

# India Systems of Medicine & Homoeopathy

## Annual Report 2000-2001

### Overview

1. The Department of Indian Systems of Medicine and Homoeopathy (**ISM&H**) established as a separate Department in the Ministry of Health & Family Welfare in March, 1995, continued to make steady progress during the year 2000-2001. Emphasis continued to be placed on the implementation of the schemes which addressed the thrust areas identified by the Department covering areas like upgradation of educational standards, quality control and standardisation of drugs, improving the availability of raw materials, time-bound research and building awareness about the efficacy of the systems. The involvement of ISM&H in the national health care delivery system including Reproductive and Child Health (RCH), was also given a thrust.
2. The Department attaches priority to maintaining standards of education. Efforts were made to strengthen the existing national institutes set up to establish patterns of teaching and clinical practice of the different systems. The Department continued to stress the need to prevent the mushroom growth of sub-standard colleges and sought the active involvement of the regulatory Councils and State Governments to achieve this. Progress was made in the finalisation of Audio/Video Cassettes covering teaching material of the different systems of medicine. The Morarji Desai National Institute of Yoga continued to impart a diploma course in Yoga. Before establishing a Degree level institute, it has been proposed to develop MDNIY, New Delhi into state-of-the-art Yoga & Meditation centre.
3. The Standardisation of drugs and quality control are important factors which will contribute in improvement of ISM&H medicines. All the pharmacopoeia committees were encouraged and facilitated to expedite preparation of the standards for Ayurvedic, Unani, Siddha and Homoeopathy drugs. Other laboratories have been involved to expedite pharmacopoeial standards which has helped expedite the process. 'Good Manufacturing Practices' for Ayurvedic drugs have been notified. Labelling provisions for export product has been liberalised by amending Rule 61 of the Drugs & Cosmetics Act, 1945. Necessary amendments has also been proposed to make enabling provisions for recognition of private laboratories. A Central scheme to assist State Drug testing laboratories and pharmacies has been drawn up which will enable the States to step up the statutory testing of samples of ISM&H drugs and also renovate and modernise the existing state pharmacies which supply medicines to the State hospitals & dispensaries.
4. Considering the importance of information, education and communication steps were taken to finalise two schemes. NGOs have been involved for the first time for promotion of ISM&H. The scheme has also been revised to make it broad based in terms of eligibility, activities and monitoring.
5. In addition to the research being conducted by the apex research councils of the ISM&H, extra-mural research projects were also sanctioned and several organisations were accredited for research purposes. A number of research projects have been approved and

more and more institutes are expected to come forward.

6. A number of time-tested Ayurvedic & Unani drugs have been introduced under the RCH programme. Collaborative efforts with modern hospitals are proposed to be initiated for testing the efficacy of the ISM&H treatment in the management of certain diseases. Clinical research on Pippalyadi yoga has been undertaken at PGI Chandigarh, JIPMER, Pondicherry and KEM Hospital, Mumbai. A multidisciplinary group has been advising the Government about identifying the most promising and relevant areas where clinical and operational research programmes need to be processed on priority which each system has a known strength. A number of disease conditions have been identified and protocols prepared in consultation with the ICMR to enable such collaborative research to be done on scientific lines. ESI has, on the initiation of the department, decided to introduce Ayurveda & Yoga centres in 9 of their hospitals.
7. A Medicinal Plant Board has been set up by the Government to interalia enhance the availability of quality raw materials for the manufacture of drugs for domestic consumption and to enhance exports. Such a body will also see that concerted efforts are made to cover all related aspects including conservation, cultivation, processing and marketing. The Department of Indian Systems of Medicine & Homoeopathy has been made the nodal Department for the functioning of the Board set up under the chairmanship of the HFM.
8. Concrete steps have been taken to prepare a programme aimed at documenting the knowledge and information available in the ancient texts of Ayurveda, Siddha, Unani etc and prepare a data base on the medicinal plants linked with their medicinal use. This is expected to prevent remedies based upon the medicinal uses of plants being treated as an invention or a discovery. TKDL is being developed in the first instance for Ayurvedic and formulations documented in important ancient texts alongwith the medicinal uses therein are being developed.
9. The officers of the Department actively participated in various conferences, workshops and seminars organised by the Department as well as by other organisations relating to ISM&H. The Department participated in Expo' 2000 at Hannover for 5 months from June 2000 where the theme of the event was "Humankind, Nature and Technology". The Department also arranged a Seminar on "Ayurveda - Paradigm shift in Health Care in the New Millennium" in September 2000 at New York in collaboration with Bhartiya Vidya Bhavan, New York. In collaboration with Confederation of Indian Industry (CII), the Department arranged a Seminar on Health in New Millennium:Challenges for ISM&H at New Delhi in April 2000. Both the events were inaugurated by the Prime Minister.
10. Delegations from foreign countries such as South Africa, Netherlands, visited the Department. NAAMI-AYU, is NGO involved in the Indoor/Outdoor Patient Care through Ayurveda which had entered into MOU with the Department also visited for further discussion.
11. Interaction with the State Government has been an on-going process. However, a special conference was organised with the State Ministers in charge of ISM&H, Secretaries and Directors of ISM&H to discuss and chalk out strategies and identify thrust areas for giving concerted and focussed attention. Schemes for technical and financial assistance were explained to the State authorities where the response had been hitherto somewhat

slow. Primarily the focus of the conference was to explain the functions and objectives of the Medicinal Plants Board and the role of the State Govt. in that regard.

12. The functioning of the Research Councils were reviewed closely and Research initiatives evaluated and re-oriented.
13. An International Conference on Ayurveda was held by the Gujarat Ayurved University at Jamnagar from 5-7<sup>th</sup> Jan.2001. On the occasion, Gujarat Ayurveda University the Post Graduate Institute of Ayurveda which is fully funded by the Government of India signed an MOU with a number of countries for the development and propagation of Ayurveda.
14. Consultative Committee of Parliament attached to the Ministry of Health & Family Welfare held a meeting on 11-12 November, 2000 exclusively to discuss matters relating to ISM&H. Need for developing and propagating ISM&H was reiterated and many valuable suggestions were made.
15. The Department has for the first time presented a Tableaux in Republic Day Parade depicting Ayurveda, Yoga, Unani & Homoeopathy through the theme of Health Life Styles through Indian Systems of Medicine.

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**New Delhi,**  
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## Chapter 1

### Organization

1.1.1 The Department of Indian System of Medicine and Homoeopathy (ISM & H) is headed by a Secretary to the Government of India. The Secretary is assisted by a Joint Secretary and four Directors, one Adviser and several Dy. Advisors of Ayurveda, Siddha, Unani & Homoeopathy. The total sanctioned staff strength of the Department in Group A,B,C, & D is 202, which include Secretariat and Technical posts Senior level posts such as Director (Ayurveda & Siddha), Adviser (Ayurveda), Adviser (Unani) & Adviser (Homoeopathy) have been created for providing expert advice on policy formulation and execution, complex technical and pharmacopoeial matters. Concerted efforts are being made to fill up vacant Senior level technical posts, namely, Director (Ayurveda & Siddha), Adviser (Ayurveda), Adviser (Homoeopathy) and Adviser (Unani). One post of Adviser Ayurveda has been filled up and efforts are on for filling the other post of Adviser(Ayurveda).

1.1.2 There are 2 subordinate offices and 15 autonomous bodies under this Department and more than 4000 personnel are working in these institutions/organizations/subordinate offices. Annexure 11 shows the staff strength in these organizations.

1.1.3 The Department realizes the need to develop itself into a dynamic and flexible organization in a rapidly changing environment. The Department also realizes the need for appropriate human resource policy to maintain the motivation and cooperation of its employees to increase the efficiency. Various measures like cadre review/in-service-training Including orientation and exposure to computers of officers and staff have been completed for providing better career advancement to the employees and enhancing their knowledge and skills. A review of recruitment rules and their amendments have been carried out. In order to streamline the working of the autonomous bodies, amendment in the composition and constitution of Governing Bodies and other Committees has been initiated. The Scientific Advisory Committees(SAC) are being reoriented to ensure that proper technical & scientific inputs are available for undertaking promising, contemporary areas of research keeping in view the strength of these systems. Reorganization and cadre review of Central Council for Research in Ayurveda & Siddha and that of National Institute of Homoeopathy, Calcutta is likely to be finalised soon. It is proposed to carry out similar review in other councils and institutes of the Department.

1.1.4 A Drug Control Cell (ISM & H) is working in the Department to assist the Drug Controller (India) in matters pertaining to licensing and regulation of drugs and control of misbranded/adulterated and spurious manufacturing of Ayurvedic, Unani and Siddha Drugs. Steps have been taken to fill up the post of Additional Drug Controller for ISM&H. Besides, International Cell and Information, Education & Communication Cell (IEC) and Facilitation Center have also been set up in the Department.

1.1.5 A Medicinal Plants Cell (MPC) is working under the Department for implementing the Central Scheme for development and cultivation of Medicinal Plants and developing agro-techniques.

1.1.6 Patent Cell is working under the Department for dealing with developing Traditional Knowledge Digital Library(TKDL) and matters relating to Intellectual Property Rights as also coordination with Government of India Ministries/Departments concerned with IPR.

1.1.7 The Department has, over the years, developed a broad institutional framework to carry out the activities in the field of ISM & H. The institutional framework consists of two statutory regulatory bodies, namely, Central Council of Indian Medicine (CCIM) and Central Council of Homoeopathy (CCH), for laying down minimum standards of education and norms, recognition of medical qualification registering the practitioners and ethical matters. Apex Research Bodies known as the Central Councils of Research for Ayurveda and Siddha, Unani Medicine, Homoeopathy, Yoga and Naturopathy, apex educational institutes such as National Institutes of Ayurveda, Homoeopathy, Naturopathy, Unani System of Medicine, Yoga and Rashtriya Ayurveda Vidyapeeth, Pharmacopoeial laboratory for Indian Medicine & Homoeopathy Pharmacopoeial Laboratory, Pharmacopoeial Committees for the different systems of medicine. A Public Sector Undertaking, viz., Indian Medicines Pharmaceutical Corporation Ltd., has been set up for manufacturing of quality drugs of Ayurveda and Unani systems of medicine. The modernization and expansion of its activities have been approved and infusion of equity has been permitted.

1.1.8. The Department has hoisted its own web site for wider dissemination of information of the departmental activities including research work and other useful information such as availability of ISM&H treatment facilities, detail about educational institutions, acts, regulation, schedule, pharmacopoeial standards, common ailments and their remedies, etc. for the benefit of users. The web site address of the Department is : <http://mohfw.nic.in/ismh/>

1.1.9. The initial Budget allocation for the Department for the year 2000-2001 was Rs. 100.00 crore under the Plan and Rs. 43.50 crore under Non-Plan.

1.1.10. After transfer of committed liability on account of salary etc. from the plan to Non-plan, the allocation for plan is Rs. 85.05 crores and Non-plan Rs. 58.87 crores.

## **Chapter 2**

### **Indian Systems of Medicine and Homoeopathy**

2.1.1 The term Indian Systems of Medicine and Homoeopathy (ISM&H) covers both the systems which originated in India and outside but got adopted and adapted in India in course of time. These systems are Ayurveda, Siddha, Unani and yoga and Naturopathy. Homoeopathy originated in Germany and came to India in early 18<sup>th</sup> century is also within the purview of this Department.

2.1.1.(i) The Indian Systems of Medicine & Homoeopathy is popular in a large number of States in the country. There are separate Directorates of ISM&H in 18 States. Though Ayurveda is popular in all these States, this system is more prevalent in the States of Kerala, Himachal Pradesh, Gujarat, Karnataka, Madhya Pradesh, Rajasthan, Uttar Pradesh and Orissa. The Unani System is particularly popular in Andhra Pradesh, Karnataka, Tamil Nadu, Bihar, Maharashtra, Madhya Pradesh, Uttar Pradesh, Delhi & Rajasthan. Homoeopathy is practised all over the country but the important States where it is widely practised and is more popular include Uttar Pradesh, Kerala, West Bengal, Orissa, Andhra Pradesh, Maharashtra, Punjab, Tamil Nadu, Bihar, Gujarat and North Eastern States.

2.1.2 These systems have become part of the culture and traditions of our country.

#### **1. Ayurveda System of Medicine**

Ayurveda (Ayu + Veda) means the "Science of Life". The documentation of Ayurveda is referred to in Vedas (5000 BC). The origin of Ayurveda or the Indian Science of Life is linked with the origin of Universe and developed from out of the various vedic hymns describing fundamentals/philosophies about the world and life, diseases and medicines. Around 1000 B.C, the knowledge of Ayurveda was comprehensively documented in Charak Samhita and Sushruta Samhita. According to Ayurveda, health is considered a pre-requisite for achieving the goals of life, dharmas, artha, kama & moksha (salvation). Ayurveda takes an integrated view of the physical, mental and spiritual and social aspects of human beings, each impinging on the others.

2.1.2 The philosophy of Ayurveda is based on the theory of Panchmahabhutas (five element theory) of which all the objects and living bodies are composed of. The combination of these five elements are represented in the form of Tridosha eg., Vata (Ether+ Air), Pitta (Fire) and Kaph

(Water + Earth). These three 'Doshas' are physiological entities in living beings. These are also known as three humours. The mental, spiritual attributes are described as Satva, Rajas and Tamas. The various permutations and combinations of Satva, rajas and tamas constitute human temperament (prakrati) and personality. Ayurveda considers the human being as a combination of three doshas, five elements (Panchamahabhutas) , seven body tissues (Sapta-dhatu), five senses (Pancha-indriyas) with sensory and motor functions, Mind (Manas), intellect (Budhi) and Soul (Atman). The doctrine of Ayurveda aims to keep these structural and functional entities in a functional state of equilibrium which signifies good health (Swastha). Any imbalance due to internal or external factors causes disease and restoring the equilibrium through various techniques, procedures, regimen, diet and medicine constitute the treatment.

2.1.3 In Ayurveda, diagnosis include questioning and eight examinations, viz., Pulse, Urine, Faeces, Tongue, Eyes, Visual/Sensual examinations and inference.

2.1.4 Ayurveda considers the human being as a microcosm (Yatha pinde tatha brahmande), a replica of macrocosm (Universe). The treatment in Ayurveda system is individualized. While prescribing medicines to a person, one has to consider various factors like the condition of body and mind, temperament (Prakriti), Sex, Age, Metabolic fire (Agni), Work-rest pattern, sleep pattern and diet. Treatment in Ayurveda has two components; (a) Preventive Measures; and (b) Curative Measures, Preventive aspect of Ayurveda is called Svasth-Vritt and includes personal hygiene, regular daily routine, appropriate social behaviour and Rasayana Sevana, i.e, use of rejuvenative materials/food and rasayans drugs. The curative treatment consists of three major categories of procedures (Aushadhi (drugs); (ii) Anna (diets) and (iii) Vihara (exercises and general mode of life)

2.1.5 Specialties of Ayurveda

During the Samhita period (1000 BC) Ayurveda developed into eight branches of specialties which was a reason for it being called Ashtang Ayurveda. These are: -

- (1) Kayachikitsa (Internal Medicine)
- (2) Kaumar Bharitya (Pediatrics)
- (3) Graha Chikitsa (Psychiatry)
- (4) Shalkya (Eye & ENT)
- (5) Shalya Tantra (Surgery)
- (6) Visha-Tantra (Toxicology)
- (7) Rasayana (Geriatrics)
- (8) Vajikarna (Science of virility)

2.1.6 During the last 50 years of development in the teaching and training in Ayurveda, it has now developed sixteen specialties. These are: -

- (1) Ayurveda Sidhanta (Fundamental Principals of Ayurveda)
- (2) Ayurveda Samhita
- (3) Rachna Sharira (Anatomy)
- (4) Kriya Sharira (Physiology)
- (5) Dravya Guna Vigian (Materia Medica & Pharmacology)
- (6) Ras-Shashtra
- (7) Bhaishajya Kalpana (Pharmaceuticals)
- (8) Kaumar Bharitya (Pediatrics)

- (9) Prasuti -Tantra (Obstetrics & Gynaecology)
- (10) Swasth-Vritta (Social & Preventive Medicine)
- (11) Kayachiktisa (Internal Medicine)
- (12) Rog Nidan (Pathology)
- (13) Shalya Tantra (Surgery)
- (14) Shalkya Tantra (Eye & ENT)
- (15) Mano-Roga (Psychiatry)
- (16) Panchakarma

### 2.3 Siddha System of Medicine

2.3.1. Introduction and origin: Siddha System is one of the oldest systems of medicine in India. The term Siddha means achievements and Siddhas were saintly persons who achieved results in medicine. Eighteen Siddhars were said to have contributed towards the development of this medical system. Siddha literature is in Tamil and it is practised largely in Tamil speaking parts of India and abroad. The Siddha System is largely therapeutic in nature.

