

Geriatric Community Mental Health Care in India: Present Status, Future Directions, And the Integrative Role of Homoeopathy

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ABSTRACT

Mental health problems among the geriatric population represent a growing public health concern due to increasing dependency, changing family structures, and rising prevalence of chronic illnesses. Common mental health conditions in older adults include depression, anxiety, cognitive decline, sleep disorders, and adjustment problems. Community mental health care focuses on accessible, preventive, and rehabilitative services delivered within the social environment of the elderly. Homoeopathy, with its holistic, individualised, and gentle therapeutic approach, offers a complementary role in geriatric community mental health.

Objective: To review the present status of geriatric community mental health services in India and to explore the potential role of homoeopathy in mental health promotion, prevention, early intervention, and rehabilitation among the elderly.

Keywords: World Health Organisation, Geriatric mental health, Geriatric Community Mental Health, Geropsychiatry, Homoeopathy

INTRODUCTION

Ageing is a global phenomenon. This poses a significant impact on global health systems, particularly mental health. According to

World Health Organisation (WHO), in 2020, 1 billion people in the world were aged 60 or over, in 2023, 1.1 billion people in the world were aged 60 years or over. This figure is expected to rise nearly double to 2.1 billion by 2050, representing about one in five people globally. Earlier estimates indicated that by 2030, one in six individuals worldwide would be aged 60 years or above, and by the late 2060s, the population aged 60 years and over is expected to reach 2.5 billion, surpassing the number of individuals under 18 years of age. Additionally, the number of people aged 80 years and above is expected to more than triple between 2023 and 2060, reaching approximately 545 million.^[1]

Many older adults are active members of different communities and many of them are volunteers and workers. While majority of them are in good health, many are at risk of developing mental health conditions such as depression and anxiety disorders. A lot of older individuals may also experience reduced mobility, chronic pain, frailty, dementia or other health problems, for which they might require some form of long-term care. People are more prone to get a number of illnesses as they age.^[1]

Approximately 14.1% of individuals aged 70 years and above suffer with some form of mental illness. As per the Global Health

Estimates (GHE) 2021 findings, these illnesses contribute to 6.8% of the DALYs among older adults in the 70 years and older age bracket. Predominantly, older people tend to suffer from conditions such as depression and anxiety. The GHE 2021 data reveals that on a global scale, roughly one in six suicide deaths (16.6%) occur among individuals who are 70 years of age or older. [1]

Homoeopathy, a system of medicine which is well recognised, offers an individualised and gentle therapeutic approach well suited to geriatric populations. Its potential role in community-based geriatric mental health care deserves special attention.

CONCEPT OF GERIATRIC MENTAL HEALTH

Geriatric Psychiatry, also known as **GEROPSYCHIATRY**, is a specialized field within psychiatry focused on the assessment and care of mental health conditions affecting the elderly population. Geropsychiatrists possess the skills to understand the interplay of the aging process, bodily well-being, and psychological health. Their typical focus involves addressing ailments such as sadness, worry, manic-depressive illness, schizophrenia, and cognitive decline among older individuals. [2]

Common mental health conditions in Geropsychiatry

- Dementia
- Depression
- Anxiety Disorders
- Psychosomatic Disturbances
- Adjustment Disorders related to retirement, isolation
- Substance Use Disorders
- Sleep Disorders
- Suicidal deaths, if any

Why is specialised mental health care important for elderly? [2]

The mental well-being of older individuals can be impacted by a variety of difficulties. These difficulties frequently arise from the complex interaction of biological,

psychological, and social elements, which include physical health problems, facing one's mortality, and the effects of social changes like retirement, the death of loved ones, or isolation or financial dependency. The following are some justifications for the increased significance of mental health care for older individuals:

1. Increased Vulnerability to Mental Health Issues

The aging process frequently consists of physical ailments, sensory deficits, and decreased mobility, all of which have the potential to cause psychological discomfort. Additionally, older individuals may undergo cognitive decline, which can present challenges in performing everyday activities and increase the likelihood of developing mood disorders.

