

2.1 The National Health Policy, 1983 referred to our rich heritage of medicinal knowledge and suggested that it was necessary to initiate measures to enable India's rich medicinal heritage to develop in accordance with its genius. It took note of the fact that vast infrastructure is available in Indian Systems of Medicine and Homoeopathy and that it should be integrated at the appropriate level, within specified areas of responsibility and functioning in the over all health care delivery systems, specially in regard to the preventive, promotive and public health objectives.

2.2 The Central Council for Health and Family Welfare in 1999 also recommended, inter-alia, that at least one physician from the Indian Systems of Medicine & Homoeopathy should be available in every Primary Health Center and that vacancies caused by non-availability of allopathic personnel should be filled by ISM&H physicians. The Council also resolved that specialist ISM&H treatment centres should be introduced in rural hospitals and a wing should be created in existing state and district level government hospitals for extending the health care to the public.

2.3 The concern for preservation and scientific development of our rich heritage of medicinal knowledge reflected in National Health Policy, 1983 led to the National Policy on Indian Systems of Medicine & Homoeopathy, 2002 which outlined following basic objectives:

(a) To promote good health and expand the outreach of health care to our people, particularly those not provided with health cover, through preventive, promotive and curative interventions through ISM&H.

- (b) To improve the quality of teachers and clinicians by revising curricula to contemporary relevance by creating model institutions and Centres of Excellence and extending assistance for creating infrastructural facilities.
- (c) To ensure affordable ISM&H services and drugs which are safe and efficacious.
- (d) To facilitate availability of raw drugs which are authentic and contain essential components as required under pharmacopoeial standards to help improve quality of drugs, for domestic consumption and export.
- (e) To integrate ISM&H in the health care delivery system and National Programmes and ensure optimal use of the infrastructure of hospitals, dispensaries and physicians.
- (f) To re-orient and prioritize research in ISM&H to gradually validate therapy and drugs to address in particular the chronic and new life style related emerging diseases.
- (g) To create awareness about the strengths of these systems in India and abroad and sensitize other stakeholders and providers of health.
- (h) To provide full opportunity for the growth and development of these systems and utilization of their potential, strength and revival of their glory.

2.4 The following strategies have been outlined in the National Policy on AYUSH, 2002:

- (a) Legislative measures would be taken to check mushroom growth of substandard colleges.

- (b) Course curricula would be reinforced to raise the standards of medical training and to equip trainees for utilization in national health programs.
- (c) Priority would be accorded to research covering clinical trials, pharmacology, toxicology, standardization and study of pharmaco-kinetics in respect of already identified areas of strength.
- (d) The Medicinal Plants Board would address all issues connected with conservation and sustainable use of medicinal plants leading to remunerative farming, regulation of medicinal farms and conservation of bio-diversity.
- (e) Medicinal Plants Board would acquire statutory status to be able to regulate registration of farmers and cooperative societies, transportation, marketing of medicinal plants and proper procurement and supply of pharmaceutical industry.
- (f) Protection of India's traditional medicinal knowledge would be undertaken through a progressive creation of a Digital Library for each system and eventually for codified knowledge leading to innovation and good health outcomes.
- (g) Efforts would be made to integrate and mainstream ISM&H in health care delivery system and in National Programmes.
- (h) A range of options for utilization of ISM&H manpower in the healthcare delivery system would be developed by assigning specific goal oriented role and responsibility to the ISM&H work force.
- (i) Allopathic hospitals would be encouraged to set up AYUSH health facilities.
- (j) Central Government would assist allopathic hospitals to establish Panchkarma and Ksharshutra facilities for the treatment of neurological disorders, musculo-skeletal problems as well as ambulatory treatment of fistula-in-ano, bronchial asthma and dermatological problems.
- (k) States would be encouraged to consolidate the ISM&H infrastructure and health services.
- (l) Pharmacopoeial work related to Ayurveda, Unani, Siddha and Homoeopathy Drugs would be expedited.
- (m) Industry would be encouraged to make use of quality certification and acquisition of GMP and ISO 9000 certification.
- (n) Quality Control Centers would be set up on regional basis to standardize the in-process quality control of ISM products and to modernize traditional processes without changing the concepts of ISM.
- (o) States would be advised and supported to augment facilities for drug manufacture and testing.
- (p) Operational use of ISM in Reproductive & Child Health (RCH) would be encouraged in eleven identified areas, where the Indian systems of medicine would be useful for antenatal, intra-natal, post-natal and neo-natal care.
- (q) North Eastern States, rich in flora and fauna, would be supported to develop infrastructure and awareness of ISM.
- (r) Keeping in view the global interest in understanding ISM concepts and practices, modules will be formulated for introducing Ayurveda and Yoga to medical schools and institutions abroad and to expose medical graduates.
- (s) Awareness programmes on the utility and effectiveness of ISM&H would be launched through the electronic and print media.