2.3.2. Diagnosis and Treatment: The diagnosis of disease involve identifying its causes. Identification of causative factors is through the examination of pulse, urine, eyes, study of voice, colour of body, tongue and the status of the digestive system. The system has worked out its colour, smell, density, quantity and oil drop spreading pattern. Its holistic in approach and the diagnosis involves the study of person as a whole as well as his disease.

2.3.3. The Siddha system of Medicine emphasises that medical treatment is oriented not merely to disease but has to take into account the patient, environment, the meteorological consideration, age, sex, race, habits, mental frame, habitat, diet, appetite, physical condition, physiological constitution etc. This means the treatment has to be individualistic, which ensures that mistakes in diagnosis or treatment are minimal

2.3.4. The Siddha system is effective in treating chronic cases of liver, skin diseases especially "Psoriasis", rheumatic problems, anaemia, prostate enlargement, bleeding piles and peptic ulcer. The Siddha Medicines which contains mercury, silver, arsenic, lead and sulphur have been found to be effective in treating certain infectious diseases including venereal diseases. Practitioners have claimed that Siddha medicines are effective in reducing the highly debilitating problems that manifest themselves among patients of HIV/AIDS. More research into the efficacy of these medicines is presently in progress.

### 2.4 Unani System of Medicine

2.4.1 The Unani System of Medicine is based on its well established knowledge & practices, relating to promotion of positive health & prevention of diseases. It is very rich, time tested with its therapies having no side effects. Although the Unani System originated in Greece but after passing through many countries, Arabs enriched it with their own aptitude and experience and the system was brought to India during the Medieval period. Due to its mass acceptance and continuous use by the people, in course of time, it has become native to India and is in great demand among people of certain States.

2.4.2 It has grown out of the fusion of devices, thoughts and experience of countries with ancient cultural heritage, namely, Egypt, Arabia, Iran, China, Syria and India. It has its origin in the 4-5<sup>th</sup> century before Christ under the patronage of Hippocrates (377-460 BC) and Galen in Greece.

2.4.3 The Unani System emphasises the use of naturally occurring, mostly herbal medicine though it uses ingredients of animal, marine origin. Late HK. Ajmal Khan discovered (Asrol) Rawolfia serpentine which established its efficacy in the treatment of high blood pressure.

2.4.4 Unani system of Medicine treats diseases and provides remedies in a systematic manner, following a definite method in its experimental research, employing observation, experience. This system of Medicine was documented in A I Qanoon, a medical Bible, by Sheikh Bu-Ali Sina (Avicenna), (980-1037 AD), and in Al-Havi by Razi (850-923 AD)

2.4.5 This system is based on humoral theory i.e. presence of blood, phlegm, yellow bile and black bile. The temperament of the person is accordingly expressed by sanguine, phlegmatic, choleric and melancholic. According to the Unani theory, the humours and medicinal plants, themselves are assigned temperament. Any change in humours, brings about a change in the Status of health of human body. Another distinct feature of this system is its emphasis on diagnosis of a disease by feeling the pulse, observation of urine, stool, colour of skin and gait etc. Extensive use of drug of plant, metal, mineral and animal origin, poly pharmacy is done. A number of poisonous drugs are processed and purified before use.

2.4.6 The treatment comprises of three components, namely, preventive, promotive and curative. Specialty in Unani system of Medicine is on Rheumatic arthritis, Jaundice, Filariasis, Eczema, Sinusitis and Bronchial asthma. Its efficacy in the treatment and management of cardiac diseases is being researched.

2.4.7 For prevention of disease and promotion of health, the Unani System emphasise on 6 essentials (Asbab-e-Sitta Zarooria). These essentials are exercise and rest, psychic movement and rest, sleep, wakefulness, evacuation and retention.

2.4.8 Treatment is carried out in 4 forms i.e. Pharmacotherapy, Dietotherapy, Regimental Therapy and Surgery.

2.4.9. Regimental therapy is speciality of Unani System of Medicine. It is called Ilaj Bid Tadbir. It has 12 methods for specific and complicated diseases. Methods like cupping, leeching, venesection, sweatng & Hamam (Bath) are drugless therapies and found to be effective in treating Diabetes, High blood pressure, Obesity, Arthiritis and Migraine etc.

2.4.10 During the last 50 years of teaching and training in Unani System of Medicine (USM), it has now established 8 PG Depts (I) Kulliyat (Fundamentals of USM) (II) Ilmu Adviya (Pharmacology) (III) Amraze Niswan (Gynecology) (IV) Amraze Atfal (Pediatrics) (V) Tahafuzzi wa Samaji Tib (Social & Preventive Medicine) (VI) Moalejat (Medicine) (VII) Munafeul Aaza (Physiology) (VIII) Jarahiyat (Surgery)

## 2.5. Homoeopathy

2.5.1 Homoeopathy is a system of medicine which believes in a specialised method of treatment system of curing natural diseases by administration of potentised drugs which have been experimentally proved to possess the power of producing similar artificial symptoms on healthy human beings.

2.5.2 Physicians from the time of Hippocrates (around 400 B.C) have observed that some substances produce few of the symptoms that they were used to treat. However, it was not until late 17th Century that a German Physician, Dr. Christian Frederic Samuel Hahnemann examined this observation more thoroughly, discovering the fundamental principles of what was to become Homoeopathy. While translating Cullen's Materia Medica from English to German Hahnemann

became indignant over theoretical explanation of the fever curing property of 'Cinchona bark' attributed to its bitter effects on the stomach. This explanation did not satisfy Hahnemann as there were plenty of other bitter drugs which did not possess fever curing properties. He conducted experiments upon himself which went down in history, known as the famous 'Peruvian Bark Trial'. After a series of repeated tests, Hahnemann observed a pathological effect which appeared to resemble malarial fever. Following this clue, he started to prove several so called specific drugs on himself and other healthy volunteers and in every case he noticed the similarity of symptoms produced by the drugs to those caused by natural diseases.

2.5.3 Thus Hahnemann concluded that any substance capable of producing artificial symptoms on healthy individuals could cure the same symptoms in a natural disease. This forms the basis of the theory of Homoeopathy 'Simila Similibus Curentur' or let like be treated by like.

2.5.4 Homoeopathy is based on the following cardinal principles:-

- (i) The law of similars,
- (ii) The law of direction of cure
- (iii) The principle of single remedy,
- (iv) The theory of minimum doses and
- (v) The theory of chronic diseases

2.5.5. The law of similar states that a medicine which can produce artificial symptoms on healthy human beings can cure the similar set of symptoms of natural diseases. The method adopted in experimenting this drug proving in human being is now known as Human Drug Pathogenicity (HDP) test. The direction of cure states that during curative process the symptoms disappear in the reverse order of its appearance- from above downwards, from more important organs to less important organs, from center to periphery etc. Homoeopathy generally uses only a single medicine which has a true similarity of symptoms with that of the remedy. This process of selecting the correct remedy is done on the basis of individualization. The intensive process of individualization distinguishes this system from other systems in its approach to the holistic concepts in therapeutics. The physician adopts a detailed case study by exploring the physical, psychical, biomedical constitution of the individual. The doses applied are the minimum possible, just sufficient to correct the diseased state. The theory of chronic diseases states that most of the diseases are due to three chronic latent affinities known as Psora, Syphilis and Sycosis. in the human being which normally remain dormant but express their presence when conducive environment for disease such as irregular living, constant exposure to unhealthy situations, emotional stress, atmospheric influences etc., overpower the immune system/health. The modern concept of the host ( agent (environment reaction (triad) ) in the causation of diseases is well documented by Hahnemann in his Masterpiece Organon of Medicine.

2.5.6. Homoeopathy attaches significance to the nomenclature of disease to the extent of choosing the auxiliary mode of treatment, prevention, and clinical management, prognosis etc, not in selection of the remedy. The concept is that the physical, mental and spiritual expression of the sick form the totality of the disease.

2.5.7 Homoeopathy has effective treatment for individuals with chronic diseases such as diabetes arthritis, bronchial asthma, skin, allergic and immunological disorders, behavioural disorders, mental diseases and for several other diseases.

## 2.6 Yoga & Naturopathy

2.6.1 Yoga is primarily a way of life propounded by Patanjali in a systematic form. It consists of eight components, namely, restraint, observance of austerity, physical postures, breathing exercise, restraining of sense organs, contemplation, meditation and samadhi. These steps in the practice of Yoga have potential for improvement of social and personal behaviour, improvement of physical health by encouraging better circulation of oxygenated blood in the body, restraining the sense organs and thereby inducing tranquillity and serenity of mind. The practice of Yoga prevents psychosomatic disorders/diseases and improves individual resistance and ability to endure stressful situations. Meditation, one of the eight components, if regularly practised, has the capacity to reduce wholesome bodily responses to a bare minimum so that the mind can be directed to perform more fruitful functions.

2.6.2. Yoga, though primarily a way of life, nevertheless, its promotive, preventive and curative interventions are efficacious. A number of postures are described in Yogic works to improve health, to prevent diseases and to cure illness. The physical postures are required to be chosen judiciously and have to be practised in the right way to derive the benefits of prevention of disease, promotion of health and for therapeutic purposes.

2.6.3 Studies have revealed that the Yogic practice improve intelligence and memory and help in developing resistance to endure situation of strain and stress and also to develop an integrated psychosomatic personality. Meditation is an exercise which can stabilize emotional changes and prevent abnormal functions of vital organs of the body. Studies have shown that meditation not only restrains the sense organ but also controls the nervous system.

2.6.4. Naturopathy is not only a system of treatment but also a way of life. It is often referred to as a drugless treatment of diseases. It is based mainly on the ancient practice of the application of the simple laws of nature. The system is closely allied to Ayurveda as far as its fundamental principles are concerned. There are two schools of thought regarding the approach to naturopathy. One group believes in the ancient Indian methods while the other mainly adopts western methods which are more akin to modern physiotherapy.

2.6.5. The advocates of Naturopathy pay particular attention to eating and living habits, adoption of purificatory measures, use of hydrotherapy, cold packs, mud packs, baths, massage and a variety of methods/measures based on various innovations.

2.6.6. A carefully supervised fast or partial fast is advocated to clear the system of its toxic build up. Water and/or diluted fruit juices are permitted during the period of fast. A strict supervision during the period is kept lest the patient develop untoward physical and emotional effects. The system believes that the way of life, if properly organised and if one does not retaliate, one can get the bounties of energy, health & happiness from the benevolent nature. For prevention of diseases, promotion of health and to get therapeutic advantages, it is required to adopt natural means.

The Department has identified areas whereby Yoga can be promoted.

- (i) To introduce Yoga compulsory for primary school children in phased manner through the Ministry of Human Resource Development.
- (ii) To popularise short term training courses in Yoga for stress management being conducted by leading yoga institutions;
- (iii) To promote the establishment of a separate yoga section in all major Hospitals in consultation with State Government/Uts.

- (iv) To popularise yoga through electronic media by use of CD's and cassettes and through Television serial producers and disseminate the result of research in order to improve creditibility .
- (v) Holding Workshop for the purpose of sensitising Medical Council of India and Allopathic physicians about the advantage of Yoga.
- (vi) To introduce Yoga in Government Offices and in factories and other work places.

### **Chapter 3**

#### **Education**

3.1.1 Proper medical education based on well conceived curricula and adequate clinical exposure are essential parameters for any medical system. Good education alone can produce good practitioners and capable teachers who can bestow a good name and credibility for each system. The education in Ayurveda, Siddha, Unani, Homoeopathy and Yoga are imparted by about 387 colleges. Undergraduate and postgraduate education has 5 1/2 years and three years duration respectively on the same pattern as for modern system of medicine.

3.1.2 There are two statutory regulatory bodies, namely, the Central Council of Indian Medicine and the Central Council of Homoeopathy.

#### 3.2 Central Council of Indian Medicine

3.2.1. The Central Council of Indian Medicine is a Statutory Body constituted under the Indian Medicine Central Council Act, 1970. The Central Council was reconstituted in 1984 & 1995. The re-constitution of the council is now due and steps have been taken to conduct election and re-constitute the council. The main objects of the Central Council are as under: -

- i. To prescribe minimum standards of education in Indian Systems of Medicine viz. Ayurved, Siddha and Unani Tibb.
- ii. To advise Central Government in matters relating to recognition and withdrawal of recognition of medical qualifications in Indian Medicine.
- iii. To maintain the Central Register of Indian Medicine and revise the Register from time to time.
- iv. To Prescribe standards of professional conduct, etiquette and code of ethics to be observed by the practitioners.

3.2.2. The Central Council of Indian Medicine has been laying down and maintaining uniform standards of education in Ayurveda, Siddha and Unani and regulating practice in these systems under the provisions of the IMCC Act,1970. The uniform Curriculum & Syllabus for Under-graduate and Post-graduate education in these systems have already been prescribed. Various Regulations have also been framed with the previous approval of the Central Govt. These are amended from time to time as per requirements. The Council has also prescribed the Standards of Professional Conduct, Etiquette and Code of Ethics for practitioners of Indian Systems of Medicine. The Council considers the issue for inclusion of medical qualifications granted by the Universities in the Second Schedule to the IMCC Act,1970 and makes necessary recommendation to the Central Government.

3.2.3. The Council has already prescribed minimum standards of education and Syllabi for Under-graduate and Post-graduate course. To verify the actual observance of these standards the Council has been sending teams of members to visit these educational Institutions.

3.2.4. During the year under report, 105 Ayurved, 28 Unani and 2 Siddha colleges/Institutions have been visited upto 30.9.2000 for the purpose of assessing the Minimum Standards of Education available at these colleges/Institutions in conformity with the Minimum Standards and Requirements prescribed/laid down by Central Council.

3.2.5. Out of the above, 19 Ayurved, 5 Unani and 1 Siddha colleges have been visited for assessing the Minimum Standards of Post-graduate education of Ayurved, Unani and Siddha in conformity with the Minimum Standards and Requirements prescribed by the Central Council.

3.2.6(i) The council permitted six colleges for conducting Ayurvedacharya (BAMS) course.

(i) Balbhagvan Shikshan Prasarak Mandals

Dhanvantri Ayurved Medical College (40 seats)

(ii) Ashvin Rural Ayurved College Ahmednagar-413714 (40 seats)

(iii) Sangamner Medical Foundation & Research Institute

National Medical College of Ayurvedic Sciences, Sangamner (40 seats).

(iv) Sumanjali Pratishtan Ayurved College

Aurangabad (40 seats)

(v) Navatbhau Pratishtan Ayurved College (40 seats)

Aurangabad

(vi) Pt. Shivshakti Lal Sharma Ay, Mahavidyalaya, Ratlam (30 seats)

3.2.6.(ii) The council also permitted 2 colleges to conduct BUMS course.

