

## 5.4.2 INDIAN SYSTEMS OF MEDICINE & HOMOEOPATHY

97. The Indian Systems of Medicine and Homoeopathy (ISM&H) consist of Ayurveda, Siddha, Unani and Homoeopathy, and therapies such as Yoga and Naturopathy. Some of these systems are indigenous and others have over the years become a part of Indian tradition. There are over six lakh ISM&H practitioners. The majority of the practitioners work in the private sector, in remote rural areas/urban slums and are accepted by the community. The problems faced by ISM&H include lack of well qualified teachers in training institutes and training which is not of requisite standard; lack of essential staff, infrastructure and diagnostic facilities in secondary/tertiary care institutions; potential of ISM&H drugs & therapeutic modalities is not fully exploited and existing ISM&H practitioners are not fully utilised to improve access to health care.

98. The Central Government created the Department of ISM&H in 1995 to provide focussed attention for development and optimal utilisation of ISM&H for the health care of the population; 18 states also have separate directorates of ISM&H. The Ninth Plan envisages that the Department of ISM&H should improve the quality, content and coverage of ISM&H services through infrastructure and manpower development; preserve and promote cultivation of medicinal plants and herbs, complete the pharmacopoeia for all the Indian systems of Medicine, draw up a list of essential drugs, encourage good manufacturing practices, ensure quality control of drugs and encourage research and development in ISM&H with a focus on drug development and patenting.

### PRIMARY, SECONDARY AND TERTIARY CARE INSTITUTIONS

99. ISM&H services are being provided at primary, secondary and tertiary care levels by the private and the voluntary sector as well as by government centres/institutes. The current position of medical care, medical manpower and medical education facilities available under ISM&H is given in Table 5.4.2.1.

**TABLE 5.4.2.1**  
**Summary Of Medical Care, Medical Manpower & Medical Education Facilities Available Under The Indian Systems Of Medicine And Homoeopathy As On 1.4.1999**

S. No.	Facilities	Ayurveda	Unani Medicine	Siddha	Yoga	Naturo-pathy	Homoeo-pathy	Total
1	Hospital	2189	189	204	8	21	243	2854
2	Beds	33145	4157	1681	201	733	9436	49,353
3	Dispensaries	14252	966	357	42	55	7037	*22735
4	Registered Practitioners	366812	40748	12911	-	402	188527	609400
5	i) Under Graduate Colleges	154	31	2	-	-	118	305
	ii) Admission Capacity	6300	1252	150	-	-	5457	13159
6	i) Post Graduate Colleges	33	3	1	-	-	10	47
	ii) Admission Capacity	437	55	24	-	-	99	615

Source Department of ISM&H.

Figures are Provisional.

- Nil Information.

Figures shown in the brackets are admission capacity in respect of Diploma Courses, otherwise the admission capacity is for Degree Courses. Information as on 1.4.1999 has only been received in respect of Registered Practitioners.

\* Includes 26 Amachi Dispensaries.

100. There are at present 22735 ISM&H dispensaries which provide primary health care services. States are making efforts to increase utilisation of ISM&H practitioners working in the Government, voluntary and private sector to improve the outreach of services. The State-wise distribution of ISM&H dispensaries that are functioning is shown in Annexure 5.4.2.1. Madhya Pradesh, West Bengal and Gujarat have ISM&H practitioners as the only medical practitioners in some remote PHCs and they provide primary health care to the needy population. States like Himachal Pradesh and Kerala have ISM&H practitioners in primary health care in addition to physicians of modern medicine so that complementary health care under both systems are being provided depending upon the choice of the patients and the nature of their health problems. Several States are setting up ISM&H clinics in district hospitals. Speciality clinics of Ayurveda and Homeopathy have been set up in Safdarjung Hospital and of Unani Medicine in Ram Manohar Lohia Hospital, as a research activity through the respective Central Councils for Research. Apart from regular OPD, eminent leading Vaidyas/Hakims/Homeopaths are rendering services once a week in these clinics. An advanced Ayurvedic Centre for Mental Health care has also been established at the NIMHANS, Bangalore. The Department of Family Welfare is providing ISM&H drugs as part of RCH drugs in selected States and cities.

101. It is important to:

- increase utilisation of ISM&H practitioners working in the Government, voluntary and private sector in order to improve IEC, counselling, increased utilisation and completion of treatment in National disease control and Family Welfare programmes.
- ensure ISM&H clinics are funded by the respective primary, secondary and tertiary care institutions at the end of the Plan period.
- monitor how the efforts in providing complementary system of health care to patients in the hospitals are utilised by the patients and effect mid course corrections.
- improve tertiary care institutions especially those attached to ISM&H Colleges and National Institutions so that there will be simultaneous improvement in teaching, training, R&D and patient care.
- establish effective referral linkage between primary, secondary and tertiary care institutions.

