

# THE AWARE CONSUMER

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## MAHAMANA DECLARATIONS ON

# AYUSH

### – A Patient-Centric Initiative for Integrated Medicine

This edition is dedicated to  
**Late Shri Labanyendu Mansingh,**  
IAS (Retd.),  
Former Secy. to the  
Govt. of India,  
Former Chairman,  
Consumer Online  
Foundation



#### RESEARCH FEATURE

COVID-19 Prompts  
Studies On AYUSH  
Modalities

#### OUT OF THE BOX

Quality Assurance And  
Standardization  
Of Bio-resources Crucial  
For Maintaining Quality Of  
AYUSH Medicines



#### INTERVIEW

Prof. Darlando Khathing (PhD., D.Sc.)  
Vice Chancellor, North East Christian University (NECU)

**PLUS**

**ROUND UP • MY MARKET • THE PRESCRIPTION**



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NABL grants accreditation in accordance with ISO/IEC 17025: 2017 to the laboratories testing AYUSH Products to ensure that they adhere to the requirements.



NABL operates in accordance with ISO/IEC 17011: 2017.

NABL is a full member and signatory to Asia Pacific Accreditation cooperation (APAC) and International Laboratory Accreditation Cooperation (ILAC) Mutual Recognition Arrangements (MRAs).

Around 40 laboratories are accredited by NABL in Chemical and Biological discipline for AYUSH Products group.



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Select Country: India, Field: Testing, Discipline: Chemical, Group: AYUSH Products  
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National Accreditation Board for Testing and Calibration Laboratories (NABL)

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# VIEWPOINT

MESSAGE FROM PUBLISHER & EDITOR

## Indigenous Alternative Medicine Systems

- An Excellent Option For Staying Healthy



**THE TWO THINGS** we humans crave above all else is a safe and healthy life and accessibility to quality healthcare! And India has always been characterized by a rich tradition of indigenous medicines that not only treat our ailments, but also focus on keeping us free of diseases and in the pink of health.

There are many different health traditions that are intertwined with the cultural practices and also the climate, flora, fauna and other local geographical conditions. But a common thread runs through the traditional therapies - healing-oriented medicine that takes the whole person into account, encompassing the diet, habits, preferences and lifestyle. The emphasis is always on enhancing the body's natural defence system so as to maintain optimum health.

We cannot deny the importance of ayurveda, homeopathy, yoga, naturopathy and other alternative healing systems for managing stress, reducing anxiety, boosting immunity and maintaining good health. Their role in preserving quality of life is backed by scientific studies with promising evidences.

The holistic approach focuses on lifestyle modification, dietary management, prophylactic interventions and other simple remedies based on the symptoms. For instance, emphasis on avoidance of causative factors and enhancing the immunity against a host of infections are the essentials of ayurveda management. The preventive aspect of ayurveda is well known, and historically, homoeopathy has reportedly been used for prevention during the epidemics of cholera, Spanish influenza, yellow fever, scarlet fever, diphtheria, typhoid, etc.

To capitalize on this immense wealth of traditional therapeutic knowledge at our disposal, policymakers have been espousing their integration with modern medicine for both preventive and curative services. The government has unified the traditional and non-conventional systems of health care into the Ministry of AYUSH (abbreviation for Ayurveda, Yoga, Unani, Siddha and Homoeopathy). Even the National Health Policy 2017 advocates the mainstreaming of AYUSH systems.

However, the fundamental aspects of our holistic systems still suffer from lack of proper positioning. There are gaping holes in terms of educating the people about the benefits and advantages of AYUSH. Scratch the surface and issues related to quality and safety will come to the fore.

What we need is an all-round comprehensive approach that can successfully integrate AYUSH into modern medicine to tackle the novel and unprecedented challenge we are facing today! It is now for us to promote AYUSH in India and then take it globally in the interest of the citizens and informed choice to the consumers.

Prof. Bejon Kumar Misra  
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# We ACKNOWLEDGE the contributions made by the following experts, without whom it would not have been possible to publish this initiative on MAHAMANA DECLARATIONS ON AYUSH

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# AN INTEGRATIVE APPROACH TO COVID-19 MANAGEMENT



**INDIA'S HEALTHCARE HAS** always been pluralistic. Our culture is steeped in holistic and traditional systems of medicine covering a gamut of health complaints and disorders.

So, why are we relying only on modern medicine therapies in the midst of such a gargantuan public health emergency unleashed by the SARS-CoV-2 virus that has disrupted lives and wrecked deaths like never before?

Especially when we know that allopathy does not offer a confirmed cure for the COVID-19 disease as yet and the treatment continues to be mostly indicative and experimental. When modern medicine is still lacking appropriate scientific evidence, why can't we accord the same latitude to AYUSH systems as well? What's more, the former does not even offer any reliable measure for boosting immunity and keeping the novel coronavirus at bay.

There is a buzz around alternative interventions that can significantly contribute to the management of COVID-related respiratory symptoms and after effects by improving lung capacity.

To give credit where it is due, right from the start of the pandemic, the Ministry of AYUSH has been recommending self-care guidelines and preventive health measures with special reference to respiratory health. Even Prime Minister Narendra Modi stressed on the importance of using the tested immunity boosters of Ayurveda and yoga in his Mann Ki Baat address.

The need of the hour is to adopt a multi-pronged approach for managing the COVID-19 pandemic – for instance, while modern medicine can handle critical care, Ayurveda can manage the symptoms and strengthen immunity while yoga can help improve post-COVID physical and mental health.

China has successfully integrated traditional Chinese Medicine into its standard care for COVID-19. Several universities across the USA are also involved in developing cohesive protocols for holistically managing COVID-19. ■

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## THE AWARE CONSUMER

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www.theawareconsumer.in

SEPTEMBER 2021 • Vol. 7 • Issue 6

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Published at:

B - 306, 1st Floor,

C.R. Park, New Delhi-110019

Printed at:

M/s. Swastika Creation

19, D.S.I.D.C. Shed, Scheme 3,

Okhla Phase II, New Delhi - 110020

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Total number of pages - 64, Including Covers

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THE AWARE CONSUMER SEPTEMBER 2021

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RESEARCH FEATURE

#### COVID-19 PROMPTS STUDIES ON AYUSH MODALITIES



It cannot be denied that AYUSH interventions have played a leading role in the COVID-19 disease management success in India.



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#### CONSOLIDATION AND REORGANIZING SPELLS THE WAY FORWARD



The UN Sustainable Development Goal (SDG) 3 mandates Good Health & Well-Being for all at all ages and lists out measurable targets in the areas of maternal, neonatal and child health, communicable diseases' epidemics and non-communicable diseases amongst others.



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INTERVIEW



**Prof. Darlando Khathing**  
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MY MARKET

#### DESIGNING A REGULATORY AUTHORITY EXCLUSIVELY FOR AYUSH



A strong and independent regulatory body with uniform quality and safety standards will go a long way in instilling trust in AYUSH, improving ease of doing business and thus stimulating consummate growth in the sector.



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OUT OF THE BOX

#### QUALITY ASSURANCE AND STANDARDIZATION OF BIO-RESOURCES CRUCIAL FOR MAINTAINING QUALITY OF AYUSH MEDICINES



India is blessed with rich flora and fauna. We have thousands of species of plants that lend themselves well for medicinal purposes.



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IN FOCUS

#### UPGRADING AYUSH EDUCATION WILL BREATHE NEW LIFE INTO THE SECTOR

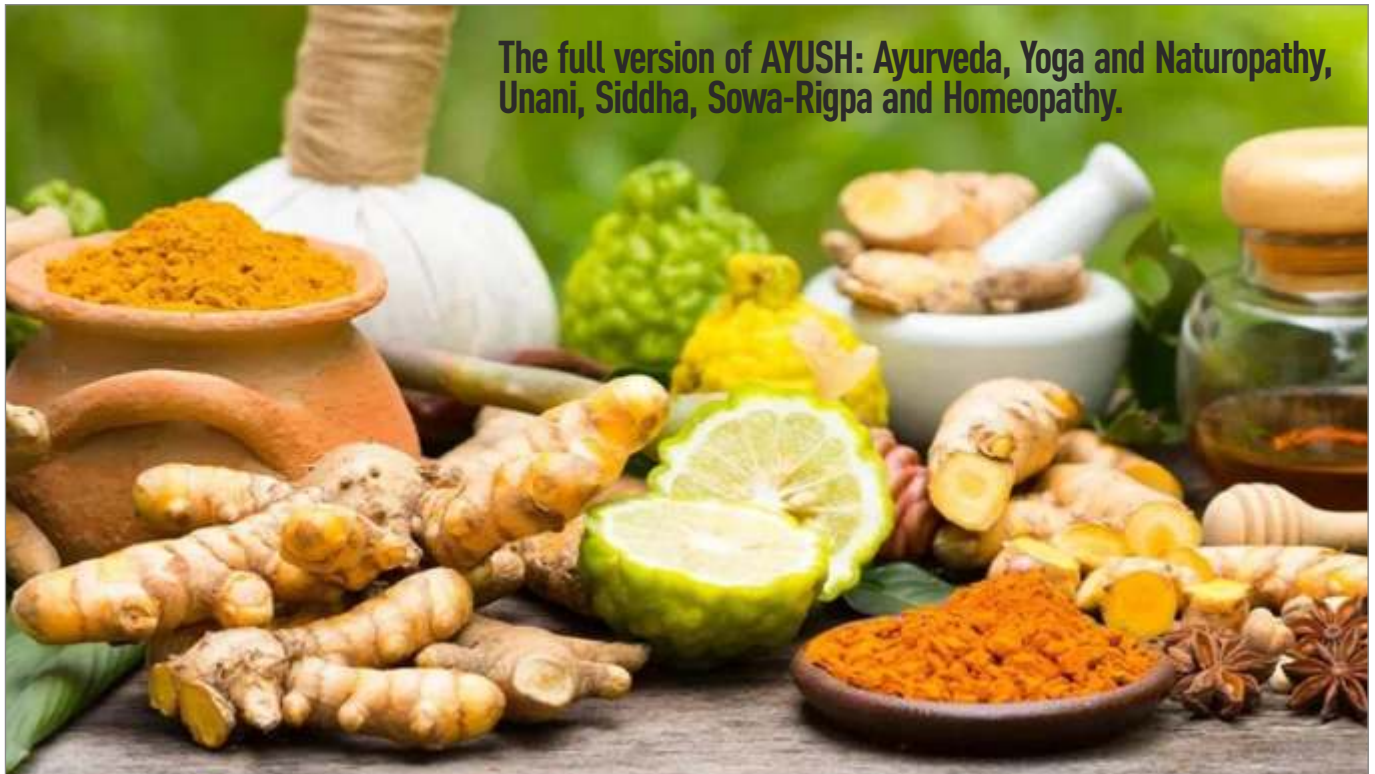


MR. SARBANANDA SONOWAL  
MINISTER OF PORTS, SHIPPING AND WATERWAYS OF INDIA

While underlining the importance of the initiative he said that MoHFW and MoAyush – both ministries will work ‘hand-in-hand’ in a way that the health seeking masses of the country benefit the most, as envisaged by the PM. “In this regard health ministers of all states would also need to be taken on board”.



# ROUNDUP



The full version of AYUSH: Ayurveda, Yoga and Naturopathy, Unani, Siddha, Sowa-Rigpa and Homeopathy.

## Bringing AYUSH To The Forefront In The War Against COVID-19

The Mahamana Declarations on AYUSH are the result of a week-long deliberations on how to give a fillip to Indian traditional systems of medicine by expanding their reach and use during the pandemic. This is an attempt to promote an integration of the best of AYUSH and modern systems of medicine.

### DATA BRIEFING

Of the around 10,000 licensed AYUSH manufacturers in the country, almost

**85%**

are MSME/SME with minimum resources and manufacturing facility not up to the mark.

**THE CURRENT COVID-19** virus attack reinforced the urgent need to increase investment in the public healthcare system of our country. The indigenous and traditional healthcare practices of AYUSH have a strong potential to contribute to the public health objectives. However, these streams have remained largely underutilized in the management of COVID-19.

Recognizing the urgency of highlighting the preventive and promotive aspects of our great ancient science of AYUSH, the Faculty of Ayurveda, IMS, Banaras Hindu University (BHU), Varanasi organised a week-long international virtual conference on **'The Role Of AYUSH During COVID-19'** (from 27th April to 2nd May 2020 during the global lockdown) in association with Patient Safety and Access Initiative of India Foundation (PSAIF), Quality Council of India (QCI) and Federation of Indian Chambers of Commerce & Industry (FICCI). All the partners have insight into the healthcare delivery system and expertise on quality related issues in the interest of all the stakeholders, especially the citizens.

Prof. Bejon Kumar Misra who conceptualized this independent initiative, stressed that, "There is an urgent need for people to remain healthy because of the COVID-19 pandemic. It is here we see that AYUSH can play a significant role. Our view is that consumers must be empowered to make an informed choice based on credible information on AYUSH'.

The focus of the virtual seminar was on how to access indigenous alternative AYUSH healthcare systems to lessen morbidity and mortality in India and around the world and help in the fight against COVID-19. The resultant recommendations are captured as the Mahamana Declarations on AYUSH (MDoA).

## Agenda

- To link citizens globally with the benefits of Ayurveda, sensitise them on how to improve access and encourage rational use of quality essential medicines, including traditional and complementary/alternative medicines like AYUSH.
- To answer all questions from the citizens regarding AYUSH, concerns that arose due to the COVID-19 pandemic and the role of AYUSH to tackle the pandemic now and in the future.
- To document the interactive session for future use based on inputs from experts and participants on the way forward for collaborating modern medical science with Indian traditional medical sciences (AYUSH) in the interest of patients and enhancing research and innovation to promote AYUSH globally.

Over the six days, more than 100 professionals and experts from the government, industry, teaching institutions, patients and consumer organizations (both from India and abroad) presented their work on the potential of AYUSH as an adjunct therapy alongside modern medicine in the fight against COVID-19.

The pioneering webinar adopted the Mahamana Declarations on AYUSH (MDoA) on 2nd May 2020. The 'Mahamana' title was conferred on Pandit Madan Mohan Malaviya (a staunch nationalist, social worker, lawyer, statesman, educational reformer and learned scholar of ancient Indian culture) by Rabindranath Tagore which means a luminous mind and magnanimous heart. Pandit Malaviya strived to promote modern education among Indians and co-founded the Banaras Hindu University at Varanasi in 1916, the largest residential university in Asia and one of the largest in the world.

The MDoA identified nine game-changing key concepts for making AYUSH popular through its preventive use. These nine verticals address behavioural pattern of population, communication strategy, alignment of AYUSH premium standard with WHO-GMP requirements, claim support by clinical evidence, biodiversity of medicinal plants, education and guidelines for practitioners, standard setting, development of a regulatory draft Bill for AYUSH based therapy, value of bringing scientific rigor, leadership, etc. among the different streams of AYUSH.

### 1. Patient First



The health and safety of citizens can never be compromised. But citizens should have the Right to Informed Choice based on credible information.

The Ministry of AYUSH needs to invest more resources to build awareness about the benefits of AYUSH among the consumers. Citizens should be made an active partner in this crusade to promote confidence in AYUSH products. Capacity building in all areas of AYUSH is critical. Creating a national registry of AYUSH beneficiaries will help track the diseases for which effective treatment is being provided.

### 2. Value of AYUSH

There is an urgent need to invest at least 5% of the national GDP in healthcare and a substantial amount in preventive care by linking all the primary healthcare centres with AYUSH. There should be mandatory entry-level quality certification for AYUSH Health and Wellness Centres (H&WC). The NABH Entry Level Certification for AYUSH hospitals can be promoted to bring standardization and uniformity in AYUSH healthcare delivery. The insurance companies also need to devise empanelment criteria for AYUSH hospitals for coverage under health insurance.

The focus should be on building robust infrastructure of AYUSH pharmacopoeia laboratories for setting quality standards, new monograph development and continuous revision and harmonisation of raw materials monographs used in Ayurveda, Unani and Siddha products. The Ministry of AYUSH should also approve clinical trial hospitals in central and regional levels, which will facilitate researchers and manufacturers to conduct clinical trials and experimental studies of medicines and procedures as per international norms.



### 3. Amend Standard Setting Exercise for AYUSH Medicines

While many Ayurvedic drugs have empirically demonstrated their efficacy through the ages, fact of the matter is that allopathic synthetic drugs undergo long, expensive and complex randomized clinical trials and are strictly controlled by regulatory bodies while AYUSH medicines are not subject to the same evaluation standards and scrutiny. This cuts away at their validity as therapeutic agents and consumers do not have complete faith in the quality, safety and efficacy of AYUSH products. Therefore, the licensing requirements need to be updated to include requirement of data related to



confirmatory evidence of efficacy claims of the products. Clear specifications should also be instituted for AYUSH plant materials, finished products and packaging materials.

In addition to this, AYUSH Mark – the voluntary certification scheme developed by QCI to certify the quality aspect of AYUSH formulations through a combination of process check and testing - should be popularized by building awareness amongst the consumers.

### 4. The Increasing Demand for AYUSH Practitioners

AYUSH practitioners, nurses and other paramedics are ready to partner with the government in extending health services in a more structured manner. They are willing to co-opt their services in H&WCs and work together with modern systems of medicine. They are even prepared to submit to compulsory requirements like sharing their authentication, de-mystifying their treatment protocols and also sharpening their clinical skills. They are game to undertake specific training for understanding the advantages and practice of integrated medicine. They are even agreeable to participating in confidence-building measures that will help consumers appreciate and universally accept AYUSH systems as a therapy and a way of life.

QCI and Foundation for Revitalisation of Local Health Traditions (FRLHT)'s Voluntary Certification Scheme for Traditional Community Healthcare Providers (VCS-TCHP) offers a uniform and standardized assessment framework for TCHPs who manage various streams of health services based on their traditional knowledge, experience and expertise. This voluntary certification will ensure quality of personal competence of AYUSH physicians. Further, institutes should be developed to provide training and internship programs on the recent advancements in various fields of AYUSH.

Implementing the concept of 'Family Physician' is also the right step to educate family members about caring for the patient and themselves.

### 5. Assess the Value of Our Bio-Resources

There is need for standardization in all sectors of AYUSH from farm to the consumer - with strict uniform quality standards as per Bureau of Indian Standards (BIS) and certified by institutions like QCI - so that all products are of high quality and accepted by consumers in India or abroad.



The farmers should be motivated to cultivate medicinal plants while being trained on best agricultural practices and encouraged to get quality certification like the Voluntary Certification Scheme for Medicinal Plant Produce (VCSMPP). This will ensure that the AYUSH pharmaceutical industry gets fresh and genuine drugs. All existing helplines should be integrated with the National Medicinal Plant Board (NMPB), Government of India, which will facilitate individuals and farmers to cultivate medicinal plants in their respective homes and farms.

Setting up state-of-the-art drug testing facilities and cell line laboratories for performing studies on AYUSH herbs and herbal products will further enhance consumer confidence.

### 6. Strong Regulatory Body

A robust and independent regulatory body for AYUSH - consisting of highly skilled manpower, state-of-the-art facilities and infrastructure - should be established for uniform implementation of quality and safety standards across the industry. It should be empowered to deal with all the dimensions of AYUSH, right from sourcing of medicinal herbs, plants and other raw materials to manufacturing, distribution and use by patients.

### 7. Institutionalize AYUSH

The seminar recommended establishing a Centre of Excellence in the form of a National Institute of Ayurvedic Education and Research (NIEAR) on priority-basis at Faculty of Ayurveda, IMS, BHU. It's primary objective will be to assess the current situation in reference to and inter alia all recommendations made in the global webinar and also prepare a roadmap for implementation in a one-year timeframe.

Gradually, several such institutes should come up across the country and overseas to create awareness of cost-effective, complementary treatments based on indigenous know-how and expertise. They will also contribute to improving health and saving lives by supporting countries to develop, implement and monitor national policies on medicines (including traditional and complementary/ alternative medicines) based on their equitable access, rational use and quality, safety and efficacy.

### 8. Make AYUSH Popular

A four-pronged strategy was floated -

- **Preventive interventions:** including both pharmacological and non-pharmacological strategies.

- **Novel scientific studies:** molecular docking and system dynamics simulation studies of the useful secondary metabolites of targeted medicinal herbs against the viral spike proteins of SARS-CoV-2 virus to gain specific knowledge related to mode of drug action and restrict wastage of time/efforts/manpower.
- **Immunity:** improving the immune system through daily intake of herbal immune boosters.
- **Up-scaling and Marketing:** commercialization of medicinal plants through plant tissue culture strategies such as micro propagation, batch culture, bioreactors etc. Encouraging home-to-home plantation practice among people at block level will be helpful.

### 9. Create An AYUSH Leadership

The time and opportunity is right for integrating the best of AYUSH and modern systems of medicine. Collaborating with institutions like National Medicinal Plant Board, All India Institute of Ayurveda (AIIA), Pharmacopeial Commission of Indian Medicine (PCIM) and India Pharmacopeia Commission (IPC) is crucial.

A nine-member working committee was constituted to oversee the efficient and effective implementation of these nine core concepts within the next 12 months. It comprises of:

- Prof. Yamini Bhushan Tripathi (Dean, Faculty of Ayurveda IMS, BHU) -Chairman
- Meenakshi Datta Ghosh (former Secretary, Government of India)
- (Late) Dr. K. K. Aggarwal(former President, Indian Medical Association)
- Prof. Dr. Tanuja Nesari (Director, All India Institute of Ayurveda, New Delhi)
- Prafull D. Sheth (Former Vice President, FIP)
- Arvind Varchaswi (Managing Director, Sri Tattva, Bengaluru)
- Prof. R. N. Acharya (Dean, Gujarat Ayurveda University, Jamnagar)
- Prof. Dr. K. N. Dwivedi (HoD, Dravyaguna Faculty of Ayurveda, IMS, BHU)
- Prof. Bejon Kumar Misra (Adviser-Consultant, IMS, BHU and Founder Director of PSAIIF)

Nine Special Interest Groups (SIGs) were constituted with a Chair, Co-Chair and a team of experts to deliberate upon the Guiding Principles of each key concept. The working committee supervised the output of each SIG by regular monthly review. The SIGs framed Action Plans of proposed activities for their respective domains. Some of the hallmarks are:

- Conduct a study on the behaviour of the citizens on AYUSH and prepare a registry of AYUSH users in India and overseas.
- Develop a comprehensive draft bill and present it to the Ministry of AYUSH for enacting as a law.
- Create an online portal for AYUSH to enable people around the world to seek information in their language on all subjects related to AYUSH.



- Make the AYUSH Mark mandatory for all manufacturing units to promote quality assurance and consumer confidence.
- Establish the need for AYUSH under Ayushman Bharat and Universal Health Coverage.
- Craft a National Policy Document based on sound science for going global.
- Start working with WHO in India, SEARO and HQ.
- Present a comprehensive document on the achievements made in 12 months on the 9 key concepts to the Prime Minister and the Minister of AYUSH.

Six months down the line, after a thorough review, the MDoA partners reformulated the work for the next six months. The nine SIGs were regrouped into four new Working Groups with a specific action plan based on the revised objectives. Thereafter, the four partners agreed to close work on the Mahamana Declarations on 31st March 2021.