(i) Sham-e-Ghausia Minority

Unani College & Hospital, Saheri (30 seats)

(ii) Iqra Society New Unani Medical College, Iqra Nagar, Jalgaon (50 seats)

3.2.7. The following Meetings have been held from 1.4.2000 to 30.9.2000. (1) The meeting of Executive Committee on 1.5.2000. (2) Meeting of Education Committee (Ayurved) on 19<sup>th</sup> and 20<sup>th</sup> June, 2000. (3) Meeting of Education Committee (Unani) on 20.6.2000 (4) Meeting of Executive Committee on 10.7.2000.

(5) Meeting of Sub-Committee held on 17.7.2000.

3.2.8. The following qualifications of Ayurved, and Unani have been included in the 2<sup>nd</sup> Schedule to the Indian Medicine Central Council Act, 1970:

AYURVEDA

N.T.R. University of Health Sciences, Vijayawada Andhra Pradesh	Ayurvedacharya B.A.M.S	From 1998 onwards
	Ayurved Vachaspati M.D. (Ay.)	From 1998 onwards
North Maharashtra University, Jalgaon	Ayurvedacharya B.A.M.S.	From 1977 onwards

## UNANI

N.T.R.University of Health Sciences Vijayawada,Andhra Pradesh	Kamil-e-tib-o-Jarahat B.U.M.S	From 1998 onwards
	Mahir-e-Tib M.D. (Unani)	From 1988 onwards

3.2.9. CENTRAL REGISTER OF INDIAN MEDICINE : Preparation and Maintenance of Central Register of Indian Medicine is one of the main objects of Central Council. As per provision of the IMCC Act,1970, Central Council is maintaining the Central Register of practitioners of Indian Medicine in the prescribed manner which is containing the names of all persons who are for the time being enrolled on any State Register of Indian Medicine and who possess any of the recognised medical qualification included in the Schedules to the Indian Medicine Central Council Act,1970. The maintenance of the Central Register of Indian Medicine and updating the same is a continuous process. Number of Doctors enrolled in the Central Register maintained by the Central Council of Indian Medicine are as under:-

S.No.	STATE	Ayurved	Unani	Siddha
1.	Uttar Pradesh	2741	596	-
2.	Madhya Pradesh	8275	232	-
3.	Orissa	1305	7	-
4.	Jammu & Kashmir	38	109	-
5.	Maharashtra	14350	662	-
6.	Bihar	3423	298	-
7.	Haryana	2021	83	-
8.	Himachal Pradesh	1144	7	-
9.	Punjab	2223	252	-
10.	West Bengal	899	8	-
11.	Andhra Pradesh	3091	343	-
12.	Delhi	3355	1066	-

13.	Gujarat	8795	37	-
14.	Karnataka	4205	110	-
15.	Kerala	1742	3	51
16.	Rajasthan	7560	409	-
17.	Tamilnadu	593	147	772
18.	Assam	88	-	-
	Total	65849	4370	823

10. The budget provision of the Central Council for the year 1999-2000 and 2000-2001 approved by the Ministry are as under:-

	<u>Non-Plan</u> (Rs.in lakh)	<u>Plan</u> (Rs.in lakh)
1999-2000	49,00,000	16,65,000
2000-2001	52,00,000	20 lakh

### **3.3 Central Council of Homoeopathy**

**3.3.1. Central Council of Homoeopathy has been constituted by the Central Govt. under the provisions of Homoeopathy Central Council Act. 1973 for maintenance of Central Register of Homeopathy and for other matters connected therewith. The Central Council has prescribed the minimum standards of education in Homoeopathy required for granting the recognised medical qualification by Universities, Institutions or Boards in India.**

**3.3.2. The Central Council continued to inspect Homoeopathy medical colleges to assess as to what extent colleges and attached training hospitals have provided norms of minimum requirements, and standards. During the period April 2000 to September 2000, inspection of 74 colleges was undertaken. Besides it, the Central Council inspected the BHMS Examination of the Burdwan University too. It is expected that about 30 colleges will be inspected in the remaining period of 2000-2001.**

**3.3.3. The Central Council also granted recognition to following colleges for BHMS Course:- (1) Shri Sairam Homoeopathy medical college, Kanchipuram, (2) Al-Aman Homoeopathic College, Bijapur. (3) C.D.Panchigar Homoeopathic Medical College, Surat. (4) R.V.S. Homoeopathic College, Sulur, (5) D.Y.Patil Pratishthan Homoeopathic Medical Collage, Pimpri, Pune. (6) Sangamner Medical Foundation & Research Institute National College of Homoeopathy, Sangamner. (7) Shree MahaLaxmi Mahilla Homeopathic Medical College, Baroda. (8) Swami Vivekanand Homoeopathic Medical College, Bhawnagar. (9) Dhanwantari Homoeopathic Medical College, Nashik. (10) Singhbhum Homoeopathic College, Jamshedpur.**

**3.3.4. The Central Council allowed the extension of recognition of following colleges for BHMS courses: (1) Rajkot Homoeopathic Medical College Rajkot. (2) Homoeopathic**

Medical College,Shripur,Dhule. (3) Institute of Homoeopathic Medical College, Mohali (4) P.D.Jain Homoeopathic Medical College, Parbhani. (5) Konkan Education Trust Homoeopathic Medical College, Virar. (6) Dr.J.J.Magdum Homoeopathic Medical College, Jaysinghpur. (7) Baroda Homoeopathic Medical College, Vadodra. (8) Narayan Shree Homoeopathic Medical College, Bhopal. (9) Homoeopathic Medical College, Chandigarh. (10) Homoeopathic Medical College, Abohar. (11) Shree Guru Nanak Dev Homoeopathic Medical College, Ludhiana. (12) Lord Mahavira Homoeopathic Medical College, Ludhiana. (13) Homeopathic Medical College, Kohlapur. (14) Yerala Homoeopathic Medical College, Mumbai (15) Shree Gujrati Samaj Homoeopathic Medical College, Indore. (16) Metropolitan Homoeopathic Medical College, Calcutta. (17) K.V.Education Trust's Homoeopathic Medical College, Kanyakumari. (18) Mayurbhanj Homoeopathic Medical College, Baripada. (19) Co-operative Homoeopathic Medical College, Behrampur. (20) Shri Shamlaji Homoeopathic Medical College, Godhra. (21) Bengal Homoeopathic Medical College,Asansol. (22) Pt.Jawaharlal Nehru Homoeopathic Medical College, Amravati. (23) Gondia Homoeopathic Medical College,Gondia. (24) Anterbharti Homoeopathic Medical College,(Dabha) Nagpur. (25) Rajiv Gandhi Homoeopathic Medical College, Indore. (26) Venkateshwara Homoeopathic Medical College, Poorur, Tamil Nadu. (27) Lord Balaji Homoeopathic Medical College, Salem, Tamil Nadu. (28) Purulia Homoeopathic Medical College, Purulia,West Bengal. (29) Nethra Homoeopathic Medical College, Tamil Nadu. (30) Raipur Homoeopathic Medical College, Raipur, M.P. (31) Fr.Mullar's Homoeopathic Medical College, Manglore. (32) Shri Kamaxi Devi Homoeopathic Medical College, Shiroda, Goa. (33) Bhawan Budha Homoeopathic Medical College, Banglore. (34) Vengurla Homoeopathic Medical College, Vengurla. (35) Burdwan Homoeopathic Medical College, Burdwan. (36) P.C. Memorial Homoeopathic Medical College, Calcutta. (37) R.B.T.S.Govt.Homoeopathic Medical College, Muzaffarpur. (38) Purushottamdas Bangla Homoeopathic Medical College, Chandarpur. (39) Vasundhara Raje Homoeopathic Medical College, Gwalior. (40) Kalyan Homoeopathic Medical College, Taran Taran. (41) Dr. J.K.Sailia Homoeopathic Medical College, Jorhat. (42) Latur Homoeopathic Medical College, Latur. (43) Cuttack Homoeopathic Medical College, Cuttack. (44) Jagatguru Homoeopathic Medical College, Kolhapur. (45) Govt, Homoeopathic Medical College, Bhopal.

**3.3.5. Central Council also recommended to Central Govt. for inclusion of BHMS Degree/Graded Degree awarded by following Universities in Second Schedule to the Act, namely:-**

- (1) Amrawati University for BHMS Degree.
- (2) Mahatma Gandhi University for BHMS Direct, and, BHMS Graded Degree.
- (3) Gulbarga University, BHMS Direct Degree.
- (4) Baba Shaheb Ambedkar-Marathwada University, Aurangabad, For BHMS Graded Degree.

**3.3.6. The Central Council has also allowed Metropolitan Homoeopathic Homeopathic Medical College, Calcutta and Rajkot Homeopathic Medical College, Rajkot to start BHMS Course.**

3.3.7. The Central Council has directly registered 112 practitioners possessing recognized medical qualification during the period from April to September,2000. It expects to issue direct registration to 10 more practitioners within a month or two.

3.3.8. The Central Council has informed 28 practitioners of their particulars published in Central Register of Homoeopathy (Part-II) during the said period.

3.3.9. The Post Graduate Education Committee has visited Dr. M.P.K. Rajasthan Homoeopathic Medical College, Jaipur to assess the standards of education. It has also assessed J.J.Magdum Homoeopathic Medical College, Jaisinghpur for starting M.D.(Hom.) Courses and, thereafter this Institution has been granted recognition to start P.G.Degree Courses in 3 Homoeopathic subjects. Another College, namely, D.K.M.M.Homoeopathic medical college Aurangabad too has been visited to assess facilities before considering it for starting M.D.(Hom.) Courses.

3.3.10. Vice-President and Secretary of Central Council visited Muzaffarpur to meet the Pro-Vice-Chancellor of Dr.B.B.A.Bihar University and Commissioner (Health) of Govt. of Bihar to discuss Homoeopathy education and practice.

3.3.11. The President and Secretary of Central Council also met the Health Minister and other Authorities of Govt. of N.C.T.Region of Delhi to discuss Homoeopathy education in the States.

3.3.12. During the period under report, two meetings of Executive Committee, 2 Meetings of Post Graduate Education Committee, 1 Meeting of Finance Committee and one Meeting of Regulations Committee have been held during the period from April to September,2000. In the remaining period of the current session, it is expected that at least two meetings of Executive Committee 1meeting of Post - Graduate Education Committee, one meeting of Registration Committee one Meeting of Regulation Committee may be held, besides holding of one meeting of Central Council.

3.3.13. The budget provision for the Central Council for 2000-2001 made by the Central Govt. is as under:-

HEAD	BUDGET ESTIMATE (Rs.in Lakhs) 2000-2001
Non-Plan	65.00
Plan	1.00

3.3.14. Total sanctioned staff strength remained 37 and filled posts are 32 (as on September,2000). The representation of S.C. & S.T. has been as under:-

(1) Schedule Caste Employees - 9

(2) Schedule Tribe Employees - 2

#### 3.4 National Institute of Ayurveda

3.4.1. The National Institute of Ayurveda was established on 7<sup>th</sup> February, 1976 at Jaipur by the Government of India as an apex institution of Ayurveda in the country to develop high

standards of teaching, training and research in all aspects of Ayurvedic System of Medicine with a scientific approach.

3.4.2. The institute is engaged in teaching, training and research at Under-graduate, Post-graduate and Ph.D. level and also gives guidance for external Ph.D. scholars in Ayurveda. It is affiliated to the University of Rajasthan. Admission to both UG & PG levels are done after conducting All India Entrance Tests.

3.4.3. The admission capacity in Under-graduate Course is 60 per year with 10 seats reserved for Girl students and reservation of 15% for SC and 7.5% for ST candidates are also available. During the academic session 1999-2000, 150 students were studying in different classes of Under-graduate Course of "Ayurvedacharya" (Bachelor of Ayurvedic Medicine & Surgery) of 5 1/2 years duration.

3.4.4. The Institute is imparting 3 year Post-graduate training of "Ayurveda Vachaspati"(M.D.Ay.) in 9 subjects viz. Sharir Rachana, Sharir Kriya, Maulik Siddhant(Samhita), Ras Shastra, Dravya Guna, Vikriti Vigyan, Kaumara Bhriya, Shalya Tantra and Kaya Chikitsa by admitting 5 scholars in each subject. During the year 1999-2000, 45 scholars were admitted in these 9 Departments and 114 scholars were getting training. Approval, in principle, has been given by the Governing Body to start P.G. courses in other subjects including Pancha Karma.

3.4.5. 2 Regular seats for Ph.D.(Ay.) is available in Kaya Chikitsa. However, during, 1999-2000 the seats could not be filled due to non-availability of candidates in spite of all India notification issued inviting applications.

3.4.6. 20 Extension Lectures were arranged during the year for the benefit of scholars and teachers. Re-orientation Training Programme for Teachers and Physicians was organised in Shalaya Tantra, Ras Shastra and Kaya Chikitsa Departments from 1.9.99 to 30.9.99, 15.11.99 to 14.12.99 and 15.12.99 to 13.1.2000, respectively, in which 61 teachers/physicians participated and obtained improved knowledge and training in Ayurveda.

3.4.7. A National Seminar "Clinical Diagnosis", Teaching & Research Methodology in Context of Vata Vikara" (Neurological Disorders) was organised on 19-21 April, 1999.

3.4.8. Vaid Sh. Mahendrak Singh Meena, Associate Professor and Vaidya Smt. Urmila Kharadia, Jr. Lecturer participated in WHO Fellowship Programme and visited USA & South Korea and Beijing respectively.

3.4.9. During the year 1999-2000, 29 individual short term research projects by teachers continued.

3.4.10. An amount of Rs.1,87,545/- was made available as scholarship from various sources to 43 UG students.

3.4.11. The Institute has its own Pharmacy in which 143 varieties of medicines worth Rs.15.03 lacs were manufactured during the year.

3.4.12. The Institute has 2 Hospitals with 180 beds alongwith facilities for Maternity and Child Welfare. During the year 1999-2000, 2247 new patients were treated at Indoor and 51300 new patients at Outdoor level. The Pancha Karma treatment has been improved and augmented.

3.4.13. Under the scheme, Medical Aid to Scheduled Caste & Scheduled Tribe Areas including Economically Backward, Kacchi Basti and Slums areas of Rajasthan, 48 medical camps were organised during the year 1999-2000 in which 6,31,484 patients were treated

and medicines supplied free of cost. 17 One-day local camps were also organised in rural and backward areas in which 1,16,663 patients were treated.

3.4.14. During the year 1999-2000, a sum of Rs.564.00 lacs under Plan and Rs. 506.00 lacs under Non-Plan was made available to the Institute by Government of India. Rs. 12.98 lacs were received from Government of Rajasthan and Rs. 16.11 lacs were other receipts.

3.4.15. The Budget allocation for 2000-2001 is Rs. 425.00 lacs under Plan and Rs. 503.00 lacs under Non-Plan.

### **3.5 National Institute of Siddha**

3.5.1 The proposal for establishment of National Institute of Siddha (NIS) at Chennai by the Central Government for imparting both UG and PG education in Siddha has been approved, in principle, during the 9<sup>th</sup> Five Year Plan period.

3.5.2. NIS was proposed to be an Apex Institute for Siddha to produce best quality physicians, Teachers and Researchers of Siddha. It will be able to standardise the clinical care, education and research in Siddha system of medicine. Also it will be a primary institute for conducting PG courses and contribute to the efforts of improved educational standard in Siddha system and absorption of PG in research and development work. Govt. of Tamil Nadu offered 14.78 acres of land at Tambaram free of cost. The possession of land has been taken by the Govt. of India and a Society of NIS has been registered in January, 1999. Memorandum of Association and Rules and Regulations thereof have been framed and General Body in accordance with MOA constituted.

3.5.3. The Foundation Stone laying ceremony was also held on 27<sup>th</sup> March, 1999 at the proposed Institute's campus.

3.5.4. It has however not been possible to construct the building due to lack of appropriate approval. The objections have also been raised to the higher cost for starting UG/PG and research facilities and also no contribution from State Govt. of Tamilnadu for recurring/non-recurring costs. The scheme is being recast to downsize the cost and arrangements are being worked out with the State Government for sharing recurring and non-recurring cost. A token provision of 3 crores has been made during 2000-2001.