2. High Rates of Depression and Anxiety

Depression and anxiety are frequently seen in older individuals; they are frequently overlooked or misdiagnosed because symptoms are sometimes incorrectly attribute to aging or physical health concerns. These illnesses, if left untreated, have the potential to worsen existing health problems, diminish quality of life, and even raise the chance of death.

3. Cognitive Decline and Dementia

The prevalence of cognitive illnesses, such as Alzheimer's disease and other forms of dementia, is higher in older individuals. These require specialized care that is focused on both cognitive symptoms and behavioral changes.

4. Risk of Social Isolation and Loneliness

Many older persons go through periods of isolation and loneliness, which can make depression and anxiety worse. This isolation has the potential to fasten the decline in cognitive capacities, which can have an impact on mental health.

5. Stigma and Under-treatment

Mental health issues are considered as a stigma, and therefore older people face barriers in receiving care. These may include challenges with mobility or a reluctance to seek help. Specialized geriatric mental health

care seeks to lessen stigma and provide for an environment that is both accessible and supportive for elderly patients.

INDIAN EPIDEMIOLOGY

In India, mental health disorders among older adults (≥ 60 years) represent a major public health concern, with prevalence estimates as follows:

- Any mental disorder: 15.1% lifetime; 10.9% current^[4]
- Common mental disorders (depression, anxiety, related): 13.6% lifetime; 10.4% current^[4]
- Depressive disorders: 6.9% lifetime; 3.5% current^[4]
- Mood disorders: 7.31% lifetime; 3.65% current^[4]
- Anxiety disorders (specific phobias, agoraphobia): 1.6–1.7%^[5]
- Severe mental disorders (psychoses): 2% lifetime; 0.68% current^[4]
- Substance use disorders (alcohol/other substances): 27.7%, including 4.1% affected by alcohol use disorder^[14]
- Dementia: ~7.4% (~8.8 million individuals)^[6]
- Mild cognitive impairment: ~18.9% in adults ≥ 65 years^[7]
- Insomnia: 37%, Higher prevalence among women (41%) compared to men (32%)^[14]

Community and regional studies indicate higher rates of depression, anxiety, and cognitive impairment in some populations, reflecting under-detection in national surveys. These findings underscore that depression, anxiety, cognitive decline, and substance use are the most prevalent mental health challenges among India's elderly, with substantial gaps in diagnosis and care.

GERIATRIC COMMUNITY MENTAL HEALTH

Geriatric community mental health focuses on preventing, identifying, and addressing mental health issues in elderly individuals within their communities instead of limiting it to hospitals or institutions. With the fast

rise in the elderly demographic, mental health issues like depression, anxiety, and dementia have emerged as prevalent and important public health issues. Many older individuals encounter challenges in accessing hospital-based services due to health issues, limited mobility, economic difficulties, and social isolation, highlighting the importance of community-based care.

This strategy focuses on incorporating mental health services into primary healthcare, where older adults frequently seek assistance for ongoing physical ailments. In this strategy, primary care physicians, nurses, and community health workers can conduct initial assessments for mental health issues, facilitating early identification and prompt intervention. Home-based care and outreach initiatives play a vital role in providing support to older individuals who are confined to their homes or reside in distant locations.

Additionally, geriatric community mental health also includes task-sharing, enabling trained non-specialist health personnel offer fundamental psychosocial assistance under the supervision of geriatric psychiatrists. Telepsychiatry enhances the reach of expert mental health services to underserved communities and old age homes. Support for caregivers and family members is a crucial element, as they frequently encounter emotional and physical stress while caring for elderly individuals.

Geriatric community mental health aims to promote healthy ageing, reduce disability, and improve quality of life by providing accessible, continuous, and person-centred mental health care within the community.^[3]

PRESENT STATUS OF GERIATRIC MENTAL HEALTH SERVICES IN INDIA^[10]

1. Demographic Transition and Rising Mental Health Needs

India is experiencing a swift transition in its population demographics, marked by a significant surge in the number of older individuals. The percentage of people aged 60 and over is steadily increasing, which is

accompanied by a corresponding rise in mental health conditions related to aging, such as depression, anxiety disorders, dementia, and psychotic disorders that emerge later in life. Despite this increasing demand, mental health challenges among older individuals frequently go undiagnosed because their symptoms are commonly mistaken for typical aging processes, physical ailments, or social isolation. This results in a substantial gap in the provision of needed mental health treatment for the elderly.