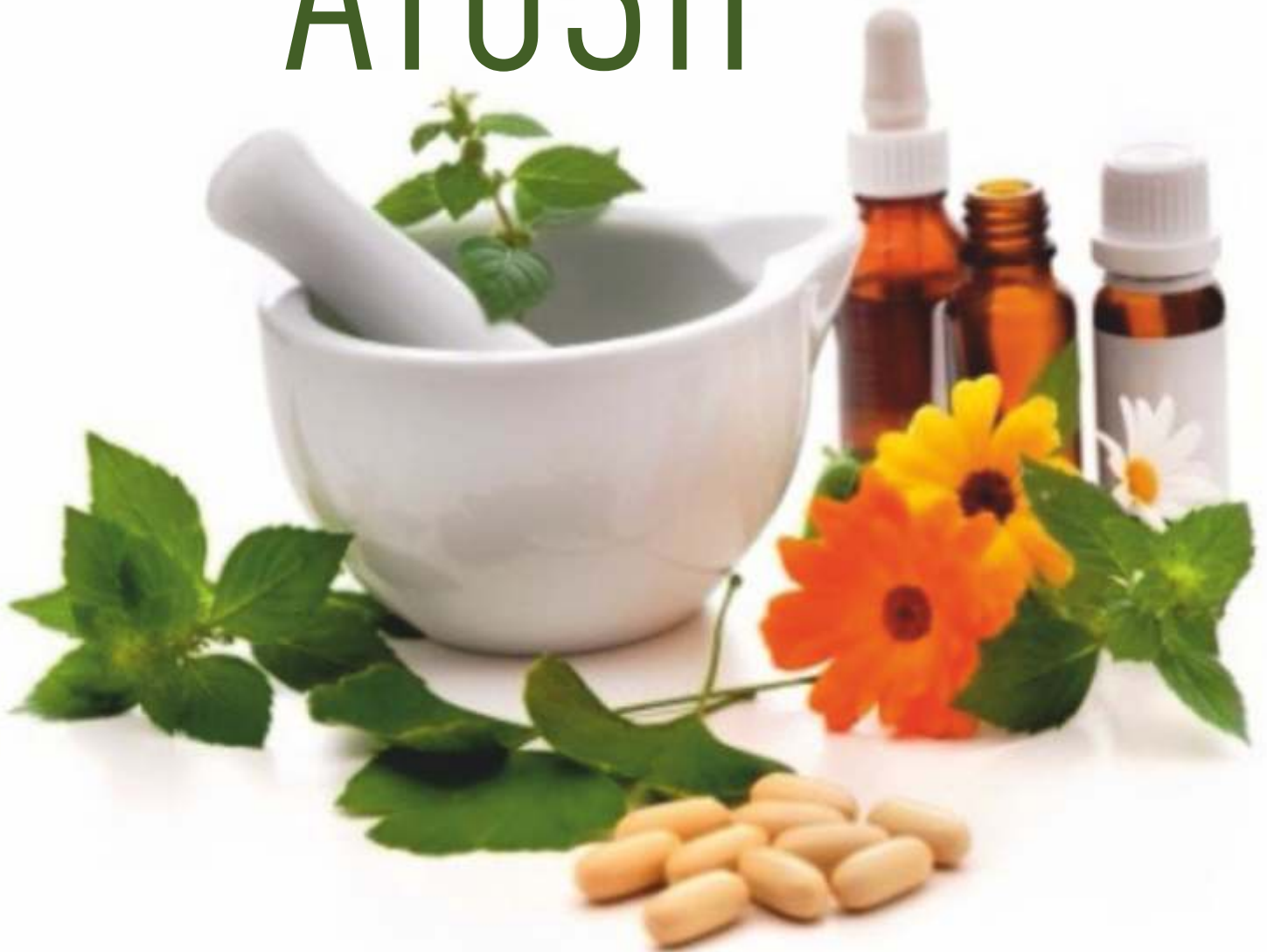
### Conclusion

A ground-breaking international seminar on understanding AYUSH and how it can play a role during the COVID-19 pandemic led to the formation of the Mahamana Declarations. The MDoA is a vision document with four key verticals. It is poised to work like the iconic Mashelkar Committee report for reforming the Drugs & Cosmetics Act, 1940, replete with valuable data and recommendations.

The ball is in the government's court now - it has to be taken up by the requisite authorities for proper implementation to ensure AYUSH products get a level-playing field with allopathic pharmaceuticals in the future. For instance, though the AYUSH Bill is ready to be enacted into a law for a robust single window regulatory authority, the government is merely bringing in amendments to the D&C Act rather than legalizing a separate Act for AYUSH. A draft notification for introducing various key amendments in the Drugs and Cosmetics Rules, 1945 was issued on 2nd July, 2021 with a 30 day timeline for objections and suggestions. ■

**Consumers, Beware**

# AN EXCLUSIVE ACT FOR AYUSH



The regulatory framework of AYUSH has gaping loopholes that are calling for large-scale reforms. The only possible remedy is setting up of a strong independent regulatory oversight for AYUSH with adequate infrastructure and competent manpower. This requires enactment of an exclusive law as a robust single window regulatory authority for AYUSH.

**THE MINISTRY OF AYUSH** operates with a vision of reviving the profound knowledge of our ancient systems of medicine and ensuring the optimal development and propagation of the AYUSH systems of healthcare. The Drugs & Cosmetics (D&C) Act, 1940 was amended to include Chapter 4A governing provisions relating to the manufacture and sale of Ayurvedic, Siddha and Unani (ASU) drugs along with penalties for offences.

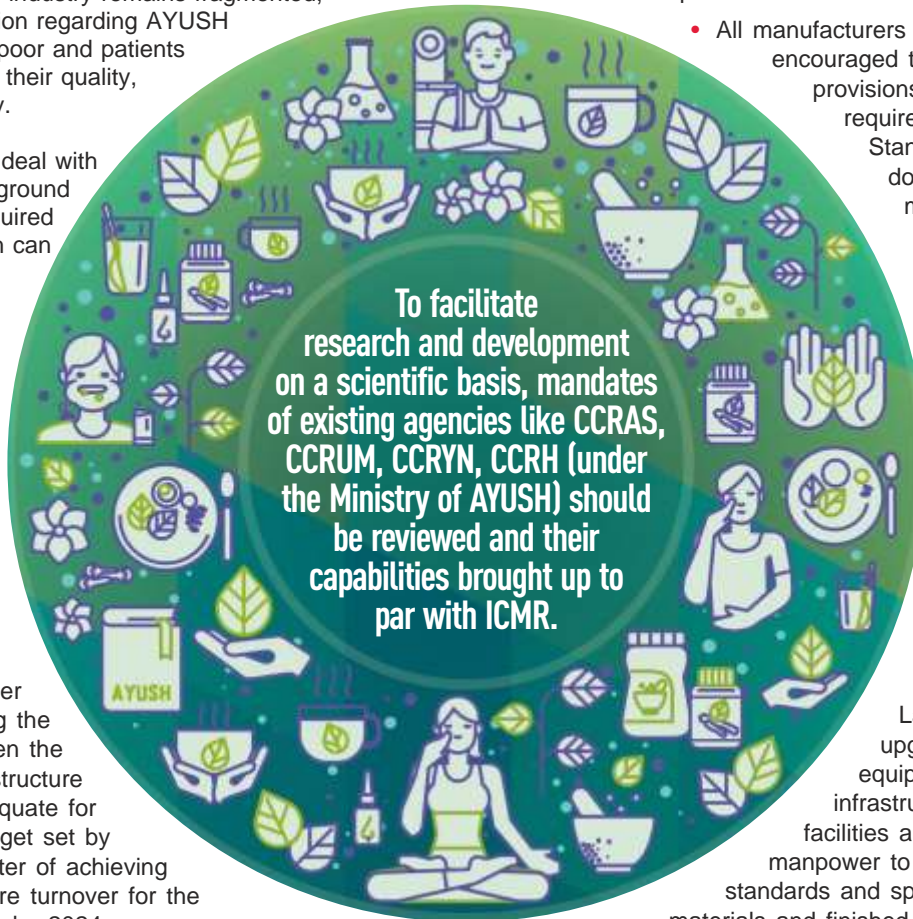
However, the Act in its current form is more focused on regulating pharmaceuticals (medicines with chemical ingredients) and has not been able to exercise effective control on AYUSH products and its value chain. As a result, the AYUSH industry remains fragmented, consumer perception regarding AYUSH products remains poor and patients remain doubtful of their quality, safety and efficacy.

The following recommendations deal with challenges at the ground level, changes required and benefits which can be derived from reforming the framework of the AYUSH sector:

- The current Act lacks clarity for granting permission to develop and manufacture AYUSH products. There is dearth of trained manpower for implementing the D&C Rules. Even the regulatory infrastructure is grossly inadequate for reaching the target set by the Prime Minister of achieving Rs.1,00,000 crore turnover for the AYUSH industry by 2024.
- Medicinal plants being the primary raw material for traditional medicines, their quality will dictate the quality of medicines and, in turn, impinge on the credibility of these traditional systems and practices. There is a world of difference between the efficacy of a medicine made from plants cultivated and harvested using Good Agricultural Practices and that derived from plants uprooted from the wild.
- Training and motivation to farmers in Good Agricultural and Collection Practices, Minimum Support Price for purchase of good quality herbs, crop insurance cover and guaranteed buy-back schemes to incentivize the farmers to cultivate medicinal plants need to be

introduced. At the same time, standards for identification and authentication of materials should be institutionalized.

- In spite of Schedule T of the D&C Act prescribing Good Manufacturing Practices (GMP) for ASU medicines, majority of manufacturers fail to comply with the provisions. Strict implementation in a time-bound manner is essential. Further, Schedule T should be revised on the lines of WHO-GMP within a time frame of maximum 5 years and thereafter, should be adopted as Indian GMP standard for manufacturers of AYUSH products.
- All manufacturers should be encouraged to comply with the provisions of the GMP requirements - AYUSH Standard Mark for domestic manufacturers and AYUSH Premium Mark for exports - and get certification. The reduced regulatory oversight on certified manufacturers will go a long way in incentivising manufacturers.
- The Indian AYUSH Pharmacopoeia Laboratory should be upgraded and equipped with modern infrastructure, testing facilities and competent manpower to develop methods, standards and specifications for raw materials and finished products.
- Separate AYUSH labs should be established and/or existing labs should be upgraded to manage the need for testing and made operational at state level to ensure compliance with quality standards for AYUSH products in the next 3-5 years. The PPP model is recommended for state AYUSH labs on the lines of FSSAI with only reference labs being managed by Ministry of AYUSH.
- All the testing laboratories should get accredited as per ISO 17025 NABL in order to meet the international guidelines, with the Ministry of AYUSH providing the necessary financial support and competent technical resources for the same.





**Mr. S. W. Deshpande**  
Former Joint Commissioner,  
FDA, Maharashtra

**A**yurvedic, Unani, Siddha, Sowa Rigpa and Homoeopathic (AYUSSH) Medicines have a rich heritage and provide holistic healthcare to citizens. With a view to ensure that the sector gets desired focus and attention, there is an urgent need to create an independent Act and to establish an autonomous, independent AYUSSH Medicines Regulatory Authority of India for laying down science-based standards and to regulate import, manufacture, sale and distribution of AYUSSH medicines. The proposed Act will provide dynamic regulations and bring more clarity in monitoring quality of input material, its cultivation, proprietary medicines, new (AYUSSH) medicines approval mechanism and requirement of documentary evidence, clinical trials in accordance with the principles of AYUSSH sector. This is expected to improve the speed of amendment to regulations as and when necessary, quality of implementation and will go along with ensuring availability of standard, safe and efficacious medicines and give due recognition to the AYUSSH sector.

- A major issue with AYUSH products is the absence of proper guidelines for their storage, transportation, distribution and sale. Guidelines for AYUSH Products' Storage and Distribution Practices should be framed and implemented, and a Cadre of AYUSH Pharmacists should be appointed to supervise the establishments. Simple and user-friendly one-time registration of all the players in the value chain should be made mandatory.
- Now is the time to make better use of the traditional system to augment access to healthcare by providing quality medicines and ensuring accountability by registering the practitioners. This calls for strong policy support to give the system a national stature, resources to conduct evidence-based research to include practical strategies of different traditional medical practices as an alternative or to complement the work of the normal health system. This requires investing time and resources to understand where traditional medicines can contribute most meaningfully, resulting in better health outcomes.
- Rules should be framed to ensure that the medications being developed and manufactured are of standard quality, free from contaminants and adulterants. Appropriate Good Clinical Practice (GCP) guidelines should be developed, communicated and implemented for conducting authentic clinical trials befitting the very nature, principles and concepts of AYUSH systems. Any new claim of existing/new product should be first defined and then validated through clinical studies as per these GCP guidelines. The claims of existing products which are documented in classical texts should remain excluded from the ambit of clinical trials.
- The Clinical Development Services Agency under DBT is developing a system of certifying GCP professionals

and accrediting training institutions. This system can also cover AYUSH sector suitably.

- To facilitate research and development on a scientific basis, mandates of existing agencies like CCRAS, CCRUM, CCRYN, CCRH (under the Ministry of AYUSH) should be reviewed and their capabilities brought up to par with ICMR.
- The regulatory agency under the Ministry of AYUSH should also examine the registration, promotion and advertisement of AYUSH products at state levels for their claims, in a manner similar to Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954. Processes and guidelines should be framed for soliciting and handling feedback from all stakeholders under an independent pharmacovigilance program.

Hence, it is essential to prepare a Bill consolidating the laws related to indigenous systems of traditional medicines including Ayurveda, Unani, Siddha, Sowa-Rigpa Homeopathy and Yoga/Naturopathy. This will establish an independent authority that will lay down science-based standards for AYUSH; regulate their manufacture, storage, distribution, sale and import; and ensure availability of safe, efficacious and standard quality medicines for human consumption. The relevant provisions from the existing D&C Act and Rules can be adopted with suitable amendments under the new authority.

The Special Interest Group on Strong Regulatory Body has drawn up a comprehensive draft AYUSH bill – <https://hamaraayush.org/information/>

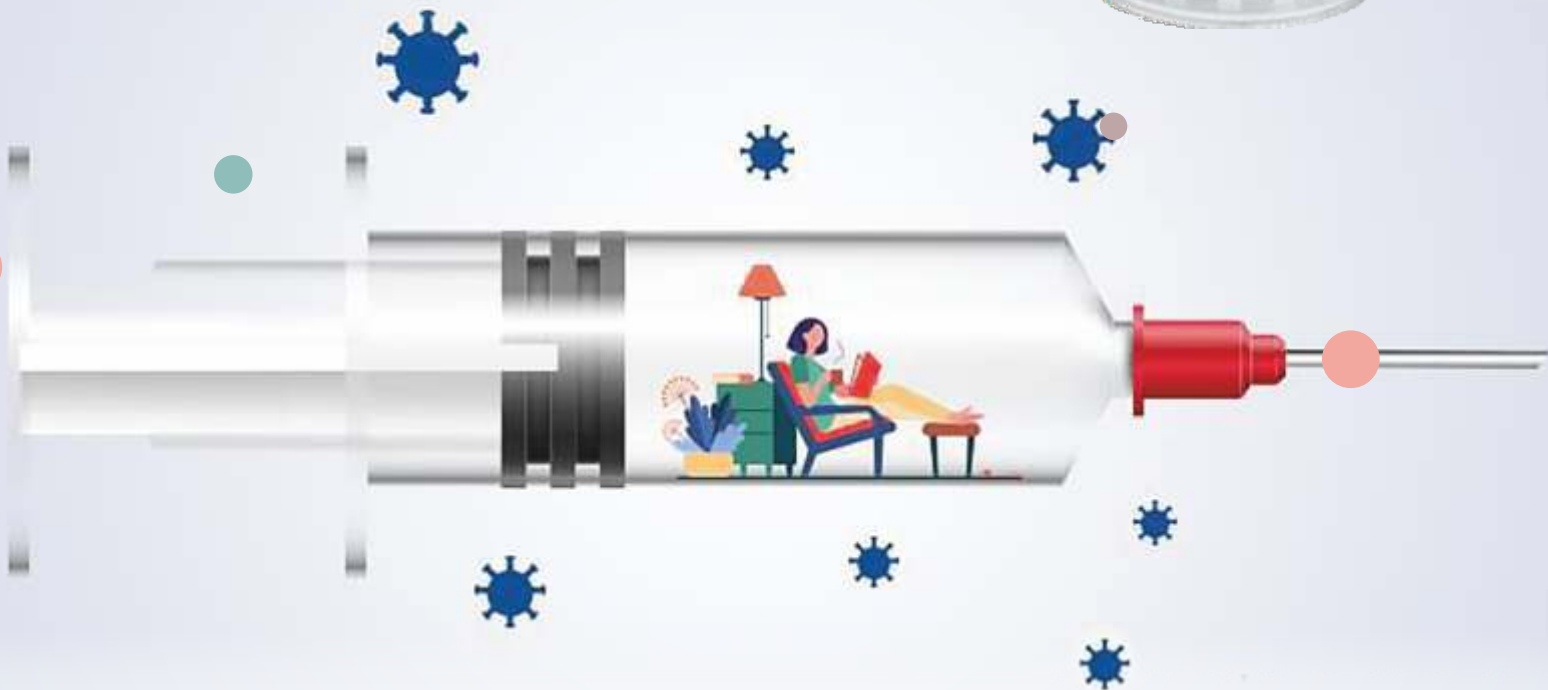
*It should be noted that the draft Bill uses the acronym AYUSSH in place of AYUSH as a recommendation to include Sowa Rigpa in the acronym AYUSSH i.e. Ayurveda, Yoga and Naturopathy, Unani, Siddha, Sowa Rigpa and Homeopathy. ■*



#LetsBeatCorona

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**Rajiv Nath**

- Mg. Director@ HMD
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*“Not every war is won  
on a battlefield.  
Some wars can also be won  
sitting at home.”*

#StayHomeStaySafe

# RESEARCH FEATURE

It cannot be denied that AYUSH interventions have played a leading role in the COVID-19 disease management success in India. This has snowballed into increasing international cooperation on AYUSH research to fight COVID-19. However, there is still much more to be done...

## COVID-19 Prompts Studies On AYUSH Modalities



**FOLLOWING THE OUTBREAK** of the SARS-CoV-2 virus and the ensuing COVID-19 pandemic, the Ministry of AYUSH set up an Interdisciplinary Committee for Integration of Ayurveda and Yoga Interventions in the 'National Clinical Management Protocol: COVID-19'.

The Committee – comprising Chairman, Dr. V. M. Katoch, former Director General ICMR and a group of experts – engaged in a thorough consultative process before formulating a report based on acceptable experimental and clinical published data indicating potential benefits, safety and trends of AYUSH from ongoing studies in COVID-19. The report was presented to the National Task Force on COVID-19 Management and the Joint Monitoring Group (both constituted by the Ministry of Health and Family Welfare).

After taking the report into consideration, the National Task Force suggested preparing a National Clinical Management Protocol based on Ayurveda and Yoga and

traditional methods of boosting immunity and maintaining respiratory health.

And the remarkable success of our indigenous alternative medicine systems is obvious. Despite India being the second-most populous country in the world, we had the lowest number of deaths – 7.73 per 100,000 people as compared to 64.74 in USA (November, 2020). Even today, India's overall case fatality rate stands at 1.31% (Source - <https://www.mohfw.gov.in/>) which is the lowest in the world. Needless to say, the AYUSH interventions have contributed greatly in keeping the COVID-19 mortality rate under control.

### Joining Hands for Breakthrough Research

These statistics have made global institutions sit up and take notice. Many of them are turning to India to conduct further studies on AYUSH modalities. The World Health



**AYURVEDA**



**YOGA**



**NATUROPATHY**

including it as a dedicated chapter in the National Protocol for Management of COVID-19. This was formulated with cumulative inputs from specialists from All India Institute of Ayurveda (AIIA), Delhi, Institute of Training and Research in Ayurveda (ITRA), Jamnagar, National Institute of Ayurveda (NIA), Jaipur, Central Council for Research in Ayurveda (CCRAS), Central Council for Research in Yoga and Naturopathy (CCRYN), Morarji Desai National Institute of Yoga (MDNIY) and other national research organizations and after due consideration by the best experts of all concerned disciplines.

The report and recommendations proposed repurposing of the interventions for COVID-19 based on detailed scientific rationale with references of clinical studies, safety studies and in-silico studies. Finally, the 'National Clinical Management Protocol based on Ayurveda and Yoga for the Management of COVID-19', was released on 6th October, 2020.

### The Data Speaks for Itself

Despite the generally low trust and uptake for AYUSH systems, the pandemic did turn people's attention to

Organisation (WHO) has sponsored a study on AYUSH Intervention in collaboration with the Public Health Foundation of India (PHFI). A similar study was panned out in South East Asian (SEARO) nations like Sri Lanka. A UK State University of Public Health initiated a study on Ashwagandha. The Ministry of AYUSH even initiated joint studies with BRICS nations and also with a research outfit of Harvard University, USA.

Apart from this, a lot of domestic research and trials are underway. The Ministry itself has conducted 66 different studies at 110 locations across the country.

The All India Institute of Ayurveda in Delhi deployed the world's largest group study - Corona Se Jung Delhi Police Ke Sang- Ayuraksha program - to establish the immunity-boosting effects of certain Ayurvedic herbs and minerals. 80,000 Delhi police personnel – who are the frontline warriors of COVID-19 - were given 'Ayuraksha' kits between 20th May and 19th July, 2020. The kits contained experimental medicines like Sanshamani Vati (prepared from giloy), AYUSH kadha and Anu Taila for nasal application along with Chyawanprash. 1,58,454 immune-boosting kits were distributed in two phases (overall compliance of more than 90%) and were followed up for a month.



The personnel reported positive feedback like decreased anxiety levels, feeling of general well-being and reduction in minor symptoms like cold and cough. This is corroborated by the COVID-19 cases coming down by four times among the police personnel while they peaked by two times among the general population in Delhi during the same period. Even the mortality rate came down to 0.44% as compared to more than 2% amongst the Delhi population.

This was trailed by a follow-up study on Delhi police personnel between 20th July and 19th August, 2020. What is especially heartening is that the data remained the same even when the interventions were halted for one month even while the incidence went up by three times in Delhi.

The Ayush Sanjivani mobile app was launched for tracking the measures adopted by the public for enhancing immunity and their impact in staying healthy

burden has increased from 30% in 1990 to 55% in 2016.

Following a pilot study by the Ministry of AYUSH in six districts on 10 lakh people for three years, it was proved that simple Yoga, Unani and Homeopathy interventions reduced the dependency on allopathic medicines. Some doctors reduced the medicine dosage while some even recommended stopping the modern medicines completely. Studies have been conducted on dengue and cancer patients as well. Research is reporting excellent outcomes for degenerative neurological diseases and immunity-related disorders too.

A five year study on knee arthritis is underway (in collaboration with one of the best public institutes of Germany). A simple intervention of massage with specific oil after administering Ashwagandha delivered the same outcome as with the conventional treatment for mobility and prevention of arthritis following eight months of treatment.



UNANI



SIDDHA



HOMEOPATHY

during the COVID-19 outbreak. Now it has been updated to collect data for a perspective multi-centre community-based study about the efficacy of AYUSH interventions like Ayush 64 (herbal concoction) and Kabasura Kudineer (Siddha medicine) in asymptomatic, mild and moderate COVID-19 patients in home isolation.

### On the Anvil

More research on the effect of AYUSH remedies for lifestyle disorders along with chronic, non-communicable (heart and lung ailments, diabetes, stroke, cancer, etc.) and systemic diseases is ongoing.

Non-communicable diseases (NCDs) have been wreaking havoc since the turn of the century. NCDs kill around 41 million people (71% of global deaths) worldwide each year. This includes 14 million people who die too young between the ages of 30 and 70. According to WHO projections, the total annual number of deaths from NCDs will increase to 55 million by 2030.

In India, nearly 5.8 million people (WHO report, 2015) die from NCDs every year before they reach the age of 70. A Ministry of Health and Family Welfare report reveals that the contribution of NCDs to the total disease

What pans out is that the majority of premature NCD deaths are preventable. Timely interventions can control and even prevent these NCDs. The AYUSH sector has a critical role to play in the new and emerging situation.

The demand for alternative treatments and medicines is actually increasing since the past few years and has boomed due to the COVID-19 pandemic. India holds an advantage here with its rich heritage of indigenous medical knowledge coupled with strong infrastructure and manpower in modern medicine. We are primed to create a holistic health system that truly delivers 'Health for All!'

### Conclusion

AYUSH can enhance the body's natural defence system and help in maintaining optimum health. Promoting these traditional healthcare practices is in the interest of public health. A lot more needs to be done to truly integrate traditional and modern medicine. A smart strategy will be to involve AYUSH practitioners who are available at the grassroots level and also make consumers an active partner in the crusade.