### **3.6 National Institute of Homoeopathy**

3.6.1 The National Institute of Homoeopathy, Calcutta was established on 10<sup>th</sup> December, 1975 as an autonomous organisation under the Ministry of Health and Family Welfare, Govt. of India as a model Institute in Homoeopathy in the country.

3.6.2. The main objectives of the Institute are:

1. To promote the growth and development of Homoeopathy.
2. To produce graduates and post-graduates in Homoeopathy.
3. To conduct research on various aspects of Homoeopathy.
4. To provide medical care through Homoeopathy to the suffering humanity.

(5)To provide and assist in providing service and facilities for research, evaluation, training, consultation and guidance related to Homoeopathy.

1. To conduct experiments and develop patterns of teaching in under - graduate and post-graduate education on various aspects of Homoeopathy.

**3.6.3 Academic Activities :** The Institute is affiliated to the University of Calcutta and presently conducts two regular courses in Homoeopathy viz. Bachelor of Homoeopathic Medicine and Surgery (BHMS) and the Doctor of Medicine in Homoeopathy (MD Hom.)

**3.6.3(i)** The BHMS Course is of five and half year's duration (including one- year compulsory rotatory internship) and was started in December 1987. Presently 12<sup>th</sup> batch is on the roll. Fifty seats are available for every year among which 18 are allotted to those candidates who are nominated from States and Union Territories where no Homoeopathic College exists. Thirty candidates get admission on the basis of All-India Entrance Examination and the rest two are reserved for foreign nationals who are nominated by the Ministry of Health and Family Welfare, Govt. of India.

**3.6.3(ii)** The Institute has introduced three-year full time MD (Hom) course under the University of Calcutta in three subjects viz. Organon of Medicine, Repertory and Materia Medica, since 1999. Six seats are available in each discipline. The second batch has been enrolled through All India Entrance Examination during the academic year 1999-2000.

#### **4. Medical Care:**

The out patient and in-patient departments of the Institute provide free medical care. Besides, other specialised clinics, departments of Materia Medica, Organon, Repertory, Surgery, Gynaecology, Obstetrics, Ophthalmology, ENT, Paediatrics, Dentistry, Dermatology are also in service. Investigation facilities in clinical pathology, radiology, ultra- sonography and ECG are available sophisticated bio-chemical investigations are also available after the introduction of semi-auto analyser machine since last four years. All the essential investigations are available free of cost and as a part of free health care delivery system.

**3.6.4.(i)** The Institute has been presently providing indoor facilities through 60-bedded hospital among which ten beds are earmarked for surgery and five for maternity ward.

**3.6.4.(ii)** The patients suffering from different types of ailments are admitted for treatment which helps in clinical training of the under-graduate and post graduate students.

**3.6.4.(iii)** The institute runs an operation theatre where the students are shown the practice of surgery. New instruments such as Pulse Oxymeter, Diathermy, portable ECG & X-Ray etc. have been procured for the operation theatre. Orthopaedic surgery is also carried out.

**3.6.4.(iv)** The institute also provides ante natal and post-natal care. The maternity department is gaining its popularity day by day. Women and children from remote areas are receiving the benefit of facilities extended by the institute. Training to students for conducting of labour is imparted.

**3.6.4.(v) Treatment activities:** All data pertaining to the period from April to September 2000

1. Total No. of patients treated in outdoor 61,020 (2) Total No. of patients admitted in Indoor 284 (3) Total No. of patients discharged from the Indoor 27 (4) Bed occupancy rate 52.94%

**3.6.4(v)(i) Surgical Service:**

**Surgical operation performed during 98**

**3.6.4(v)(ii) Laboratory Investigation:**

**(1) Total No. of patients referred for various investigation in clinical pathological laboratory - 1266 (2) Total No. of investigation done in the patients referred to Clinical Pathological Laboratory -3926 (3) Total No. of patients referred for various Biochemical Investigation - 548 (4) Total No. of investigation done in the patients referred to Biochemistry - 687 (5) Total No. of patients referred for various kinds of X-ray - 777 (6) Total No. of X-Rays done in the patients referred to X-Ray Dept. - 1383.**

**3.6.5. Research activities :** In continuation to the previous year the research wing is conducting clinical trial in Thyroid Disorders (Hyper-Thyroidism and Hypo-Thyroidism) since January 1999. A total of 160 patients were treated till September, 2000 out of which 98 cases have shown clinical improvement. Bio-chemical tests of Thyroid estimations are done in the Biochemistry laboratory of the Institute. All Thyroid cases would be assessed for Thyroid hormone levels during different phases of treatment to evaluate the efficacy of homoeopathic medicinal drug action at the Bio-chemical level.

**3.6.5(i)** In addition, the research wing is continuing the clinical research on (I) Cataract, (ii) Chronic Tonsillitis (iii) Otorrhoea, (iv) Diabetis-Mellitus (v) Degenerative joint disease and (vi) Leucoderma since 1999 to evaluate the efficacy of homoeopathic medicines in these fields.

**3.6.5(ii) Arsenic Research Project :** In continuation to the earlier work of epidemiological survey at Asoke Nagar and Deganga, about 165 strong positive cases of Chronic Arsenic Toxicity with multisystemic involvement were identified. About 50 cases were identified with only skin manifestation like hyper pigmentation, hypo pigmentation, hyperkeratosis of palms and soles.

**3.6.5(iii)** The center at Ashok Nagar was inaugurated on 29.6.99. and another treatment center was inaugurated on 30.6.99 at Deganga. The medical team used to visit the treatment centers regularly on every Monday and Wednesday at Ashok Nagar Matri Sadan.

**3.6.5.(iv)** Treatment is being provided in NIH OPD and IPD. Till now about 2800 people were screened at the treatment centers among which about 195 confirmed positive cases have been found with multisystemic involvement. Maximum sub clinical cases have been found with history of consuming arsenic contaminated water, but in whom prominent features of arsenicosis are lacking.

**3.6.5.(v)** The estimation of arsenic in the different water, hair and nail samples which have been collected from the centers are done at the Arsenic Research Laboratory at NIH in collaboration with School of Tropical Medicine, Calcutta in order to detect the body load of arsenic in the patients as well as in subclinical cases.

**3.6.5.(vi)** Till now about 1750 water samples, 750 hair and nail samples have been collected. Maximum arsenic content in water was found to be 0.875 mg/L in an 80-ft. tube well. About 600 blood samples and 280 urine samples have also been collected for different hematological and bio-chemical studies.

**3.6.5.(vii)** Arsenic Awareness Programs have also been organised in different arsenic affected areas like Malda. A new treatment center for victims of Chronic Arsenic Toxicity was inaugurated at Bamangram, Malda on 13.9.2000 and a team from NIH is visiting Malda at 15 days interval.

**3.6.5.(viii) Collaboration is also done with Defence Institute of Physiology and Applied Sciences, under Ministry of Defence, Govt. of India for various immuno-phenotyping and homocysteine studies in controls and arsenic toxic patients.**

**3.6.6. Medicinal Herb Garden: The Herb Garden of NIH on 24.97 acres of land is situated at Kalyani 60 KM away from the Headquarter at Calcutta. It was envisaged for acclimatising exotic species, which are generally imported, in order to save foreign exchange and to build up repository of authentic specimens of medicinal plants used by students and researchers. 74 different species of medicinal plants have also been maintained during the period under report.**

**Among the landscape measures, green belt, shrubbery and hedges have also been maintained consisting of 1500 trees, shrubs and hedges.**

**During the period under report, exotic species of Chamomile of different variety have been put under trial,. Among the development work, major earthwork for raising the level of the land for large-scale cultivation is being entrusted to C.P.W.D.**

**3.6.7. Budget:**

**The budget allocation for the year 2000-2001 is Rs.445.00 lakhs (Plan Rs.371.00 Lakhs and Non-Plan Rs.74.00 lakhs).**

## **6. National Institute of Naturopathy**

**3.7.1. National Institute of Naturopathy (NIN), Pune was established in the year 1984 at Bapu Bhavan with the object of promotion and propagation of Naturopathy throughout the country and to encourage research in the field of Naturopathy treatments, to cure chronic ailments, prevention of diseases and for achieving good health.**

**3.7.2 The services rendered in NIN premises :**

**O.P. Clinic: During the period 1.4.to 30.9.2000, 8385 patients suffering from chronic ailments like Hypertension, Diabetes Mellitus, Arthritis, Obesity, Sciatica, Nerves and Respiratory problems etc. were treated through Hydrotherapy, Massage, Diet Therapy, Magnetotherapy and Yogic Exercises at the O.P. Clinic of the Institute and average 1300 patients are treated per month. The Clinic is functioning for 13 1/2 hrs. daily on six days week form 6.30 a.m. to 8 p.m. from 1.3.2000. Free Consultation is available at O.P. Clinic.**

**3.7.3 Yoga Classes: The Institute is running Free Four Yoga Classes of one hour each i.e. two in the morning and two in the evening at 6.30 & 7.30 a.m. and 5.30 & 6.30 p.m.**

**3.7.4 Weekly Talks: Talk is delivered on every Thursday in the evening from 6 to 7.30 p.m. on different aspects of Health, Yoga & Naturopathy etc., by the experts, regularly.**

**3.7.5 Awareness Workshop for Public: The Institutes conducts one to two days workshop on Health aspects once in a month, in its premises.**

**3.7.6 Monthly Magazine: The Institute publishes a monthly magazine 'Nisargopchar Varta' bringing out articles on health matters written by the eminent Naturopaths, Yoga Experts, Modern Medicine Experts etc. At present there are 870 subscribers to this magazine. The quality of articles and presentation are being improved.**

**3.7.7. Free Library: The Institute has a Library which offers a 'Home Lending' and 'Reading Room' facility for the benefit of general public. About 106 members are using this facility.**

**3.7.8. Sale Counter:** The Institute is also running a Sale Counter for sale of Naturopathy products viz. Honey, Herbal Tea, Jaggery, Neti Pots, Enema Sets, etc. as well as, Books, Charts on Health, Yoga, Naturopathy.

**3.7.9 Six Months Treatment Attendant Programme:** Two males and Two females have been trained in NIN's Clinic from April to September, 2K under this programme.

**3.7.10. A National Directory of Practising Naturopaths and Naturopathy Hospitals / Institutes** is being prepared and will be made available by March, 2001.

**3.7.11. Grant-in-Aid Programmes:** The Institute is presenting grant-in-aid for the following activities and also encouraging and collaborating in such activities:

(1)Health Awareness (2)Naturopathy Training-cum- Treatment Camps (3)Training for Teachers and Doctors (4)Workshop on Chronic Diseases (5)Six Months Treatment Attendant Programme is a full time activity to train the students to learn the technique of all Naturopathy treatments, so that they can take-up self-employment too and also fulfill the need of Naturopathy Hospitals, Health Clubs, Resorts etc. (6)Training Programme with Other Institutions (7)Naturopathy Health Education Camp (8)Women Development through Naturopathy (9)Training Programme in Tribal Area

**3.7.12. Programmes in North-East States :**

1. Six Months Treatment Attendant Training Programme in three Naturopathy Hospitals, in Manipur. Total Nine candidates are trained.
2. Five Naturopathy Promotional Programmes in different organizations of Manipur.

**3.7.13.** For the year 2000-2001, a sum of Rs.80.00 lakhs has been allocated for the Institute.

### **3.8 National Institute of Unani Medicine**

**3.8.1.** The National Institute of Unani Medicine, Bangalore is an autonomous organisation under the Ministry of Health and Family Welfare, Government of India. It is a Joint venture of Government of India and Government of Karnataka and was established in 1984 with the objective to explore the avenues in the classics of Unani Medicine and to build this system on scientific lines, to produce post graduates and researchers in Unani system and make it a centre of excellence. The Institute is registered under Karnataka Societies Registration Act 1960. The Governing Body is the apex authority, entrusted with the management of the Institute. The Union Minister of Health & Family Welfare is the President and Health Minister of Govt. of Karnataka is Vice-President of the Governing Body. The Govt. of Karnataka has provided land and agreed to make one time financial contribution of Rs. 5 crores.

**3.8.2** Construction of interim OPD facility has been completed and will start functioning shortly. Construction of I phase of this building i.e., Hospital, College and Hostel blocks has been taken up by the Hospital Services Consultancy Corporation (India) Limited at a total cost of 10.46 crores and the target fixed for completion of this work is 2 years. The other development activities such as development of Herbal Garden, creation of posts, purchase of medicines, furniture and equipment for OPD are under progress.

**3.9 Institute of Post-Graduate Teaching & Research in Ayurveda, Gujarat Ayurveda University**

**3.9.1. The Institute of Post-Graduate Teaching & Research is an integral part of Gujarat Ayurveda University, Jamnagar. It is one of the oldest P.G. Centre of Ayurveda, established and fully financed by the Govt. of India through grants for its maintenance and development.**

**3.9.2. The Institute imparts training to M.D.(Ay.) students in 13 Specialities of Ayurveda under 7 teaching Departments assisted by 6 laboratories. The other major activity of Institute is to facilitate the research work leading to the award of Ph.D, research as a part of M.D.(Ay.) degree as well as research work being carried out by the teachers and technical staff of the Institute. During the year, 30 students completed their M.D.(Ay.) degree course, 4 Ph.D. degrees were awarded, 4 Ph.D scholars completed their research work. This year the Institute also completed more than 30 major research studies and projects including services for R.C.H.**

**3.9.3. In service training programme was started this year from June, 1999 to improve the professional capability of the administrative as well as teaching staff. This training programme aims to impart working knowledge of Sanskrit, English and computer application. The 44<sup>th</sup> Foundation Day of the Institute of Post-Graduate Teaching & Research in Ayurveda was celebrated by organizing a National Seminar on Ayurvedic Management of AIDS & Cancer on 20<sup>th</sup> & 21<sup>st</sup> July, 1999. A two-day Workshop on Reproductive Health and Family Planning was arranged by the Institute in collaboration with Family Planning Association of India during 23<sup>rd</sup> and 24<sup>th</sup> October, 1999 at Jamnagar. An International Seminar on Ayurveda and other Traditional Medicines - Scope and Challenges in 21<sup>st</sup> century was also organised on the occasion of the 34<sup>th</sup> Foundation Day of the Gujarat Ayurved University during January 5-7, 2000. Total 1020 delegates including 70 foreign delegates from 18 countries actively participated in it. A two member delegation from Thailand visited all the departments of the Institute on 18<sup>th</sup> & 19<sup>th</sup> November, 1999. Two Ayurvedic scholars from Bhutan, 2 scholars from Myanmar & 3 from Nepal were trained in the recent advances in Ayurveda under W.H.O. collaborative centre programme.**

**3.9.4. The Institute's Hospital is providing Ayurvedic treatment through OPDs and 150 bedded I.P.D. During the year, in all 1,20,297 patients were extended Ayurvedic services at OPD level and 1816 patients were admitted in the IPD of hospital.**

**3.9.5. In the year 1999-2000 42 students were admitted for M.D. (Ayu) in 13 specialities. It includes 29 students of general category, 5 of reserved category and 3 candidates nominated by the Govt. of India from such states where no Post Graduate education facility in Ayurveda exists, 5 without stipend on Govt. of Gujarat seat. This year 30 students were awarded M.D. (Ayu) degree in various specialities of Ayurveda.**

**3.9.6. 33 Ph.D. scholars are conducting Research in the seven departments of the institute, out of which 12 candidates were registered this year. 4 candidates of this institute were awarded Ph.D. degree and 2 candidates have completed their Research work and presented in the form of Pre-submission seminar.**

**3.9.7. Panchakarma is a very popular and effective therapy of Ayurveda. This year 427 patients for Panchakarma treatment were admitted & 430 were discharged who are suffering from chronic diseases which are considered incurable or difficult to cure. The Kshara Sutra speciality is also providing successful cure to Anorectal disease like Bhagandara (Fisluta-in-ano), Arsha (Piles) fissure etc.**

