to the combined systemic and local effects of the therapeutic interventions. Although the exact mechanisms require scientific validation, the improvement in symptoms and stabilization of retinal findings indicate the potential usefulness of Ayurvedic treatment as an adjunctive or supportive modality.

Conclusion

The present case demonstrates the potential benefits of Ayurvedic management in a patient with Branch Retinal Vein Occlusion and impending Central Retinal Vein Occlusion associated with long-standing hypertension and renal dysfunction. A comprehensive twenty-one-day treatment protocol consisting of Takradhara and specialized ocular Kriyakalpa resulted in symptomatic improvement and stabilization of retinal pathology. Although conclusions cannot be drawn from a single case, the findings suggest that Ayurvedic interventions may have a supportive role in the management of retinal vascular disorders. Further observational studies and controlled clinical trials are warranted to evaluate their efficacy and mechanism of action.

UNDERSTANDING & MANAGING ARTHRITIS THROUGH UNANI MEDICINE



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Joint pain is one of the most common complaints walking through any OPD door today, whether the patient is twenty-five or seventy-five. In conventional medicine this broad family of conditions is grouped under "arthritis." In classical Unani medicine, the same suffering has been observed, classified, and treated for centuries under the term Waja-ul-Mafasil - literally, "pain of the joints." Far from being a vague catch-all, Unani scholars built a detailed framework around this condition, one that remains strikingly relevant to how we counsel and treat patients in dispensary practice today.

The Unani Concept of Joint Disease

Unani pathology rests on the theory of Akhlat (humours) - Dam (blood), Balgham (phlegm), Safra (yellow bile), and Souda (black bile) - and their balance, or Mizaj. Waja-ul-Mafasil is understood primarily as a disorder arising from Su-e-Mizaj (temperamental imbalance) of the joint, often compounded by the accumulation of morbid matter (Maddi sabab) within or around the articular structures. Classical texts describe the joint as a structure nourished and lubricated by Rutoobat (moisture) and synovial-like fluids. When this balance is disturbed - through faulty digestion (Su-e-Hazm), accumulation of Khilt-e-Fasid (morbid humours), exposure to cold and damp (Bard wa Rutoobat), or weakening of the joint's own innate strength (Quwwat-e-Mumsika) — pain, swelling, stiffness, and eventually deformity may follow.

Classification and Correlation

Unani physicians traditionally distinguish several patterns of Waja-ul-Mafasil based on the dominant humour and the affected structures

- ***Waja-ul-Mafasil Demawi*** - a hot, sanguineous type marked by redness, warmth, and throbbing pain, broadly correlating with acute inflammatory presentations such as gouty or septic arthritis.

- ***Waja-ul-Mafasil Balghami*** **-** a cold, phlegmatic type with heaviness, swelling, and dull pain that worsens in damp weather, often paralleling osteoarthritis or chronic effusive joint disease.
- ***Waja-ul-Mafasil Safrawi*** **-** a bilious type with sharp, burning pain and rapid onset, sometimes likened to acute flares of inflammatory arthritis.
- ***Waja-ul-Mafasil Soudawi*** **-** a melancholic, chronic type with dull, persistent pain and stiffness, often seen in long-standing degenerative or deforming joint disease.

Niqras (gout) and Wajaul Warik (sciatica-related joint and nerve pain) are described as closely related but distinct entities, each with their own Asbab (causes) and management protocols in texts such as the Kamil-us-Sanaa and Al-Qanoon fi't-Tibb.

Etiology: The Asbab-e-Sitta Zarooriya

Unani medicine's great strength lies in its preventive lens, the Asbab-e-Sitta Zarooriya (six essential causes), all of which bear directly on joint health:

- ***Hawa (air/environment)*** - prolonged exposure to cold, damp climates aggravates Balghami and Soudawi types.
- ***Harkat wa Sukoon-e-Badani (physical activity and rest)*** - both sedentary habits and joint overuse contribute to imbalance.
- ***Maakool wa Mashroobat (diet)*** **-** excess intake of cold, heavy, or Balgham-generating foods predisposes to chronic joint disease.
- ***Harkat wa Sukoon-e-Nafsani (psychological state)*** **-** chronic stress is recognised as a contributing factor to Soudawi presentations.
- ***Nawm wa Yaqza (sleep & wakefulness)*** **-** disturbed sleep impairs Hazm and humoral regulation.
- ***Istifragh wa Ihtibas (evacuation & retention)*** **-** poor elimination of waste matter allows morbid humours to settle in weaker joints.