### **DEVELOPMENT OF HUMAN RESOURCES FOR ISM&H**

#### **Professional Training In ISM&H**

102. Nearly 13,000 ISM&H practitioners of various Indian systems graduate every year; many of the ISM&H colleges do not have adequate infrastructure or qualified manpower, lack teaching training material and are functioning sub-optimally. It is essential to improve quality of training so that these graduates can effectively take care of patients. The Department has taken several steps to improve the situation. The Central Council of Indian Medicine and the Central Council for Homoeopathy inspects educational institutions, registers qualified ISM&H practitioners and revises curricula. State and Central Departments of ISM&H provide funds for improving and strengthening of the existing undergraduate and post graduate colleges of ISM&H to enable them to achieve the norms prescribed by CCIM/CCH.

### Paraprofessional Training In ISM&H

103. The Department is currently preparing the course for Nursing and Pharmacy in Unani medicine. Some private organisations and State Governments are conducting courses in Ayurvedic Pharmacy. States like Kerala and Rajasthan are conducting courses on Ayurvedic Nursing. These courses are not recognised by any statutory body. Attempts are underway to sort out this problem.

### Continuing Medical Education In ISM&H

104. Majority of the ISM&H practitioners have qualified from recognised institutions and could be utilised for improving coverage of National Health Programmes. Most of these practitioners are in the private sector and require periodic updating of the knowledge and skills through continuing medical education courses. It is also important to provide ISM&H practitioners with sufficient knowledge of the on-going national health programmes so that they could provide necessary counselling and act as depot holders for selected items such as condom or ORT packages. The Department of ISM&H has providing scheme for re-orientation/in-service training with a total outlay of Rs.6.10 crore during the Ninth Plan period. Under this scheme one month's course for Teachers and Physicians and two months each for training in specialised fields like Ksharasutra, Pancha Karma therapy and dental practices and training for yoga, of ISM&H personnel are provided. The Department of Family Welfare has sanctioned Rs.68.8 lakh to 30 ISM&H institutions for conducting pre-training programmes each for orientation of RCH programmes for ISM&H practioners.

105. It is important to:

- develop one centre in each system as a National Institute with adequate financial assistance so that it functions as a model centre.
- support Government institutions which submit well defined projects for strengthening.
- ensure accreditation of all educational institutions before they initiate enrolment and mandatory periodic review for continued recognition.
- ensure that students have access to hospitals with requisite number of patient, so that they get clinical training and develop clinical skills.
- ensure uniformity in entry standards, and uniformity in the curricula.
- improve quality and relevance of the undergraduate training and improve clinical skills through a period of internship with possible multi-professional interaction.
- introduce necessary curricular changes in graduate and CME courses, and develop appropriate course contents so as to design learning experiences related to expected task performance, i.e. increasing the involvement of ISM&H practitioners in counselling and improving the utilisation of services under the National Health and Family Welfare Programme.

### PRESERVATION AND PROMOTION OF CULTIVATION OF MEDICINAL HERBS AND PLANTS

106. In view of the increasing demand for drugs in ISM&H and the fact that some of the species of medicinal plants are reported to be endangered, the Department of ISM&H has augmented resources for the development and cultivation of medicinal plants, the objective of which is to augment the production of raw herbs of plant origin by providing central assistance for their cultivation and development. States like Himachal Pradesh are investing

in herbal gardens so that drugs required for Ayurvedic dispensaries could be provided by the State Government at an appropriate cost.

107. The Department also has a Central scheme for development of agro techniques and cultivation of Medicinal plants used in Ayurveda, Siddha, Unani and Homeopathy. Under this scheme, central assistance is provided to specialised scientific institutions on project basis for development of agro-techniques of identified medicinal plants. The Department is implementing 34 projects in different organisations to develop agro techniques for about 126 medicinal plants and expenditure of Rs.200 lakh was incurred during 1998-99 on the schemes on medicinal plants.

108. Planning Commission had constituted a Task Force on Conservation, C, Sustainable Use and Legal Protection of Medicinal Plants. The following recommendations were made:

- (i) Establishment of 200 Medicinal Plant Conservation Areas (MPCA), covering all ecosystems, forest types and subtypes preferably inside the protected areas already notified under the Wildlife Act.
- (ii) For Fifty medicinal plant species which are rare or endangered or threatened, ex-situ conservation may be tried in the established gardens managed by agriculture, horticulture, forest and other departments.
- (iii) Three gene banks created by Department of Biotechnology should properly store the germplasm of all medicinal plants.
- (iv) Two hundred "Vanaspati Van" may be established in degraded forest areas (with an area of about 5000 hectares each). Intensive production of medicinal plants from these "Vanaspati Vans" will produce quality herbal products and generate productive employment to 50 lakh people, specially women, who are skilled in herbal production, collection and utilisation.
- (v) One million hectares of forest area rich in medicinal plants (about 5000 hectares each at 200 places) should be identified, management plans formulated and sustainable harvesting encouraged under the JFM system. Such areas, besides producing herbal products will generate employment for 50 lakh tribals.
- (vi) Fifty NGOs, who are technically qualified, should be entrusted the job of improving awareness and availability of plants stock and agro-techniques for cultivation of medicinal plants. Twenty five species having the maximum demand should be cultivated under captive and organic farming.
- (vii) All attempts should be made for medicinal plants screening/testing/clinical evaluation/safety regulation as well as research and development safety, efficacy, quality control, pharmacopoeia development should be expedited and completed by 2003.
- (viii) Drug Testing Laboratories for ISM&H products should be established with staff qualified to test the plant/mineral based products. Training should be imparted to the laboratory staff, drug inspectors and to the quality control managers/in-charges of the manufacturing units so that they are able to identify the raw-materials for the presence of essential properties of medicinal plants.
- (ix) To prevent patenting of our traditional knowledge by outsiders, all the available information should be properly formatted in a digital form by using international standards for wider use both at the national and international level. Efforts should be intensified to create an Indian Traditional Knowledge Base Digital Library.