**3.9.8. The Institute Hospital is providing Ayurvedic expert treatment to the needy patients of Jamnagar as well as from other parts of Gujarat and the neighbouring States. 1,20,291 new and old patients were provided Ayurvedic services and medicines at O.P.D. level and 1785 admitted in IPD.**

**3.9.9. This year the Institute has organised Panchakarma and Kshara Sutra re-orientation training programmes for Ayurvedic physicians financed by the Ministry of Health & Family Welfare, Govt. of India, New Delhi.**

**3.9.10. As a part of teaching, the Seminars, Symposia and Guest Lectures were organised frequently. 35 weekly Seminars were organised in which students of the departments presented their original Research work done for their M.D.(Ayu) thesis. Moreover, 3 Ph.D. pre-submissions and 20 Guest Lectures by modern physicians were also organised.**

**3.9.11. The Institute is organising Short-term foreigner's doctors training programme in Ayurveda.**

**3.9.12. The University is maintaining a Library having 27865 books and subscribe to 36 National and International journals.**

**3.9.13. For the year 1999-2000, the Plan Budget allocation was 75.00 Lac and Non-Plan Budget was 385 lacs. For the year 2000-2001 Plan Budget is 75 Lacs and Non-Plan Budget is 385 Lakhs.**

**3.9.14. It is proposed to create 3 new departments viz. Panchkarma, Prasuti Tantra and Shalakyia Tantra. In addition, it is proposed to increase 12 seats for 1<sup>st</sup> M.D. (Ayu) course. Various new projects like M.D.(Ayu) and certificate courses for the foreigners, Panchakarma and Kshara Sutra certificate courses for Ayurvedic physicians etc. are being contemplated.**

**3.9.15. In the year 1999-2000 under WHO reorientation programme nine fellows from Thailand, Bhutan, Nepal, and Myanmar were admitted for training.**

**3.9.16. A two-day workshop on Reproductive Health and Family Planning was arranged by the Institute in collaboration with FPAI on 23<sup>rd</sup> and 24<sup>th</sup> October, 1999 at Jamnagar.**

**3.9.17. During the financial year, an International seminar on Ayurveda and other Traditional Medicine scope & challenge in 21<sup>st</sup> century was organised during 5-7 January, 2000. A similar international seminar is being organised during 5-7 January, 2001 at Jamnagar.**

**3.9.18. An atlas on Ayurvedic medicinal flora of Gujarat Volume-1 was published by Gujarat Ayurved University, Jamnagar.**

### **3.10 Rashtriya Ayurveda Vidyapeeth**

**3.10.1 Rashtriya Ayurveda Vidyapeeth (RAV), New Delhi, an autonomous body under the Ministry of Health & F.W. , Govt. of India, was established on 11th February,1988. The object is to transfer the knowledge of Ayurveda from eminent experts to the younger generation. The existing teaching and training programme in various colleges and universities is lacking the core knowledge of Ayurveda texts like Charak Samhita, Sushruta Samhita,Vagbhatt and also the traditional skills like Nadi Vigyan, Netra Vigyan, Asthi Chikitsa etc. available in the family of Vaidyas hereditarily. RAV programme is an attempt to fill up this gap.**

**3.10.2. At present there are two types of training programmes run by RAV.**

**(1) Two years Acharya Guru Shishya Training Programme leading to the Membership of Rashtriya Ayurveda Vidyapeeth (MRAV) for M.D. (Ay.) passed Vaidyas or degree (Ayurvedacharya ) holders with five years teaching experience.**

**(2) One year Chikitsak Guru Training Programme leading to the award of certificate of RAV for BAMS passed Vaidyas started in the year 1998-99 and first batch of students received CRAV in March,2000.**

**For both the programmes the maximum age limit of shishya is 45 years.**

### **3.10.3. Criteria for Selection of Gurus.**

**Eminent Scholars of Ayurveda proficient in Sanskrit, above the age of 60 years and having knowledge par excellence or those having P.G. or Ph.D in Ayurveda and retired as Reader, Professor, or Principal in an Ayurvedic College recognised under IMCC Act,1970 and possessing excellent academic experience are eligible to be selected as Guru for two years MRAV course. Eminent Vaidyas of Ayurveda who are traditionally trained with or without formal qualification but having excellent clinical experience in any special technique/treatment with Ayurvedic medicine and have private practice with a very good number of OPD attendance and also who are willing to share /transfer their clinical knowledge to the students are eligible to be selected as Guru for one year CRAV course. Appointment of Gurus is purely temporary, generally for a period of one term i.e. two years for MRAV course and one year for CRAV course. The G.B. will review the training every year and may accord extension. The appointment stands completed when there is no student under them or when the students under them complete their course. During the year 2000-2001 there are eleven Gurus engaging shishyas. Gurus of MRAV course teach the selected Ayurvedic texts with critical analysis, guide the students for writing dissertation which is an essential academic requirement and pursue that the students submit thesis and attend and pass the examination.**

### **3.10.4. Criteria for selection of shishyas**

**Selection is made by the Board constituted for this purpose on the basis of interview. Applications are invited by advertisement in newspaper. During 2000-2001, 35 students are receiving training in both the courses.**

**3.10.5. The examination for two-year course comprises of evaluation of thesis, written examination and viva voce. For one year course, the examination comprises of written examination and viva-voce.**

### **3.10.6. National Conference on Aids & Ayurveda (13<sup>th</sup>-14<sup>th</sup> March,2000)**

**In pursuance of its objects, the Vidyapeeth organises seminar/symposia/workshop every year to deal with health problems which are not generally managed by the western system of medicines easily, inviting research work undertaken by Ayurvedic scholars through out the country and accordingly disseminating the information.**

A two day conference was organised by the Vidyapeeth in India International Centre, New Delhi from 13<sup>th</sup>-14<sup>th</sup> March,2000. In this conference about 200 delegates from various parts of the country participated and some presented their papers on the subject. On this occasion a Souvenir on AIDS & Ayurveda containing 57 research papers and abstracts was published by the Vidyapeeth.

This seminar was inaugurated by Sh. Shanta Kumar, the Honourable Union Minister of Food , Consumer Affairs and Public Distribution. Smt. Shailaja Chandra, Secretary, Deptt. of ISM&H., Ministry of Health & F.W., Govt. of India, were present to grace the occasion. Padmabhushan Rajvaidya B.D. Triguna presided over the function.

#### **3.10.7. Convocation Function**

It is customary to organise Convocation of the Vidyapeeth following the National Seminar on the concluding day every year. Convocation was held on 14<sup>th</sup> March, 2000. The successful candidates were awarded MRAV and CRAV certificates. On this occasion eminent personalities who have made significant contribution to Ayurveda were awarded Fellowships of RAV. They are Vd. Vishnu Dutt Sharma, Dr. Thatte and Dr. M.R. Unniyal.

#### **3.10.8. Financial Provisions.**

For the current year (2000-2001) a budget of Rs. 44.00 lakh has been provided.

3.10.9. During Septemeber,2000 the new Director of the Vidyapeeth took over charge of the office of RAV.

3.10.10. A review committee is presently examining the functioning of the institute and is expected to make suitable recommendation for improvements and diversification of its activities, if any.

#### **3.11. Morarji Desai National Institute of Yoga.**

3.11.1 Morarji Desai National Institute of Yoga (MDNIY), New Delhi a Society registered under Societies Registration Act-XXI of 1860 became functional from April, 1998 as an Autonomous Organisation under the Ministry of Health and Family Welfare, Department of ISM&H. This Institution is at present located at 68, Ashoka Road, New Delhi-110001.

3.11.2 The objectives of the Institute are (I) To act as a centre of excellence in Yoga, (ii) To develop, promote and propagate the Science of Yoga; and (iii) To provide and promote facilities for training, teaching and research to fulfill the above objectives.

3.11.3 The Institute has a 50-bedded hospital with basic facilities for diagnosis, Yogic treatment and evaluation of patients suffering from various psychosomatic and metabolic diseases. Also, a large number of patients are provided counselling and Yoga Therapy. In the period under review, upto September, 2000, 132 indoor and 1226 outdoor patients have been treated in the Institute. In addition to above, 6311 Sadhaks attended Yoga classes, separate yoga class is held for women. The total attendance in various Yoga classes/Therapy sessions was 49484. Apart from these services, special therapy classes are organised for disabled persons. Meditation class is also conducted.

3.11.4 (i) As a part of Institute's activity to propagate Yoga, training Camps were organised at 101 centres/parks all over Delhi during Summer Vacation by engaging 101 Yoga teachers on contract basis. (ii) Regular Yoga classes were conducted for the personnel of Ministry of Health & Family Welfare at Nirman Bhawan and CAG Office. (iii) Practical yoga training was imparted to the students of some organisation. (iv) A Yoga team was sent to Chandigarh

to impart Yoga coaching to the participants of World Cup Yoga Olympic Sports. (v) Also, participated in Health Mela at Mathura organised by the Health Ministry, Govt. of India .

3.11.5 International activities of the Institute include (i) participation by two officers in the Indian Trade Exhibition at Israel (Tel. Aviv); and (ii) participation by two officers and one ex-student of the Institute at Expo-2000 at Hannover (Germany).

3.11.6 Bio-chemistry department is conducting clinical investigation for diagnosis and evaluation of patients undergoing yogic treatment, conducting various research projects.

3.11.7 A research study of Coronary Artery Disease is being collaborated with Global Heart Research Centre (GHRC) and Defence Institute of Physiology and Allied Sciences (DIPAS).

3.11.8. For propagating and promoting yoga, the institute is conducting one year yoga diploma programme.

3.11.9. Pending establishment of a Degree/Diploma institution at Ghaziabad, it is proposed to start a state-of-the-art yoga centre at the premises of the institute for which a suitable accommodation is being conceptualised. It is also proposed to allow use of present premises by the reputed Yoga and Naturopathy institute for propagation and development of Yoga.

3.11.10. The expenditure during 1999-2000 and Budget Estimates for 2000-2001 are as under :-

	(RUPEES IN LAKHS)	
Particulars	Actual Expenses 1999-2000	Budget Estimates 2000-2001
Plan	1.77	335.00
Non-Plan	132.30	137.00
Re-orientation Training Program	0.61	-

### 3.12 Grant-in-aid Scheme for upgrading and strengthening of colleges of Indian Systems of Medicine and Homoeopathy

3.12.1. The Department of Indian Systems of Medicine and Homoeopathy has been assigned the responsibility of developing and propagating the Indian Systems of Medicine. One of the thrust areas being taken forward is upgradation of education. For regulating the education and practice in ISM&H, the Central Council of Indian Medicine and Central Council of Homoeopathy have framed Regulations for Under Graduate and Post-graduate education. Teaching institutions are bound to provide the infrastructure set out in the Regulations which includes buildings for the college, hostel, library and a hospital with the requisite bed strength. Teaching and non-teaching staff have also to be made available according to the norms specified in the Regulations.

3.12.2. There are about 387 ISM & Homoeopathy Colleges/teaching institutions in the country. It has been observed that several teaching institutions do not meet the requirements prescribed in the Regulations. The responsibility for creating the required infrastructure and making provision for teaching faculty etc. in accordance with the prescribed Regulations is that of the concerned college and the Departments/Organisations which have

established the college. However, in order to assist the colleges to fill the critical gaps, this Department has implemented Schemes for assisting the teaching institutions. The Schemes prepared by the Government of India only seeks to supplement their efforts in order to make the task of upgradation of education standards easier. The following schemes are under implementation relating to the upgradation of education:-

3. Grant-in-aid under the scheme for strengthening of the existing undergraduate colleges of Indian Systems of Medicine & Homoeopathy

The Scheme was revised and circulated in December, 1999 to all the State Governments/UTs, Directors of ISM&H and Principals of all the ISM&H Colleges . In the amended scheme, the ceiling for financial assistance has been revised upward for capital works, equipments, library. As per pattern of assistance, the ISM&H Medical Colleges would be eligible for grant of Rs. 30.00 lakhs for Capital Works, Rs. 10.00 lakhs for equipments, Rs. 5.00 lakhs for Corpus Fund and Rs. 2.00 lakhs for Library etc. Private colleges are not eligible for assistance for capital work. It is expected that this would further help the colleges to improve the infrastructure.

3.12.4. The following criteria is required to be followed by this Department while screening the proposals for grant-in-aid

1. The institutions/colleges should have been duly recognised by CCIM/CCH.
2. The Institutions/college should have completed 5 years of existence and at least one batch of students should have successfully come out of the institutions.
3. The institution/college should have a minimum admission of 30 students at least every year.
4. There should be regular turn over of graduate and post-graduate students as the case may be.
5. Should have functioning teaching hospital with adequate case load.
6. Priority should be given to Govt. institutions/colleges.
7. There should be at least 50% of the prescribed teaching staff in position.
8. Relaxation may be considered for colleges/institutions in the North-eastern States/Sikkim and J&K.

(9) NOC from the State Government in the prescribed proforma.

3.12.5. Financial assistance to the tune of Rs.550 lakhs has been provided to 42 colleges during 1999-2000. A provision of Rs.650 lakhs has been made to cover 35-40 colleges/institutions during 2000-2001.

3.13 Scheme for upgradation of Under-Graduate Department of ISM&H to Post-Graduate Department.

3.13.1. Under the scheme, the existing Under-graduate colleges of ISM & Homeopathy can avail of assistance for upgrading their UG Deptt. to P.G. level. Assistance is provided for maximum 6 posts (teaching and non-teaching), purchase of equipment and for giving stipend to the P.G. students of the upgraded departments. The rate of stipend payable to students is equal to the rate being paid to Post Graduate students in other upgraded Departments prevalent in the State but in any case not more than Rs. 2500/- per month for

Ist and second year and Rs. 2800/- per month for 3<sup>rd</sup> year students. Contingent grant per student for purchase of chemical etc. is also admissible at the prevalent rate in the State concerned but in any case not exceeding Rs. 1000/- per annum per student.

3.13.2. However, for upgradation of one department of Homoeopathy college recurring grant admissible is Rs. 0.83 lakhs for salary for additional post each of Teacher and Laboratory Assistant, Stipend - Rs. 2.60 lakhs and Contingency grant not exceeding Rs. 1.60 Lakhs . Non recurring grant of Rs. 13.00 lakhs is also admissible for purchase of X-ray machine, ECG machine, Computer system, Photocopier etc.

3.13.3. Both recurring and non-recurring grants are given under this scheme.

3.13.4 During the year 1999-2000, a provision of Rs.209 lakhs for P.G. ISM and P.G. Homoeopathy was made. Grant-in-aid was given to 12 colleges for upgradation of P.G. departments.

3.13.5. Under the scheme, the budget provision for 2000 –2001 is Rs.195 lakhs. The Department expects to upgrade 10-12 Departments during 2000-2001.

3.14 Central Scheme for RE-orientation Training Programme (ROTP) of ISM & H Personnel

3.14.1. The scheme was circulated in July 1998 to Health Secretaries of all States/UTs, Directors of all States/UTS, Principals of all colleges of ISM & H, Directors of Central Councils, Institutes etc. etc. , the salient features of which are as under :-

3.14.1(1) As a part of continuing medical education to upgrade the knowledge of ISM & H personnel (Teachers, Government doctors/physicians, practitioners, research workers, drug inspectors, etc.) with regard to latest development in their field, this scheme had been taken up in the Eighth Plan period as a Central Scheme.

3.14.2. The Government/private/NGO institutions are eligible to avail of financial assistance for organizing training programme for physicians/teachers, Government/private physicians, and private practitioners having minimum Graduate level qualification in the ISM & Homoeopathy. However, the preference is given to Government colleges, teachers and physicians.