2.5 The following measures have been taken by the Department of AYUSH, Ministry of Health and Family Welfare to give effect to the above Policy directions :

- (a) There has been a quantum jump in the Plan provision of the Department of AYUSH in the last three years of 10<sup>th</sup> Plan. Keeping in view the substantial increase in Plan budget, efforts have been made to productively utilize Plan funds for propagating in-situ conservation and ex-situ cultivation of medicinal plants, upgradation of AYUSH education institutions, mainstreaming of AYUSH in National Health System by providing financial assistance to States to open AYUSH wings in district hospitals and speciality/OPD clinics at various levels and assistance to States as well as AYUSH industry for strengthening their standardization and quality control capabilities.
- (b) All through the 10<sup>th</sup> Plan efforts have been made to strengthen the existing national institutes set up to lay down benchmarks for teaching, research and clinical practices of different systems.
- (c) The Department continued to emphasise the need to prevent growth of sub-standard colleges and sought active involvement of the regulatory Councils and State Governments to achieve these objectives. Under the amended IMCC Act and HCC Act, prior permission of the Central Government is now mandatory for establishing new colleges; starting new and higher courses and increasing admission capacity in Ayurveda, Siddha, Unani and Homoeopathy colleges. It also provides for ensuring conformity to laid down standards in existing colleges within three years of the enactment. These provisions have already led to curbing the growth of sub-standard colleges and in due

course will increase the educational standards in existing colleges as well.

- (d) IMCC (Amendment) Act, 2005 and HCC (Amendment) Act, 2005 have been introduced in the Parliament with a view to bringing about transparency and accountability in the functioning of these Councils as a part of Department's priority to improve standards of graduate and postgraduate education in Ayurveda, Siddha, Unani and Homoeopathy. The Indian Medicine and Homoeopathy Pharmacy Bill, 2005 has also been introduced in Parliament to establish a Central Pharmacy Council for Indian Medicine and Homoeopathy to regulate and standardize pharmacy education.
- (e) Standardization of drugs and quality control continued to receive focused attention of the Central Government. Department of AYUSH has sensitized all the State Licensing Authorities and State Departments who are responsible for administration of the Indian Drugs & Cosmetics Act, 1940 and Drugs & Cosmetics Rules, 1945 to ensure compliance by all Ayurveda, Siddha and Unani drugs manufacturing units with the provisions of the Acts and Rules relating to display of all ingredients used in the preparations together with the quantity of each ingredients on the label of the medicine. All the State Ayurveda, Siddha, Unani and Unani Drug Licensing Authorities have also been instructed to take action against the defaulting ASU drug manufacturers for failure to comply with the Good Manufacturing Practices (GMP) notified under Schedule 'T' of the Drugs and Cosmetics Rules, 1945.
- (f) To address domestic as well as global concerns relating to presence of heavy metals in Ayurveda, Siddha and Unani

formulations, the Department of AYUSH has initiated a research project under the Golden Triangle Project in collaboration with the Central Council for Research in Ayurveda and Siddha (CCRAS), Council of Scientific and Industrial Research (CSIR) and Indian Council of Medical Research (ICMR) for physicochemical characterization and safety study of eight most widely used Bhasmas (Herbo-metallic compounds) prepared in accordance with the classical texts. Results of these studies would be shared with the public at large. Secondly, Department of AYUSH has introduced mandatory testing of heavy metals for Arsenic, Lead, Mercury and Cadmium in all purely herbal Ayurveda, Siddha and Unani drugs for export purposes w.e.f. 1<sup>st</sup> January, 2006 to ensure that before these medicines are exported the manufacturers and exporters should take steps to ensure that these purely herbal medicines should not contain any heavy metal by way of contamination. Mandatory testing for heavy metals could also be introduced for domestic consumption in due course.