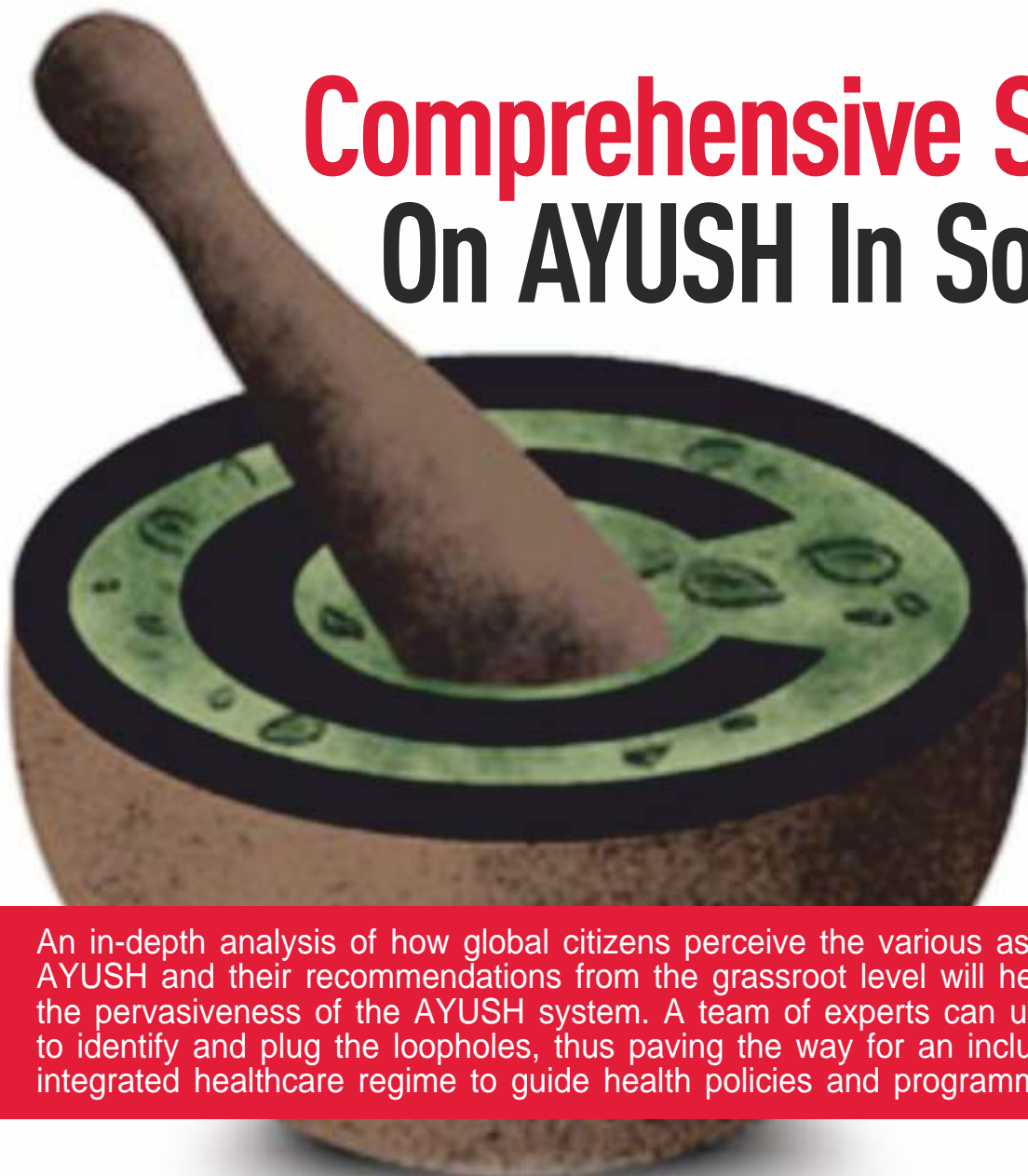
Source: Ministry of AYUSH (<https://www.ayush.gov.in/>)

# REPORT



**Mr. Wajahat Habibullah, IAS (Retd.)**  
Former Secy. to the Govt. of India  
**Chairman,**  
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## Comprehensive Study On AYUSH In Society



An in-depth analysis of how global citizens perceive the various aspects of AYUSH and their recommendations from the grassroots level will help improve the pervasiveness of the AYUSH system. A team of experts can use the data to identify and plug the loopholes, thus paving the way for an inclusive and integrated healthcare regime to guide health policies and programmes in the future.

**THE GENERAL POPULACE** tends to set great store by the modern healthcare system while turning a blind eye to the natural advantages of AYUSH. However, the unprecedented COVID-19 pandemic is forcing the world to take a closer look at traditional solutions that work as preventive measures by boosting the natural immunity of the body and maintaining optimum health in these distressingly detrimental times.

In fact, the National Health Policy is calling for medical pluralism by integrating AYUSH with modern medicine as no single healthcare system can tackle all the health needs of modern society. Even the Mahamana Declarations on AYUSH (MDoA) is focused on revitalizing local health traditions and mainstreaming AYUSH for an inclusive and cohesive healthcare regime. The SIG1 on 'Patient First' took it upon itself to conduct a study on the prevailing consumer behaviour on AYUSH so as to analyse how global citizens view the traditional medical practices, their opinions and perspectives on various aspects of AYUSH and their suggestions on loopholes in these systems.

Accordingly, a cross-sectional survey was designed with these express objectives:

- Understand general level of awareness among citizens about AYUSH system
- Analyse current self-use of AYUSH
- Assess beliefs and attitudes towards AYUSH as an equal option to the existing modern healthcare system
- Recognise common misconceptions about the traditional systems of medicine
- Examine the reasons for lack of growth of AYUSH in the country
- Identify gaps and loopholes that call for immediate attention to build a solid foundation for the traditional and integrative system of medicines
- Capture the penetrability, affordability and availability of AYUSH across the globe
- Forecast the potential of AYUSH in healthcare
- Evaluate the recent trending patterns in the healthcare sector with specific focus on the AYUSH system of medicines

The survey questions were carefully drafted after seeking suggestions from both traditional and allopathic healthcare practitioners, patients' groups, policymakers, academicians and organisational experts. It was administered online to more than 1000 participants and 637 responses were received from people of various age groups and socio-economic backgrounds across India and a handful from abroad as well.

The questionnaire aimed to assess data across five distinct categories:

- Basic Information of the Respondents
- Outreach
- Awareness and Attitude

- Trending Patterns
- Potential Of AYUSH

The collated data was used to draw inferences on the consumers' perspective vis-à-vis the AYUSH methodology with the overarching goal of using the outcomes to submit a clear communication and marketing strategy on AYUSH to the policymakers. It will also help them to develop reformed and inclusive policies and programmes in the public healthcare domain so as to achieve Universal Health Coverage by 2030.

Coming to a general demographic of the survey responses, more than 60% of the respondents were male with the most respondents belonging to the age group of 41 to 60 years. (refer Table 1 below):

**TABLE 1**

Response Options	Respondents	Percentage	Rank
<b>Category: Gender</b>			
Male	386	60.59%	Highest
Female	226	35.47%	2nd
Prefer not to say	3	0.47%	Lowest
Question left blank	22	3.45%	3rd
<b>Total</b>	<b>637</b>	<b>100%</b>	
<b>Category: Age Group</b>			
Below 18 years	0	Nil	Lowest
18-25 years	186	29.19%	2nd
26-40 years	140	21.97%	3rd
41-60 years	207	32.49%	Highest
Above 60 years	104	16.32%	4th
<b>Total</b>	<b>637</b>	<b>100%</b>	

While the survey was attempted on a global scale to cover a wide range of countries, in actuality, an overwhelming majority (almost 95%) of the responses are from Indians. (refer Table 2 below)

**TABLE 2**

Response Options	Respondents	Percentage	Rank
<b>Category: Country</b>			
India	602	94.50%	Highest
Question left blank	22	3.45%	2nd
USA	3	0.47%	4th
Australia	4	0.62%	3rd
Malaysia, Philippines, Nigeria, Sri Lanka, Ireland, Nepal	6 (1 from each)	0.15%	Lowest
<b>Total</b>	<b>637</b>	<b>100%</b>	

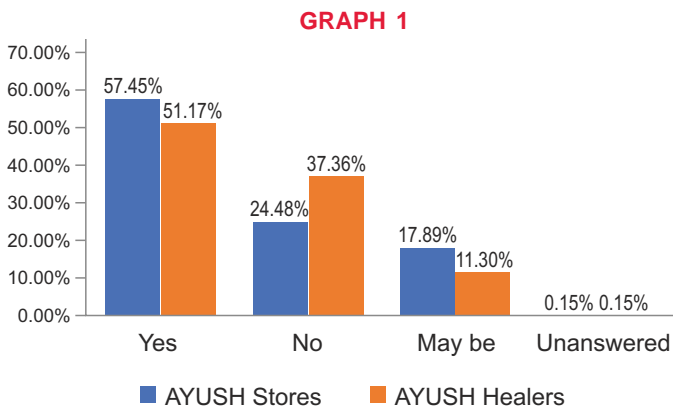


### The Verdict Is Out

The responses received from the survey population speak for themselves. Awareness about the AYUSH system of medicines is pretty much pervasive at almost 87%. But more than half of the remaining 13% are unable to pin down a specific reason for their lack of awareness. (refer Table 3 below)

Response Options	Respondents	Percentage	Rank
<b>Category: Awareness about AYUSH</b>			
Aware	553	86.81%	Highest
Unaware	84	13.18%	Lowest
<b>Total</b>	<b>637</b>	<b>100%</b>	
<b>Category: Top 5 Reasons for Lack of Awareness about AYUSH</b>			
Not well known in area	12	14.28%	3rd
Lack of education on AYUSH	5	5.95%	Lowest
Lack of publicity of AYUSH	14	16.66%	2nd
Not sure why	46	54.76%	Highest
Belief in Allopathy	7	8.33%	4th
<b>Total</b>	<b>84</b>	<b>100%</b>	

Moreover, of the aware respondents, only about 50% have AYUSH stores in their close proximity and know AYUSH practitioners in their personal network. (refer Graph 1 below)



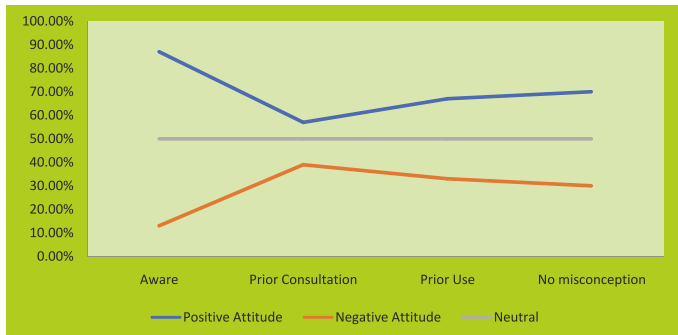
Again, while just over 56% of the respondents have consulted with AYUSH practitioners/healers, a higher percentage of respondents (around 67%) seem to have used or purchased AYUSH products. (refer Table 4 below)

Response Options	Respondents	Percentage	Rank
<b>Category: Prior Consultation with AYUSH Practitioners</b>			
Yes	360	56.51%	Highest
No	250	39.24%	2nd
Considered but did not	26	4.08%	3rd
Question left blank	1	0.15%	Lowest
<b>Total</b>	<b>637</b>	<b>100%</b>	
<b>Category: Prior Use/ Purchase of AYUSH Products</b>			
Yes	425	66.71%	Highest
No	211	33.12%	2nd
Question left blank	1	0.15%	Lowest
<b>Total</b>	<b>637</b>	<b>100%</b>	

It is heartening to note that about 70% of the respondents do not harbour any misconceptions regarding AYUSH and are factually aware of the particulars. They strongly believe that even chronic health ailments can be treated with AYUSH. (refer Table 5 below)

Response Options	Respondents	Percentage	Rank
<b>Category: Chronic Health Ailments can be Treated with AYUSH</b>			
Yes	443	69.54%	Highest
No	193	30.29%	2nd
Question left blank	1	0.15%	Lowest
<b>Total</b>	<b>637</b>	<b>100%</b>	

### Graphic Representation of Prevalent Attitude Towards AYUSH



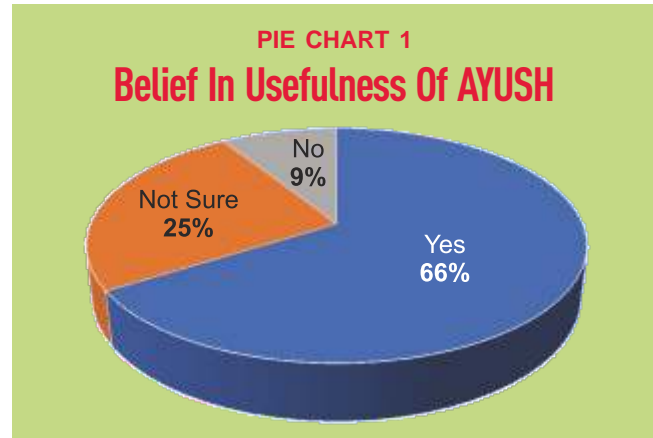
The prevailing pattern of the AYUSH system being on the backfoot in the contemporary world is attributed to lack of sufficient awareness, insignificant investment in the AYUSH sector compared to the allopathic system of medicine, misinformation of lengthy treatments instead of quick relief, absence of quality mark and certification, lack of infrastructural and diagnostic facilities and inadequate institutional training for AYUSH practitioners, in that order.

It is because of this lack of popularity that more than 45% of them did not get in touch with any form of AYUSH medicines in the last six months. (refer Table 6 below)

**TABLE 6**

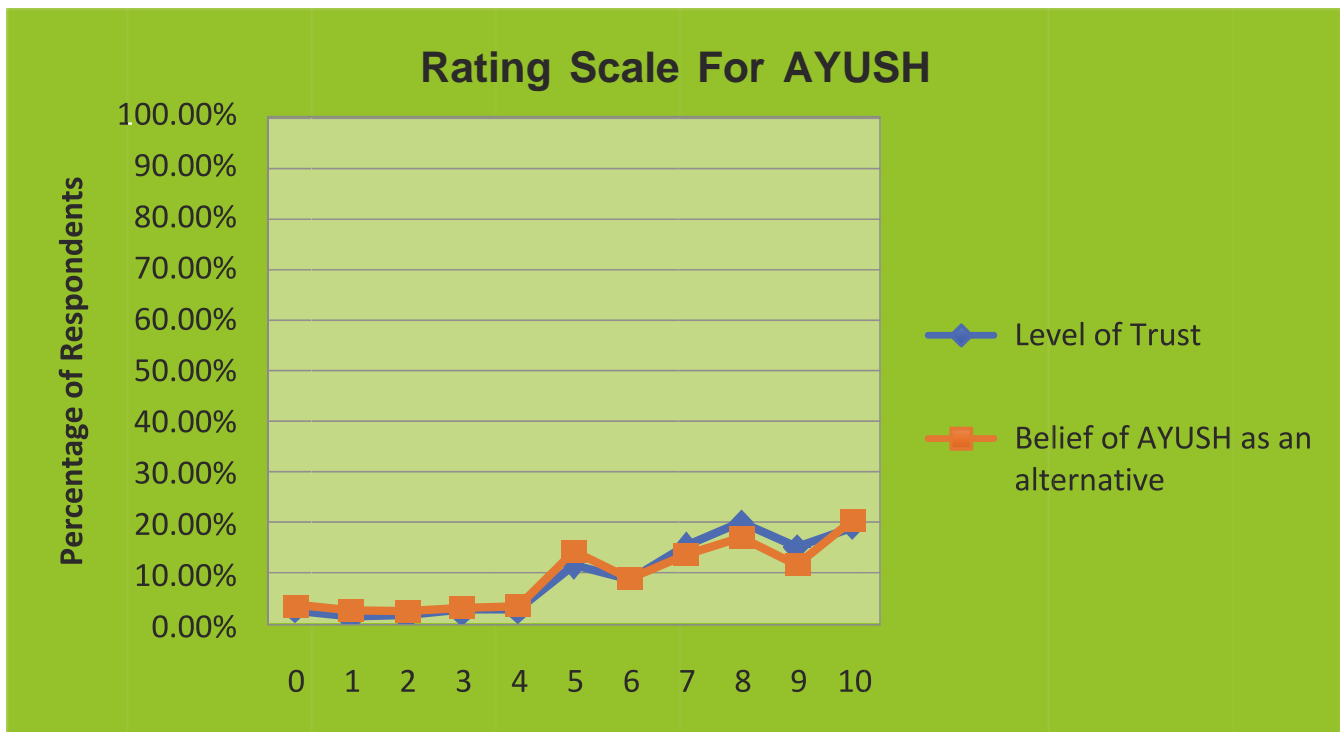
Response Options	Respondents	Percentage	Rank
<b>Category: Top 6 Reasons for AYUSH occupying the Backseat</b>			
Lack of awareness amongst citizens	325	51.1%	Highest
Well established modern system of medicines	262	41.2%	2nd
Misinformation of lengthy treatments instead of quick relief	255	40.1%	3rd
Absence of quality mark or certification	243	38.2%	4th
Lack of infrastructural & diagnostic facilities	231	36.3%	5th
Inadequate institutional training for AYUSH practitioners	209	32.9%	6th
<b>Category: In touch with AYUSH in the Last Six Months</b>			
Yes	348	54.63%	Highest
No	288	45.21%	2nd
Question left blank	1	0.15%	Lowest
<b>Total</b>	<b>637</b>	<b>100%</b>	

Yet, on average, a whopping 66% of the respondents have a firm trust and belief that AYUSH is a useful, effective and affordable system of healthcare, especially if the existing loopholes are duly fixed. (refer Pie Chart 1 below)



**What Does This Convey?**

The study report titled 'Consumer's Perspective On AYUSH' analyses and interprets each element of the responses to get a clear picture of the prevailing perceptions, attitudes, knowledge base and misconceptions regarding the AYUSH system of healthcare. It also attempts to comprehend the existing pattern of AYUSH in the society while analysing its growth potential right from the grassroots level. Based on the corresponding observations, the report provides a set of clear recommendations that will serve as a defined course of action.



**AYUSH SYSTEM IS GAINING POPULARITY !**

It is noted that the overall awareness and attitude towards the AYUSH system and even its future potential as a credible healthcare option is quite positive. But what is concerning is that more than half of the ignorant citizens cannot even pinpoint a reason behind the lack of awareness of AYUSH.

Therefore, there is a pressing need to bring clarity on AYUSH and its benefits. A robust communication and marketing strategy including advertisements, multimedia campaigns and social media should be used to promote clear, comprehensive and credible information on AYUSH to the citizens. This will not only promote proper awareness but also help dispel the maudlin myths on AYUSH treatments.

Along with this, the availability of AYUSH products and practitioners in the public healthcare delivery system should be upscaled on an urgent basis, both in India and across the globe. And it goes without saying that additional infrastructural and diagnostic facilities are needed to increase the outreach of the AYUSH system of medicines. With the increased visibility and accessibility, it will become easier to integrate it with the existing system.

The education system needs to be overhauled so as to inculcate awareness of the benefits of AYUSH among school and college students and present it as a well-recognised and rewarding career option. Furthermore, the government should promote voluntary standards and global best practices by increasing educational and training facilities in all colleges and universities across the country. Core teams should be created with skilled and experienced AYUSH practitioners at the helm to generate scientific evidences that will substantiate the AYUSH system of healthcare.

In fact, the SIG1 drafted a communication strategy and developed a multimedia campaign as well. Other SIGs worked on implementing other guiding principles

that are in tandem with the recommendations of this survey report.

**The Way Forward**

Even now, the AYUSH healers have a rich presence in rural communities and are permeated deep into the remote corners of the country. This coupled with their cultural acceptability catapults them into the last mile healthcare.

Contrast this with the deep human resource crunch in healthcare. There is abysmally deficient health infrastructure and workforce, especially in rural India. So, why not tap into the robust network of AYUSH practitioners, therapeutics and principles for the management of community health problems in a safe and effective manner? Further strengthening, improving and building on the AYUSH system will also go a long way in revitalizing the local health traditions.

Therefore, the patient/consumer organizations and trade/industry associations should join hands with the governments to promote AYUSH on both a nationwide and global level.

**Conclusion**

AYUSH has the potential to turn into the most viable option for the modern world. This was our only healthcare mechanism in the ancient times. We just cannot afford to discard the age-old knowledge in the face of advanced technology.

In fact, the population is ready to adopt AYUSH as a preventive, promotive and even curative healthcare option. But large-scale acceptance is possible only when it is incorporated in a more homogenous manner and made an integral part of the public healthcare system of the country. ▶

Source: PSAIIF ([www.patientsafetyaccess.org](http://www.patientsafetyaccess.org))



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Pharma Times

## Consolidation And Reorganizing Spells The Way Forward

The UN Sustainable Development Goal (SDG) 3 mandates Good Health & Well-Being for all at all ages and lists out measurable targets in the areas of maternal, neonatal and child health, communicable diseases' epidemics and non-communicable diseases amongst others (to be achieved by 2030). These healthcare targets can be met globally, only when modern and traditional medicine systems work in tandem, recognizing and complementing their respective areas of strength.

**THE AYUSH SYSTEM** is strong in preventive and promotive health care, diseases and health conditions relating to women and children, non-communicable diseases, stress management, palliative care, rehabilitation etc. Strengthening the host immune system and increasing resistance to infections and diseases is the forte of AYUSH medicines. The inherent strengths of the AYUSH system are in sync with the key thrust areas listed under SDG 3. The National Health Policy 2017 also recognizes the need for a pluralistic approach, and envisages a three dimensional mainstreaming of AYUSH. AYUSH can be India's offering to the world for promoting and building Good Health & Well-Being, provided the system and products are taken up to international standards.

There is, therefore, an immediate need to design an effective Leadership matrix and formulate a good policy statement for the AYUSH sector as a whole, in order to even out the grey areas and build a robust system that can provide quality, safe and efficacious healthcare solutions for the current public health challenges. Leadership should be in areas which will create evidence-based policies, that are also in consonance with the global policy structures, so that AYUSH systems and products get world-wide acceptance. To achieve this, AYUSH and modern systems of medicine should be positioned on an equal footing within the healthcare system to create a convergence that is acceptable and can win the trust of the community.

It is not just integration of AYUSH with the modern system of medicine, but also integration of the six streams within AYUSH and the folklore, tribal, ethnomedicine and traditional systems, that is imperative for attaining global acceptance of these systems. This mandates common metrics, documentation and educational and training modules for these systems (in the national language, vernacular languages of respective states and English). A robust and sound policy framework is a prerequisite for achieving these goals and calls for a new governance system with improved and effective coordination mechanism between the various government ministries.

### 1. Mapping Infrastructure in AYUSH Domain:

- Upgrade manufacturing by investing in state-of-the-art, WHO-GMP grade facilities for the AYUSH industry
- Make strict compliance with GMP guidelines with respect to facility, personnel and operations mandatory.
- Develop accreditation systems on the lines of NABH for AYUSH hospitals and clinical care settings.
- Put a WHO/National prequalification system for AYUSH products in place so that they can be purchased and accessed globally.
- Enforce implementation of GCP guidelines and audit of clinical trials for AYUSH products. All AYUSH clinical trials should be approved by duly registered Ethics

Committees and registered with CTRI so that the information is available in public domain.

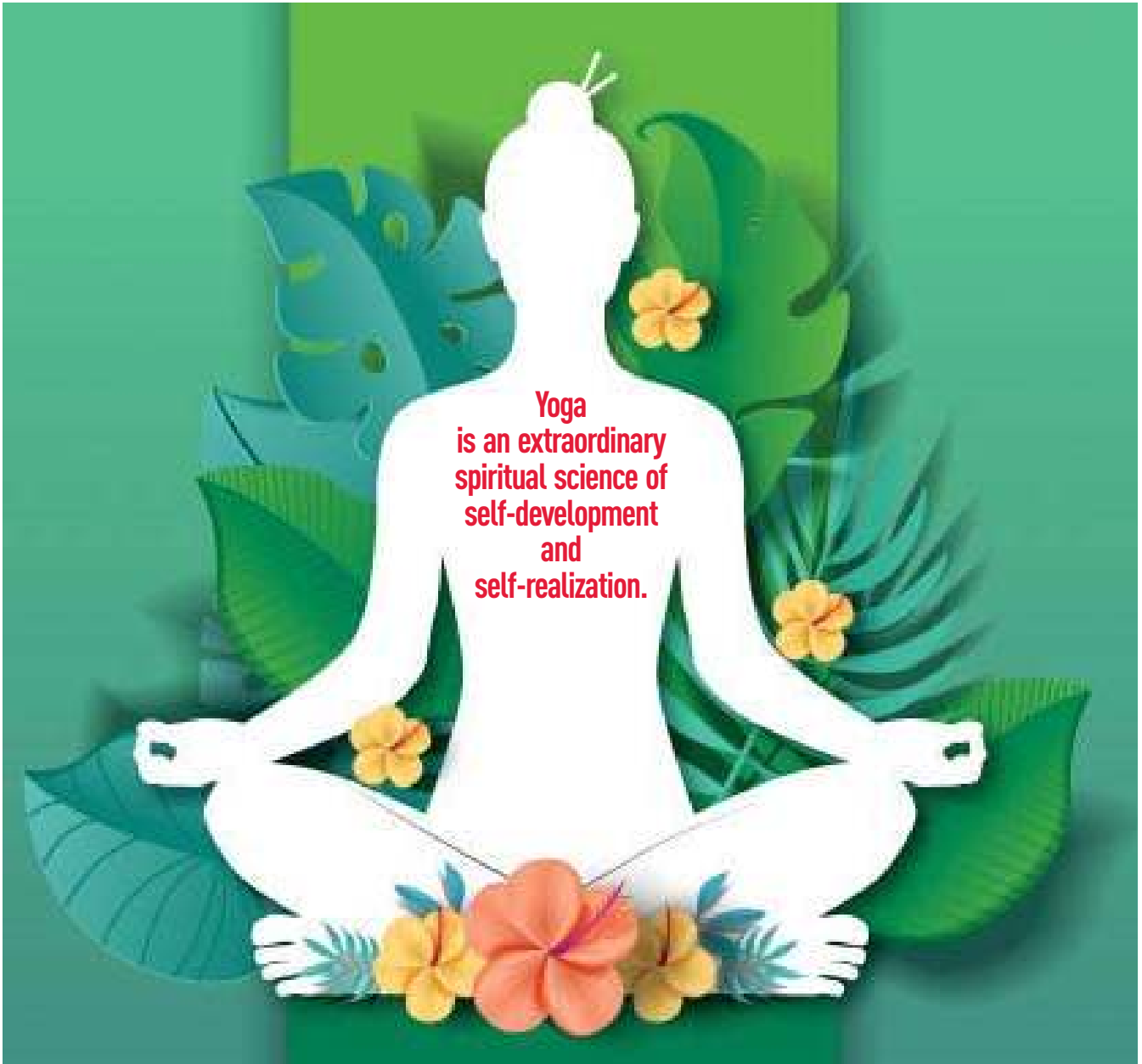
- Map available infrastructure about the number of certified manufacturing units, accredited hospitals, testing laboratories and practising physicians in the AYUSH system to provide an estimate of the actual size of the sector.
- Encourage public-private partnership in setting up clinics and diagnostic infrastructure to tackle the inadequacy of facilities, especially in the rural setups.
- Improve infrastructure in epidemiology, modern diagnostic methods and their interpretation, clinical management and public health, modern sciences of statistics, drug discovery.