2. Existing Service Delivery Structure

Currently, mental health services for older individuals in India are predominantly offered through psychiatric departments in both public and private hospitals, rather than through specialized geriatric psychiatric services. Specific services like memory clinics, dementia support facilities, daytime care programs, and outpatient clinics dedicated to geriatric psychiatry are very limited, found mainly in selected urban-based advanced medical and educational institutions.

Non-governmental organizations such as the Alzheimer's and Related Disorders Society of India (ARDSI) and HelpAge India provide essential support, but their influence is restricted and varies greatly across different regions.

3. Urban-Centric and Fragmented Care

Majority of mental health services for older individuals are located in major cities, which creates significant barriers to access these services for those living in rural and semi-urban areas. Community-based mental health resources for the elderly are very limited, and there is often a lack of consistent care following discharge from hospitals, particularly for long-term conditions like dementia and depression.

4. Absence of Geriatric Mental Health at Primary Care Level

Primary Health Centres (PHCs) and Community Health Centres (CHCs) are central to India's public healthcare infrastructure; however, mental health services for older individuals are almost non-existent at this level. Regular screenings for

conditions like depression, anxiety, or cognitive decline among older adults are not conducted systematically. Community health workers, such as ASHAs and ANMs, receive minimal or no training in identifying mental health problems in older people, which leads to delays in diagnosis and referral to specialized care.

5. Human Resource Shortages

India is facing a severe shortage of qualified mental health professionals, and this shortage is even more severe in the field of geriatric psychiatry. The number of properly trained geriatric psychiatrists is exceedingly small, with only a limited number of specialized training opportunities available each year. Additionally, professionals such as psychologists, psychiatric social workers, nurses, and other related healthcare providers often lack specialized training in geriatric mental health, which further restricts the provision of comprehensive, multidisciplinary care for older individuals.

6. Policy and Legislative Environment

Several national policies and laws recognize the mental health requirements of older adults. These include programs such as the National Mental Health Programme (NMHP), the District Mental Health Programme (DMHP), the Mental Healthcare Act of 2017, the Rights of Persons with Disabilities Act of 2016, and the National Programme for Health Care of the Elderly (NPHCE). However, these policies frequently operate independently, and geriatric mental health has yet to be established as a distinct, prioritized element within standard public health services.

FUTURE DIRECTIONS TO GERIATRIC MENTAL HEALTH SERVICES IN INDIA^[10]

1. Community-Based and Primary Care-Driven Model

Primary care systems should be strengthened to provide early identification, basic intervention, and referral services. Training community health workers to recognize early signs of depression, anxiety, dementia, and

caregiver stress is emphasized as a cost-effective and scalable strategy. Community-based dementia care, home-based services, and day-care centres are recommended to reduce institutionalization and caregiver burden.

2. Strengthening District-Level Services through DMHP

District Mental Health Programme should be strengthened to include dedicated geriatric mental health services. District hospitals are envisioned as central places for geriatric psychiatry outpatient services, short-stay inpatient care, and follow-up services. Integration of psychiatric care with general medicine and non-communicable disease clinics at the district level is recommended to address the high burden of physical-psychiatric comorbidity in older adults.

3. Expansion of Secondary and Tertiary Care Services

Medical colleges and mental health establishments are expected to play a key role in future geriatric mental health care. Establishment of dedicated geriatric psychiatry units, memory clinics, and specialized inpatient beds in teaching hospitals can be important steps.

4. Workforce Development and Capacity Building

A major future priority identified is large-scale workforce development across all levels of care. This includes structured training for ASHA workers, nurses, general practitioners, psychologists, social workers, and AYUSH practitioners in geriatric mental health. Undergraduate and postgraduate medical curriculum should include mandatory training in geriatric psychiatry. Expanding specialized training programs in geriatric psychiatry is seen as critical for developing future experts and leaders in this field.