Principles of Unani Management

Treatment in Unani medicine follows the principle of Ilaj bil Zid (treatment by opposites) combined with Tanqiya-e-Mawad (evacuation of morbid matter). Management is structured across four therapeutic pillars, all of which are routinely applied in dispensary-level practice.

1. Ilaj bil Ghiza (Dietotherapy)

Parhez (dietary regulation) forms the foundation. Patients with Balghami and Soudawi presentations are advised to avoid heavy, cold, and fermented foods, while warming, easily digestible foods that support Hazm are encouraged. Hot-natured patients are guided toward cooling, light meals to prevent further aggravation of Demawi or Safrawi humours.

2. Ilaj bil Tadbeer (Regimental Therapy)

This is where Unani medicine offers some of its most distinctive tools for joint disease:

- ***Dalk (therapeutic massage)*** **-** improves local circulation and reduces stiffness, particularly valuable in Balghami and Soudawi types.
- ***Takmeed (fomentation)*** **-** dry or moist heat application to disperse cold, congested humours from the joint.
- ***Hijama bil Shurt (wet cupping)*** **-** used to evacuate vitiated blood and morbid matter locally, especially effective in Demawi presentations.
- ***Riyazat (graduated exercise)*****-** prescribed cautiously to maintain joint mobility without provoking further Su-e-Mizaj.
- ***Hamam (steam/bath therapy)*****-** supports overall humoral balance and aids Tanqiya.

3. Ilaj bil Dawa (Pharmacotherapy)

Single and compound Unani formulations are selected according to Mizaj and humour type - commonly including Muharrik-e-Balgham (phlegm-resolving), Musakkin-e-Waja(analgesic), and Muqawwi-e-Mafasil (joint - strengthening) drugs. Formulations such as Roghan - e - Surkh, Habb - e - Suranjan and Majoon-e-Suranjan find frequent mention in classical and contemporary CCRUM protocols for Waja-ul-Mafasil and Niqras.

4. Jarahat (Surgical/Manual Intervention)

Reserved for advanced deformity or where conservative measures fail to relieve mechanical obstruction, though this is rarely required at the dispensary level and is generally referred onward.

Why This Matters in Practice Today

What makes the Unani approach to arthritis particularly valuable in present-day OPD settings is its individualised lens. Rather than treating "arthritis" as a single entity, the Mizaj-based classification allows the physician to tailor diet, regimen, and medication to the patient's specific constitutional pattern - an approach increasingly echoed in modern interest toward personalised medicine. CCRUM's ongoing multicentre clinical studies on Hijama and compound Unani formulations for joint disease continue to build the evidence base that supports integrating these classical protocols into mainstream NAM dispensary practice. Waja-ul-Mafasil reminds us that the management of joint disease was never meant to be reduced to pain relief alone. The Unani framework asks the physician to look at climate, diet, daily routine, emotional state, and elimination - the whole pattern of a patient's life - before reaching for treatment. For practitioners working within the AYUSH system today, this remains a powerful, time-tested, and remarkably holistic approach to one of the most common complaints we see in everyday practice.

AYUSHGRAM

Strengthening Community Health Through AYUSH-Based Preventive Care in Kerala

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Modern lifestyles characterized by reduced physical activity, unhealthy food habits and increasing stress have contributed significantly to the rise of lifestyle-related diseases. In this context, the importance of preventive, promotive and holistic healthcare has gained increasing attention. Addressing this emerging public health need, the AYUSHGRAM Project under the National AYUSH Mission has become an important community-oriented initiative in Kerala. By promoting Ayurveda, Yoga and healthy behavioural practices, the project seeks to integrate traditional wellness principles into daily life and encourage healthier communities through preventive healthcare approaches.

Evolution and Expansion of AYUSHGRAM Project

The AYUSHGRAM Project was initiated under the National AYUSH Mission during 2016–17 following approval of the State Annual Action Plan. Initially implemented in selected locations across Kerala, the programme gradually expanded due to its growing acceptance and effectiveness. Over time, the initiative extended its services to all districts of the state and currently functions through 16 units spread across 14 districts. Through grassroots-level implementation, AYUSHGRAM continues to strengthen awareness and access to AYUSH-based healthcare services among the public.