The National Education Policy 2020 recommends an integrative healthcare education system, whereby all students of AYUSH will be imparted basic understanding of allopathic system of medicine and vice versa.

**2. Creating Data Analytics Structure:** Data analytics in healthcare has become almost indispensable, particularly in handling, reviewing and analysing big data generated in/from epidemiological studies, clinical studies, wearables and point-of-care devices. As this makes it possible to provide better quality, personalized and cost-effective patient care, it imperative for AYUSH systems to be equipped with the facility and competence to handle big data and artificial intelligence.

- Create a Geographic Information System (GIS) in the AYUSH matrix to extend and ensure equitable distribution of medicines and healthcare to all segments of the population including those under migration.
- Create access to community health data and data sets from wellness clinics in AYUSH systems so that these can be interpreted (in synergy with Ayurgenomics) for gauging the health status of the individuals.
- Build Laboratory Information System (LIS) and Hospital Information System (HIS) with Electronic Health Record of patients within the AYUSH system, with data on digital imaging system also made available.
- Encourage use of the already available Pharmacogenomics and Pharmacovigilance data by AYUSH physicians, with efforts to build an independent Pharmacovigilance network for the AYUSH system.
- Create a national policy on Data Sharing, with provisions for a central data repository which can be used interchangeably by anonymising the identity of the subject.
- Ensure data security and confidentiality through appropriate measures like data encryption and firewalls.
- Integrate the AYUSH system with the National Health Smart Card under the Rashtriya Swasthya Bima Yojana.
- Familiarize AYUSH practitioners with the new health programs or initiatives being announced in the country.





**Yoga is a trend that has been flourishing since years; this has become a trendsetter in maintaining both physical and mental well-being.**

**3. Creating World-Class Documentation and Archiving Facility:** Documentation and archiving of all available resources is absolutely essential to prevent misappropriation and usurping of traditional Indian medicinal knowledge. CSIR's Traditional Knowledge Digital Library (TKDL) has been scientifically converting and structuring the available contents of the ancient texts on Indian Systems of Medicines (Ayurveda, Siddha, Unani, Sowa Rigpa and Yoga) into five international languages (English, Japanese, French, German and Spanish) with the help of information technology tools

and an innovative classification system - Traditional Knowledge Resource Classification (TKRC).

There is a need to build patents by way of new formulations/entities and actively secure protection of intellectual property rights. AYUSH practitioners should be trained in global patenting laws to encourage greater number of patents from the sector.

**4. Fostering Education, Training and Research in the AYUSH System:** An integrative healthcare education system should be put in place with a modern medicine

intern compulsorily doing a two-month internship in AYUSH system and vice versa.

- Create Indian Medicinal Services (like the IAS) where AYUSH and modern medicine practitioners are integrated into the service and can opt for postings across the country. The policies should make it attractive for healthcare practitioners to get into any postings with career progression opportunities for the practitioners and their families.
- Place greater emphasis on quality publications in peer-reviewed journals in the AYUSH system.
- Provide knowledge about best practices for environment protection and preservation, harmful effects of indoor air pollution, microwave and cell phone radiations for unborn babies, neonates and growing up children to AYUSH practitioners.
- Provide training and knowledge about public health protective measures and practices against major outbreaks to AYUSH practitioners and teach correct usage of devices and instruments like PPEs and oxygen cylinders.
- Familiarize them with the social development indices.
- Make them aware of labour laws, Child Labour Act etc.
- AYUSH practitioners should acquire knowledge about animal health as most of the recent contagions have been of zoonotic origin.
- Expose AYUSH graduates to organized courses in Disaster Management Training, so that they are able to handle epidemics/other public health concerns, post-traumatic stress disorders, supply chain disruptions and required interventions during calamities, wars and mass migration of populations.
- Set up suitable skill-development programs for paramedics in the AYUSH system. Common nursing schools can be set up whereby trained nurses can be deployed in both the AYUSH and modern systems.

Fostering and enhancing research in AYUSH system of medicine is important for the system to grow and thrive. Handling the Health Technology Assessment (HTA) system, as in the modern system of medicine, should be an integral component of research in AYUSH system.

**5. Creating Biobanks and Repositories in the AYUSH System:** There is a need for creating biobanks for storing serum, plasma, tissues, immortalized cells, stool samples etc. which can be used by AYUSH practitioners. Internationally registered biobanks and repositories, including microbial and cell repositories that are already functional in the country should be mapped so that research in AYUSH can prosper.

#### **6. Building World-Class Testing Laboratories and Setting Standards for AYUSH Products:**

- Establish world-class, NABL-accredited testing laboratories, equipped with state-of-the-art testing and

analytical instrumentation for accurate identification and authentication of medicinal plants and testing ingredients used in production of AYUSH medicines and finished AYUSH products.

- Encourage private sector to participate more actively in building more world-class testing laboratories.
- Integrate AYUSH testing laboratories' network with other testing systems of modern medicine.
- Develop protocols for identification of contaminants and adulterants for ensuring quality and safety of the products.
- Build repositories for chemical entities and impurities for the AYUSH system.
- Create standards for both AYUSH ingredients and finished products, that are on par with the internationally laid down specifications for phytoactives, excipients and finished products.
- Develop innovative testing protocols to confirm compliance with the standards.
- Use advanced analytical instrumentation to design testing protocols that are accurate, sensitive and discriminatory and conform to stringent international standards.

**7. Integration of Sciences:** A trans-disciplinary approach, with integration of sciences, is essential to build actual coalition. A case in point is joint clinical trials for non-communicable diseases where AYUSH can help provide better quality of life/ambulatory care. With medical pluralism being preferred by the public and also encouraged by the government, clinical studies providing evidence of the same, will be most useful.

**8. Creating a Modern and Responsive Regulatory System:** Creating a modern and responsive regulatory system in AYUSH that intercalates with the regulatory system of modern medicine and of food standards and safety will ensure that the grey areas are handled appropriately. The independent regulatory body should be empowered to issue licenses for conducting clinical trials and give an opinion about marketing and post-marketing surveillance, when the trials have been conducted successfully.

We should have a similar Act on the lines of the D&C Act of the modern system to ensure regulatory oversight for AYUSH systems. Preclinical toxicological data needs to be generated for some of the newer AYUSH formulations that are treated as drugs (and may not be phytopharmaceuticals). In the meantime, existing preclinical toxicological systems available in the private sector can be used.

The regulatory system should strengthen labelling laws with enforceable legislation so that false claims regarding efficacy and use of AYUSH products can be effectively tackled.

**9. Creating Robust Financial Infrastructure:** This will attract much-needed financial investment in critical areas. With increased financial allocations for AYUSH, it is also imperative to build adequate safeguards and innovative

technological mediations within the system that ensure transfer of resources right up to the 'last-mile of the targeted section', plugging any possible leakages in delivery. The sector can grow only when there is wealth-creation for all stakeholders including extraction and finished product manufacturers, packagers, exporters and medicinal plants' farmers.

Training farmers in modern agrotechnology, helping them establish backward linkages for establishment of nurseries for supply of quality planting materials and forward linkages for post-harvest management, processing, marketing infrastructure, fixing attractive Minimum Support Price (MSP) and setting up medicinal plants' processing clusters are some of the measures that can support farmers, encouraging them to take up medicinal plants cultivation.

Of the around 10,000 licensed AYUSH manufacturers in the country, almost 85% are MSME/ SME with minimum resources and manufacturing facility not up to the mark. Supporting them in upgrading their infrastructure will lead to improved product quality.

#### 10. Communication and Advocacy:

Creating public trust for the AYUSH system and products is very important, both within the country and globally.

- Responsible and factually-correct communication with all stakeholders will debunk many of the myths/fallacies associated with AYUSH and its products.
- Continued advocacy with the government is essential for bringing about conducive policy changes.
- Appropriate labelling of the products (without misquoting and wrong claims that are not based on evidence generated through established scientific studies) is most important.
- Creating a platform for voicing communities' and patients' experiences, whereby the data so generated could be collated, analysed and appropriate action points decided, will render AYUSH more effective.

**11. Better Coordination Between Ministries:** With various elements of the AYUSH sector being governed by different governmental ministries, better coordination between these stakeholders will go a long way in

improving ease of doing business and thus stimulate growth in the sector. 'One Health' concept should be adopted, particularly in areas of outbreak.

#### 12. AYUSH System in Geriatric and Palliative Care:

This is one of the major strengths of the AYUSH system, with effective formulations for dementia, memory loss and ageing, functional foods for metabolic disorders like diabetes, kidney diseases, autoimmune diseases, cardiac conditions and enhancement of quality of life in cancer patients. Yoga, meditation and Pranayam also improve complete physiology and mind-body-soul connect with improved overall health.



**AYUSH is the acronym of the medical systems that are being practiced in India such as Ayurveda, Yoga & Naturopathy, Unani, Siddha, Sowa-Rigpa and Homeopathy.**

#### 13. Food and Nutrition:

The basic tenets of successful nutritional intervention through food supplementation and fortification should be introduced in the AYUSH system. Some of these food elements are already a part of AYUSH. The nutritional database of the country and nutritional practices should be taught to AYUSH practitioners. They should also be encouraged to contribute their own experiences in nutritional additives, supplements and food prescription practices in the AYUSH system. Relatively newer interventions in the modern system of

medicine should also be included under the overall umbrella of nutrition and food supplementation.

Vaccinations have been available since ancient times in various traditional communities across the globe and are effective tools for tackling many of the common yet lethal infections. Therefore, all AYUSH practitioners should promote vaccination and counter misinformation about vaccination and the anti-vaccination lobbies.

#### Conclusion

Persistent efforts are essential for bringing the treasure of AYUSH to the forefront in a scientific and sustainable manner. Just like the Indian pharmaceutical industry has catapulted into the 'Pharmacy of the World' through sustained and proven efforts, we can achieve the same for AYUSH as well! ▶

## MINISTRY OF AYUSH

### – Carrying Forward The Legacy Of Traditional Indian Systems Of Medicine

The Government of India is taking small, measured steps for making AYUSH the preferred system of medicine and yoga a world-wide phenomenon. The thrust is on easing the pressure on the primary allopathic system by ensuring the optimal development, propagation and popularization of our traditional systems of healthcare.

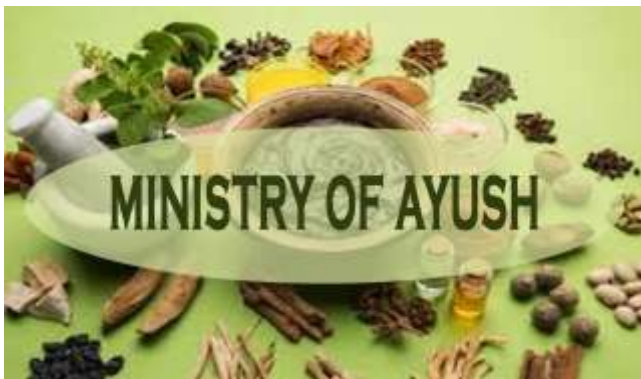


**INDIA HAS A** rich heritage of vaidyas, healers and other traditional practitioners that are practicing profound ancient and indigenous medical therapies since time immemorial. We grow a variety of beneficial herbal plants on a large scale and there are dedicated institutions that impart ancient wisdom on healthcare.

Alas, the British officially denounced the Indian systems of medicine and they continued to suffer insalubrious neglect even after Independence. It was only in 1995 that an attempt was made to assimilate, exploit and develop this invaluable wealth of knowledge, skills and resources with the establishing of the Department of Indian Systems of Medicine and Homoeopathy (ISM&H) in the Ministry of Health & Family Welfare (MoHFW). This was rechristened as the Department of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy (with the acronym AYUSH) in November, 2003 to give focused attention to education and research in these traditional systems.

The Department was raised to the Ministry of AYUSH in November 2014 to address the concerns of AYUSH systems and position them as the preferred systems of living and practice for attaining a healthy India. It operates on a two-fold vision - revive the profound knowledge of our ancient systems of medicine and ensure optimal development and propagation of AYUSH systems of healthcare.

In 2018, Sowa Rigpa was added to the existing facility of AYUSH systems with the alphabet 'S' representing both Siddha and Sowa-Rigpa.



The Ministry is responsible for formulating and implementing policies and programs to meet the following salient objectives:

- To upgrade the educational standard of the Indian Systems of Medicine and Homoeopathy colleges in the country.
- To strengthen existing research institutions and to ensure time-bound research programmes on identified diseases for which these systems have an effective treatment.
- To draw up schemes for cultivating, promoting and regenerating medicinal plants that are used in these systems.
- To evolve Pharmacopeial standards of Indian Systems of Medicine and Homoeopathy drugs.

Let us take a look at the AYUSH systems in detail:

**Ayurveda** - This ancient Indian traditional healthcare system involves a natural and holistic approach to physical and mental health. It offers safe and effective solutions for various health problems like lifestyle disorders, degenerative conditions, neuro-muscular disorders, allergies, etc. An Ayurvedic physician examines both the patient and disease in complete detail before confirming the diagnosis.



The treatment is factored on avoiding the causative factors that cause disequilibrium in the body matrix. The patient is advised Panchkarma procedures, medicines, suitable diet and activity routine to restore the balance and strengthen the body mechanisms to prevent or minimize future occurrence of the disease. The medicines are derived from plants (and sometimes also from animals, metals and minerals).

**Yoga and Naturopathy** – Yoga is an age-old discipline that calms the inner self and opens the path to attain



self-realization. It helps in achieving balance in the body by way of regulating the breath, restraining the sense organs and promoting contemplation and meditation. With continued practice, yoga

can prevent diseases like psychosomatic disorders and promote overall health.

Naturopathy accounts illness as a disturbance of any of the Five Great Elements that causes an imbalance in the vital force of the body. It relies on diet and other natural therapies to flush out toxins and stimulate the body's innate ability to heal itself.

We should also encourage research on Yoga and naturopathy with all AYUSH branches. In fact awareness about these branches should be initiated at the school level itself – Dr. Y. B. Tripathy, Former Dean, Faculty of Ayurveda IMS BHU, Varanasi

**Unani** – Unani-Tibb is originally a Graeco-Arabic medicine that has seamlessly blended with Indian traditions. This is a comprehensive medical system with a herbo-animo-mineral foundation. It deals with the various states of health and disease to deliver

promotive, preventive, curative and rehabilitative healthcare.



The individual is considered in entirety, in relation to the environment and the stresses on the body, mind and soul. The physician prescribes the drugs and lifestyle according to the temperament (mizaj) of the patient, causative humour, faculty of organ involved and severity of the disease.

**Siddha** – This age-old medicinal system has its roots in Tamil Nadu. It is another holistic system that treats not only the body but also the mind and soul. According to the Siddha system, the human body is the replica of the universe and so are the food and drugs irrespective of their origin. It also considers the body as an assortment of three humours and their equilibrium is deemed as health - any imbalance or disturbance or disturbance therein leads to illness or disorders.



**Sowa-Rigpa** - Also known as the Amchi system of medicine, Sowa-Rigpa means Knowledge of Healing and has been reinforced in the Trans-Himalayan region. It is perceived to be similar to Ayurvedic philosophy with more than 75% tests derived from the Ashtanga Hridaya; a famous exposition of Ayurveda. It is based on a similar principle that the human body is composed of five core elements of 'Jung-wa-nga'. Any imbalance results in a disorder which is treated with medicines comprising these very five elements.



The government credits Tibetan spiritual leader, the Dalai Lama, for introducing this medicinal practice in India.

**Homeopathy** – This system originated in Germany and has spread almost to every part of the globe. The gentle system of cure has blended well with Indian traditions too. Centred on the theories of 'Like Cures Like' and 'Law of Minimum Dose', it concentrates on maintaining the inner balance of an individual on mental, physical, emotional and spiritual planes. Homeopathic products are made from plants, minerals and animals in the form of sugar pellets, ointments, tablets, gels, creams and drops.



## Government Measures on AYUSH

Public healthcare was always kept outside the domain of the Ministry of AYUSH, confining it merely to education and research. However, now both the popularity and accessibility of AYUSH is peaking with the Government of India using the National Health Mission (NHM) to mainstream AYUSH systems and integrate them with the existing healthcare delivery system.

AYUSH systems are also becoming dynamic and multidisciplinary with research and development taking the lead to combine the ancient medical knowledge with modern scientific information. Production of AYUSH products is moving towards advanced processes employing modern technology.

Many new initiatives were announced in 2019 to promote AYUSH, like - creating AYUSH wings in defence and railway hospitals; giving soft loans and subsidies for the establishment of private AYUSH hospitals and clinics; and building institutes of excellence in teaching and research in AYUSH.

As per the MoHFW data, 3986 AYUSH hospitals and 27,199 AYUSH dispensaries are functioning in the country as on 11th December, 2019. The Ministry further reported that 7,99,879 ISM&H practitioners are registered in India as on 23rd March 2020 with a further 52,720 students taking admission in 914 ISM&H colleges every year.

The government planned to set up 12,500 dedicated AYUSH Health and Wellness Centres (H&WCs) under the Ayushman Bharat mission. AYUSH practitioners can also be posted in regular H&WCs to handle routine and priority care (not urgent and emergency care) based on their current training.

The Interdisciplinary Committee for Integration of Ayurveda and Yoga Interventions in the 'National Clinical Management Protocol: COVID-19' submitted a detailed report in July 2020. Based on relevant scientific evidence, promising trends and preliminary reports of studies, the committee recommended including certain Ayurvedic preparations in the national protocol for home care of asymptomatic, mild and moderate cases of COVID-19 and some other concoctions for prophylactic care against COVID-19 in high risk individuals. It further proposed inclusion of yoga interventions for improving mental and physical health of both COVID-19 active cases and convalescent patients. Ex-Minister of Health, Harsh Vardhan also unhesitatingly advised AYUSH treatment protocol for COVID-19 based on empirical evidence.

The pandemic led to a surge in the demand for Ayurvedic products around the world, with exports peaking by about 45% in September, 2020 as compared to the previous year.

Prime Minister Modi also stressed on bringing ayurvedic knowledge out of books, scriptures and home

Level playing field and equal opportunity for all AYUSH branches in public and private healthcare based on their respective strengths should be the way forward – Dr. Shivang Swaminarayan, Homeopathy Practitioner

## Action Plan For Effective And Efficient Inclusion Of Homeopathy In Integrative Care

The Homoeopathy Education and Practice is now regulated by the National Commission for Homoeopathy (NCH) Act, 2020 that has come into force from 5th July, 2021. It has provisions for interfacing between Homoeopathy, Indian system of Medicine and Modern system of Medicine to promote medical pluralism. It further provides for the state governments to take necessary measures to address various issues related to health, including promotion of public health through Homoeopathy.

The Minister of AYUSH, Mr. Sarbananda Sonowal informed in a written reply in Rajya Sabha that the Ministry of AYUSH has undertaken the following activities for effective and efficient inclusion of Homoeopathy in integrative care –

- (I) Central Council for Research in Homoeopathy (CCRH) was established to undertake, coordinate, develop, disseminate and promote scientific research in Homoeopathy through its network of 24 research centres and 6 Homoeopathic treatment centres.
  - CCRH is carrying out intramural research, including collaborative research, with Institutes of Excellence.
  - CCRH - in collaboration with Directorate General of Health Services (DGHS), MoHFW - had taken up a pilot project and successfully integrated Homoeopathy along with Yoga in the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) in two districts: Krishna (Andhra Pradesh) w.e.f. Sept. 2015 and Darjeeling (West Bengal) w.e.f. February 2016 by co-locating 16 AYUSH lifestyle disorder clinics at district hospital/area hospital/community health centre/block primary health centre. The project was carried till 30.04.2021
  - CCRH has undertaken integrative studies on COVID-19, acute encephalitis syndrome, dengue, diabetes, hypertension, chronic low back pain and cancer.
  - In the area of public health, Homoeopathy along with Yoga was integrated in NPCDCS Program; research studies in epidemic diseases are being undertaken at community level.
- (II) Ministry of AYUSH is implementing centrally sponsored scheme of National AYUSH Mission (NAM) in the country through states/UTs for promotion and development of all AYUSH systems including Homoeopathy. The states/UTs are being supported as per the NAM guidelines, which provides financial assistance to the states/UTs for various activities in general and specifically for integration of different systems of Medicine as under:
  - Co-location of AYUSH facilities at primary health centres, community health centres and district hospitals.
  - Setting up of up to 50 bedded integrated AYUSH hospital.
  - Upgradation of state government under-graduate and post-graduate AYUSH educational institutions.
  - Setting up of new AYUSH educational institutions including Homoeopathy in the states where it is not available in government sector.



remedies and developing the ancient system to suit modern needs. He called upon the Ministry of Education and UGC to find new avenues in disciplines like Ayurveda Physics and Ayurveda Chemistry. He even urged startups and the private sector to study global trends and demands and ensure their participation in AYUSH.