3.14.3. The duration of the Re-orientation Training Programme is as under: -

1. Teachers and physicians training 1 month : Rs. 1,26,960

2. Training in specialized fields 2 months : Rs. 1,52,030

like Ksharsutra, Panchkarma  
therapy and dental practices

3. Training in Yoga of ISM & H 2 months Rs. 2,44,145

personnel

3.14.4. During the year 1999-2000, a provision of Rs. 150 lakhs was made. Grant-in-aid was given to 21 institutions/colleges to conduct various training programmes.

3.14.5. During 2000-2001, there is a budget provision of Rs. 125.00 lakhs. Grant –in-aid of Rs. 15.30 lakhs have been sanctioned to 9 institutions/ Colleges under the Scheme. The scheme is proposed to be revised to make it more attractive for the institutions to come forward for conducting this programme.

15. International Exchange Programme/ Seminar/ Conference/ Workshop on Indian Systems of Medicine and Homoeopathy

**3.15.1. The Department had started a new scheme known as " Scheme for International Exchange Programme/Seminars/Workshops with the objective to promote and develop of Indian Systems of Medicine and Homoeopathy; increase involvement of professional/researchers for dissemination of the proven results of Research and development in the field of ISM&H and thereby promoting the culture of R&D in the Indian systems of medicine.**

**3.15.2. Institutions/Bodies eligible for assistance:-**

**(1) Deptt. Of Indian Systems of Medicine and Homoeopathy (2) Autonomous bodies functioning under the Deptt. Of ISM & H (3) Central/State Governments institutions involved in the promotion of the cause of ISM & H (4) Reputed NGOs and individuals (Indian and foreign ) involved in the dissemination of proven results of ISM & H, promotion and development of ISM & H and having at least 3 years experience in the field.**

**3.15.3. Operation of the Scheme**

**The Scheme is being implemented in the following manner :-**

**3.15.3(i) - In the form of deputing and receiving delegations/individuals i.e. experts/teachers/students/researchers etc.**

**3.15.3(ii) - Holding of international/national/regional level seminars/conferences/workshops or sponsoring the same by providing financial assistance.**

**3.15.3(iii) - Providing assistance for setting up of Ayurveda/Siddha/Unani/Yoga therapy centres for demonstration purpose in foreign countries.**

**3.15.4. Procedure for Grant-in-aid**

**Proposals for Grant-in-aid received from eligible organizations are screened by a Screening Committee headed by Secretary (ISM&H).**

**3.15.5. The budget provision during 1999-2000 was Rs. 50.00 lakhs . The budget provision during 2000-2001 is Rs. Rs.75.00 lakhs.**

**3.15.6. Deputation of experts abroad to attend symposium/seminars and to interact with the experts of traditional medicine.**

**3.15.7. The details of other visits to foreign countries for attending conferences and seminars and for propagation of ISM&H are as below.**

**Details of visits abroad during 1999-2000**

Sl. No.	No. of days	Country visited	Purpose
1.	3-7 <sup>th</sup> June, 1999	Russia	Seminar on Role & Place of Ayurveda in Contemporary Medicine
2.	26-30, April,99	Russia	To discuss plan and modalities for accessing further co-operation and collaboration on ISM.

3.	<u>23-28, May, 99</u>	China	<u>To deliver lecture on Ayurveda in UNIDO – ICS Workshop.</u>
4.	30-31 Oct., 99	New York	To attend two days conference on Ayurveda and visit to National Instt. of Health, Washington, D.C.
5.	March-April'99 1 Month	BURMA Mayanmar	Sponsored by WHO. To guide to set up Traditional medicinal college, Development of Traditional medicines, Development of Pharmacy, Drug standardization & Development of Herbal Gardens.
6.	11-14, April, 2000	Hongkong	WHO Consultation for Methodologies for Research & Evaluation of Traditional Medicine from 11-14, April, Hong Kong, (SAR)
7	14-17, Oct,1999	Brazil	<u>To attend International Fair for Alternative Therapies and Natural Products.</u>
8.	8-11, Dec.,99	Tanzania	To attend the 1 <sup>st</sup> International Meeting of the Research initiatives on Traditional Anti-Malarial (RITAM)
9.	6-7, Nov., 99	Kobe, Japan	<u>To attend International Symposium on Traditional Medicine. Similar delegations are expected in 2001.</u>

### 3.15.8. Expo-2000, Hannover, Germany

The EXPO-2000 was held for 5 months from 1.6.2000 to 31.10.2000. The Department participated in the India Pavilion at the EXPO-2000. The Department displayed various items like ancient palmleaf manuscripts, shilajit rock, important books and publications on the systems, brochures and audio-video material depicting the various strengths of the four systems of medicine. Around 10,000 visitors visited India Pavilion on week days and 13,000 on Saturdays and Sundays. This Department deputed exhibitors/experts on Ayurveda to exhibit their skills. Yoga experts were also deputed. The ISM&H Section of the Indian Pavilion was very popular particularly Nadi Pariksha and Yoga demonstration component.

### 9. Seminar on Ayurveda at New York

The Department in collaboration with Bhartiya Vidya Bhavan, New York organized a Seminar on "Ayurveda" – Paradigm Shift in Health Care in the New Millennium" on 9-10 September, 2000 at New York. The Seminar was inaugurated by the Hon'ble Prime Minister and more than 200 participants from India and USA attended the Seminar. Resource persons from India and USA presented papers with a focus on the management of mental disorders, geriatric and gastric problems and rheumatoid arthritis through Ayurveda. Medicinal Plants, their products and business opportunities was also discussed together with steps which need to be taken for the correct propagation of Ayurveda in USA. An Exhibition of Ayurvedic products and scientific literature on Ayurveda was also mounted on this occasion. The exhibition was visited by the hon'ble Prime Minister and about 15 manufacturers of Ayurvedic medicine from India and USA displayed their products there.

#### **3.15.10 Interaction with Industry (The Confederation of Indian Industry)**

**3.15.11** The Department in collaboration with Confederation of Indian Industry (CII) organised a seminar on "Good Health in the Millennium – Challenges for Indian Systems of Medicine & Homoeopathy" on 6<sup>th</sup> April, 2000 at Vigyan Bhavan which was inaugurated by the hon'ble Prime Minister Shri Atal Behari Vajpayee. This was first time that such an initiative was taken in collaboration with industry. During the inaugural function, besides releasing the Ayurvedic and Unani Pharmacopoeias of India, the Prime Minister also released the "Report of the Task Force on Medicinal Plants" compiled by Dr. D.N. Tiwari, Member, Planning Commission. In his inaugural address, the Prime Minister made the following announcements:-

- i. Setting up of National Board of Medicinal Plants by June, 2000.**
- ii. To include the basic principles and concepts of Ayurveda, Siddha, Unani, Homoeopathy and Yoga in the course contents of MBBS.**
- iii. Inclusion of ISM & H components in all Primary Health Care Centres and Government Hospitals.**
- iv. Upgradation of skills, facilities and services of registered practitioners of ISM & H.**
- v. Standardization, quality control and sustained research in Ayurveda and other Indian Systems of Medicine and Homoeopathy.**

**3.15.12** The President of the CII, Shri Rahul Bajaj, in his address proposed that treatment under ISM & H should be available in all Government owned and privately owned allopathic dispensaries and announced setting up of Task Force headed by President, CII and co-chaired by Secretary(ISM&H) to examine all the issues relating with export of plant based products. In his inaugural address he also assured that the CII would ask its member companies to:-

- i. Grow medicinal plants on their tracts of land;**
- ii. Setting up yoga facilities for benefit of employees and workers;**
- iii. To establish dispensaries in one of the Indian Systems of medicine in each industry for the benefit of employees and surrounding population.**

**3.15.13 On 7<sup>th</sup> April, 2000, Sessions on different topics such as Healthy Life Styles; Management of Chronic Health Problems, Concepts and Applications of ISM & H and Emerging Business opportunities for Herbal Medicines', were organized. The participants in this session were not only from the ISM & H Sector, but also from modern system. This was probably first time when the protagonists of all systems of medicines joined hands to address together certain emerging health problems on a common platform.**

**3.15.14 The following are the main resolutions of the seminar:-**

- i. Setting up of National Board of Medicinal Plants by June, 2000.**
- ii. To include the basic principles and concepts of Ayurveda, Siddha, Unani, Homoeopathy and Yoga in the course contents of MBBS.**
- iii. Inclusion of ISM & H components in all Primary Health Care Centres and Government Hospitals.**
- iv. Upgradation of skills, facilities and services of registered practitioners of ISM&H.**
- v. Standardization, quality control and sustained research in Ayurveda and other Indian Systems of Medicine and Homoeopathy.**

**vi CII would encourage its members to promote ISM&H systems in their organisations.**

## Chapter 4

### Standardization and Quality Control of ISM & H Drugs

4.1.1. Pharmacopoeial standards for Ayurveda, Siddha and Unani Medicine both for single and compound drugs is an essential item of work. The Ministry had taken up the task of developing pharmacopoeial standards through pharmacopoeial Committees. Pharmacopoeial standards are important and are mandatory for the implementation of the drug testing provisions under the Drugs and Cosmetics Act, 1940 and Rules thereunder. These standards are also essential to check samples of drugs available in the market for their safety and efficacy.

4.1.2 Four different Pharmacopoeial Committees are working for preparing official formularies/Pharmacopoeias to evolve uniform standards in preparation of drugs of Ayurveda, Siddha, Unani and Homoeopathy and to prescribe Working standards for Single drugs as well as compound formulations.

#### **4.2. Ayurvedic Pharmacopoeia Committee**

4.2.1. Ayurvedic Pharmacopoeia Committee (APC) conducted two meetings up to December 1999 and two more meetings are proposed up to March 2000. The following work in the area was carried out during the year:

1. Ayurvedic Formulary of India, Part-II (English Version) is under the process of publication.
2. Ayurvedic Pharmacopoeia of India, Part-I, Volume –II, comprising of 78 monographs on single drug published.

3. 100 monographs on single drugs have been approved and are under editing for their inclusion in Ayurvedic Pharmacopoeia Part-I, Volume-III.
4. Under the Central Scheme for evolving Pharmacopoeial standards, research data on Botany and Chemistry portion of 150 drugs has been generated. The work relating to Ayurvedic portion has yet to start.
5. Work relating to Ayurvedic Formulary of India, part-III has been initiated. The information received from various Institutions/Experts has been compiled and there are approximately 500 compound formulations for inclusion.

## **2. Scheme for developing Pharmacopoeial Standard of ISM drugs**

Under on-going scheme for since 1997-98 carrying out standardization work of single as well as compound drugs, 32 Research Institutions/Laboratories including Universities have been given financial assistance upto Mar'99. The purpose of this Scheme is to provide support in expediting the pharmaceutical work in addition to these being carried out by Pharmacopoeial Laboratory of Indian Medicine and Homoeopathic Pharmacopoeial Laboratory. Financial assistance is provided for developing pharmacopoeial standards of single and compound drugs of Ayurveda, Siddha and Unani. A maximum amount of Rs.17.00 Lakhs is given for an Institution/Laboratory for 3 years for developing pharmacopoeial standards and is released for meeting the expenditure incurred on appointing Researchers (on contract basis), minor equipment, cost of samples, preparation of monographs and on contingencies. 200 drugs of plant and mineral and metal origin were allocated to the Laboratories during the year 1999-2000. The performance of the Research institutes is reviewed from time to time before releasing further instalments.

3. The Plan Budget provision of Ayurveda Pharmacopoeia Committee made during the year 1999-2000 is Rs.140.00 Lakhs. The Budget provision for the year 2000-2001 is Rs.154.00 lakhs.

## **3. Unani Pharmacopoeia Committee(UPC)**

4.3.1 The Unani Pharmacopoeia Committee was first constituted in March 1964. UPC was last reconstituted in January 1998 for a period of 3 years. The UPC is chaired by a renowned Unani Physician and has 13 members including the chairman.

4.3.2 The Unani Pharmacopoeia Committee has completed the following work so far

(I) **National Formulary of Unani Medicine Part I** (English Version) consisting of 441 Compound Formulations, it was printed in 1983.

(II) **National Formulary of Unani Medicine Part I** (Urdu Version) consisting of 441 Compound Formulations, it was printed in 1993.

(III) **National Formulary Of Unani Medicine Part II** (English Version) Consisting of 202 Compound Formulations was printed in 1998

(IV) **Unani Pharmacopoeia of India (UPI) Part I**, consisting of 45 Monographs of Single drugs of Herbal Origin used in NFUM Part I was printed in 1998

(V) **National Formulary of Unani Medicine (NFUM) Part III** (English Version), consisting of 103 Compound Formulations is in the process of printing (VI) **Unani Pharmacopoeia of India (UPI) Part II**, consisting of 112 Monographs of drugs of Plant origin used in NFUM Part I is under process for printing

(VII) **Unani Pharmacopoeia of India (UPI) Part III**, consisting of 102 Monographs of Compound Formulations from NFUM Part-I is under process for printing.

(VIII) **NFUM Part-IV** is under the process of preparation. The 339 Compound Formulations were allocated to different laboratories, CCRUM and PLIM for standardisation. The 334 Single drugs were allocated to the 32 different laboratories, CCRUM and PLIM for standardisation.

#### **4.4 Siddha Pharmacopoeia Committee:**

4.4.1. The Siddha Pharmacopoeia Committee (SPC) was first constituted in October 1975. The Committee was last reconstituted in June 1997 for a period of 3 years.

**4.4.2. Terms of Reference:** (i) To prepare draft Pharmacopoeia of Siddha drugs; (ii) To lay down standards of single drugs for the preparation of Siddha drugs; (iii) To lay down tests of identity, quality and purity; and (iv) Such other matters as are incidental and necessary for the preparation of Siddha drugs.

**4.4.3. Target fixed for the Committee:** (i) Standards of single drugs mentioned in the Siddha formulary of India Part – 1 and (ii) Standards of compound formulations mentioned in Siddha formulary Part – 1 and (iii) Publication of Siddha formulary of India Part-II.

4.4.4. The Siddha Pharmacopoeia Committee has approved standards for 70 compound formulations and 60 monographs on single drugs of plant origin. Standards for another 25 monographs of plant origin have been finalised.

#### **4.5 Homoeopathic Pharmacopoeia Committee**

4.5.1 The Homoeopathic Pharmacopoeia Committee (HPC) was constituted in September, 1962 on the recommendations of the Homoeopathic Advisory Committee and Homoeopathic Sub-Committee of the Drugs Technical Advisory Board on the question of control of homoeopathic drugs under Drugs and Cosmetics Act, 1940 and Rules, 1945.

4.5.2 The term of the Homoeopathic Pharmacopoeia Committee was initially for 3 years which was extended from time to time. The Committee was re-constituted on 26<sup>th</sup> May, 1997 for a period of 3 years and has been extended upto July, 2001.

4.5.3 The Chairman of the Committee has the powers to form sub-Committee whenever required and co-opt experts from outside on Sub-Committee.

#### **4.5.4 The functions of the H.P.C.**

- i. To prepare draft Pharmacopoeia of Homoeopathic drugs whose therapeutic usefulness have been proved on the lines of the American, German and British Homoeopathic Pharmacopoeia;
- ii. to lay down principles and standards for the preparation of Homoeopathic drugs.
- iii. to lay down test of identity, quality, purity, and
- iv. such other matters as are incidental and necessary for the preparation of a Homoeopathic Pharmacopoeia
- v. To prepare Homoeopathic pharmaceutical codex

## **5. Achievement of the HPC**

The Homoeopathic drugs are available in the market in mother tincture and in potency. The priority of the HPC is to fix standards upto the level of mother tincture or equivalent i.e of the raw materials and method of preparation. From 1962 onwards the Committee has finalised and recommended standards for Homoeopathic Pharmacopoeia of India containing 710 Monographs published in 6 Volumes.

4.5.6 Committee has also finalised 105 monographs for the 7<sup>th</sup> Vol. of Homoeopathic Pharmacopoeia of India which is under print. Further, 101 monographs have also been approved by the Committee which will be published in the form of Homoeopathic Pharmacopoeia of India Vol. VIII very soon.