Objectives and Interventions

AYUSHGRAM primarily focuses on encouraging individuals and communities to adopt healthy lifestyles rooted in AYUSH principles. The programme undertakes a variety of activities including awareness campaigns, yoga training sessions, health camps, medicinal plant cultivation and community-based outreach initiatives. These interventions aim to improve public health awareness, support disease prevention and encourage sustainable healthcare practices. The initiative also promotes the use of locally available medicinal herbs, supports conservation of medicinal

plants and creates awareness regarding communicable as well as lifestyle-related diseases.

Community-Level Implementation and Service Delivery

The successful implementation of AYUSH-GRAM is supported by a dedicated multidisciplinary workforce consisting of Medical Officers, Yoga Demonstrators and Multi-Purpose Workers in each unit. Through collaborative efforts, awareness programmes are conducted in schools, anganwadis, community centres and other public institutions. Sessions focus on important AYUSH concepts such as Dinacharya (daily regimen), Ritucharya (seasonal regimen), healthy dietary practices, yoga and preventive healthcare. Educational classes, counselling sessions, yoga demonstrations and distribution of awareness materials have contributed significantly to enhancing community participation and promoting AYUSH-based health practices.

Expanding Reach & Community Participation

Over the years, AYUSHGRAM has recorded substantial progress in community outreach and public engagement. Across the financial years 2022–23, 2023–24 and 2024–25, a large number of beneficiaries actively participated in awareness classes, yoga programmes and medical camps. During 2022–23 alone, more than 81,000 individuals attended awareness sessions, while over 73,000 participated in yoga programmes and approximately 12,000 benefited from medical camps. Similar participation trends continued in subsequent years, reflecting sustained public confidence and growing acceptance of AYUSH-based preventive healthcare interventions.

Lifestyle Disease Management Through NCD Clinics

A significant development under the project was the introduction of Non-Communicable Disease (NCD) Clinics in 2024 to address the increasing burden of lifestyle-related health conditions such as diabetes, hypertension, obesity and musculoskeletal disorders. Initially established in selected AYUSHGRAM units and later expanded statewide, these clinics operate on a weekly basis to provide consultations, medicines and follow-up care to beneficiaries. The establishment of NCD clinics has strengthened the project's preventive healthcare framework by promoting early detection, lifestyle counselling and systematic management of chronic diseases at the community level.

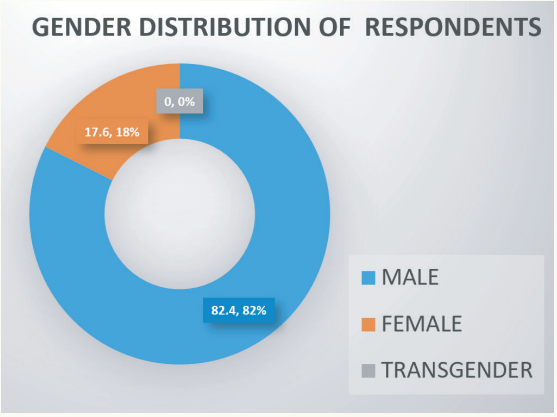
Operational units of AYUSHGRAM project in Kerala

Sl.no	Districts	Ayushgram Block	Institutions
1	Thiruvananthapuram	Perumkadavila	GAD Kunnathukal
2	Kollam	Ithikkara	GAD Chathanoor
3	Pathanamthitta	Mallapally	GAD Keezhvaipur
4	Alapuzha	Ambalappuzha	GAD Purakkad
5	Kottayam	Pallom	GAD Vijayapuram
6	Idukki	Thodupuzha	GAD Karimkunnam
7	Eranakulam	Muvattupuzha	GAH Muvattupuzha
8	Thrissur	Chavakkad	GAD Chammannur
9	Thrissur	Irinjalakkuda	GAVVD Karalam
10	Palakkad	Ottapalam	GAD Vaniyamkulam
11	Malappuram	Nilambur	GAH Edakkara
12	Kozhikode	Kunnummal	GAD Maruthonkara
13	Wayanad	Mananthavady	GAD Vellamunda
14	Kannur	Mattannur	GAD Koodali
15	Kannur	Kuthuparamb	GAD Mangattidam
16	Kasargode	Kanjangad	GAD Udma

Impact Assessment of the Ayushgram Project in Kerala

A community-based impact assessment was conducted among 595 beneficiaries across all Ayushgram units using a semi-structured questionnaire comprising 29 multiple-choice questions. The survey assessed participant demographics, awareness, participation, satisfaction and perceived benefits of the project.