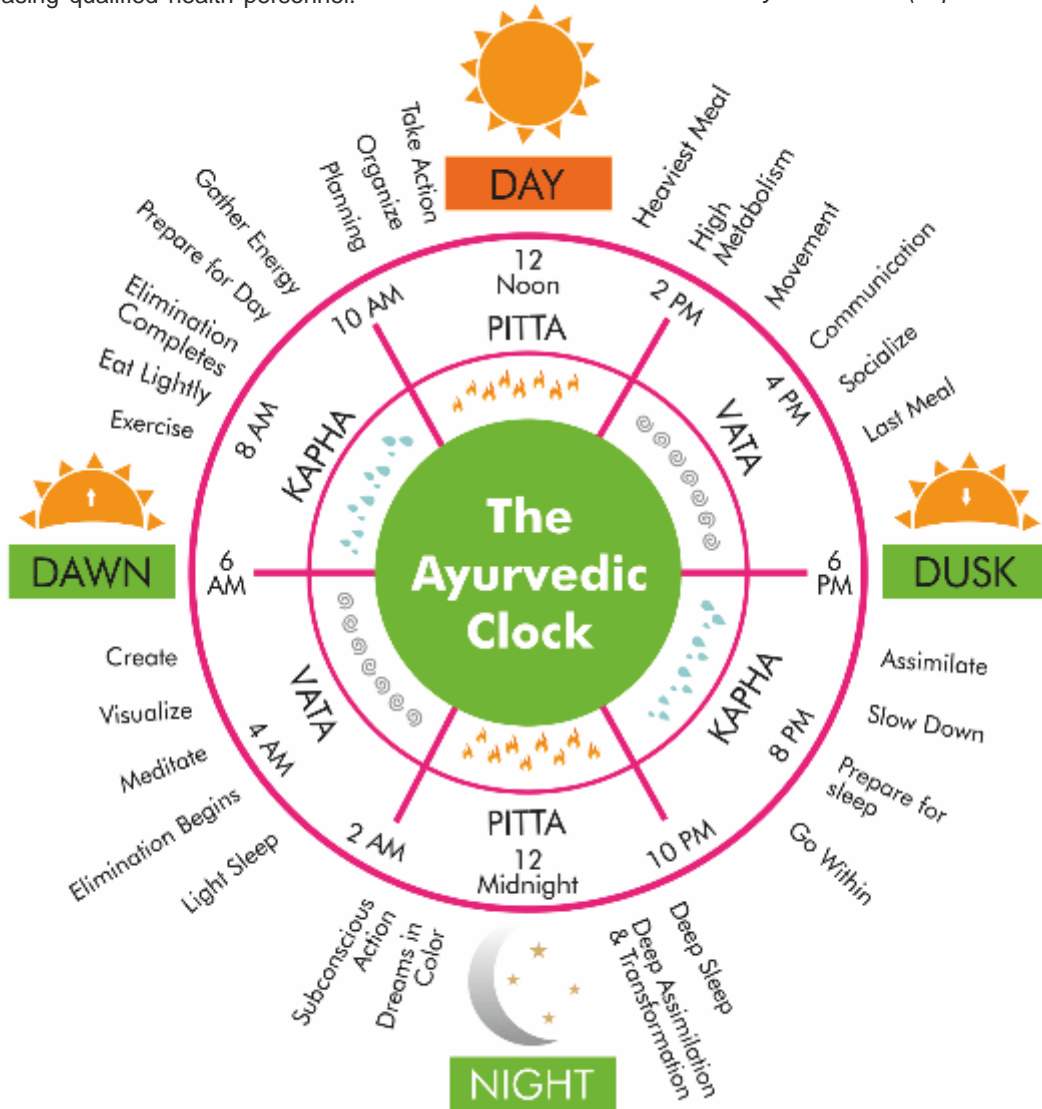
A 'One Nation, One Health System' policy is in the works with focus on merging modern and traditional systems of medicine like allopathy, homoeopathy and Ayurveda in medical practice, education and research by 2030. Under the proposed 'Integrative Health System', patients can receive treatment from any of the medical systems in the same healthcare facility depending on their ailment and health condition. Training AYUSH doctors to perform surgeries is being considered with the goal of increasing qualified health personnel.

**Conclusion**

Traditional and non-conventional systems of healthcare and healing are finally getting their place in the sun. However, government initiatives seem to be too less and too late. What we need is more concerted efforts to build trust in the quality, safety and efficacy of AYUSH. Rather than focusing on the varied differences between the two systems, the policies should consider areas where both converge and how they can help tackle the unique health challenges we face today.

The Mahamana Declarations on AYUSH serve the need to integrate our traditional knowledge base on indigenous traditional medicine systems and use them appropriately in a scientific manner within the WHO guidelines.

Source: Ministry of AYUSH (<https://www.ayush.gov.in/>)



Ayurveda is India's heritage whose expansion entails the welfare of humanity and all Indians will be happy to see that the country's traditional knowledge is enriching other countries – PM Modi



## “Certifying Traditional Healers for Inclusion in Integrative Medicine.”

Drawing on the rich traditions, culture and world recognized biodiversity hotspots of the Northeast, the North East Christian University (NECU) is focused on recognizing, promoting, conserving and researching in development of human resources and facilitating knowledge creation. In October 2018, NECU became the first university in the country (and perhaps across the world) to be provisionally recognised by QCI as a Personnel Certification Body (PrCB) for Traditional Community Healthcare Providers (TCHPs). In April 2020, the National Accreditation Board for Certification Bodies (NABCB) granted accreditation to NECU PrCB.

As a PrCB (TCHP), through the QCI scheme and set procedures, NECU has been assisting in the evaluation and certification of traditional healers who have been rendering tremendous service to the society by certifying them for meeting international standards.

### Prof. Darlando Khathing

(PhD., D.Sc.), Vice Chancellor, North East Christian University (NECU) elaborates on the role of the estimated one million Traditional Community Healthcare Providers (TCHPs) or folk healers in India that service a major chunk of the rural and tribal populations but have not yet been formally recognized or organized under any category of AYUSH.





**Q** NECU holds the proud distinction of being the only Personnel Certification Body for TCHPs to be accredited by NABCB in India and perhaps the first and only one across the world. How will this certification help the TCHPs in the future?

TCHPs are the repositories of the wisdom and knowledge of traditional health practices, gained mostly through oral tradition which is either inherited through family lineage or under the Guru-Shishya Parampara. They are generally field workers and practitioners who might not have any formal education. They have learned their skills from their elders and become competent through continuous practical experience. They might not be inclined to attend classes or earn degrees from universities. They might, however, be much more competent than degree holders.

The certifications of NECU, as the duly accredited PrCB, will give the TCHPs the recognition and authentication for their knowledge and skill, provide greater confidence to the users of their service and also overcome the barrier of cross border utilisation of their services.

Such a certified TCHP can claim to have met national level, in fact international level, standards of competence. We have observed that the certified TCHPs have gained greater respect from the public, more confidence and trust in their profession and larger number of patients. Their names and particulars are on the QCI website.

**Q** What kind of certification work is NECU involved in after getting the accreditation? How is it influencing other organizations and states in this regard?

The certification procedure that we follow is as per the criteria for the Voluntary Certification Scheme for Traditional Community Healthcare Providers (VCSTCHP) (<https://qcin.org/voluntary-certification-scheme-for-traditional-community-healthcare-providers-tchp>). NECU, which undertook the assessment for its systems and processes, was initially accorded provisional approval by QCI in October 2018. Thereafter having conducted couple of cycles for certification of the TCHPs in the states of Tripura, Assam and Nagaland, NECU was assessed by NABCB and was accredited as per ISO 17024 in 2020 as a PrCB. You might be aware that

hospitals are accredited by the NABH and laboratories by NABL, which are similar entities under the QCI.

Thus, with the accreditation, NECU is successfully demonstrating high benchmarks for evaluating the competence of the TCHPs, leading to their certification. At present the evaluation and certification is being conducted for 6 streams – jaundice, common ailments, traditional bone setting, traditional birth attendant, poisonous bites and arthritis. The evaluation is rigid and is carried out by a team of three evaluators comprising of one team leader (who is an experienced AYUSH doctor) and two senior TCHPs (from the specific domain for which the candidate is to be evaluated). There is a 3-level evaluation – oral, demonstration and on-site visit to the TCHP's work station. One has to get at least 70% marks in each level before proceeding to the next level. Not all candidates make it.

Situation permitting, NECU is ready for evaluation of applications received from Manipur and Meghalaya, in addition to more from Assam and Nagaland.

With the on-going certification of the TCHPs from the North-eastern region by NECU, many organisations are slowly becoming aware of the recognition that can be given to the first mile healthcare provider (often) and the benefits that come to the TCHPs as more people feel confident to seek healthcare from them. Some state governments have already come forward to support the scheme and are also taking steps to utilise the knowledge and skills.

For example, the Government of Sikkim has laid the foundation stone of a folk healing centre; there is a North East Institute of Folk Medicine (NEIFM) in Pasighat, Arunachal Pradesh under the Ministry of AYUSH (the medical officer of NEIFM - an ayurvedic doctor - is an empanelled team leader for conducting VCSTCHP evaluations); the Chhattisgarh government in recognition of the valuable service being provided by the TCHPs, specially for rural healthcare, has provided financial support for the Recertification of the Folk Healers from the Korba district of Chattisgarh and the Meghalaya government supported the training of the government ayurvedic doctors and senior TCHPs from the north-eastern region to become evaluators for VCSTCHP. Although various state governments are making efforts,



“ The Mahamana Declaration is just that – a document prepared by eminent practitioners on matters that need to be addressed and reviewed in healthcare, particularly on AYUSH. It is to encourage AYUSH and ensure it gets a level-playing field with pharmaceuticals which are medicines with chemical ingredients, to integrate the best of Ayurveda and modern systems of medicine. ”

these are still sporadic. Concrete, cohesive measures need to be taken to mainstream traditional healers by recognising their knowledge, skill and services in the National Health Policy.

**Q What are the proposed activities of NECU after being recognized as a competent certification body? How do you intend to take it forward?**

The certification exercise is more of a social service than a revenue generating one. Most TCHPs do not charge service fees and can face challenges just to pay the application fees that goes into an Evaluation and Certification process. Also, some well-known TCHPs who have a good reputation do not feel the need to be certified since their services are already well recognised. The need for awareness is large and one of our major activities will be awareness programmes.

There is a huge need for having experienced senior TCHPs as evaluators that are duly trained by QCI recognised experts. They should be in different states and in different domains (e.g. jaundice, traditional bone setting, arthritis, etc.).

At NECU, we have established a new cell for spreading awareness and education about the certification program. The Central and State Governments should also be more sensitised and give due support and recognition to this traditional form of healing.

**Q Can you elaborate on the role that you envisage that formally recognized TCHPs can play in our healthcare system?**

One is aware and already accepts the role of TCHPs. They are often the first level of consultancy/treatment, especially in the rural areas. Conversely, some might even offer examples to their being the last hope of healing when all other conventional forms have failed. They are also often available at the last mile where other conventional medical facilities are absent. Once they are formally recognised, the public will have greater confidence in them and the governments too might find it easier to support them.

**Q How do you propose streamlining the folk healers into the healthcare system? How can their knowledge be standardized and preserved for the future generations before it fades away completely?**

With the certification scheme for traditional healers, it is now possible to integrate such certified TCHPs into the healthcare system. It should really not be such a difficult task when one knows that it is already being accepted as a healthcare system in the rural areas, which have the majority population. It just needs an open mind.

It is not competitive but complementary, and can be streamlined into a first call healthcare service. It is available in the remotest of places, even where there are no roads available. In the NECU experience, in order to evaluate a candidate at the place of practice, our teams have had to travel several hours on foot to reach the villages. No government dispensary was there in at least two such places that the teams visited. So one can easily streamline such services. This would ensure and assure safe and standard healthcare at these 'grassroots' levels.

It is known that many of the present Indian Systems of Medicine use plants. I am given to understand that the proportion of use of plants in the different Indian systems of medicine is - Ayurveda 2000, Siddha 1300, Unani 1000, Homeopathy 800, Tibetan 500 and Modern 200. For traditional and folk it is 4500. Using academic terms, traditional healing can be considered a 'cognate' subject. So to integrate traditional or folk healing into the Indian system could be a logical step forward.

One can ensure preserving the different forms of traditional healing by giving them due recognition just as the certification exercise does. Otherwise, as is already happening, many of the later generations will seek other professions.

**Q Do you think traditional healers will be accorded the same stature as doctors when they are associated with myths and superstitious beliefs of the ancient times?**

No, at least not in the near future. The certified ones will perhaps earn larger respect and acceptance and their client base might increase. In the NECU experience, some of the certified TCHPs are even being consulted from across the country outside the region.

The similarity of stature would be perhaps like comparing a Panchayati Raj functionary and a State Civil Service officer. Both are important, can be very effective and respected in their respective jurisdiction and can be supportive of each other, both working for the common good of society.

Quacks will always be there; just as fake doctors are not unknown. The certification exercise excludes faith healers and undertakes evaluation on parameters known as Minimum Standards of Competence which are observable. The NABCB accreditation is based on ISO 17024 which is an international rating.

**Q What is your opinion on the Mahamana Declarations of AYUSH and the work done by the members? How should the initiative be taken forward?**

As in any system, nothing is absolute. Rules and laws are prepared by people who might not foresee all. Even our Constitution has room for amendments. The Mahamana Declaration is just that – a document prepared by eminent practitioners on matters that need to be addressed and reviewed in healthcare, particularly on AYUSH. It is to encourage AYUSH and ensure it gets a level-playing field with pharmaceuticals which are medicines with chemical ingredients, to integrate the best of Ayurveda and modern systems of medicine. There is a nine member working group. I am not competent to advise such a distinguished body on the steps to be taken.

**Q What activities are important for achieving Universal Health Coverage in India?**

Keep an open mind. From simple and basic first aid to super speciality surgeries, all aspects of healthcare can be made inclusive. Allopathy should embrace AYUSH which can include folk medicine. Then only can one truly speak of 'Universal' health coverage. This does not mean it will open a Pandora's box. The systems are made inclusive. It is the practitioners, across all approaches of healthcare, that would need to be properly trained and vetted. ▶



**Pyush Misra**  
Trustee,  
Consumer Online Foundation

## WHO Fosters Traditional, Complementary And Integrative Medicine



Nobody can deny the fact that traditional and complementary medicinal products, practices and practitioners are an important resource for health systems and health services around the world. The WHO is also working in collaboration with member states, partners and other stakeholders to promote the integration of safe and evidence-based traditional and complementary medicine into national health systems.

**THE WORLD HEALTH** Organization (WHO) has emerged as a fervent champion of traditional and complementary medicines (T&CM) by endorsing the strategic role that indigenous alternative healing systems can play in building a healthier, fairer and safer world. It upholds in unequivocal terms, “Traditional medicine has a long history. It is the sum total of the knowledge, skill and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness.”

In fact, with the growing amalgamation of complementary medicines in conventional healthcare, the term alternative medicine has been dropped in favour of 'integrative medicine'.

The Department of Technical Cooperation for Essential Drugs and Traditional Medicine is the lead department in the WHO for technical cooperation with countries on medicinal issues. The framework for achieving technical collaboration is centred around improving access to and rational use of quality essential medicines, including traditional and complementary medicines.

The Traditional, Complementary and Integrative Medicine (TCI) unit is charged with mobilizing global coordination to harness the potential contribution of traditional, complementary and integrative medicine to integrated health services, Universal Health Coverage and health-related Sustainable Development Goals (SDG). It promotes and supports effective use of and equitable access to quality TCI products and services that are available, accessible, affordable, acceptable and safe, integrated and people-centred across the life course and care continuum including self-care. Its pioneering work is guided by the World Health Assembly (WHA) resolutions on Traditional Medicine, WHA62.13 (2009) and WHA67.18 (2014).

The work is complemented by many other forums within the WHO. WHO Collaborating Centres for Traditional, Complementary and Integrative Medicine have been set up in different parts of the world. Then there is an Expert Advisory Panel on Traditional and Complementary Medicine. The International Regulatory Cooperation for Herbal Medicines (IRCH) was established in early 2006. The WHO also constantly issues guidelines

on good manufacturing and processing practices for herbal medicines.

### Traditional Medicine Strategies

To discuss the role of traditional medicine in health care systems, challenges and opportunities, the WHO formulated the Traditional Medicine Strategy 2002-2005. The focus was on facilitating integration of traditional medicine into the national health care systems by assisting member states to develop their own national policies on traditional medicine. It also strived to promote the proper use of traditional medicine by developing and providing international standards, technical guidelines and methodologies.

The updated WHO Traditional Medicine Strategy 2014–2023 builds on the work done under its predecessor even as it devotes more attention to prioritizing traditional medicines in health services. It aims to support member states in developing proactive policies and implementing action plans to strengthen the role of traditional medicine in

keeping populations healthy and achieving universal health coverage.

The strategic objectives are:

- To build the knowledge base for active management of T&CM through appropriate national policies
- To strengthen the quality assurance, safety, proper use and effectiveness of T&CM by regulating products, practices and practitioners
- To promote universal health coverage by integrating T&CM services into healthcare service delivery and self-health care



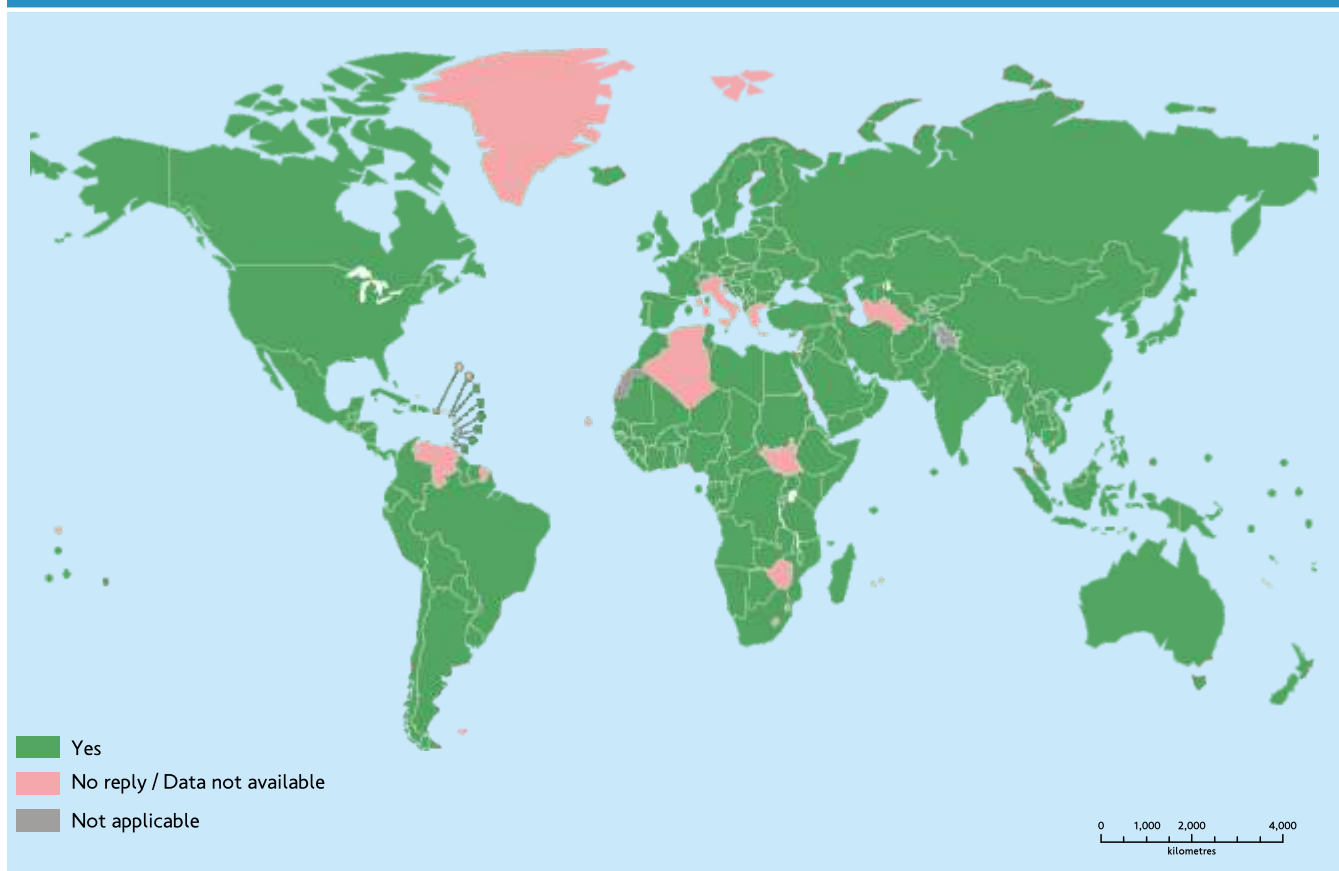
**The WHO Global Report reveals that by 2018, 98 member states had developed national policies on T&CM, 109 had launched national laws or regulations on T&CM, and 124 had implemented regulations on herbal medicines. What's more, as many as 170 of the 194 member states (a whopping 88%) acknowledged that they were using T&CM!**

### Marking Progress

The WHO Global Report on Traditional and Complementary Medicine 2019 was developed to address the gap in reliable, credible and official data from member states in the area of T&CM. It reviewed the global progress in T&CM over the past two decades and is based on contributions from 179 WHO member states.

The report reveals that more and more countries are recognizing the role of T&CM in their national health systems. For instance, by 2018, 98 member states had developed national policies on T&CM, 109 had launched national laws or regulations on T&CM, and 124 had

## MEMBER STATES HAVING CONTRIBUTED TO THIS REPORT



Data source: World Health Organization  
Map Production: WHO Health Emergencies Programme

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implemented regulations on herbal medicines. What's more, as many as 170 of the 194 member states (a whopping 88%) acknowledged that they were using T&CM!

The report provides valuable information for policy-makers, health professionals and the public for capitalizing on the potential contribution of T&CM to health and well-being.

### Going Forward

The WHO's International Herbal Pharmacopoeia (IHP) project is working to formulate an international pharmacopoeial standard for promoting standardization of herbs/herbal products so as to ensure the safety and quality of herbs/herbal products in the global market. It will also serve as a reference for member states (which do not have a National Herbal Pharmacopoeia or Herbal National Pharmacopoeia) to formulate their own standards or for adoption of the IHP as a formal safety and quality standard of herbs/herbal products.

The first WHO interregional training workshop on 'Ensuring the Quality of Traditional, Complementary and

Integrative Medicine (TCI) Products' was conducted in November 2020.

Recognizing the role of traditional healing practices, the WHO announced in November 2020 that it will set up a Global Centre for Traditional Medicine in India to strengthen the evidence, research, training and awareness of traditional and complementary medicine. This can easily catapult into a centre for global wellness! While making this announcement in a video message, the WHO Director General Tedros Adhanom Ghebreyesus observed, "Traditional systems of medicine such as Ayurveda can play an important role in integrated people-centric health services and healthcare, but they have not received enough attention."

### Conclusion

In fact, with no solutions in sight as yet for the ongoing COVID-19 pandemic, this is an opportune time when AYUSH concepts and interventions should be evaluated for developing better arsenals to prevent and treat the disease. ▶

Source: Secondary research & media reports

## Designing A Regulatory Authority Exclusively For AYUSH

A strong and independent regulatory body with uniform quality and safety standards will go a long way in instilling trust in AYUSH, improving ease of doing business and thus stimulating consummate growth in the sector.



*Since the medication of an individual can lead to all kinds of effects years from now, the government is responsible for ensuring not only the efficacy of the medicine but, more importantly, its safety!*

**THERE IS NO** denying the immense benefits and value that AYUSH can bring to public healthcare – the potential of accessible, affordable and quality health care can vastly improve the existing healthcare delivery system in India. However, one of the primary snags that is keeping this sector from being assimilated with modern medicine is the lack of regulations. Lack of confidence in the quality, safety and efficacy of AYUSH products is a glaring blackmark as there are no rules to ensure that the medications are of standard quality and do not contain contaminants or adulterants.

One of the key concepts identified by the Mahamana Declarations on AYUSH (MDoA) relate to the setting up of a robust single window regulatory body exclusively for AYUSH, for standardizing and supervising everything from sourcing the raw materials and manufacturing to distribution and use. As the SIG 6 notes, “Traditional systems which are highly documented and which are backed by statute and by regulatory and enforcement mechanisms are bound to be taken more seriously than those which depend only on the faith of the consumer or the confidence generated by word of mouth.”



Currently, the AYUSH sector is regulated as part of the existing D&C Act, 1940. AYUSH is treated as a separate entity and has a separate section under the Act. However, there are multiple regulatory issues due to the fragmented system and poor regulatory infrastructure. It is riddled with inadequate manpower, facilities and skills.

Different elements of AYUSH are governed by diverse Ministries - like AYUSH, Health & Family Welfare, Nutrition, Chemicals & Fertilizers, Women & Child Development and Department of Empowerment of Persons with Disabilities. The Pharmacopoeia Commission of Indian Medicine, Pharmacopoeia Committees, Pharmacopoeial Laboratories, ASU Drug Technical Advisory Board and Drugs Consultative Committee are also involved in regulating the ASU&H drugs. While the Central Government administers the regulatory policies for AYUSH, the enforcement is in the hands of the States.

The Mashelkar Committee Report of 2003 was the first attempt to establish a Central Regulatory Authority along with a centralized licensing system for our traditional and indigenous healthcare systems. It recommended that the regulatory control of all traditional drugs should be under the overall umbrella of one national agency, which may have separate divisions and experts for effective management. It should be managed by competent and knowledgeable professionals (similar to DCGI-AYUSH) under an exclusive law passed by the Parliament of India. Two bills were formed on the lines of the report, but they did not find favour in the Parliamentary Committee.

## Redefining the Regulatory Environment

Institutionalizing a strong regulatory regime for AYUSH by way of a new law will strike a balance between strengthening quality and ensuring sustainability for the traditional systems. The regulatory system should be based on science with a multi-disciplinary approach with AYUSH stakeholders playing a dominant role.

The SIG 6 on Strong Regulatory Body proposed that the regulatory authority should:

- Set up standards for regulation of manufacturing, quality, storage, testing, distribution, sale and even prescribing and dispensing of AYUSH products and raw materials.