- (x) The Task Force strongly recommended establishment of “Medicinal Plant Board” for an integrated development of the medicinal plants sector. It is expected to formalise and organise medicinal plants marketing and trade, coordinate efforts of all the stakeholders of the sector and ensure health for all by improving the awakening and availability of herbal products, besides generating productive employment to one crore tribals and women on a sustainable basis.

109. Department of ISM&H has been identified as the nodal agency and is currently taking steps to constitute the Medicinal Plant Board.

### PHARMACOPOEIAL STANDARDS

110. Availability of good quality drugs at affordable cost is an essential pre-requisite for any health programme. Currently the country is facing problems in ensuring quality of drugs. The Pharmacopoeial Laboratory of Indian Medicine (PLIM) and the Homeoeopathy Pharmacopoeial Laboratory (HPL) at Ghaziabad are the major drug testing laboratories in ISM&H. In addition to these the state governments have also been advised to set up drug testing laboratories. Setting up Pharmacopoeial Standards has been identified as a priority in the Ninth Plan.

111. The Department has finalised and notified Good Manufacturing Practices for Ayurveda, Siddha and Unani drugs in the last two years. There is still a major problem in ensuring quality control because of lack of adequate number of ISM&H drug testing laboratories.

112. The feasibility of utilising:

- laboratories of CCRAS and the Chemistry and biochemistry laboratories of universities/college Departments may to be explored.
- effective implementation of stringent quality control measures by the Drug Controllers and strict enforcement of the provision of the Drugs and Cosmetics Act and the Magic Remedies Prevention Act are required to eliminate substandard and spurious drugs.

### RESEARCH AND DEVELOPMENT

113. The Ninth Plan has emphasised focussed attention on R&D especially clinical trials on new drug formulations, clinical trial of promising drugs through strengthening of the Central Research Councils and coordination with other research agencies. Special emphasis on encouraging research aimed at improving ISM&H inputs in National Health Programmes has been laid. Clinical trials on testing of drugs traditionally used in illnesses and those used in tribal societies for safety and efficacy and research on developing new drug formulations may be conducted.

114. The four Research Councils in ISM&H are currently undertaking clinical research on ISM&H drugs, research studies on drug standardisation, survey and collection of medicinal plants, potency estimation of homoeopathic drugs, as well as shelf life studies of different homoeopathic drugs, clinical Research, drug standardisation in respective disciplines and clinical screening and pharmacological studies of oral contraceptive agents in Ayurveda. In addition to the Research Councils, the Department has a programme of Extramural Research Project under which funds for research projects are given to research

organisations. The ongoing research projects are scattered and few in number; many not from identified priority areas. The linkages between research institutes with educational and service institutions need to be strengthened.

**Involvement In National Programme**

115. The Department of ISM&H is associated with the RCH Programme of the Department of Family Welfare. Thirty institutes have been identified for providing training to ISM&H physicians in RCH and funds have been provided by Department of Family Welfare for inclusion of Ayurvedic and Unani drugs in the drug kit of ANM. Involvement in all other Central and State Health Sector Programmes e.g. Malaria, Tuberculosis control, diarrhoeal diseases control will have to be taken up in a phased manner.

**OUTLAYS AND EXPENDITURE**

116. The total outlay proposed for the Department of ISM&H during the Ninth Plan period is Rs.266.35 crore. The outlay and expenditure for Annual Plan 1997-98, outlays for 1998-99 to 2001-2002 are given in Table 5.4.2.2 below.

**TABLE 5.4.2.2  
Approved Outlay And Expenditure For ISM&H**

(Rs. crore)

Eighth Plan Outlay (1997-2002)	Ninth Plan Outlay (1997-2002)	1997-98 (B.E.)	1997-98 (Actual)	1998-99 (B.E.)	1998-99 (R.E.)	1999-2000 (B.E.)	1999-2000 (Anticipated Expenditure)	2000-2001 (B.E.)
108.00	266.35	35.30	32.80	50.00	49.00	59.13	55.00	100.00

117. The Department is continuing all its earlier schemes and proposed/has initiated 17 new schemes. With an annual outlay of Rs.59 to 60 crore, on an average each scheme gets less than Rs.2 crore per annum. This may pose problems from the point of view of efficiency of investment, management and accountability of schemes. Various activities for which assistance is made available to institutions can be brought within the ambit of a major scheme. It is recommended that the Department undertake a restructuring of the ongoing proposed activities in such a manner would prevent the resources being spread too thinly and enable the Department to focus on key areas.