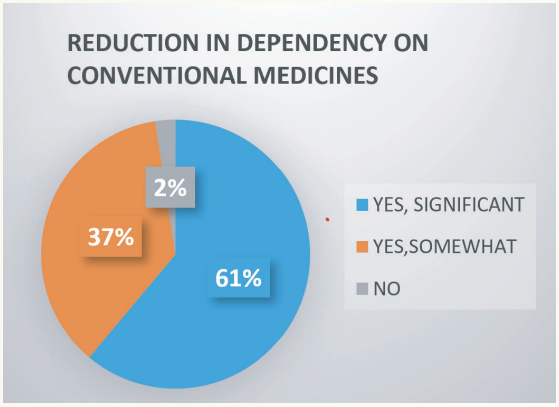
The majority of respondents were female (82.4%), with 51.8% belonging to the Above Poverty Line (APL) category. Most participants had school-level education (66.2%) and were housewives (51.3%). More than half (51.3%) had been associated with the project for over six months. Awareness regarding the project was high, with 98% of participants aware of its primary objective.



Yoga sessions: Regarding yoga sessions, 82.5% of participants attended, 92.7% learned yoga for the first time through the Ayushgram project. Among those participants, 47.1% practice yoga daily, 33.6% three to four times a week, 11.1% once a week and 8.2% occasionally. Additionally, 81.7% of participants are practicing yoga

Health condition managed through yoga: Yoga has proven effective in managing various health conditions. Among the participants, 65.7% got relief and 19.2% reported relief from issues such as low back pain, hypertension, dyslipidaemia, shoulder pain, migraine, obesity, dysmenorrhea, asthma joint pain etc. They also experienced increased energy levels and improved sleep quality. Yoga significantly impacted their lifestyle, with 50.2% reporting improved dietary choices, 56.7% experiencing better sleep patterns, 45.3% increasing mindfulness and 60% noting improvements in all three areas.

Satisfaction with Yoga Sessions: 81.1% of participants were 'very satisfied' and 18.9% were 'satisfied' with the yoga sessions.



The findings indicate that the Ayushgram Project has been successful in promoting healthy lifestyle practices, increasing community awareness of AYUSH systems, and improving

the overall well-being of participants. Beneficiaries strongly recommended expanding the project to additional villages to extend its benefits to a larger population.

Notable Project Initiatives

Community Engagement through Yoga & AYUSH Integration

At the Kollam unit, a group of yoga beneficiaries actively engaged in cultural activities and cultivation initiatives while collaborating with AYUSHGRAM to conduct programmes promoting AYUSH concepts. Beyond regular yoga practice, beneficiaries in the age group of 50–92 years spent quality time together after sessions, which contributed positively to their physical health, mental well-being, and social connectedness.

In the Pathanamthitta unit, health clubs were actively engaged in providing continuous training sessions based on Ayurvedic principles to organized community groups, thereby promoting sustained awareness and practice of traditional healthcare approaches. Individualized counselling and group sessions were conducted for NCD peer groups linked to the Public Health Centre, with regular follow-up and continuous monitoring to support effective disease management. Special interventions were implemented for adolescents through yoga and counselling programmes aimed at reducing excessive mobile phone usage and improving mental well-being.

In addition, dedicated yoga groups were formed for adolescent girls to address primary dysmenorrhoea through non-pharmacological, lifestyle-based interventions. The unit also implemented the “Angana Oushadhi” initiative, under which medicinal plants with informative plant boards were established in the majority of Anganwadis within the block, promoting awareness and use of medicinal plants at the community level.

In Ernakulam unit, yoga training and awareness programmes were conducted for all ICDS workers in the Muvattupuzha Block Panchayat to promote the prevention of lifestyle-related diseases.