## Technology, Competent Regulatory Staff and Proper Regulations enable growth of AYUSH Sector

Stringent regulations facilitate transparent enforcement of AYUSH medicinal product manufacturing and marketing. To take AYUSH treatment and therapy to the remote parts of the country and even globally, there is a need for technology adoption to accelerate speed and efficiency to approve safe dosage forms. There should be a mechanism in place for a proper time schedule of approvals so that companies have the clarity to avoid confusion on compliance. This should be supported with core competencies and inherent strengths of the enforcement team's expertise to identify and inspect fair practices prevalent in the AYUSH industry and across its pharmacies. Scaling up and up-gradation of existing infrastructure and regulations along with collaborations with global regulatory authorities will provide immense agility to the regulatory systems for faster new drug approval and proper growth of the AYUSH field.

### Dr. B. R. Jagashetty

Legal Consultant  
Former National Adviser  
(Drugs Control) to MoHFW & CDSCO  
Former Drugs Controller for the  
State of Karnataka



- Control approval processes and licensing of new products.
- Carry out consultation and develop and update guidelines and regulations for AYUSH systems.
- Approve and monitor clinical trials for assessment of safety and efficacy of AYUSH products.
- Generate skilled regulatory manpower for AYUSH through training and competency development.
- Work as a common interface between government, industry, researchers and patients.
- Promote AYUSH to facilitate its global outreach.

Four broad areas were envisaged, which require focus to bring further value addition in the AYUSH systems -

1. Scientific development and uniform standards of medicinal plants as the backbone of the AYUSH systems.
2. Translational research in AYUSH systems using interdisciplinary approach to enhance its global acceptance.
3. Adopting dynamic Good Manufacturing Practices (GMP) standards and protocols for in-process and finished product quality assurance.

4. Developing robust supply chain management for distribution and sales to weed out the adulterated, spurious, misbranded and substandard products.

Other proposals include:

- All AYUSH manufacturing units must comply with the existing Schedule T requirements within 90 to 180 days. The AYUSH Premium Mark of QCI and WHO-GMP should be made mandatory for all units within the next one year and three years respectively.
- Both the government and manufacturers must procure from approved suppliers and/or WHO-GMP certified plants only.
- New product approval should abide by a standardized format for the domestic market and labelling texts must be approved by the State Licensing Authority.
- Registration of sellers of AYUSH products and raw materials should be made a mandatory one-time process to create a sellers' database. (Initiate simple registration for sale/distribution and not licensing as most AYUSH products are healthcare products that are sold freely over-the-counter in the market).
- There is no control on imports as of now. Import of herbal products must be regulated by the same regulatory authority. The conditions imposed on imports should be on the lines of exports to avoid rampant and unnecessary imports flooding the market.
- Advertising of all OTC products should be permitted without any restrictions and conditions whereas advertisement of Schedule E-1 Drugs should be restricted.
- Training is an important attribute of regulators and training/facilitation of training should be supported to improve the sector and achieve the goals set by the Government of India.
- Details of GMP, prescribed standards, registration methodology, new drug approval process, control over raw materials, accreditation of manufacturing units, etc. should be included in the Rules to be framed under the Act.

Many provisions from Chapter IVA of D & C Act - which deals with AYUSH - can be adopted and modified to suit the new independent Act.

### Redefining the Regulatory Structure

The new regulatory authority should provide verticals like the current D&C Act



These rules and regulations will help bridge the existing gaps between front-line (WHO-GMP) AYUSH manufacturers and the remaining 9,000 manufacturers in India.

### Our immune system is our first line of protection against diseases.



Using spices like turmeric and black pepper in meals daily helps to enhance immunity and reduces toxins. When combined together, they are known to improve health due to their anti-inflammatory, antioxidant and disease fighting qualities.

for drugs and pharmaceuticals. It should be administered by a Drug Controller General – AYUSH with Deputy Drug Controllers from Ayurveda, Unani, Siddha, Sowa-Rigpa and Homeopathy. A strong and independent regulatory cadre with a similar structure should be instituted in the states and union territories as well.

Apart from the Mashelkar Committee suggestion, another regulatory model was floated on the lines of the Food Safety and Standards Authority of India (FSSAI) - with an autonomous Central Authority which takes care of laying down of standards, rules, regulations etc. and implementation is left to the states. The FSSAI constitution includes multiple government departments represented through secretaries and scientific committees. There is one Chairperson and five members of which three are nominated by the government. The Chairperson must be a knowledgeable person (if he is from the Government, he cannot be below the rank of Additional Secretary).

The MDoA report on issues and recommendations for reforming the regulatory framework for AYUSH sector was submitted to the Secretary of AYUSH, Health Secretary, DCGI and other officials in the Ministry of Health on 4th July, 2020.

### Conclusion

SIG 6 member, Prafull Sheth highlights, "The game plan is to consolidate and develop a mechanism for a strong regulatory framework for AYUSH. This should be a single-window regulatory channel for medicinal plants, raw materials, herbs, final formulations, manufacturing unit approvals and Good Distribution Practices (GDP)." But, constituting an effective and functional regulator calls for participation and coordination among the AYUSH fraternity, practitioners, botanists, phyto-chemists, pharmacologists, pharmaceutical scientists, policy makers and most importantly patient groups. ▶



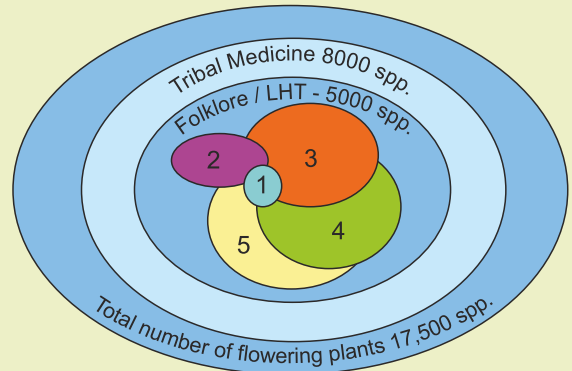
**Payal Agarwal**  
Editorial Consultant

## Quality Assurance And Standardization Of Bio-resources Crucial For Maintaining Quality Of AYUSH Medicines

India is blessed with rich flora and fauna. We have thousands of species of plants that lend themselves well for medicinal purposes. They provide livelihood and health security to a large segment of the Indian population. However, our biodiversity continues to remain undocumented, unregulated and over-exploited - both ensuring quality of medicines and conserving resources should become an essential talking point today.



### Flowering Plants used in Traditional Systems of Medicine in India



- Modern Medicine 30 spp.
- Amchi 300 spp.
- Unani 700 spp.
- Siddha 800 spp.
- Ayurveda 900 spp.

Source: Presentation on Bio-resources, QC, adulteration - Dr A.K.S. Rawat

**THERE IS MUCH** more to traditional systems of medicine than culture, folklore and beliefs. Scratch the surface and you will find that our ancient healthcare approaches can provide relief from a host of ailments and diseases, some of which even the allopathic system is unable to treat.

Almost 90% of the traditional medicine formulations rely on the use of medicinal plants – including herbs, leaves, flowers, roots, stem, bark and more. This is supplemented by minerals, metals and animal and marine products like corals and shells that are found in nature. This link of traditional medications with biodiversity is backed by age-old traditions that associate healing powers with the natural system - be it plants, animals, air or water.

It follows that the credibility of the traditional systems and practices of medicine hinges on the quality of these raw materials. The growth, cultivation, collection, storage, distribution and processing of the medicinal plants will directly impact the quality, safety and efficacy of the medicines.

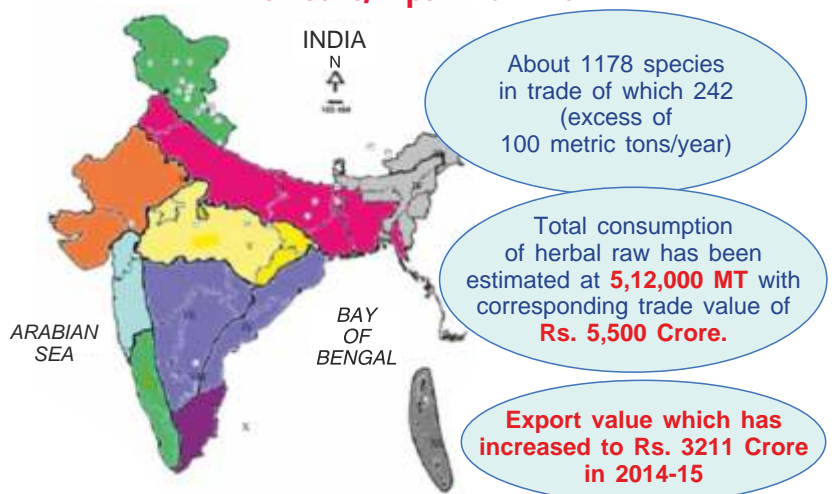
In fact, the availability of good quality raw materials of plant origin

has remained a challenge for the manufacturers. The quality of medicine is a victim of this neglect. Health administrators have to get involved with this bio-raw material aspect for traditional medicine to be taken seriously. The Finance Minister recently allocated Rs. 4,000 crores

for cultivation of medicinal plants as an incentive for farmers. They are now allowed direct marketing and sale of their produce as well.

Realizing that for AYUSH to gain a foothold on a sustained basis, the quality of medicines has to be assured, the Mahamana Declarations

### Medicinal Plant species used in Herbal Industries Domestic/Export 2014-15



NMPB, New Delhi

**Cost of cultivation /ha List of 95 prioritized medicinal plant species**

Indian Medicinal Plant Data - This database incorporates **7263 botanical names**, more than **1,50,000 vernacular names** in ten different Indian languages

Source: Presentation on Bio-resources, QC, adulteration - Dr A.K.S. Rawat

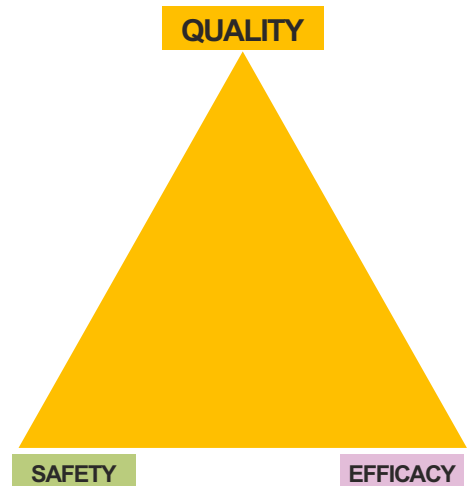
on AYUSH (MDoA) included 'Assess the Value of our Bio-Resources' in its 9 key concepts. The participants raised some serious concerns and issues with regard to maintaining quality of raw materials. They recommended measures such as:

- Train and motivate farmers of herbal plants in the best agricultural practices for farming and cultivation of crops. For herbal plants growing naturally, sustainable collection should be promoted.
- Training of farmers should be done on a periodical basis with process of quality certification of their products made smoothly attainable.
- Provide training on organic cultivation practices (like GAP) as organic herbs have great potential of exports.
- Motivate farmers across the country to cultivate medicinal plants - especially those herbs which have huge demand and those which are nearing extinction – by providing technical agricultural support for cultivation of suitable herbs in their self-owned land.
- Process the harvested raw materials in a scientific manner.
- Processing of herbs, gums, resins and other ingredients - with solvents other than just water - for manufacture of AYUSH drugs is another area of concern and controversy. Well-recognized Ayurvedic processes - wherein self-generated alcohol (like in asavas, arishthas, etc.) - are known to provide improved extractions of the herbal ingredients leading to better quality and efficacy.
- Facilitate standardization in all sectors of Ayurveda - for identification and authentication of materials - from farm to the consumer.
- Create a regional repository of raw herbs and extracts comprising the best and high-quality certified (standardized) herbs to be used by Ayurvedic manufacturers across the country.
- National Medicinal Plant Board (NMPB), Government of India

should set up and manage a helpline for farmers, manufacturers and others interested in growing medicinal plants. All existing helplines for farmers and citizens should be integrated with the NMPB.

- Develop strong linkage between the farmers and manufactures of AYUSH products to invoke strict and uniform quality standards as per the Bureau of Indian Standards (BIS) and certified by institutions like Quality Council of India (QCI).
- Encourage Voluntary Certification Scheme for Medicinal Plant Produce (VCSMPP) – this scheme internalizes the best practices in the medicinal plant sector and introduces Good Agriculture Practices (GAP) and Good Field Collection Practices (GFCP) for medicinal plants.
- Provide a state-of-the-art, drug testing facility - with an animal house - where studies on toxicity and various pharmacological activities can be carried out on Ayurvedic products and herbs
- Set up a cell line laboratory where in-vitro pharmacological studies can be performed on herbs and herbal products.

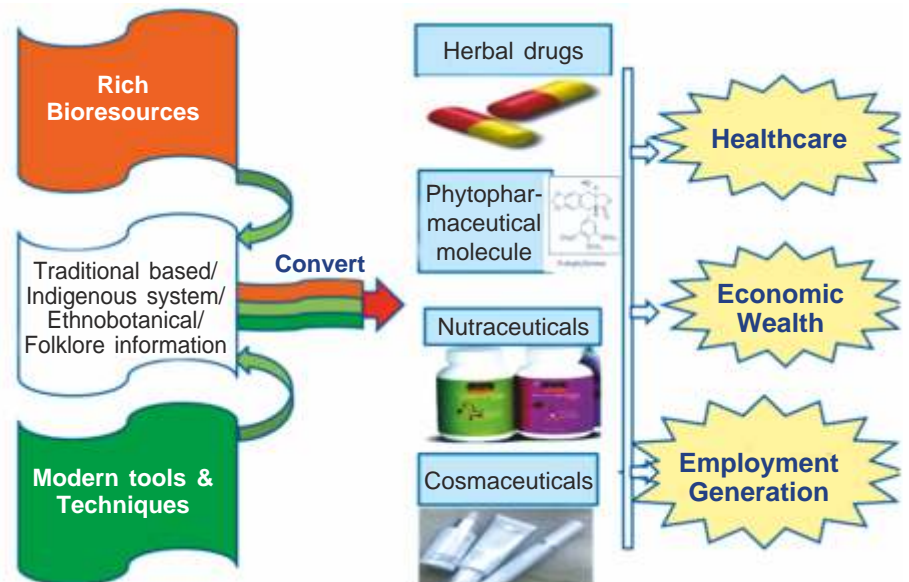
### Three Pillars of Herbal Drug Development



The participants strongly believed that inculcating good practices in farming of medicinal plants will increase the income of farmers on the one hand and help the AYUSH pharma industry to get fresh and genuine materials on the other. The standardization will ensure that the products are of high quality and will be trusted and accepted by consumers in India and abroad.

Furthermore, it was deemed that the states should take a leading role

### 'Assess the Value of Our Bio-Resource'



Source: Presentation on Bio-resources, QC, adulteration - Dr A.K.S. Rawat

in promoting the cultivation of medicinal plants for preventive care of citizens and improving their immunity in an affordable manner. Because of common biodiversity, Asian and African countries can also be educated and encouraged to grow our medicinal plants for our import of raw materials and export of finished products after value addition.

The Working Group under SIG 5 of the MDoA further proposed the following activities:

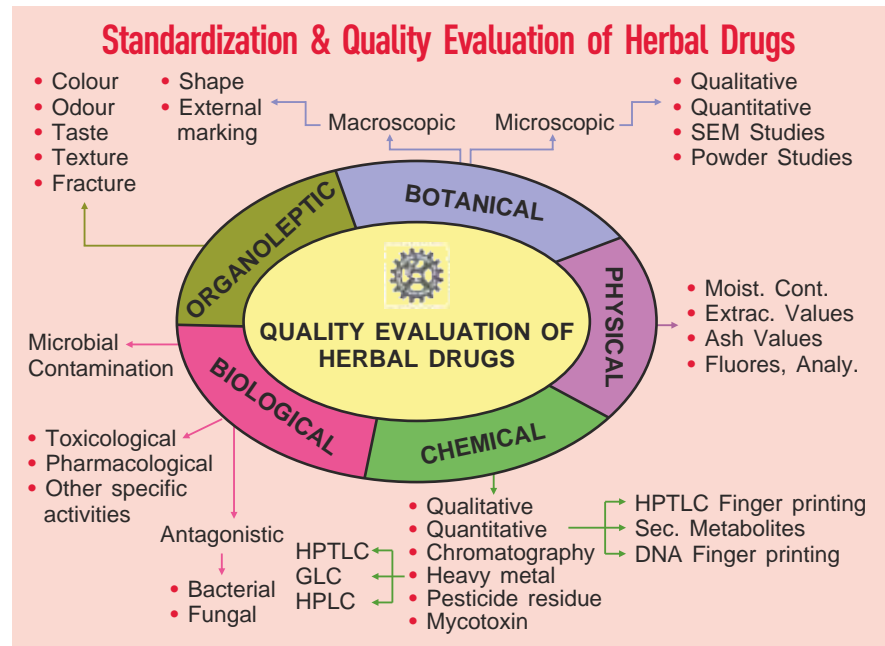
- Create a platform to organize at least two field visits to villages to educate/encourage the farmers regarding cultivation of genuine medicinal plants, to procure useful parts, process them and facilitate to get them the best price.
- Develop a strong collaboration with NMPB, Horticulture, Forest and Environmental Departments for propagation, cultivation and conservation.
- Promote the voluntary certification scheme, VCSMPP by QCI, supported by the NMPB.
- Establish a state-of-the-art, drug testing facility and a sophisticated Cell line laboratory as envisaged.
- Make MoUs with existing institutes for using their instruments and incubators for chemical and pharmacological drug standardization.

In the course of detailed presentations, discussions and deliberations during the meetings, the members of SIG 5 zeroed in on the following cultivation strategies:

- Identification of developed, high-yielding varieties – CSIR, ICAR labs
- Identification of elite chemo-types
- Selection of best suited agro-climate
- Utilization of degraded/unutilized soils for cultivation
- Intercropping
- Government subsidies

The SIG also clarified that establishing standardization will

Essential Steps for Standardized Quality Herbal Products	
I <sup>st</sup> STEP	Taxonomically identified authenticated crude drugs (devoid of foreign matter, mycotoxin, aflatoxin, heavy metals and pesticides)
II <sup>nd</sup> STEP	Standard formula
III <sup>rd</sup> STEP	GMP compliance equipments and infrastructure
IV <sup>th</sup> STEP	Standard operating protocol for manufacturing the formulations (Grinding, sieving, mixing, extraction, boiling etc.)
V <sup>th</sup> STEP	Final product and its quality parameter
VI <sup>th</sup> STEP	Good storage condition, good packaging, labeling, date of manufacturing, list of ingredients and dose.



Source: Presentation – Biodiversity – Dr. M.K. Raina

require consistency in composition and biological activity. It was observed that herbal drugs frequently fail to meet this standard due to the following problems:

- Difficulties in identification of right species/variety
- Genetic variability
- Variations in growing conditions
- Diversity in harvesting procedures and processing of extracts
- Lack of information about active pharmacological principles

The group further elucidated that Total Quality Assurance will call for:

- Good Agriculture Practices (GAP)
- Good Collection Practices (GCP) and Identification
- Good Ethical Practices (GEP)
- Good Safety Practices (GSP) (pesticide, heavy metal, microbial load as per WHO guidelines)
- Good Storage Practices (GSP)
- Good Procurement Practices (GPP)
- Standards of Practice developed by NMPB

It was further decided that the process of identifying and delineating official drugs from substitutes and adulterants will require:

### 1. A reference sample –

- Monographs
  - Pharmacopoeia
  - Reference book
- or
- Collect official plant species from nature

### 2. Drug evaluation

#### Present Status

Monographs/Quality standards - 500 pl sps  
 SOP for GMP, GCP, GPP, GSP - Agro-tech more than 200 pl sps  
 Accreditation/Ayush Mark  
 Govt. support/NMPB  
 Biodiversity assessment - BSI, CSIR, CCRAS Universities

#### Legal status under Drug & Cosmetic Act 1940

### What is the Government Doing?

The Indian Government enacted the Biodiversity Act (BDA) in 2002 and established the National Biodiversity Authority (NBA) of India. The BDA emphasises regulation of access to bio resources and mandates that AYUSH units that extract plant-based materials for commercial purposes will have to pay an Access and Benefit Sharing (ABS) royalty so as to promote sustainable use of bio resources.

However, the guidelines were stalled for 12 long years in the face of intense lobbying by the AYUSH pharma industry. Finally, in November 2014, the Union Ministry of Environment, Forest and Climate Change (MoEF&CC) notified the ABS guidelines that deemed that domestic and foreign companies will have to pay 0.1 to 1% royalty on the gross sales of their products that are made using biological resources and



**Develop strong linkage between the farmers and manufactures of AYUSH products to invoke strict and uniform quality standards.**

traditional knowledge. Under the new rules, domestic manufacturers have to obtain permission from their respective State Biodiversity Boards (SBBs) (foreign companies from NBA) for using the bioresources. The SBBs are empowered to determine the amount of royalty or benefit sharing.

The rules are stringent for Indian herbal products/medicine industries; local communities and traditional healers who also use herbs and plant resources to make traditional medicines are exempted from the ABS regulation.

The herbal industry - especially the large traditional medicine manufacturing industry which uses many forms of bio resources – was up in arms against the regulation. They refused to pay the required royalty fees claiming that the royalty rule does not apply to them. Some even raised objections and filed a PIL seeking clarity on ABS compliance.

The environment ministry placed 190 bio resources on the 'Normally Traded as Commodities' or NTAC list (plant varieties that are exempt from the purview of BDA and do not attract ABS) in 2009 and the list grew by 385 in 2016. This has become highly controversial and prompted a ringing outcry from conservationist groups.

### The Risk of Extinction

Then there is the paucity of medicinal plants and herbs. According to the Ministry of AYUSH, 93% of wild medicinal plants used for making Ayurvedic medicines in the country are endangered. Considering that the overuse of medicinal plants has brought them to the brink of extinction, the Ministry is designing strategies for their sustainable use and to conserve them for future generations. In 2019, the government set up a national network to document local health traditions and ethno-medical practices followed in the country so as to conserve the bio-resources with medicinal value.

The Central Council for Research in Ayurvedic Sciences (CCRAS) is already conducting medico-ethno botanical studies. It has explored about 1.5 lakh medicinal plants and collected 10,000 folklore claims, that are being practiced since years and tend to be passed on orally from one generation to the next.

### Conclusion

A scientific and sustainable approach to farming of herbal plants is what will enable our AYUSH treasure-trove to break through the clouds of dubious fallibility and enthuse trust and confidence among the consumers. ▀

Source: Mahamana Declarations on AYUSH



**Prof. Dr. Shriram S. Savrikar**  
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**Prof. Y. B. Tripathi**  
Former Dean,  
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Varanasi and Chairman of the  
Working Group under MDoA

## Upgrading AYUSH Education Will Breathe New Life Into The Sector

### Current State of AYUSH Education

AYUSH education is more of a 'mixopathy' right now. Subjects of modern medicine have been stealthily fused into courses like Bachelor of Ayurvedic Medicine & Surgery (BAMS); even the course content and duration are made equivalent to the MBBS course under the guise of training in integrated medicine. Moreover, the present AYUSH education is heavy on content and promotes rote learning. Students are schooled to literally learn everything but the said stream of AYUSH!

The quality of education is deteriorating on the one hand and the number of AYUSH colleges is growing on the other. More than 50,000 fresh ISM&H graduates enter the field every year without any hope of getting their due.

The lack of suitable employment opportunities notwithstanding, aspiring doctors are still ready to shell out the steep fees for ISM&H degrees in private institutions as it can serve as a backdoor entry to a lucrative allopathic practice in underserved areas. Indeed, the ugly reality is that most AYUSH doctors primarily practice modern medicine (even in urban areas) without the necessary allopathic training from qualified teachers. Some even end up irrationally using antibiotics and steroids with adverse outcomes that is besmirching the name of AYUSH. Such behaviour is not only unethical but also harmful to public health in general.

Prof. S. Savrikar (Working Group member of MDoA) has emphasized that the objectives of AYUSH education should include competency in working in collaboration with healthcare service personnel of other systems and proficiency to participate in the National Health Program. He even requested the central government to constitute a team of experts to take up authentic English and Hindi translations of AYUSH classics (original and commentaries).

Some of his chief proposals include introducing complementary subjects like biochemistry, basic principles of pharmacology, microbiology, pharmacognosy and medicinal chemistry. As the current internship program is uncontrolled and lacks clinical exposure to PHCs and emergency care services, private practitioners should be involved and the college institutes should have their own outpatient clinics. This will produce a well-rounded AYUSH practitioner who can provide preventive, promotive and curative healthcare.

