

1. Rare bacterium mimicking whooping-cough on the rise

Researchers at Postgraduate Institute of Medical Education & Research (PGIMER), Chandigarh, found a growing number of infections in northern India caused by the bacterium *Bordetella holmesii*, which presents very similarly to classical whooping cough (*Bordetella pertussis*).

- The study analysed 935 suspected pertussis cases from 2019-2023 and found that 37% were actually due to *B. holmesii* — a proportion higher than that for *B. pertussis* in the same period.
- This shift suggests diagnostic and surveillance challenges, since treatments/tests tailored for pertussis may miss *B. holmesii* infections.
- The researchers emphasise that clinicians should be aware of this emerging trend and that diagnostic labs may need to upgrade or diversify testing.

Implication: For public health and paediatrics in India, this means a reassessment of whooping-cough surveillance is needed, especially among children aged ~5-10, where the uptick was most pronounced.

2. Kerala pushes for integrated allopathy-Ayurveda as medical value-travel hub

In Kochi, during the 2025 “Kerala Health Tourism & Global Ayurveda Summit & Expo”, industry and government officials emphasised a strategy to turn Kerala into a major destination for medical value travel by combining modern allopathic medicine with traditional systems such as Ayurveda.

The ayurveda sector in India is reportedly worth about USD 43 billion currently, and projections suggest it could contribute around 5% to India's GDP by 2047 if growth momentum continues.

- Specific targets cited: Grow Kerala's ayurveda economy from ~₹ 15,000 crore today to ~₹ 60,000 crore by 2031, and even up to ~₹ 5 lakh crore by 2047.
- The summit highlighted that blending wellness tourism, medical treatments and holistic medicine can open new international-market opportunities, particularly in the global wellness economy.

Implication: For healthcare policy and medical tourism, this suggests a trend toward integrated care models and an investment push in traditional-complementary medicine combined with mainstream treatments. Patients seeking holistic or combined care may see more options in coming years, especially in Kerala.

3. Discussion on living will and end-of-life decisions gains momentum

Ahead of the conference Mahacriticon 2025 in Nagpur, doctors are organising a public forum focused on end-of-life care, "dying with dignity", and the concept of a "living will" (advanced medical directive) in India.

- The forum emphasises that a "living will" is not the same as euthanasia – it's about allowing patients to refuse or limit non-beneficial treatments and life-support interventions when recovery is highly unlikely.
- Ethical, medical and psychological dimensions of end-of-life care will be covered, including withdrawal of futile treatment, palliative care, and what constitutes a "good death".
- Medical professionals are being encouraged to attend and engage, signalling a shift toward more open discussion in India about terminal care, patient autonomy and quality of death.

Implication: For clinicians, hospitals and patients in India, this suggests increasing institutional interest in frameworks for advanced care planning and ethical end-of-life decision-making. Patients may increasingly be offered documentation or discussions about living wills, and caregivers may receive more training in relevant ethical issues.