

LETTER

Researching for the sake of “curiosity”: insights from a petri-dish experiment

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The Department of Health Research under the Ministry of Health and Family Welfare, Government of India, released the draft National Health Research Policy (NHRP) on July 6, 2026 [1], inviting public responses so that valuable suggestions may be incorporated to evolve a comprehensive policy. This public policy formulation exercise had caught our attention, prompting us to review the draft from the perspective of novice researchers, those with only a handful of current matrices and hardly any research impact to boast about.

What the NHRP Draft gets right

Let us first examine what the draft policy gets right from the lens of a novice, early-career or mid-career researcher.

1. The National Health Research Agenda creates a framework that aligns with priority health needs in light of the experience from the recent pandemic.
2. The policy draft also underscores the need to evaluate societal impact using the Impact of Research and Innovation Scale (IRIS) as a measurable framework.
3. The National Health Research Stewardship Committee recognises early and mid-career researchers and provides opportunities for mentoring and capacity building.
4. The policy acknowledges barriers to timely fund delivery by mandating a streamlined workflow from grant application to fund dispersal.
5. Gender-friendly spaces and opportunities are embedded in the policy, which provides child care facilities and incentive grants to women researchers returning from career breaks.
6. The policy supports shared research facilities to help researchers in institutions with limited research infrastructure access advanced resources, thereby fostering networking, a cross-disciplinary approach and collaboration.

Missing out on “Curiosity driven Research”

However, what the policy perhaps misses out on is the “curiosity-driven” research, where research is done simply to find answers to an unforeseen predicament that may present itself during a field observation, in an out-patient space or a bedside clinic. In 1922, when Alexander Fleming published his

paper “On a remarkable bacteriolytic element found in tissues and secretions” in the *Proceedings of the Royal Society B* — in essence the first discovery of lysozyme, which he studied using his own nasal secretions — it hardly evoked much comment or discussion [2]. By current research standards, it would certainly not qualify for a research grant. Yet, these very experiments were what honed Fleming’s astute observation skills that finally led to the discovery of *Penicillium Notatum*. The rest of the journey, from that initial finding to large-scale antibiotic production and the Nobel stage, took nearly 20 years. But these tales from the petri-dish are a reminder that attempting to measure impact before research even begins can stifle the enthusiasm of a novice or early-career researcher.

Frameworks required for multi-disciplinary collaborations, such as ethical and institutional clearances, data governance, knowledge of data science and skills for networking, may appear daunting. Yet, a clinician working in a rural setting deserves as much impetus, motivation and support as a researcher in a well-funded premier institute, even if their goal is to observe and decode an epidemiological pattern in the community with no immediate or tangible impact.

Another reminder is Ronald Ross’s discovery of the malarial parasite life cycle that was made in the obscurity of the Western Ghats in the Nilgiris. He too seemed an unlikely contender, yet his ground-breaking research won him a Nobel in 1902 [3]. Equally compelling is the oral rehydration solution (ORS) story from the West Bengal-Bangladesh border during the 1971 war. Developed in the 1960s at the International Centre for Diarrheal Disease Research in Dhaka, the “Dacca solution,” as it was initially called, was transformed into a life-saver by Indian paediatrician, Dr Dilip Mahalanabis. By using oral rehydration therapy beyond controlled research settings to revive cholera-stricken patients in refugee camps during the Bangladesh war, he paved the way for a global paradigm shift in the use of ORS for public health [4].

Perspectives to consider

Although advantageous to a budding research enthusiast, we would like to outline a few areas where the NHRP draft revision can be strengthened by:

1. Accommodating curiosity-driven research without strict commitments to immediate or substantial outcomes. Such funds can be disbursed through academic institutions of excellence as travel bursaries or research fellowships, exclusively for rural clinicians and early-career researchers who are not affiliated to premier academic institutions.

2. Creating a network of rural hospitals with affiliation to academic institutions in a Hub & Spoke model that can support mentoring, ethical clearance logistics, data governance, sharing technical infrastructure, statistical support for analysis of data and manuscript writing. This will nurture research ideas, from incubation to the fulfilment of a publication [5].
3. Creating specialised spin-offs of the *Indian Journal of Medical Research*, the flagship journal of the Indian Council of Medical Research, to expand publishing avenues for sub-speciality researchers. These journals should prioritise novel ideas and provide space for invited commentaries from senior academicians on translating nascent research concepts into impactful projects.
4. Providing grants for clinicians working exclusively in rural and tribal settings to spear head research projects that build on indigenous tribal knowledge and indigenous medicine. These grants should incorporate travel fellowships to academic centres, structured mentoring by senior faculty, and access to shared laboratory infrastructure. Clinicians working with rural and indigenous populations are often in the best position to formulate context-specific solutions. What is needed is only discovery, encouragement and support at the right place and time.

Viewed from the perspective of a novice or early-career researcher, the draft NHRP looks promising. We appreciate the policy's considerations for researchers in various capacities, its support mechanisms for women researchers returning from career breaks, and the impetus given to indigenous medicine. We hope that the revisions will root for the spirit of curious inquisitiveness, which is the essence of research and foundation of scientific advancement.

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