Prof. Savrikar further recommends laying a foundation of learning Ayurveda by incorporating Ayurvedic basics in school education itself.

### Addressing the Training Needs

The Mahamana Declarations on AYUSH (MDoA) highlighted the pressing need for reforms in education and proposed recommendations for improvement in teaching and skill development of AYUSH students and physicians (following discussions with several academicians and

“ There are two sides standing opposite each other on the issue of permitting AYUSH practitioners to dispense and prescribe modern medicine - the Indian Medical Association (IMA) of practitioners of modern medicine is staunchly opposing while Associations of ISM practitioners (like National Integrated Medical Association) are tenaciously supporting such permission.

And there are two forces that silently persevere to keep this issue ambiguous and unsolved. With most of the AYUSH practitioners already prescribing modern medicinal products, prohibiting them from practicing allopathy will lead to a loss of 50% domestic revenue for the modern pharmaceutical industry. The education barons are also worried that a strict ban on the practice of modern medicine by AYUSH practitioners will cause them to steer clear of the private ISM&H colleges, thus initiating their closure.”

– Prof. Dr. Shriram S. Savrikar



Integration of AYUSH with science and allopathic system of medicine is not possible unless the archaic AYUSH curriculums are upgraded. Otherwise, AYUSH practitioners will continue to practice modern medicine without proper training or clinical competence to deliver such services.

Reforming  
AYUSH education  
is a matter of  
crucial concern



practicing AYUSH doctors). Prof. Y. B. Tripathi elaborates on the suggestions:

- Steps should be taken to educate students to bring standardization and uniformity in AYUSH healthcare delivery and to provide a criteria for coverage under health insurance.
- The government-run health centres, private clinics and hospitals should be provided orientation programmes from time to time keep their knowledge updated. For this, mandatory CME (Continuing Medical Education) may be included on yearly basis for all practicing and teaching AYUSH scholars.
- Proper orientation programmes may be organized to ensure the quality of raw materials and finished products of AYUSH, which are prescribed by physicians and used by the society.
- A self-educated system and ecosystem should be in place for quality control because no health system can be effective unless its medicines are effective and safe.
- The Indian Pharmacopoeial Commission should have a separate section for Indian Medicine, as one country has one pharmacopoeia. The content of the pharmacopoeia should be regularly examined, revised and updated by all stakeholders (Botanical Survey of India, Ministry of Health, AYUSH, Spices Board, BSI, Forest Department, etc.). Rather than having separate pharmacopoeia for each AYUSH component, special chapters may be added since all AYUSH systems use medicinal plants and their raw materials are common in each system. Thus, common and basic knowledge of spices, vegetables and cereals and some commonly available medicinal plants should be made available in the school-level books.
- Knowledge of packaging, logistics and storage of food materials should be taught in schooling and also to common masses under awareness programme.
- An orientation or bridge programme should be organized for basic scientists and allopathic doctors to understand the USPs of AYUSH system and also the associated risks of overdosing and quality of the medicine/procedures. For this MoUs may be signed with leading laboratories, IITs, NITs and universities of the country. The central instrumentation facilities and Institutes of DST, DBT, ICAR, ICMR, AYUSH and others may also be included. The experts should be trained for clinical laboratory, imaging facilities and direct (pratyaksha) visualization/intervention by endoscopy. The intricacies of clinical trials, observational studies and epidemiological studies may also be taught as per international norms.
- An educational programme should be initiated for consumers, patients, professionals, doctors of other systems of healthcare, integrative medicine, nursing, folklore medicine practitioners, Vaidyas, researchers, teachers, farmers, industrialists and entrepreneurs of AYUSH system. They should be educated about the strengths and weaknesses of AYUSH system. Propagating scientific awareness about these practices will bring them out of the ambit of 'superstitions' to the 'scientific-base built' practices.

- Knowledge about regulatory affairs for manufacturing AYUSH drugs, opening a clinic, pharmaco-vigilance and following ethical practices should be made available to each AYUSH professional to avoid any untoward mistakes. The regulations related to quality control, export, biodiversity, endangered species, organic farming, natural plant collection and their benefits should be highlighted in UG and PG teaching.
  - Proper knowledge about Indian biodiversity, richness of flora and fauna in India should be ensured. The students may be given opportunity to interact with farmers involved in cultivation, natural collection, post-harvest storage and processing of medicinal plants under the teaching of Dravyaguna. This will give first-hand information about the raw materials of the finished products which they use in hospitals.
  - In clinical practices, the use of Astang Ayurveda, five developed branches of Ayurveda and all three approaches of treatment, in addition to spiritual and cultural recommendations, 'dos and don'ts' at physical and psychological level (Astang Yoga), etc. should be applied. Out-patient facility for all branches of Astang Ayurveda and wellness centres should be established in hospitals. For this, proper training and research should be included at UG/PG level.
  - Knowledge of bioinformatics, biostatistics and artificial intelligence, online classes should be imparted at introductory level, so that an AYUSH scholar can fit into the developing society and health practices around the world.
  - The interdisciplinary teaching may be planned through the subject experts for Ayurvedic-epidemiology, Ayurvedic-diagnostics/therapeutics and interdisciplinary pharmacology/pathology/nutraceuticals.
  - Accreditation agencies should work to regulate the standard of teaching quality and infrastructure of teaching and research institutions in a transparent manner. Knowledge about importance of third party certifications, ISO certifications, accreditations like NABL, NABH, GCP, GxPs should be given at UG level.
  - Knowledge about WHO recommendations for Traditional Medicine Strategies must be taught under special classes for students and through continuing medical education for practicing AYUSH doctors.
  - Training for nurses, pharmacists and other paramedics needs to be sharpened for developing clinical skills and treatment guidelines based on patient-specific treatment requirements, equivalent to staff trained in modern medicine.
  - More emphasis should be given to out-reach and medical education programmes during UG course. In PG programme, the students should be given opportunities to interact with Traditional Community Healthcare Providers (VCS-TCHP), who are serving the society with their 'prior knowledge' of traditional community healthcare practices. This will serve as a chance for the practices to get scientifically validated through observational studies and scientific tools.
  - AYUSH stakeholders should be educated about the concept of 'Family Physician' because here one gets the chance to interact with the whole family and also to understand the history of a particular patient in the light of his family background. Education about preventive interventions should include both pharmacological as well as non-pharmacological strategies.
  - Updated information about ongoing researches, manufacturing practices, novel publications should be given along with skills of better communication and counselling to bring focus on the end-users. Proper labelling on drugs should be like allopathic medicine. Description of the disease on the label should be banned to avoid 'self-use'; it should be allowed only on 'over-the-counter' products.
  - All AYUSH agencies like CCRAS, NMPB, Indian Pharmacopoeia, National Library Network, Bureau of Indian Standards, Voluntary Certification Scheme for Medicinal Plant Produce (VCSMPP) should be introduced at PG level so that students can utilize their facilities during their studies.
  - For teaching research methodology, the existing syllabus must be supplemented with knowledge of drug testing, adverse effects of overdosing of AYUSH drugs, etc. at UG and PG level.
  - E-learning among all AYUSH colleges/universities/institutions should encourage research and collaboration and knowledge of multi-disciplinary, inter-disciplinary and trans-disciplinary subjects. The need of classroom teaching vs. online teaching, attendance requirements and teacher-student ratio for establishing new colleges must be reviewed to have more academic institutions to meet the demand of teachers.
  - For hospital training, private and government hospitals can be engaged with institutions that are focusing more on online teaching.
  - Knowledge about hospital management, marketing and business management, social sciences should be included as optional courses.
- Anil Jauhri, member, MDOA, observed, "In order to sustain the system of AYUSH practice, courses are required to revive the practice of traditional healers". Noting the need for a university body to evaluate AYUSH, he recommended that the Banaras Hindu University can be appointed as the certifying authority for a slew of courses as, "This will strengthen the practice of vaidyas and hakims that are currently difficult to access and even if they exist, their quality standards of medicines and their source should be known."

## Conclusion

With the pandemic continuing to rage all around, the world is calling for mobilizing the traditional medicine systems to augment access to healthcare. The time is right to modernize AYUSH education as it will enable us to make better use of our ancient medicinal wisdom. The AYUSH practitioners will be better equipped to build awareness amongst the consumers and patients on the various options to stay healthy and protected from not only the SARS-CoV-2 virus but also other unresolved challenges prevalent in the healthcare sector. This will reignite confidence in the AYUSH system among the citizens of the world. ■



## The Changing Role Of AYUSH In Health And Wellness Centres

Deliberations in Special Interest Group # 4<sup>1</sup> Mahamana Declarations

Special Interest Group # 4<sup>2</sup> examined how feasible it is to roll out a recent initiative of Government of India, Ministry of Health and Family Welfare: "in order to improve outreach and coverage of health services being delivered across rural India, place institutionally qualified AYUSH practitioners in Health and Wellness Centers as the first point of 'medical' contact".

SIG 4, while deliberating on "The Changing Role of AYUSH in Health and Wellness Centres" has examined the extent to which AYUSH practitioners are equipped and ready to handle this responsibility.



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<sup>1</sup> Set up during 2020, under the aegis of the Mahamana Declarations

<sup>2</sup> Hereafter referred to as SIG 4

<sup>3</sup> Former Secretary, Ministry of Panchayati Raj; Special Secretary, Ministry of Health and Family Welfare; Project Director/ Director General, National AIDS Control Organisation (NACO), India. Currently: Board Member, Patient Safety and Access Initiative Foundation, India; Board Member, Board Member, Consumer Online Foundation and Partnership for Safe Medicines (PSM) India; Trustee and Board Member, Project ECHO, India; Member, Working Group 2020-21, "Mahamana Declaration", examining the role of AYUSH, in addressing SARS -CoV2; Chair, Special Interest Group, on "The Changing Role of AYUSH Practitioners in Health and Wellness Centres"

<sup>4</sup> Padma Shri Awardee, Past National President, IMA, former President, Heart Care Foundation of India, former President Confederation of Medical Associations of Asia and Ocean (CMAAO); former Editor-in-Chief, IJCP Publications, Ltd.

## Representative membership:

The first task for Special Interest Group # 4 was to ensure that all streams of AYUSH are fully represented. On behalf of Siddha, we had as members Professor Dr. K. Kanakavalli, DG, CCRS<sup>5</sup>, and Professor Dr. N. Kabilan, Head, Dept. of Siddha TN Dr. MGR Medical University, Chennai. For Unani, we had Professor Asim Ali Khan, DG CCRUM<sup>6</sup>, Advisor Unani, Government of India. Homeopathy was represented by Dr. VK Chauhan, former Principal National Homeopathy Medical College, as well as Dr. Mini Mehta. On behalf of Ayurveda we had as members of SIG 4: Vaidya Deepak, Dr. SV Tripathi, Head Ayurved Research in Incurable Diseases, JivaAyurved, Faridabad, Dr. Shobhana, MD (Ayu), Ayurved College Kottakal, Trichur, Kerala, Dr. Shashi Bala, HOD, Ayurveda Moolchand Hospital, Dr. Mukta Sraj, MD (Ayu), All India Institute of Ayurved, Delhi, Shri Arvind Varchaswi, Managing Director, Sri Sri Tattva, Dr. Sangeeta Sharma, President, Delhi Society for Promotion of Rational Use of Drugs, Delhi; and Dr. Manish Pande from the Quality Council of India.

We articulated for members a statement of the problem entrusted for analysis: 'We are confronted with a situation where even today, across India, allopathic medical graduates as well as institutionally qualified AYUSH doctors continue to function predominantly in cities and townships. Over decades, this has led to a situation where crores of village households have little option but to depend on the nearest, unqualified medical practitioner (UMP) / informal provider (IP), for their first line of medical treatment. This is a constant trauma faced by village households, given their high levels of chronic and acute morbidity, leading to catastrophic out of pocket expenditures. But also, this continued dependence on the UMP has much of the time, prompted

inaccurate diagnosis, promoted irrational drug use, and led to the spread of multi-drug resistance'.

Our approach during this deliberation in SIG 4 (summarized below), has been exploratory and contextual.

## (i) Establishing context

We keep hearing that AYUSH practitioners are present in large numbers across rural India and that given an opportunity, they will significantly strengthen rural health care delivery. The ground reality is that AYUSH graduates, and particularly those specializing in Ayurveda, are (a) not overwhelmingly engaged in rural practice; and (b) a large number among them, may not be engaged in practicing Ayurveda either. Estimates derived from National Sample Survey (NSS) data suggest that the density of AYUSH practitioners is 7 times higher in urban areas compared to rural areas where the mean density of AYUSH practitioners per 10,000 population happens to be only 0.2<sup>7</sup>. There are over 7.7 lakh registered AYUSH doctors practicing in India [Ayurveda-428884 (55.4%), Unani-49566 (6.4%), Siddha-8505 (1.1%), Naturopathy-2242 (0.3%) and Homoeopathy-284471 (36.8%)]. NSSO, 2016 data reveals that only 18 percent of the self-owned AYUSH medical enterprises are dispersed in rural areas, while the rest 82%, are Ayurveda graduates found to be practicing allopathy (NSSO, 2016), across urban areas. In other words, the products of the AYUSH education and training are not engaged in delivery of rural health. During the Working Group deliberations on the Mahamana Declarations, this data was presented. None of the esteemed members representing the Faculty of Ayurveda Institute of Medical Sciences (IMS) at the Banaras Hindu University (BHU), contradicted this data.

(ii) A primary concern of the AYUSH practitioner assigned to a Health & Wellness Centre would be to earn the

confidence of the population within the jurisdiction of the HWC, through accurate identification, and early comprehension of the health conditions /health infirmities being presented. Any confidence reposed in the AYUSH practitioner becomes apparent with increasing adherence to the treatment protocols s/he has prescribed, and with simultaneous adoption of more appropriate lifestyles with emphasis on prevention of ill health and promotion of practices that constitute healthy living. All AYUSH practitioners must attempt to ensure that there is no slide-back in the community perception with respect to his/her delivery of attentive and accurate healing.

(iii) We deliberated how within the sphere of preventive medicine, AYUSH has a distinct advantage over modern medicine. The natural domain of AYUSH is to focus on prevention of ill-health and promotion of sound health. All branches of AYUSH prescribe individual-centric medication and therapies, and thereby score over the infirmities of modern medicine. The weakness of modern medicine should become the strength of AYUSH, at this first point of contact.

## Role of the first (medical) doctor on call

(iv) Dr. KK Aggarwal, Co-Chair, said that this first doctor on call must, very quickly evaluate and identify the seriousness of the medical condition being presented. Dr. KK Aggarwal drew attention to a typical day at any given Health and Wellness Center: "Incoming persons could require routine attention and treatment" he said, "as in dengue or malaria; or they could require urgent and priority attention, as in a caesarean, or pediatric encephalitis, or respiratory distress turning into viral pneumonia, or even a hemorrhaging appendicitis. He said that sometimes, emergency treatment is called for, example, a road accident victim, onset of a thrombotic stroke, need for immediate drainage of sepsis, and so

<sup>5</sup> Central Council for Research on Siddha

<sup>6</sup> Central Council for Research on Unani Medicines

<sup>7</sup> WHO South-East Asia J Publ Health. 2016;5(2):133-140. [PubMed].

on. Dr. KK Aggarwal was of the view that at these HWCs unless there is clinical competence to recognize the distinct differences in each of these diverse situations, and to dispense life-saving, emergency and critical care during the Golden Hour, we could be in for adverse outcomes, unless the AYUSH practitioner recognizes the gravity of the medical condition presented, and is confident about the steps to be initiated in each of these circumstances". On the ground therefore, the issue is does the AYUSH doctor feel fully equipped with diagnostic skills? Would she / he be in a position to assume full responsibility at the HWC, in the absence of the allopathic doctor?

**(v)** Representatives from the Ayurveda and homeopathy streams of medicine responded that they have no significant training to handle emergency care, and expressed a serious lack of confidence till such time as they receive comprehensive, targeted and differentiated training on life saving technologies and related, feasible interventions. They do not feel clinically competent to handle many of the acute medical conditions narrated, and certainly have no exposure to emergency care. They said that the archaic curriculum across the AYUSH medical schools provides very limited exposure and virtually no practical training in respect of a cross-section of medical conditions. In the absence of this knowledge and practice, they were never trained to acquire basic clinical proficiency. If these infirmities in initial education and training are addressed upfront, it would transform their knowledge, their capabilities, their self-confidence, and their image. Dr. Mukta Sraj MD (Ayu) felt that Ayurvedic doctors can take care of, and handle all the tasks and activities at the HWC for the reason that their primary focus is expected to remain on promoting sound health and preventing ill-health and disease, in a combination of AYUSH medications and lifestyle adaptation, and this USP of AYUSH should not be lost sight of. She felt that while patients needing Emergency Care would need to be referred to the CHCs, however, we

cannot overlook the elephant in the room. While AYUSH practitioners could be trained in the diagnosis and treatment of the emergency care, and ayurvedic methods and medicines do exist BUT a major drawback is (a) there has been minimal research on emergency ayurvedic medicines; and (b) there are no modules / research/ practical demonstration on emergency and critical care handling with ayurvedic methods. She said that several colleagues (BAMS students) have commenced working in private allopathic hospitals; and they begin to handle emergencies as soon as they complete their internship. Today several young Ayurvedic students have been introduced to modern diagnostic equipment, and are gaining exposure to the immediate steps and methods used in emergency and critical care. She felt that If AYUSH practitioners are also trained in basic life-saving skills, they would be in a position to manage and run a Health and Wellness Center in a team with para-medical and other staff. They would surely, be instrumental towards minimizing mortality. Senior AYUSH practitioners who have gained experience in District Hospitals CHCs and PHCs could be roped in to provide appropriate introduction to students during their undergraduate courses, and during internship.

**(vi)** Dr. SV Tripathi, Dr. Shashi Bala and Dr. Mukta Sraj compiled (on behalf of Ayurveda), a listing of the most common 20-30 medical conditions that are being successfully alleviated with Ayurvedic medicines, spanning the respiratory system, ear, eye and skin ailments, the digestive system, neurological disorders, bones, joints and muscle disorders, reproductive, and urinary tract infections, communicable diseases, psychological diseases and lifestyle diseases. To do a medical evidence - based Ayurveda diagnosis, the ayurvedic doctor would require haematology, histopathology and radiology reports pertaining to the patient. They also shared that any instance of accidental poison, burn, or any patient requiring external support example, IV fluids, Ryle's Tube,

catheter, oxygen or ventilator cannot be handled exclusively with ayurvedic treatment. Ayurvedic treatment for every condition of ill-health is addressed with herbo-mineral oral medication, external applications, panchkarma therapy and counselling i.e. psycho-therapy. On behalf of Siddha Dr. Eugene Wilson representing Professor Kanakavalli, also developed a listing of medical conditions and their Siddha driven medications and therapies.

**(vii)** Professor Dr. Kanakavalli added that Siddha doctors definitely require exposure, orientation and training to handle medical conditions requiring emergency and critical care. They need to learn life-saving skills to be able to save lives. They need instruction on how to carry out differential diagnosis: to interpret an Echocardiogram (ECG); to perform life saving techniques like Cardiopulmonary Resuscitation (CPR). Dr. Kanakavalli suggested that it would be best to introduce modules on "Emergency Diagnosis and Management", during the undergraduate training; and this should be followed up during Compulsory Rotatory Residential Internship (CRRRI), with at least 3 months of posting in handling of all manner of health emergencies. Further, Professor Dr. Kanakavalli shared that based on the training imparted during the Bachelor of Siddha Medicine and Surgery (B.S.M.S) curriculum and the experience gained during the Compulsory Rotatory Residential Internship (CRRRI), yes, Siddha practitioners will certainly be able to handle the Standard Treatment Protocols in the HWCs. In Tamilnadu, the Health and Wellness Centres are under the administrative control of Directorate of Indian Medicine and Homoeopathy (DIM &H), Govt. of Tamil Nadu. Central Council for Research in Siddha (CCRS), an autonomous organization functioning under the Ministry of AYUSH is an apex body for research in Siddha system of Medicine. The CCRS is constantly working towards developing and updating Standard Treatment Guidelines (STG) for various diseases.

Some of the works already completed done by CCRS are: (i) Siddha STGs for malaria, dengue fever, Influenza, hepatitis, Encephalitis, Prevention & Treatment of Substance Abuse, including Narcotic Drug Abuse; nutritional requirements of children, pregnant & lactating women; care for geriatric population. (ii) Siddha STGs in respect of external therapies have been published as Siddha Protocols and Outcomes (SPROUT) ; (iii) Recently the Ministry of AYUSH has published Siddha Treatment Guidelines for Covid -19. (iv) An Intra Mural Research (IMR) project entitled "Development of Siddha Treatment Guidelines for Non-communicable Diseases (DSTGNCD) have been completed which addresses Siddha treatment guidelines for Heart diseases, hypertension, obesity, hyper-lipidemia, diabetes, cancer, arthritis, anaemia, mental disorder, urolithiasis and polycystic ovarian diseases have been completed. (v) Standard Treatment Guidelines (STG) for Skin diseases – Psoriasis & Ring worm infection, orthopaedic disorders such as lumbar spondylosis & osteo arthritis and Neurologic ailments – Hemiplegia & Migraine have been prepared.

(viii) Then again: at Health and Wellness Clinics, and as the primary point of contact, AYUSH doctors will be called upon to implement central and state government health schemes, of which a majority of AYUSH graduates have only a very vague idea.

(ix) The younger AYUSH practitioners complain that the compensation package as well as the living conditions in rural areas do not incentivize them to drop their remunerative and other advantages in urban India, for managing rural primary healthcare.

(x) In the interest of improving the overall quality of health care across rural India, state governments could examine the Voluntary Certification Scheme for Traditional Community

Healthcare Providers (VCS-TCHP) developed by the with Quality Council of India (QCI), whose applicability should extend to the ASHA, the Anganwadi worker, the Multi-Purpose female and male worker.

(xi) Our deliberations demonstrated that placing AYUSH practitioners in frontline primary care facilities like Health and Wellness Centres, needs prior preparation, requires appropriate prior practical training, and repeated exposure to modern clinical practices that could provide that "missing knowledge" on handling emergency and critical care with modern diagnostic tools. Beginning from the Bhole Committee (1946), Mudaliar Committee on Ayurveda (1959), and the Bajaj Committee (1986), there was never any recommendation on utilizing the knowledge and practice of Ayurveda (besides Unani, Sidha) for delivery of health care services via the public health system. Instead, the Bajaj Committee recommended using Ayurveda practitioners for non-medical services, like distributing medicines, motivating the population for vaccination, and for family welfare. Since the 1970s the approach has been to bring AYUSH into a fit primarily for bio-medical framework of education, research and training. The CCIM<sup>8</sup> was never focused on equipping the AYUSH graduates to provide an AUS<sup>9</sup> approach to health and treatment. The proliferation of Ayurveda colleges across North India have produced hardly 20% graduates practicing their own systems of medicine, while 80% of the Ayurveda college graduates have ended up practicing Allopathy.

### Concluding ideas thrown open for further examination

**A.** Expanding the outreach and coverage of institutionally qualified medical practitioners across rural India is desirable. In these Health and Wellness Centers, will the AYUSH doctors at PHC and CHC levels

prescribe allopathic treatment or AUS treatment?. If AYUSH doctors are instrumental in this expansion, an immediate issue that arises is whether this expansion is coming about at the cost of AUS itself ? It is no longer kosher to avoid the topic. Both constituencies need to arrive at a balanced approach. We have noted that in Tamilnadu, the HWCs are under the administrative control of Directorate of Indian Medicine and Homoeopathy (DIM &H), Govt. of Tamil Nadu. This will ensure that this foray into delivery of comprehensive healthcare should strengthen and not weaken the Indian Systems of Medicine. The point here is The Indian Systems of Medicine should focus on what they do best. Strengthen your own arsenal. You can do it !

**B.** To hit the ground running, one option for Government of India (and this has been suggested at different points in time), is to facilitate and enable those students in five year degree courses for ISM&H<sup>10</sup> to exit after completion of three years, in order to pursue general medical practice. State governments should ensure (in collaboration with the Central Councils), an in-depth training and exposure to modern clinical practices, modern hospital settings, emergency medicine, critical care et al. This in-depth exposure and training should be lodged in District Hospitals. Students will begin to develop a mission and a vision. They should serve in the district health system Health and Wellness Centers wherever these are found, in PHCs, CHCs and in DH

**C.** SIG 4, constantly in touch with the situation evolving on the ground, found that the National Rural Health Mission (NRHM, 2005-12), commenced implementing Strategic Theme # 9 of the National Population Policy 2000 (NPP), reiterated in the NPP Operational Strategies: 'Mainstream Indian Systems of Medicine (ISM)'. The Mid Term Appraisal of the Tenth Five Year Plan

<sup>8</sup> Central Council for Indian Medicines.