5. Integration with National Health and Elderly Care Programs

There should be better integration of geriatric mental health into existing national programs such as the NPHCE, NMHP, and non-communicable disease programs. Mental health screening should become a routine

component of elderly health assessments. Collaborative care models that simultaneously address physical ailments, mental health, and social support are suggested as the most effective approach for elderly populations.

6. Policy Reforms and Long-Term Vision

Future policy directions include allocating specific funds for geriatric mental health, establishing regular policy review committees, and creating a national policy on aging that includes mental health as a central element. Strengthening social security measures, caregiver support systems, and legal protections for elderly individuals with cognitive impairments is crucial for comprehensive mental health care for the elderly.

7. Telepsychiatry

Emphasising more on telepsychiatry can improve access to specialist mental health services for elderly individuals living in rural and underserved areas. Early diagnosis and ongoing treatment can be made possible by remote consultations, digital screening instruments and online follow-ups. The guidelines created by the National Institute of Mental Health and Neurosciences and the Indian Psychiatric Society support the growth of telepsychiatry services.

8. Caregiver Support and Training

Family members often act as the primary caregivers for older adults with conditions such as dementia and depression. These responsibilities may lead to emotional stress and caregiver burnout. Structured caregiver education, counselling, and community support programmes can improve patient outcomes and may help in reducing caregiver burden.

HOMOEOPATHIC PERSPECTIVE OF MENTAL DISORDERS IN OLD AGE

The founder of Homeopathy, *Dr. Samuel Hahnemann (1755-1843)*, believed that mental and physical health as interconnected, emphasizing that illness results from a combination of both physiological and mental events. According to him, mind and physical are not two different entities, but

they are derived from the same body. **Dr. James Tyler Kent (1849-1910)**, a strong advocate of Hahnemann's principles, further elaborated the mind-body connection, describing the mind as the central authority in the body and that untreated mental disturbances could lead to severe physical ailments. In his lesser writings, he categorized the mind into three faculties—will, intellect, and memory—and provided detailed insights into each to deepen understanding of their role in health and disease. **Dr. Cyrus Maxwell Boger (1861-1935)** emphasized the importance of understanding the mental state in diagnosis, asserting that the mind is often the cause of physical symptoms, and both mental and physical symptoms should be considered together to effectively treat the patient.^[8]

These classical homoeopathic viewpoints highlight the significance of mental symptoms in case analysis, which is helpful for understanding emotional disturbances in older individuals.

Mental diseases as described in Organon of Medicine

Dr. Hahnemann has mentioned mental diseases in §210-230 in his Organon of Medicine. Mental illnesses often present in one-sided way; they tend to be chronic in nature and are psoric in origin. Classification:

- **Type 1 mental diseases (§215-220: Mental Diseases of Physical Origin)** are the ones which had an origin from corporeal symptoms. In this case, mental symptoms increase while the corporeal symptoms decline. The mental symptoms become so intense such that the disease has become one-sidedness in nature, thus becoming the chief symptoms. *These should be treated with appropriate Antipsoric medicine.*
- **Type 2 mental diseases (§221-223: Mental Diseases from Acute Excitation)** arise suddenly in the mental sphere as acute disturbances in individuals who were previously calm. They are commonly excited by factors

such as fright, vexation, grief, or abuse of spirituous liquors and usually originate from latent psora. These conditions are first treated with non-Antipsoric medicines, followed by Antipsoric treatment to prevent future miasmatic manifestations.

- **Type 3 mental diseases (§224: Mental Diseases of Doubtful Origin)** are the ones which are doubtful in origin. It remains uncertain whether they arise from corporeal disease or from factors such as faulty education, unhealthy habits, moral corruption, neglect of mental discipline, superstition, or ignorance.
- **Type 4 mental diseases (§225-230: Mental Diseases of Emotional Origin)** are disorders of emotions, such as persistent anxiety, worry, frustration, and intense fear. These are emotional in nature and can damage the physical health in the long run. These conditions can be initially cured with self-confidence building, warm counselling, and lifestyle modification, particularly if they began recently and have no appreciable effect on the body. However, to achieve a permanent cure, a radical, anti-psoric treatment is necessary.^[9]

In geriatric patients, emotional disturbances such as loneliness, grief, fear of dependency, and loss of purpose often precede diagnosable psychiatric disorders. Homoeopathy may help in addressing these disturbances through an individualised and holistic approach, considering physical comorbidities, emotional state, personality, and social context.