- (g) An exercise is also underway to incorporate in the 11<sup>th</sup> Five Year Plan a provision for financial assistance to ASU drugs manufacturing units to acquire costly quality control and R&D equipment by way of 50% subsidy subject to Rs.50.00 lakh or 50% of the project cost which is less. The Department realizes that there is a need to set up common facilities for AYUSH industry clusters in 15 to 20 major centres of production of ASU drugs.
- (h) Integration of AYUSH in the health care system is the key strategy under the National Rural Health Mission (NRHM). The Department of AYUSH has been providing

substantial financial assistance to States for opening of AYUSH wings in district hospitals and speciality/OPD clinics in other hospitals with a view to provide AYUSH facilities alongwith modern medicine under one roof. An ambitious initiative is under way to provide the services of AYUSH doctors in CHCs/PHCs in the county under the NRHM.

- (i) Substantial financial assistance has been provided to Government and Government aided AYUSH UG/PG colleges for upgrading their infrastructure. It is also proposed to provide financial assistance for development of selected AYUSH UG/PG institutions into Centre of Excellence for AYUSH education in the 11<sup>th</sup> Plan.
- (j) The Department of AYUSH has assigned the highest priority to the laying down of pharmacopoeial standards for ASU&H drugs. The work of laying down of pharmacopoeial standards of single crude drugs has been more or less completed and it is proposed to lay down pharmacopoeial standards for 300 to 400 most widely used Ayurvedic medicines in the next three years. To keep these objectives in mind the Ayush Research Councils have been declared as the Secretariats for the Pharmacopoeia Committees.
- (k) An ambitious modernization plan is under implementation for modernization of Pharmacopoeial Laboratory for Indian Medicine (PLIM), Ghaziabad with a view to expediting laying down of pharmacopoeial standards.
- (l) National Medicinal Plants Board has been set up by the Govt. of India and State Medicinal Plants Board has been constituted in most of the States to coordinate the activities of cultivation and conservation of medicinal

- plants. So far more than 1.5 lakh acres of land has been brought under in-situ conservation and ex-situ cultivation of medicinal plants.
- (m) In the 11<sup>th</sup> Plan an ambitious Plan has been drawn up by the National Medicinal Plants Board for the provision of marketing and value added services to the growers through State Medicinal Plant Boards and Herbal Mandis.
  - (n) With a view to protecting India's traditional medicinal knowledge, a Traditional Knowledge Digital Library (TKDL) has been created in five international languages for providing access to International Patent Offices under a non-disclosure agreement for facilitating patent search so as to deny wrongful patents based on Indian medicinal knowledge already in the public domain.
  - (o) National Institute of Siddha, Chennai and National Institute of Unani Medicine, Bangalore, have been established in the 10<sup>th</sup> Plan with a view to setting benchmarks for education and research in Siddha and Unani medicine.
  - (p) The Department is actively pursuing the proposal for establishment of an All India Institute of Ayurveda at Sarita Vihar, New Delhi which would be a center of excellence for development and scientific validation of Ayurveda.
  - (q) A new complex has been completed for the Morarji Desai National Institute of Yoga (MDNIY) with a state-of-the-art facilities and is imparting one year diploma course in Yoga.
  - (r) The Department of AYUSH has been organizing Arogya exhibitions at New Delhi and other places and AYUSH Health Melas at district level through accredited NGOs with a view to creating awareness regarding the strengths of AYUSH systems.
  - (s) The regional Arogya has now been organized at Chennai, Hyderabad and Pune. The Department of AYUSH has also participated in the trade shows organized by PHARMAEXCIL and FICCI at various places in India and abroad.
  - (t) Keeping in view the global resurgence of interest in complementary and alternative systems in general and Ayurveda in particular, AYUSH industry was provided incentives for participation in national and international trade fairs/exhibitions to improve the visibility of AYUSH products.
  - (u) The Department of AYUSH has been sending experts to participate in various international meetings and a number of delegations have visited the Department of AYUSH for exploring cooperation in the field of traditional system.
  - (v) The Department of AYUSH in collaboration with NISCAIR (CSIR) organized the First International Conclave on Traditional Medicine on 16<sup>th</sup> - 17<sup>th</sup> November 2006 in New Delhi in which about 300 experts including foreign delegates from member countries of SAARC, APTMNET, IBSA and BIMSTEC regional fora and other internationally recognized experts on various aspects of traditional medicine participated. The theme of the International Conclave was on standardization, quality control, safety and efficacy of traditional medicine. Issues relating to protection of traditional medicinal knowledge from misappropriation, market authorization of traditional medicine and non-tariff technical barriers to the trade of medicinal products, were also discussed. Representatives of WHO, WIPO and APTMNET also participated in the Conclave.