4.5.7 During 1999-2000 two meetings of HPC were held. 44 monographs were considered and approved.

4.5.8 Till date, 71 meetings of the Homoeopathic Pharmacopoeia Committee have been held.

## **9. Enforcement of Homoeopathic Pharmacopoeia of India (HPI)\_**

(i) Homoeopathic Pharmacopoeia of India (Vol.I to VI) have become official in terms of Schedule-II of the Drugs and Cosmetics Act, 1940 and Rules thereunder.

(ii) The Priorities of the HPC will be to achieve standards of Raw

Material/Mother Tincture 120 per year and Publication of

Homoeopathy Codex.

(iii) A budget provision of Rs. 16 lakhs was provided under Non-Plan during 2000-2001.

### **4.5.10 Sub-Committee of DTAB on Homoeopathy**

Sub-Committee of DTAB was constituted in December, 1997 to consider the issues relating to Homoeopathy. During the period 1999-2000 one meeting was held to consider drugs to be included in Schedule 'K' of Drugs and Cosmetics Rules, 1945. Rules are proposed to be amended to facilitate sale of medicines by any approved chemist.

#### **4.6 Pharmacopoeial laboratory for Indian Medicine (PLIM)**

4.6.1. This Laboratory was established in the year 1970 as Standard Setting-cum-Drug-Testing Laboratory for Indian Medicine (Ayurveda, Unani and Siddha System) at the National Level. Indian Systems of Medicine (ISM) are covered under the purview of Drugs and Cosmetics Act, 1940. The worked out standards, in the form of monographs are published by the Ministry of Health & Family Welfare in Ayurvedic, Unani and Siddha Pharmacopoeia of India. The first and second Volume of Ayurvedic Pharmacopoeia of India, Part-I, containing 80 and 78 monographs respectively on single drugs have already been published. The remaining 192 monographs on the single drugs and 85 compound drugs are in the process of approval of the Ayurvedic Pharmacopoeia Committee and will be published in due course of time.

4.6.2 During the year laboratory has worked out standards on 13 samples of single drugs and 4 samples of compound formulations. It has also finally revised 100 monographs on single drugs as per the comments of the A.P.C. and have been submitted to the Ministry for its publication as Third Volume of Ayurvedic Pharmacopoeia of India, Part I.

3. During the year the Laboratory has tested 7 drug samples.
4. This Laboratory has documented all the pharmacopoeial monographs of single and compound drugs in computerized data base.
5. During the year 100 medicinal plants and crude drugs were photographed.

4.6.6. During the year one Orientation Lecture Programme for Drug Inspectors/Drug Analysts has been organised. The second one will be held in the month of February/March'2001.

4.6.7. The laboratory has provided training to the delegations of Ayurvedic Physicians (Hospital Supdts./C.M.O.) from National Institute of Health & Family Welfare, New Delhi and other State Govt. Deptts.

4.6.8. The laboratory conducted one training programme to impart the training to the Scientists and Research workers of Pharmaceutical Industry of Indian Systems of Medicine.

#### 9. Budget for the year 2000-2001 (Rs. in lakhs)

	B.E	R.E.
Plan	41.00	15.60
Non-Plan	36.00	39.00

4.6.10. The laboratory is in dire need of modernisation. The modernisation programme including construction of laboratory, equipment, creation of posts will be actively pursued.

#### 4.7 Homoeopathic Pharmacopoeia Laboratory (HPL)

4.7.1. Homoeopathic Pharmacopoeia Laboratory, Ghaziabad has been set up as a national laboratory for the purpose of laying down standards and testing for identity, purity and quality of Homoeopathic medicines and is recognized as scientific & technological institution by the Department of Science & Technology. For maintenance of quality of Homoeopathic drugs, important provisions for enforcement of standards for identity & quality of such medicines are made under Rule 2 dd, 106 A, 106 B of the Drugs & Cosmetics Act 1940. Homoeopathic medicines are defined in the Second (II) Schedule of the Drugs & Cosmetics Act 1940. The laboratory is also assigned to function as Central Drug Laboratory for testing of Homoeopathic medicines under Rule 3A of Drug & Cosmetics Act. Standards worked out by the laboratory are published by the Ministry in the form of Homoeopathic Pharmacopoeia of India (H.P.I.). So far six volumes of Homoeopathic Pharmacopoeia of India, consisting of standards for 710 drugs have been published. Standards of another 105 drugs are soon to be published as Volume VII of the H.P.I. Further standards on 101 drugs are ready for sending to the press for publication as Volume VIII of H.P.I.

4.7.2. Besides work relating to the H.P.I., the laboratory has also started undertaking work pertaining to preparation of HOMOEOPATHIC PHARMACEUTICAL CODEX OF HOMOEOPATHIC MEDICINES. Monographs pertaining to codex include details w.r.t. important chemical active principles / constituents, details pertaining to pharmacological and toxicological aspects besides uses in brief. So far, the laboratory has prepared 45 monographs for the Homoeopathic Pharmaceutical Codex.

4.7.3. Few important publications brought out by the laboratory worth mentioning are (i) A Guide to Important Medicinal Plant Used in Homoeopathy, Vol. I; (ii) A Guide to Important Medicinal Plant Used in Homoeopathy, Vol. II and (iii) A Photographic Album on Medicinal Plants Used in Homoeopathy, Volume I & Volume II.

4.7.4 During the year 2000-2001, the laboratory prepared 25 monographs for incorporation in the Homoeopathic Pharmaceutical Codex of Homoeopathic medicines and tested 400 samples of homoeopathic medicines. Homoeopathic Pharmacopoeia Committee approved standards & monographs on 23 basic drugs prepared & submitted by the Homoeopathic Pharmacopoeia Laboratory, Ghaziabad. The laboratory has organized two orientation programmes for All India Drug Control authorities, pharmacists, drug analysts & lecturers in Homoeopathic Pharmacy from Homoeopathic Medical Colleges. It prepared a draft for Compendium of Active Principles of 140 Medicinal Plants Used in Homoeopathy. The laboratory sent exhibits to EXPO-2000 at India Pavilion at Hannover, Germany w.e.f. 1.6.2000 – 30.10.2000. A small herbarium & museum of medicinal plants and an experimental garden of medicinal plants are also being maintained for the purpose of verification & comparative studies of standards & orientation in identity of such plants to drug analysts & persons in the profession. The laboratory on an average maintains 60-70 plants per annum, which includes some rare & very important exotic medicinal plants. A Seed Bank of

important exotic medicinal plants is also being maintained. For research & scientific purposes, laboratory provides standards samples & technical advice to different scientific institutions.

#### **4.7.5. Budget provision 2000 – 2001.**

Plan - Rs. 49.00 Lacs.

Non-Plan – Rs. 36.00 Lacs.

#### **4.8 Drug Control Cell(ISM)**

4.8.1. The Drug Control Cell (ISM) has been functioning since May, 1992 in the Department of ISM & H. This cell is dealing with the various issues pertaining to Quality Control, import, export, FIPB Cases, classification of drugs under Drugs and Cosmetics Act, Patent related issues and establishment of Traditional Knowledge Digital Library (TKDL). This cell is also looking after the implementation of legislation relating to drugs of ISM & H.

4.8.2. There is separate chapter under the Drugs & Cosmetics Act, for ASU drugs. Ayurveda, Siddha, Unani Drugs Technical Advisory Board and the Drugs Consultative Committee have been set up to advise Government on matters relating to ISM drugs. The Drugs Technical Advisory Board has been functioning regularly. Good manufacturing practices (GMP) have been notified to adhere to the quality of ISM drugs.

4.8.3. The exemption on labelling & packing for export of ASU drugs has been permitted by amending Rule 161 of Drugs & Cosmetics Rule, 1945.

4.8.4. A code of ethics for advertisement of drugs including model guide lines have been formulated with the consultation of Drug Controller General of India to ensure responsible advertising promoting the sale of medicines which may be purchased by the public without prescription and for which therapeutics claims are made.

4.8.5. The general guidelines on drugs & magic remedies on action proposed to be taken under the Drugs & Magic Remedies (Objectionable Advertisement) Act., 1954 and guidelines with regard to issuing license for ASU, classical and Patent & Proprietary drugs, were issued to all State Governments for implementation. The States like Maharashtra, Uttar Pradesh, Bihar, Rajasthan, Manipur, Mizoram, Pondicherry, Tamil Nadu, Kerala, Himachal Pradesh, Madhya Pradesh, Delhi etc., have implemented the decision of the Government. State Govts., have been advised to take necessary action against misleading/exaggerated advertisements of ISM Drugs/Herbal Drugs appearing in magazines, newspapers, electronic media under the Drugs & Magic Remedies (objectionable advertisement) Act, 1954.

4.8.6. This Cell also looked after the work relating to task force set up to develop format etc. for developing Traditional Knowledge Library (TKDL) for Ayurveda.

#### **4.9 Indian Medicines Pharmaceutical Corporation Limited**

4.9.1. The company is a Central Public Sector Undertaking of the Department of ISM&H, Ministry of Health & Family Welfare having Registered office and Factory at Mohan, Distt. Almora (a notified backward area) Uttaranchal. The Company was incorporated in July, 1978 and started commercial production in June, 1983. The Authorised and Paid-up Share Capital is Rs. 100.00 lakh. The Equity Capital of the company is jointly owned by the Government of India and Govt. of Uttaranchal through Kumaon Mandal Vikas Nigam Ltd., in the ratio of 51:49 respectively.

4.9.2 The Primary objective of the company is to manufacture and supply quality ayurvedic and unani products for use in Central Government Hospitals, CGHS Dispensaries and various Research Councils of ISM. The Company is also selling its products to certain State Governments such as Rajasthan and Uttar Pradesh through their related Departments and also in the open market.

4.9.3. The Company's profit in the year 1995-96 (After tax provision) is Rs. 3.57 lac and as per pre audited Annual A/c 1996-97 net profit (after tax provision) is Rs. 2.70 lakhs. Annual A/c of subsequent years are yet to be finalised however profit trend is expected to be maintained by the company. Target for production and sales for 2000-2001 is fixed at Rs. 250 lakhs and Rs. 400 lakh, though the achievement upto 30.9.2000 has been Rs. 54.03 lakh and Rs. 68.48 lakh respectively.

4.9.4. The Government has approved its modernisation proposal and the equity share has been raised to Rs. 2 crores from Rs.1 crore. Additional equity of Rs. 1 crore would be subscribed in the ratio of 51:49 by the Deptt. of ISM&H and Govt. of Uttaranchal through Kumaon Vikas Nigam Ltd. The Company has also been authorised to raise loan etc. and internal accruals upto Rs. 50 lakhs. The modernisation would be undertaken immediately after the funds are released on approval of Revised Estimates for the year 2000-2001.

4.9.5. Efforts have been initiated for selection of a regular managing director. The performance of the company is regularly reviewed.

## **Chapter 5**

### **Increasing the availability of raw Material**

5.1.1 The Indian Systems of Medicine & Homoeopathy are holistic systems of medicine. They are considered to be safe, cost effective and without major side effects. These systems use various raw materials such as medicinal plants, materials of marine and animal origin, minerals, metals etc. However, medicinal plants form 80% of the raw materials used. The effectiveness of these systems mainly depend upon the proper use and sustained availability of genuine raw materials. The importance of medicinal plants was rather overlooked in the past. However, at present medicinal plants are looked upon not only as a source of affordable health care but also as a source of income. While medicinal plants are being utilized in the preparation of a number of modern drugs, there is a new trend worldwide of using herbal medicines as a part of movement which advocates the use of natural products. There is also a growing demand for natural products including items of medicinal value, pharmaceuticals, food supplements and cosmetics in the

international market. According to the report of the World Health Organization, over 80% of the world population relies on the traditional systems of medicines, largely plant based, to meet their primary health care needs. According to another report of the Export Import Bank of India (1997) the value of the medicinal plants related trade in India is of the order of 5.5 billion U.S. dollars and is growing rapidly. The international market of herbal products is estimated to be US \$ 62 billion and poised to grow further.

5.1.2 The forests and waste lands have been the traditional source of medicinal herbs and plants over the centuries. This position cannot be sustained much further because on the one hand the area under forests has been steadily shrinking and on the other the requirement of medicinal plants and herbs has increased steeply. This has resulted in over exploitation of medicinal plants in the forests and there is a marked decline in the availability of quality raw material used in the manufacture of medicines and allied products. Some medicinal plants have already reached the endangered status and are facing a threat of extinction. One indication of the scarcity of some medicinal plants are their spiralling prices. The Ministry of Environment and Forests have already recommended a ban on 29 endangered species of medicinal plants. Difficulties encountered in accessing quality raw material have given rise to a very unhealthy practice of replacing the prescribed medicinal plants for use in drugs through adulteration or substitution. This not only reduces the efficacy of the drugs but can also impact adversely on safety.

5.1.3 Medicinal Plants are being used in preparation of medicines by registered practitioners of ISM&H, manufacture of medicines / health foods, etc. and traditional healers. Keeping in view the increasing popularity of traditional systems, the demand of these plants is poised to grow more and steps are required to increase their availability. In an endeavor to move towards this direction, this department have implemented schemes for development and cultivation of Medicinal Plants. Salient details of these schemes are as under:-

#### 5.2 Central Scheme for Development and Cultivation of Medicinal Plants:

5.2.1 This schme is under implementation from the year 1990-91. The objective of the scheme is to augment the production of raw herbs of plants origin by providing central assistance for their cultivation and development. As per present pattern of the scheme, central assistance is provided to Govt./Semi- Govt. Organisations including Indian Systems of Medicine & Homoeopathy institutions, autonomous /statutory bodies etc. (directly controlled by the Govt.) for setting up and expansion of Medicinal Plants gardens for growing of identified Medicinal Plants. The organisations seeking grant under this scheme should have basic infrastructure, expertise and should be able to cover minimum 5 acres of land for this work.

5.2.2 The year-wise expenditure and the number of institutions covered under the scheme since its inception, i.e., 1990-91 is as under:-

YEAR	AMOUNT (RS. IN LAKH)	NO. OF INSTITUIONS
1990-91	33.00	7

1992-93	55.00	10
1993-94	195.00	30
1994-95	128.35	12
1995-96	120.00	15
1996-97	40.00	5
1997-98	40.134	5
1998-99	75.56	15

### 5.3 Central Scheme for Development of Agro Techniques and Cultivation of Medicinal Plants Used in Ayurveda, Siddha, Unani and Homoeopathy.

5.3.1 Medicinal Plants have been traditionally obtained from forests to meet the larger demand so far and no systematic effort was made in past for developing the package consisting of required agro-techniques for cultivation of these plants. Cultivation of plants is far better than collecting the plant material from the wild since it does not deplete wild stocks, and in many cases, the declining habitats of native plants can no longer supply the expanding market for medicinal plant products. In the case of rare, endangered or over-exploited plants, cultivation is the only way to provide material without further endangering the survival of those species.

5.3.2 Cultivation also has pharmacological advantages over wild-collecting. Wild-collected plants normally vary in quality and composition, due to environmental and genetic differences. In cultivation, this variation and the resulting uncertainty of the therapeutic benefit is much reduced. The plants can be grown in areas of similar climate and soil, they can be irrigated to increase yield and they can be harvested at the right time. Cultivation also greatly reduces the possibility of misidentification and adulteration.

5.3.3 However, cultivation techniques are not available presently for most of the medicinal plants. Such techniques have been developed for Senna, Isabgol and Lemon Grass etc. Systematic programs are required to be undertaken for developing agro-techniques for important medicinal plants.

5.3.4 Considering the above, this Deptt. has implemented this scheme with an objective of developing agro-techniques of all important Medicinal Plants specifically used in medicines of ISM&H. The scheme was implemented during the 1997-98 and department is implementing projects for developing agro-techniques of about 122 medicinal plants through 33 organisations. Under this scheme, central assistance is provided to specialized scientific institutions in Govt./ Semi-Govt. sector like Agriculture Universities, Horticulture Universities, Scientific Institutions etc. Projects sanctioned under the scheme are to continue for 3 to 4 years depending upon the plants undertaken for the study.