INTEGRATION OF HOMOEOPATHY IN GERIATRIC COMMUNITY MENTAL HEALTH CARE IN INDIA

India's evolving geriatric mental health care framework emphasizes on community-based delivery, and integration within existing public health systems. The National Mental Health Programme (NMHP), including its practical element known as the District Mental Health Programme (DMHP), aims to

integrate mental health services within local clinics and community health centres. This enables early identification, basic intervention, and referral at the community level rather than reliance on tertiary psychiatric institutions. This approach is particularly relevant for older adults, who often face mobility limitations, stigma, and poor access to specialist care, especially in rural and underserved regions.^[11]

As a part of this plan, the integration of homoeopathic practitioners into community mental health programmes offers a complementary strategy to expand service reach and workforce capacity. Evidence from national survey data indicates that a considerable number of middle-aged and older individuals in India already seek out complementary and traditional medicine professionals, demonstrating both ease of access and cultural acceptance.^[12]

Incorporating homoeopathy into PHCs, geriatric clinics, old age homes, and community centres can therefore strengthen frontline mental health engagement, particularly in settings where specialist mental health professionals are scarce.

Homoeopathy's individualized and holistic approach aligns with the person-centred care model which is increasingly promoted in geriatric mental health services. Older individuals frequently present with several overlapping physical, emotional, and social challenges, including multiple ailments, loneliness, loss, and declining physical abilities. The consultation approach in homoeopathy, characterized by extended patient interaction and attention to personal experiences of the patient, may facilitate earlier recognition of depressive symptoms, anxiety, sleep disturbances, and stress-related complaints that are often under-recognized in routine biomedical encounters. When integrated within community mental health programmes, homoeopathy can complement conventional care by enhancing patient engagement, supporting continuity of care, and strengthening referral pathways to psychiatric services when required.^[12]

Community-based homoeopathic services

may serve as a familiar and socially acceptable entry point for addressing emotional distress, thereby normalizing conversations around mental well-being. The availability of homoeopathy alongside conventional services improves acceptance and utilization of healthcare facilities. Such integrative models may facilitate timely referrals, reducing delays in care caused by stigma or reluctance to access psychiatric facilities directly.^[13]

In addition to its role in care delivery, homoeopathy can contribute to the preventive and promotive dimensions of geriatric mental health. Community mental health programmes increasingly emphasize mental well-being, resilience, and healthy ageing rather than a solely disease-focused approach. Apart from prescribing medicines, through lifestyle guidance, stress management, and supportive counselling, homoeopathic practitioners can assist older adults in coping with psychosocial stressors and age-related transitions.^[12]

ROLE OF AYUSHMAN AROGYA MANDIRS IN STRENGTHENING GERIATRIC MENTAL HEALTH CARE

Ayushman Arogya Mandirs, established under the Ayushman Bharat programme, represent an important step toward strengthening comprehensive primary health care in India. These centres aim to deliver promotive, preventive, rehabilitative and palliative health services at the community level, including basic mental health care. Their service package enables early identification, counselling, and referral for common mental health conditions among older adults. The presence of AYUSH services, including homoeopathy, within these centres may further support holistic and individualized approaches to geriatric mental health care. By strengthening linkages with programmes such as the District Mental Health Programme and the National Programme for Health Care of the Elderly, Ayushman Arogya Mandirs have the potential to enhance accessibility and delivery of community-based mental health

services for the elderly.^[15]

CONCLUSION

Mental health care for the elderly is an essential component of community mental health. Homoeopathy, with its holistic philosophy, gentle therapeutic approach, and emphasis on emotional well-being, holds a meaningful place in geriatric community mental health care. When integrated responsibly within public health frameworks, homoeopathy can contribute to mental health promotion, prevention, supportive care, and rehabilitation of older adults, thereby improving quality of life and healthy ageing.

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