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# Poverty, Epidemiology & Homœopathy

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Tridibesh Tripathy<sup>1\*</sup>, Shankar Das<sup>2</sup>, Dharmendra Pratap Singh<sup>3</sup>, Rakesh Dwivedi<sup>4</sup>, Mohini Gautam<sup>5</sup>, Umakant Prusty<sup>6</sup>, Jeevan Krushna Pattanaik<sup>7</sup>, Pramod Bihary Pradhan<sup>8</sup>, SN Pandey<sup>9</sup>, Sanskriti Tripathy<sup>10</sup> and Anjali Tripathy<sup>11</sup>

<sup>1</sup>BHMS (Utkal University, Bhubaneswar), MD (BFUHS, Faridkot), MHA (TISS, Mumbai), Ph.D. in Health Systems Studies (TISS, Mumbai), Homoeopathic & Public Health Expert, Visiting Professor, Master of Public Health (Community Medicine) Program, Department of Social Work, Lucknow University, Lucknow, UP, India

<sup>2</sup>Dean, School of Health Systems Studies, Tata Institute of Social Sciences, Mumbai & Former Director, IIHMR, Delhi

<sup>3</sup>Dean, Centre of Research Methodology, Tata Institute of Social Sciences, Mumbai <sup>4</sup>Co-ordinator, Master of Public Health (Community Medicine) program, Department of Social Work, Lucknow University, Lucknow

<sup>5</sup>Assistant Professor, Faculty, Master of Social Work, Department of Social Work, Guru Ghasidas University, Bilaspur, Chhatisgarh

<sup>6</sup>Research Officer (Homoeopathy), Regional Research Institute (Homoeopathy), Puri, Odisha under Central Council for Research in Homoeopathy, Ministry of AYUSH, Government of India

<sup>7</sup>Medical Officer (Homoeopathy), Attached to Dr. Abhin Chandra Homoeopathic Medical College & Hospital, Bhubaneswar, Government of Odisha

<sup>8</sup>Nodal Officer (Homoeopathy), Directorate of AYUSH, Government of Odisha, Bhubaneswar <sup>9</sup>Former District Homoeopathic Officer, Government of Uttar Pradesh, Lucknow, UP, India <sup>10</sup>Ilnd Year Student, B.Tech in Biotechnology, Bennet University, Greater Noida, Uttar Pradesh <sup>11</sup>Senior Program Manager, LLF, Lucknow & former employee of International agencies such as Catholic Relief Services & Water Aid

\*Corresponding Author: Tridibesh Tripathy, BHMS (Utkal University, Bhubaneswar), MD (BFUHS, Faridkot), MHA (TISS, Mumbai), Ph.D. in Health Systems Studies (TISS, Mumbai), Homoeopathic & Public Health Expert, Visiting Professor, Master of Public Health (Community Medicine) Program, Department of Social Work, Lucknow University, Lucknow, UP, India.

#### A brief

In terms of epidemiology, poverty is a state of health. The state of health that is embedded in poverty is not mentioned in a death certificate but for the families living below poverty line the actual cause is poverty [1, 2]. The vicious cycle of poverty & health proposed by Wagstaff illustrated that ill health affects individual's financial status through loss of income & increased susceptibility to catastrophic health care cost where as poverty causes ill health as the poor suffer from different kinds of health [3].

The recent epidemiological transition from Communicable Diseases (CD) to Non Communicable Diseases (NCD) has reiterated the theory that NCDS which was prevalent among the rich are no longer restricted to the rich only [4]. The NCDs have gripped the poor as well. The progress in reducing poverty in India from 2013-14 to 2022-2023 is highly encouraging. During this 9 period, in our nation, about 25 crores or 250 millions of individuals have exited from Multi Dimensional Poverty (MPI) [5, 6].

The basic strategy to reduce the impact of poverty on health is to reduce the Out of Pocket Expenditure (OOPE) on health expenses. The Ayushman Bharat Jan Arogya Yojana (AB-JAY) fulfills the criteria of this strategy. The second large scale intervention is the Ayushman Arogya Mandir (AAM) where the basic health units like sub centres are converted to Health & Wellness Centers (HWCs). These HWCs provide comprehensive services & AYUSH services are also an integral part of this intervention [7, 8].

Out of the components of AYUSH, the most cost effective, therapeutically active system of medicine with zero side effects is Homoeopathy of AYUSH. Masses can be covered easily with homoeopathy while benefiting from these three properties. Integration of this system while linking the public through the existing public health system of homoeopathy will reduce their family's OOPE. This reduction will lead to reduction in poverty of the household [9].

Integration of this system will lead to a process in the body that addresses food security. Govern of India is currently distributing free food grains through the Public Distribution System, Pradhan Mantri Garib Kalyan Yojana & Antodaya Yojana. Whenever these households receive the free food grains, the homoeopathic medicines will help to optimize the benefits of these schemes through optimum utilization in the body. This way the trio of Availability, Accessibility & Utilization (AAU) the concept of food security will be complete [10, 11].

Consumption of these varieties of cereals, pulses by the poor households will also help to address nutrition security as reduction in OOPE on health will help them to purchase & consume locally produced green vegetables, green leafy vegetables & fruits. Currently, 10% of the total 130 million use Homoeopathy & hence, 10 million people in India can benefit from this integration [12].

## References

- 1. Park JE and Park K. Text book of preventive & social medicine, 11th edition, M/s Banarasi Bhanot publishers, Jabalpur.
- 2. Singh M and Saini S. Conceptual Review of Preventive & Social Medicine, second edition, 2019-2020, CBS publishers & distributors Pvt Ltd.
- 3. Wagstaff A. Poverty & Health Sector Inequalities, Bull World Health Organ, 2002, 80:97-105. The World bank.
- 4. GOI, Home Ministry, SRS Bulletin on CBR, CDR, IMR (2022).
- 5. Chand R and Suri Y Multi. Dimensional Poverty in India since 2005-06, A discussion paper, NITI Ayog, UNDP, Jan (2024).
- 6. Poverty Alleviation Report, C. Rangarajan Committee (2014).
- 7. Pradhan Mantri Garib Kalyan Yojana, PMGKY, NIC, GOI, https://indiabudget.gov.in/pmgky
- 8. HWC. https://ab-hwc-nlp.gov.in>home>aboutus.ayushmanBharat-Health&Wellness
- 9. GOI, Ministry of AYUSH, NLEAM (2022).
- 10. IFPRI, International Food Policy Research Institute. https://www.ifpri.org>topic>foodsecurity.
- 11. National Food Security Act, GOI (2013). https://nfsa.gov.in
- 12. Popularity of Homoeopathy in India (2023). bjainpharma.com/blog/popularity-of-homoeopathy-in-India