<sup>9</sup> Ayurveda, Unani and Siddha

<sup>10</sup> Indian Systems of Medicine and Homeopathy

while providing the skeleton of the NRHM, also emphasized that the outreach of ISM be extended and expanded. The good news is that the NRHM made a serious, and unprecedented effort to do so. It co-located AYUSH practitioners at district hospitals, community health centers and primary health centers. By 30th September, 2010<sup>11</sup> AYUSH facilities had been co-located in 240 district hospitals

(39.8% DHs), 1716 community health centers (38% CHCs), and 8938 primary health centers (38.2% PHCs). Positive health outcomes were very quickly reflected in the expansion of outreach and coverage across the rural population being served (see Table below). Clearly, and invariably, higher population is being served by those district hospitals, the community health centers and primary health centers which boast of an AYUSH facility in comparison to those DHs, CHCs and PHCs which do not have AYUSH co-located within their premises. Beneficiary populations gained an opportunity to exercise options in choosing the treatment systems they wanted; the health facilities improved in functionality; and implementation of government health programs was strengthened. The point here is that the elephant has moved!

Rural Population served under Rural Health Infrastructure (in lakhs)			Rural Population served under Rural Health Infrastructure, Co-located with AYUSH facilities (in lakhs)		
DH	CHC	PHC	DH	CHC	PHC
12.3	1.6	0.3	30.9	4.3	0.8

Average Rural Population Served Per Rural Health Infrastructure as on 30/09/2010.<sup>12</sup>

**D.** The good news is that Government of India is currently continuing the impetus provided by the NRHM. The Ministry of Health and Family Welfare Rural Health Statistics, 2019-2020<sup>13</sup> states as follows:

As on 31st March, 2020	As on 31st March, 2020	All India position on AYUSH personnel (as on 31st March, 2020)
Rural Health Sub-Centers	Health and Wellness Centers*	Jan Arogya Samitis constituted for SC-HWCs
1,55,404	18,610 (at SC level)	
Primary Health Centers	Health and Wellness Centers	7459 AYUSH doctors available (at PHC level)
24, 918	16,635 (at PHC level)	
Community Health Centers	Health and Wellness Centers	702 AYUSH specialists and 2720 GDMO AYUSH available (at CHC level)
5,183		

\*In order to provide the expanded<sup>14</sup> range of services included in comprehensive primary care, several strategies are work in progress. Existing Sub Centres covering a population of 3000-5000 are being converted into Ayushman Bharat-Health and Wellness Centres, with Jan Arogya Samitis. All PHCs linked to a cluster of SHC-HWCs in rural areas, covering a population of 20,000-30,000, would become the hub and spoke model to deliver the identified comprehensive primary care. A network of tele-consultation through this hub-and-spoke model will further improve the quality of services at HWCs.

**E.** COVID 19 has given an opportunity to all systems of medicines to utilize their strengths, and to pursue insightful research. All systems of medicine may draw upon ancient wisdom and modern science in search of some plausible diagnosis and appropriately safe antidotes and treatment. It is now well known that the coronavirus attenuates in the body after 9 days, does not replicate thereafter, but remains inside the body and promotes a post-COVID 19 illness lasting for 3 months and more. The world over, the medical profession is challenged, while attempting methods

to render this process ineffective as early in the disease cycle as feasible. We need diagnostic and therapeutic answers in both the COVID-19 and in post COVID-19 phases. Can we not use this opportunity to transform ancient medical knowledge into modern validated knowledge. Maybe it is the turn of the AYUSH systems to rise and shine.

**F.** The GOI is advised to set up a **Panel of Experts / Expert Committee** with members who have an open mind with respect to the philosophies underlying allopathic medicine and Indian Systems of Medicine. The fact is that tests of statistical validity cannot be skipped only because these are derived from ancient precepts. We need constant dialogue to arrive at solutions. Let this Panel of Experts / Expert Committee begin with building consensus on simple matters:

- (i) develop a common First Aid Box (with products from different systems of medicine), duly validated, that will co-opt SOS emergency medicines, with some immediate follow on therapies till the patient can get to a hospital. This in itself could become a game changer, and will promote further engagement.
- (ii) develop and promote a protocol for healthy life-style one which is free from insomnia, tobacco, drugs, and mental problems, which if adopted, would keep at bay the most commonly prevalent ailments. The protocol so developed could reflect all the major systems of medicine. ▶

<sup>11</sup> Janmajeya Samal, August, 2013, "Inequality in Rural India with special reference to National Rural Health Mission: A Situational Analysis" in International Journal of Advanced Ayurveda, Yoga, Unani, Siddha and Homeopathy.

<sup>12</sup> Janmajeya Samal, August, 2013, "Inequality in Rural India with special reference to National Rural Health Mission: A Situational Analysis" in International Journal of Advanced Ayurveda, Yoga, Unani, Siddha and Homeopathy.

<sup>13</sup> Rural Health Statistics, 2019-2020, National Health Mission, Statistics Department, Ministry of Health and Family Welfare, Government of India.

<sup>14</sup> Spanning preventive, curative, rehabilitative and palliative care.

## 'One Nation, One System' - Integration Is The Key



### DR. NARENDRA BHATT

has 47+ years of active academic, research, industrial and clinical experience in the field of Ayurveda. He is a strong proponent of integrating knowledge base with technology, research and translational approaches. Being involved with a wide range of activities, having held senior positions, and being on several national and international bodies with experience in management and continued clinical practice, he is in a position to analyse and understand sectoral challenges in the field of Ayurveda.

**NITI AAYOG HAS** rightly taken the policy decision of 'One Nation, One System' approach for medical care in the country to be achieved by 2030. All plans for macro or micro level infrastructure development and functional efficiency must aim to reach the farthest end of health and medical care requirements.

#### AYUSH In India

While even advanced countries exclusively dependent on biomedicine are now exploring integrated modalities, India is probably the only country in the world having an officially-recognized system of medical pluralism from 1971 (though belated after independence). Though dominated by conventional medicine, India has supported the indigenous Indian Systems of Medicine - now collectively termed AYUSH comprising of Ayurveda, Yoga, Unani, Siddha and Homeopathy - and protected them from obliteration. The World Health Organization (WHO) for the past several decades has also recommended 'Integration of Traditional Medicine (TM) with Modern Medicine (MM)'.

#### Integration

India, with the learnings and experience of 50 years of medical pluralism, has rightly decided to evolve its **own model of integration** to take on the present day medical challenges. There is need to learn from this experience and evolve novel modalities of integration best suited for the country and people. Optimum utilization of its resources – infrastructure, manpower, skills and low-cost development – will obviously be aimed at. The Indian model of integration will have to be necessarily complementary and converging to satisfy the complex and multi-dimensional needs of the people.

The *catchphrase* 'integration', with unprecedented significance, is used by all - the policy maker, the

administrator, the academician, the researcher and the practitioner – *all driven by their own professional priorities and preferences*. Many questions about integration should be addressed in right contexts and with regard to its objectives; particularly the methods and the means to be evolved and adopted.

It is not impossible to evolve and successfully develop an integrated healthcare system that retains the identity and gains of each of its streams while converging into a mainstream that will be beneficial to consumer or patient in terms of preventive and curative care.

Presently, the dogmatic conduct in the name of science is more driven by greed rather than any scientific or social, people-oriented considerations. Evolving an appropriate integrated and integrative model is the only solution to achieve the goal of 'One Nation, One System'.

**The novel integrated model from India should use science and technology for maximum gains and to globalize AYUSH systems and their approaches rather than getting blunted by now well-recognized limitations of conventional medicine.** The new initiative must make that extra effort to move beyond ideas and focus on delivery. Focus on delivery will need defined objectives beyond self and institutes; the gains for both, people and institutes, is bound to follow.

#### Some Specific Suggestions

1. Consider a parallel yet converging health and medical care system to satisfy social, cultural and preferentially complex medical needs and yet have economically beneficial gains.
2. Evolve an 'Integrated Model of Health and Medical Care Services' where the healthcare infrastructure – both public and private – is encouraged to get naturally



integrated and is practiced with commonly identified healthcare goals and objectives.

3. Design and encourage 'Integration of Medical Education' at post-graduate and post-doctoral levels necessarily amongst different medical streams and also amongst other streams of science, humanities or even arts. Let there be systematic and structurally interesting opportunities for the new-age scholars, faculties and practitioners.
4. Systematic efforts be made to create greater awareness about the aspirations of the new approach for higher acceptance and educated choice for the consumer. Design modalities to inform all about the strengths of different medical knowledge streams, particularly at the levels of high school and undergraduate medical education.
5. Utilize public bodies and agencies (including AYUSH, science and technical institutes) and provide funds for developing integrative modalities to satisfy basic tenets of knowledge base and scientific inquiry for research, development and growth.
6. Encourage innovation to attract private investments covering a wide range of requirements for economic and eco-friendly solutions to address health and medical issues.
7. Develop a 'Dynamic Eco-system of Health & Medical Care Delivery' which is transparent, mutually respectful and converging.
8. Means and methods be evolved and supported with existing and new schemes to achieve the goal of 'One Nation, One System' where the identity and utility of different systems are protected and enhanced under one umbrella to offer economic solutions for healthcare needs and medical priorities.
9. Imposition of any such program without clear goals and activity objectives, right strategy, complete roadmap, acceptance by the sector and the profession and long term resource planning or even implementation in a piecemeal way will definitely be a failure. It must be beyond creating and increasing institutes/bodies and increasing job-keepers to obtain better results.
10. Create an environment that is driven by national priorities, involves efforts to break barriers between systems with right language and communication and that need be voluntary rather than enforced mechanism.
11. The decisions must be taken by multiple surveys and studies which are critical to such decision making.
12. Integrative modalities should aim at developing bridges by identifying commonality and non-complementary areas for delivery of specific objectives.

## Research - A Proposal

Research, development and technology adaptation are vital to growth and delivery of effective care. A possible proposal comprising of '**Research Activities in Following Categories Under One Umbrella**' for (1) **Diseases with high mortality** (2) **Diseases with high morbidity** (3) **Validation of AYUSH principles** (4) **High potential/use ASU products, formulations** (5) **Ingredients for molecular – active biomolecular research** and (6) **those**

**confirming to latest advances in bio-medical or biotechnological research** could be identified from each medical system.

Such proposal has huge potential *if, and only if certain critical criteria are adhered to:*

- a. While designing the future course of biomedical research in the country, the outcomes of last seven decades of research in medicine and four decades in AYUSH sector should be critically analysed.
- b. Some of the previous experiences of integrated modalities have failed to contribute as envisaged. The drawbacks and outcomes of these schemes should be carefully examined.
- c. Rigorous consultative meetings involving all stakeholders should be undertaken at different levels to identify specific subsets of objectives and multilevel activities.
- d. True expertise and tangible capabilities should be the only criteria for involvement of experts and institutes respectively. Requirements of such expertise and capabilities must be predefined and considered necessary.
- e. The project should follow stringent methodologies, criteria and parameters derived from the relevant requirements.
- f. Project management should be neutral – independent of any other unwarranted influences. Transparency must be maintained at all levels.
- g. Responsibility and accountability through proper audit mechanisms, both technical and financial, must be evolved, followed and interlinked with the ongoing activity/activities.
- h. Involvement of management experts and those from social sciences associated with healthcare and medical matters will add great value for the activities to be people- and result-oriented.
- i. Public-Private Partnership – Active involvement of private industry will be vital.
- j. It should be a network program with both national and international organizations (only when necessary for strategic and technical reasons).

'**Quality And Standards**' relevant to all medical systems and the profession need a total revamp.

'**Active Corporate And Business**' involvement can play very significant role and it must be recognized right from the beginning.

'**Bioresource Management**' should be urgently interlinked with all AYUSH activities in every possible way for success and several other additional gains.

'**Regulatory Approach And Processes**' need a total overhaul. Focus on developing an ecosystem for quality and competitiveness, and efforts for self-regulation will be productive. The regulatory authorities playing a catalytic and facilitating role (rather than control) will yield better results.

A complete framework or a 'Masterplan' can be evolved. A neutral but capable group - like '**Mahamana Declaration**' – can be restructured for specific objectives to undertake or assist the process. It can pioneer developing an eco-system for integrative modality in the country.

It is suggested that an independent body under NITI AAYOG be empowered with a transient and ad-hoc establishment. ■



Adv. Srishty Jaura  
Editor –  
“SPEAK UP!”

## One-Stop Portal For Consumers For Traditional Healthcare



## HAMARA AYUSH

[www.hamaraayush.org](http://www.hamaraayush.org) is the digital portal of the Virtual Data Center of Excellence born out of the MDoA. It is conceived as a platform for consumers worldwide to access information on traditional healthcare. The stakeholders are promoting it as a one-stop portal to provide credible information on the time-honoured healing systems of not only India but from across the world.

### Testimonials on [www.hamaraayush.org](http://www.hamaraayush.org)

*“On a scale of 1-10, I would place my trust on AYUSH at a full 10 on 10.”*

Capt. Sunil Sharma  
– Thane (Maharashtra), India

*“I strongly believe that AYUSH can be affordable and complementary to the modern system of medicines.”*

Anil Kumar  
– Jamshedpur (Jharkhand), India

*“I place my complete trust on the AYUSH system of medicine if certain loopholes are fixed.”*

Ranvijay Kumar Singh  
– Pune (Maharashtra), India

**THE SIGs FORMULATED** by the Mahamana Declarations on AYUSH (MDoA) have worked on several sectors and aspects to promote, regulate and integrate our rich heritage of traditional healing systems.

Considering that traditional medicines have varied applications – from preventing and managing lifestyle-related chronic diseases to meeting the health needs of the ageing – the SIG 7 went over and above its agenda of institutionalizing AYUSH and envisaged creating a web portal for AYUSH!

One of the proposed activities was to institute a website that will enable consumers around the world to seek information on all subjects related to AYUSH, that too in their language of choice. In coordination with SIG 3, the working group envisaged creating a Virtual Data Center of Excellence with a portal that will link universally-inclusive content holders on AYUSH and even meet the needs of AYUSH researchers.

The plan was to make the portal dynamic and sustainable – rather than just being a site that redirects to other websites. The members envisioned that each letter of AYUSH will evoke a response when a user clicks on the appropriate alphabet on the digital portal. In addition, a mechanism will be embedded in the portal (in smaller print) to make it user-friendly in each of the systems of AYUSH.

The group selected and registered [www.hamaraayush.org](http://www.hamaraayush.org). The portal was officially launched during the National Consumer Day webinar organised by Consumer Affairs and Public Health Committee of the PHD Chamber of Commerce and Industry (PHDCCI) on 24th December, 2020. Chief Guest, Mr. Arun Singhal (CEO of FSSAI) virtually launched the portal along with Mr. Robert Johnstone (EU Representative for IAPO, UK) who joined the webinar from his home in London.

The HamaraAyush portal is made available with support from International Alliance for Patients' Organisations (IAPO) which has an official relationship with the World Health Organisation. Promoted by the National Health Authority, Ministry of Health & Family Welfare, it is being managed by Consumer Online Foundation (an affiliate member of IAPO) and a recognised consumer organisation by the Government of India.

## The Game Plan

HamaraAyush is specifically designed to enable people to know more about traditional healthcare practices like Ayurveda, yoga, naturopathy, unani, siddha, sowa-rigpa and homeopathy and their benefits in a simple and easy to understand manner.

Packed with credible and scientific information on the products, it will empower consumers to make an informed choice in the face of aggressive advertisements and even misleading information floated by some herbal healthcare brands. This has become particularly crucial during the current times when varied immunity formulations in herbal medicine are vying for consumers' attention. "The portal will build a strong network of citizens who have benefited from AYUSH and are prepared to endorse it to let others join the movement", remarked Prof. Bejon Kumar Misra.

In addition to this, HamaraAyush will share information of providers who are accredited or certified by authorized accredited bodies and mandated institutions as part of the existing laws of India and other regulatory bodies. It will also provide scientific papers on various practices of AYUSH - with evidence about the quality - published by various journals and institutions in easy and uncomplicated language.

The overarching motive is to empower the public to stay healthy, seek medical treatment and access quality healthcare as part of the Universal Health Coverage objectives under Ayushman Bharat.

## Where is it Coming From?

All the information provided on the portal is from the Ministry of AYUSH, state governments and other recognized institutions and subject-matter experts. It is made accessible in a clear and easily comprehensible manner for the general populace. The best part is that the portal is supported by like-minded bodies that are committed to making AYUSH a global brand in the interests of the people at large.

It is currently available in eight languages – including English, Hindi, Tamil, Urdu, Arabic, Spanish, German and French. Visitors can register on the portal to access all kinds of information, subscribe to the free newsletters and also post their views/queries.

The Information tab on the website opens a veritable cache of useful and latest updates – there are links to various notifications and guidelines issued by the Ministry of AYUSH, various regulations (and amendments therein) related to the AYUSH sector, reports of the WHO, editorials by subject-matter experts and more such information.

The Blog section features interesting and expedient write-ups by renowned professionals and AYUSH connoisseurs while the Media section compiles recent AYUSH-related articles that are being highlighted by mass media channels.

## Conclusion

The Indian System of Medicine represents a way of healthy living with roots in our unique cultural history and amalgamating the best of influences from other civilizations. AYUSH has evolved over centuries and incorporates a plethora of medicines and practices that are marked by remarkably lower side effects, cost-effectiveness and efficient disease management. The significant preventive potential promotes good health and improves the quality of life by leaps and bounds.

HamaraAyush is the perfect platform for propagating the traditional and integrative system of medicines to the global citizenry. With the entire world struggling to fight the COVID-19 pandemic, the time is ripe for these holistic systems to take centre stage and strengthen the natural immunity of the population. ▶

Source: Mahamana Declarations on AYUSH and [www.hamaraayush.org](http://www.hamaraayush.org)

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## Inclusion Of AYUSH Into Mainstream Health Care - Still A Distant Dream?

Can we blame the masses for their lack of awareness or low confidence in our ancient sciences? While some entities are persevering to induce a global resurgence of interest in holistic therapies, why is medical pluralism still not in sight? For instance, how many people have even heard of the Mahamana Declarations on AYUSH (MDoA)?



*Health-conscious consumers are turning to holistic healing; but the numbers are still very less*

**AYUSH DRAWS ON** the gifts of nature to promote healthy and happy living. Even the MDoA was completely focused on giving a boost to the reach and use of Indian traditional medicine so as to empower consumers to make an informed choice for their healthcare needs.

Yet, despite the availability of dedicated facilities, medications and practitioners, why do very few people actually opt for AYUSH healthcare? Why does the consumer perception regarding AYUSH products continue to be poor?

Fact of the matter is that AYUSH is mostly backed by word-of-mouth testimonies only. The glaring lack of irrefutable scientific evidence works against AYUSH and

these traditional healing practices are often regarded as a middling, substandard or even last resort option. While some people do set great store by natural therapies, many consider them to be mere pseudoscience or quackery. Even the obvious benefits are dismissed as a placebo effect.

However, with the COVID-19 pandemic raging all around us, interest in holistic healthcare systems is slowly but surely reviving across the globe. But how do the consumers actually perceive the attempts to promote traditional healthcare practices in the interest of public health? Let's take a look: The general perception about AYUSH among the masses is riddled with mockery of the medicines, treatments and procedures. The evidence is anecdotal and associated with

faith and word of mouth experiences. The practitioners are usually dismissed as quacks and faith healers. AYUSH options become a last resort at best. This subservient status will continue to haunt the Indian system of medicine until and unless it is legitimately mainstreamed and integrated with modern medicine. This calls for an open mind by the policymakers and sustained efforts to create a positive atmosphere among the society for the AYUSH system of medicines.

– **Swapnil Sharma, Allahabad**

AYUSH has a vast potential to contribute to universal healthcare in India. But, while the followers set great store by the ancient sciences, others prefer a more 'pragmatic' approach. Even the Indian Medical Association often condemns these knowledge traditions as problematic. But the fault is not with the people; their ignorance is to blame here. They have little knowledge about the benefits of these systems or even the drawbacks of their favoured allopathic treatments. All that they want is quick relief while AYUSH systems take time. What they fail to understand is that the latter is tailored to the individual and tackles the root cause of the problem. People need to be sensitised to AYUSH systems and how they can help in the management of chronic diseases, mental health and overall well-being.

– **Kiran Reddy, Ghaziabad**

COVID-19 calls for exploiting all the available talents, resources and the invaluable knowledge readily available in the country. The underutilization of Ayurveda practices in the management of COVID-19 is quite deplorable as it harbours the capacity to boost immunity and especially improve respiratory health. The time is right to exploit the tried and tested concepts of Ayurveda for prevention of disease and promotion of health. This holistic system has the potential to move from preventive care to curative care and provide relief to millions of people around the globe.

– **Karen Harding, Trivandrum**

Traditional systems of medicine have been acknowledged by the World Health Organisation. So why are we still shying away from their potential? Why is the government not exploring ways to successfully integrate ancient Indian medicine into a public health framework? The Ministry of AYUSH seems to be favourably disposed to Ayurveda and Yoga, but why doesn't it accord equal space or scope for Homoeopathy, Siddha and Unani? It is high time we stop

underestimating our opulent health resource and develop a people-centred health system that balances curative services with preventive care. If this doesn't happen, AYUSH and its practitioners will eventually fade away in the future.

– **Radhika Signodia, Hyderabad**

AYUSH systems are holistic systems of treatment based on science that is hundreds of years old. Still, it is a challenge to use them correctly. Evidence-based AYUSH systems backed by well-trained practitioners can become a reliable healthcare workforce. Rather than being at loggerheads, the various disciplines of AYUSH and modern medicines need to complement each other in order to further the common development.

– **Surender Dharalia, Kazipet**

The current challenge of the pandemic needs to be addressed through a multi-pronged approach to address the acute illness-related healthcare needs. Simple and safe measures from AYUSH should become part of integrative protocols for prophylaxis and treatment of COVID-19. Indeed, the only way forward is to adopt these traditional therapeutic principles by integrating them into the realm of modern medical practices and fortify the public health system at all levels. In fact, amalgamating the best of ancient science with recent advancements in science and technology will ensure that it can be accepted by all the countries in the world.

– **Aparna Dhanasri, Zahirabad**

The government has been pushing insurance companies to provide alternative treatment coverage since almost a decade. There are around 4,000 AYUSH hospitals in the country, of which barely 98 meet the standards of the National Accreditation Board for Hospitals and Healthcare Providers (NABH) as of July 2020. But how many people are actually aware of these healthcare facilities where medical and surgical treatment procedures are carried out by AYUSH medical practitioners? What is the actual uptake for AYUSH in insurance? The focus has to shift to indigenous alternative medicine systems to lessen morbidity and mortality. Consumers have to be made aware of the safety, efficacy, and quality care standards of AYUSH products.

– **Biju Balan, Nagapattanam**

Source: Secondary research & media reports

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## NABH AYUSH ENTRY LEVEL CERTIFICATION PROGRAM

### TAKING QUALITY TO OUR ROOTS



#### NABH

is a constituent board of Quality Council of India (QCI).

It is playing a pivotal role at the National level in propagation, adoption and adherence to healthcare quality standards in AYUSH healthcare delivery systems.

With an objective to bring more light to AYUSH related treatments, the Government of India in 2014, formed the Ministry of AYUSH and consequently brought in the National Accreditation Board for Hospitals & Healthcare Providers (NABH) to start implementing quality healthcare standards for hospitals providing AYUSH treatments as well.

In the recent years, there has been a paradigm shift from allopathy system to traditional healthcare. To support this trend, health insurers have started offering AYUSH treatment covers as part of their health insurance policies. NABH Ayush Entry Level Certification Standards provide an objective system of empanelment by insurance and other third parties. These standards also address the need for quality control and quality monitoring in AYUSH healthcare as required by the Pradhan Mantri Jan Arogya Yojana (PM-JAY) under the Ayushman Bharat Scheme.

NABH AYUSH Entry Level Certification standards are easily downloadable from NABH website.



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Posted at Lodi Road HPO, New Delhi on 9-10<sup>th</sup> of every month  
Published on 6<sup>th</sup> of every month

RNI No. DELENG/2015/67140  
REG. NO. DL (S)-17/3523/2017-19