In Wayanad unit, a comprehensive health mapping exercise was conducted, where every member underwent a preliminary health survey to identify lifestyle diseases and nutritional deficiencies, enabling targeted AYUSH interventions. Additionally, immunity kits containing Ayurvedic preventive medicines were distributed during health drives to enhance resistance against seasonal illnesses common in the high-altitude region. The unit also implemented palliative home care services, using Ayurveda-based approaches to improve the health and quality of life of patients requiring long-term care. AYUSH clubs were established in schools to educate students on healthy eating habits, home remedies, and the use of

medicinal plants, while yoga clubs for senior citizens promoted regular yoga practice, guidance on healthy food habits and daily and seasonal regimens aimed at preventing and managing non-communicable diseases. In the Kannur unit (Mattannur block), the Ayushgram initiative focuses on providing specialized yoga programs for Special kids. The program is designed to enhance their physical, mental and emotional well-being through tailored yoga practices. Additionally, the initiative collaborates with Kaumarabritya specialist MO from NAM to provide expert consultations, ensuring that the health and developmental requirements of these special kids are effectively addressed alongside their yoga sessions.

Community Health & Women Empowerment Initiatives

In the Ambalapuzha unit, women empowerment activities were carried out in collaboration with ICDS, Kudumbashree and local bodies, including awareness programmes, yoga sessions, hands-on training in herbal soaps preparation and lifestyle disease screening. A "Thulasi Vanam" was established within the premises of Ambalapuzha Sree Krishna Temple.

The Ambalapuzha unit collaborated with MNREGA to promote medicinal plant cultivation and conducted yoga sessions for post-COVID patients, online yoga classes for pregnant women, lactating mothers and adolescents. Counselling was provided to SSLC students during the pandemic, while health awareness sessions, medical camps, hygiene classes and follow-ups were conducted for the Fisherman community and women engaged in the fisheries sector. The unit also promoted healthy food habits through food expos and recipe competitions across the block and implemented school health programmes, including sensitization workshops on menstrual hygiene, reproductive health, adolescent health, Ayurveda Dinacharya and Ritucharya, along with yoga sessions in nearly all government and aided schools. Additionally, herbal gardens were established in various schools, and medicinal saplings were distributed to the public.

Herbal Garden Promoting Traditional Remedies

In the Idukki unit, an Ayushgram herbal garden was developed at Muttam Police Station. Well-maintained and flourishing, the garden serves as a model for medicinal plant cultivation, raising community awareness about traditional remedies while showcasing sustainable herbal gardening practices and the integration of AYUSH principles into public spaces.

Ernakulam unit, implemented the AYUSHGRAM Oushadhavanam programme, planting 200 tree saplings on a wasteland in collaboration

with the MGNREGS initiative. Medicinal plant gardens were established at multiple locations, including the Muvattupuzha Block Panchayat campus, GAD Valakam, GAD Kavana and IPE Memorial High School in Kaloor Kalloorkkad during the current year. Additionally, ongoing activities focused on inducing behavioural change among the community are being carried out to reinforce healthy lifestyle practices.

Empowering Tribal Communities through AYUSH

In the Wayanad unit, several notable initiatives were implemented to promote community health and AYUSH practices. A flagship project, known as the Mundakkal Model, focused on integrating with tribal communities, particularly the Paniya community in the Mundakkal Tribal Colony (Vellamunda Gramapanchayath). Tribal members were organized into a society to cultivate organic turmeric and other medicinal plants on communal land, providing a sustainable source of income as well as raw materials for local AYUSH medicines. AYUSHGRAM Project has demonstrated a significant and positive impact in strengthening community-based, preventive and promotive healthcare through the effective integration of AYUSH principles. By expanding its reach across districts and engaging diverse population groups, the project has enhanced awareness, improved physical and mental well-being and increased access to essential health services, particularly for non-communicable diseases. The successful implementation of yoga programmes, NCD clinics, herbal gardens and community outreach activities reflects strong intersectoral collaboration and community participation. Overall, AYUSHGRAM has emerged as a sustainable and replicable model for holistic healthcare delivery, contributing meaningfully to improved health outcomes and the promotion of healthy lifestyles at the grassroots level.

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