5.3.5 Budget allocation of Rs. 350.00 lakh was provided during the year 2000-2001 to meet expenditure for the scheme on Medicinal Plants.

#### 5.4 Medicinal Plants Board

5.4.1 It is an accepted fact that there is a need of setting up an Apex body to coordinate all aspects relating to medicinal plants. It is particularly required for the reason that issues related to medicinal plants are being dealt in various Govt. departments. Ministries/ Departments of Central and State Governments are dealing with various issues such as conservation, cultivation, harvesting, marketing, research, standardisation, export/import etc. However, there is no focussed mandate of any government agency on all related aspects of these plants. Under present conditions, lot of co-ordination and linkages are required which seems to be difficult unless there is an apex body with focussed mandate. Keeping this in view, this Department has set up a Medicinal Plants Board under a Government Resolution.

5.4.2 The objective of setting up a Medicinal Plant Board is to have an agency which would be responsible to co-ordinate all matters related to medicinal plants, including drawing up policies and strategies for conservation, proper harvesting, cost-effective cultivation, research and development, processing, marketing of raw material in order to protect, sustain and develop this sector.

5.4.3 The Board has been set up under the Chairpersonship of Union Minister of Health and Family Welfare (HFW) with representatives of concerned Govt. departments, State Governments, Subject experts, exporters, N.G.O.s, etc.

5.4.4. The Board shall be assisted by a Standing Finance Committee set up under the Chairpersonship of Secretary, Department of Indian Systems of Medicine & Homoeopathy.

5.4.5. The Medicinal Plants Board will have the authority to involve and assign the required matters to Departments/Organisations/State Governments engaged in cultivation of medicinal plants, research, demand and supply, patents/IPR, export/import etc. for its functioning. The Board shall start functioning with the following committees drawn out of administrative/technical expertise provided by the concerned departments for respective committees as indicted below:

- i. Committee on Cultivation of Medicinal Plants including Conservation of rare and endangered species.
- ii. Committee on Research
- iii. Committee on Demand and Supply
- iv. Committee on Patents/IPR
- v. Committee on Export/Import

5.4.6. The Board will coordinate with the Ministries/Departments/Organizations and State/UT Governments for development of medicinal plants in general and specifically in the following fields:-

- a. Assessment of the demand/supply position relating to medicinal plants both within the country and abroad.
- b. Identification, inventorisation and quantification of medicinal plants according to the broad eco-systems of the country.
- c. Promotion of ex-situ/in-situ conservation and cultivation of medicinal plants.
- d. Promotion of co-operative efforts among collectors and growers and assisting

them to store, transport and market their produce effectively.

e) Improving availability of raw material of genuine quality in required quantity for the users of medicinal plants.

- f. Setting up of data-base system for inventorisation, dissemination of information and facilitating the prevention of patents being obtained for medicinal use of plants which is in the public domain.
- g. Matters relating to import/export of raw material, as well as value added products either as medicine, food supplements or as herbal cosmetics including adoption of better techniques for marketing of products to increase their reputation for quality and reliability in the country and abroad.
- h. Undertaking and awarding scientific, technological research and cost-effectiveness studies.
- i. Development of protocols for cultivation and quality control.
- j. Encouraging the protection of Patent Rights and IPR.

5.4.7. Setting up of Co-ordination-cum-Monitoring Committee for implementation of Recommendations Report of Task Force on Medicinal Plants

5.4.8. The Planning Commission had set up a Task Force under Dr. D.N. Tewari, Member, Planning Commission to interalia provide a policy directives on conservation and sustainable use of Medicinal Plants, growth of domestic and foreign trade, development of an equitable market system, regulation of the sector to maintain quality control, and for protection of IPR of Medicinal Plants. The Task Force made several recommendations and action points have been identified for further follow up and expeditious implementation by different Departments of the Govt. of India The Deptt. of ISM&H , Ministry of Health & Family Welfare has been designated as the nodal department for coordinating the implementation and monitoring on the recommendations and action points suggested in the report. Keeping in view the nodal responsibilities for co-ordination for implementation of recommendations of Task Force, this Deptt. has set up a Co-ordination-cum-Monitoring Committee under Chairpersonship of Secretary (ISM&H) having members from all concerned departments and organisations. The identified actual points are being deliberated upon with all concerned.

## 5. Intellectual Property Rights

5.5.1. A major development is the keen interest taken by foreign countries in the development of herbal products and intellectual property rights. Some of the well known medicinal uses of plants of India have been patented abroad.

5.5.2. Patent Cell (ISM) was created in the department since 22.4.97 to look after the work relating to:-

- i. To keep track of patents being filed in India or other parts of the world with respect to (I) Ayurveda, Siddha and Unani (ASU) drugs as defined in Section 3(a) and (ii) patent proprietary medicines as defined in Section 3(h) of the Drugs and Cosmetic Act;
- ii. To extend professional assistance to organisations (Government or Private) and Scientists in the ISM & H Sector in connection with the filing of patents by providing information contained in ancient texts.

5.5.3. The Task Force on Conservation, Cultivation, Sustainable use and legal protection for Medicinal Plants set up under the Chairmanship of Dr. D.N. Tiwari, Member, Planning Commission decided to set up a 'Core Group' under the Chairpersonship of Secretary (ISM&H) for consolidation of information on the botanical and the medicinal use of plants referred to in the Ancient Texts. The objective is to place this in the public domain – a pre-requisite to prevent patenting of plant based medicinal plants.

5.5.4. A task force set up under a technical expert has devised format which can be used for establishing Traditional Knowledge Digital Library (TKDL). It is proposed to develop TKDL for Ayurveda in the first instance. Similar TKDL will be developed later for Siddha and Unani drug uses described in ancient texts. The work relating to Ayurveda is expected to cover 35,000 formulations by deploying 30 Ayurveda experts, 5 IT experts and 5 patent experts. The TKDL will ensure that knowledge in public domain are available in patent compatible and easily retrievable form to patents examiner which will help prevent claims of patent on non-original inventions.

## **Chapter 6**

### **Research and Development**

6.1.1 The four Research Councils, viz., (i) Central Council for Research in Ayurveda & Siddha (CCRAS); (ii) Central Council for Research in Unani Medicine (CCRUM); (iii) Central Council for Research in Homoeopathy (CCRH); and (iv) Central Council for Research in Yoga & Naturopathy (CCRY&N), continued to initiate and guide, develop and coordinate scientific research in different aspects of respective systems, both fundamental and allied. These Councils are the Apex bodies for research in the concerned systems of medicine and are fully financed by the Govt. of India. The reorganisation of Councils has been undertaken to ensure efficiency and focussed research activities. Their research activities have been reviewed. This will be continued to see that Councils undertake meaningful research under fixed parameters within specified period and disseminate research findings for the benefit of educationists, researchers, physicians, manufacturers and common man.

## **6.2 Central Council for Research in Ayurveda & Siddha**

6.2.1 The Central Council for Research in Ayurveda & Siddha, an autonomous body under the Department of ISM & H, Ministry of Health & Family Welfare was registered under the Societies Registration Act, 1860 in the year of 1978. This is an Apex Body for the formulation, co-ordination, development and promotion of research on scientific lines in Ayurveda and Siddha System of Medicine. The Council is governed by a Governing Body with the Union Minister of Health & Family Welfare as President and an eminent personality in the field of Ayurveda or Siddha as Vice-President. It is assisted by Standing Finance Committee and Scientific Advisory Committee of Ayurveda and Siddha with its Headquarters Office at New Delhi. The Council carries out its objectives and functions through the network of 36 Research Institutes and Centres functioning under its direct control and Units located in Universities, Ayurveda/Siddha and Modern Colleges etc. in different parts of the country. A brief review of the work carried out under different research programmes during the period is hereunder :-

**6.2.2 Clinical Research Programme : Clinical conditions studies in Ayurveda** during the period include Tamaka swasa (Bronchial asthma), Parinamasula (Duodenal ulcer), Arsha (Piles), Bhagandara (Fistula-in-ano), Mutrasamari (Eurolithiasis), Vyanbalvaishmanya (Hypertension), Medoroga (Obesity, lipid disorders), Paksvadha (Hemiplegia), Pangu (Paraplegia), Gridhrasi (Sciatica), Amavata (Rheumatoid arthritis), Slipada (Filariasis), Visamajwara (Malaria), Grahani Roga (Malabsorption), Manasmandata (Mental Retardation), Medodosa (Hyper lipidemia), Manodvega (Anxiety Neurosis), Kitibha (Psoriasis) and Timir Roga (Errors of Refraction).

**6.2.3 Clinical conditions under Siddha System of Medicine** studies during the period include Kalanjaga padai (Psoriasis), Putrunoi (Cancer), Manjal kamalai (Infective hepatitis), Gunmam (Intestinal disorders), Valligunmam (Peptic ulcer), Sandhivatha soolai (Rheumatoid arthritis), Valiupponoi (Anaemia), Venkuttam (Leucoderma).

6.2.4 During the execution of this programme, medical aid to about 352000 patients through Out Patient Departments and about 1485 patients at In-door Patient Department functioning at different Institutes/Centres/Units of the Council have been provided.

**6.2.5 Health Care Research Programme :** Health Care Research Programme carried out by the Council includes Service Oriented Survey and Surveillance Research Programme, Community Health Care Research Programme and Tribal Health Care Research Programme. These programmes are modulated to have rural bias so that benefits of the research programme carried out can reach the grass root level. Under these programmes, teams of research personnel visit each and every house in the villages/tribal pockets selected/adopted and provide incidental medical aid besides collecting data pertaining to the nature and frequency of prevalent diseases, food habits with regard to different seasons, socio-economic status, natural resources, the standard and types of treatment available to the rural/tribal folk. During the period, a population of one lakh pertaining to 37 villages including 25 pockets have been covered under the programme and incidental medical aid provided to about 33,048 patients.

**6.2.6 Drug Research Programme :** The Drug Research Programme consists of Medico-botanical Survey, Cultivation of Medicinal Plants, inter-disciplinary research programmes like Pharmacognostic, Chemical, Pharmacological and toxicological studies besides Drug Standardization studies. Under Medico-botanical Survey Programme, 56 survey tours were conducted and raw drug samples supplied to projects carrying out the work related to the laying of Pharmacopoeial Standards under centrally sponsored scheme, including supply to PLIM, Ghaziabad besides supply to Council's Institutes/Centres for research work. The survey sections have maintained their Herbarium and Museum. About 450 medicinal species are presently growing in different Gardens. The Pharmacognostical studies of 17 drugs, Chemical studies of 16 drugs and Pharmacological & Toxicological studies of 19 drugs used in Ayurveda and Siddha system of medicine have been carried out during the reporting period. The Council is also maintaining a Musk Deer Breeding Farm at Mehroori in Kumaon Hills and there were 17 animals at the end of the reporting period.

6.2.7 Under Drug Standardization Research Programme, Pharmacognostical/ Phytochemical/TLC studies on 45 drugs were conducted. Analytical standards were laid down for 57 formulations used in Ayurveda and Siddha besides standardization studies on three drugs under RCH programme.

**6.2.8 Literary Research Programme :** Literary Research Programme broadly covered medico-historical studies, collection and compilation of references relating to drugs, diseases from classical treatises, lexicographic works, contemporary literature, publications of Ayurveda, Siddha and Modern sciences continued further. The Council is bringing out "Journal of Research in Ayurveda and Siddha", "Bulletin of Medico-Ethno-Botanical Research", "Bulletin of Indian Institute of History of Medicine", besides the News Letter. During the reporting period, backlog of JRAS and BMEBR has been cleared.

**6.2.9 Family Welfare Research Programme :** Clinical screening and Pharmacological studies of the oral contraceptive agents are being carried out under this programme. Clinical studies for evaluation of contraceptive efficacy of Pippalyadi Yoga & Neem oil and Pharmacological studies on six drugs have been carried out.

#### **6.2.10 Workshops/Seminars**

6.2.10.(1) The Council organised a Seminar on Venpadai (Leucoderma) at Central Research Institutes (Siddha), Chennai from 2 to 4<sup>th</sup> June, 2000. Council's four officers have participated in EXPO-2000 at Hannover, Germany. Council participated in Herbo'2000 – International Congress and Exhibition at Pragati Maidan, New Delhi from 14<sup>th</sup> to 27<sup>th</sup> Nov., 2000.

**6.2.11 Exhibition :** The Council participated in following exhibitions and arranged O.P.D. at (i) Swadeshi Vigyan Mela IIT Campus, New Delhi from 2<sup>nd</sup> Feb. to 6<sup>th</sup> Feb., 2000 (ii) Swasthya Mela at Mathura from 17<sup>th</sup> Sept. to 19<sup>th</sup> Sept. 2000. (iii) Perfect Health Mela at Lal Quila, Delhi from 16<sup>th</sup> Oct. to 25<sup>th</sup> Oct. 2000. (iv) Swadeshi Mela on eve of Dewali at Punjabi Bagh Stadium from 17<sup>th</sup> Oct. to 23<sup>rd</sup> Oct., 2000. (v) Health Mela at Patna from 19<sup>th</sup> Nov. to 21<sup>th</sup> Nov., 2000. (vi) Health Mela at Kargil from 20 Oct., to 21<sup>st</sup> Oct., 2000. (vii) International Trade Fair from 14<sup>th</sup> Nov. to 27<sup>th</sup> Nov., 2000.

6.2.12 Grants-in-aid approved to the Council in the year 2000-2001 is as given below:-

Plan : Rs. 756.00 lakh

Non-Plan : Rs. 1861.00 lakh

**6.2.13. Publication** : The Council has brought out the following publications. (i) Pathyapathya Vinishya (ii) An appraisal to Tribal Folk Medicine. (iii) Himalayiya Luptapraya Vanya Jantu Kasturi Mriga (Musk Deer) Avam Mahaushadhi-Kasturi (Musk), (iv) Sadi Mittar Dungar Deeyan Jadiyan Butiyan (v) Cumulative Index of JRAS ( 1980-99) (vi) Data base on medicinal plant used in Ayurveda, Vol. I. (vi) Konganar Mudal Kandam – 1000.

6.2.14 The Council has collected 45,000 folk medicines containing details of plants used for disease conditions by interacting with tribal people, communities and families having such knowledge. A book containing 2,600 folk medicines has already been published and remaining folk medicines will soon be published.

6.2.15. Web-Site : The Council has Web-site facility and its activities and achievements are provided at the Web-site. The Web-site address is [www.ccras.com](http://www.ccras.com)

### 3. Central Council for Research in Unani Medicine

6.3.1. The Central Council for Research in Unani Medicine was established by the Ministry of Health and Family Welfare, Govt. of India as an autonomous organisation in the year 1979, to initiate, aid, conduct develop and to co-ordinate scientific research in Unani System of Medicine. The Council is engaged in the multifaceted research activities in the field of Unani medicine. The areas of research identified by the Council include clinical research, drug research, literary research, survey and cultivation of medicinal plants and family welfare research. These research activities were being carried out through a network of **32** Institutes/Units functioning in different parts of the country. On the recommendation of the Governing Body, the organisational set up has been re-organised by merging some of the smaller units to Regional Research Institutes of Unani Medicine with a view to strengthening the set up. At present, there are **32** institutes/units are functioning under the Council. These include **two** Central Research Institutes of Unani Medicine - one each at Hyderabad and Lucknow, **eight** Regional Research Institutes of Unani Medicine - one each at Chennai, Bhadrak, Patna, Aligarh, Mumbai, Srinagar, Calcutta and New Delhi, **seven** Clinical Research Units - one each at Allahabad, Bangalore, Karimganj, Meerut, Bhopal, Edathala (Kerela) and Burhanpur, **four** Drug Standardisation Research Units - one each at New Delhi, Chennai, Lucknow and Bangalore, a Clinical Research Unit at Aligarh, a Literary Research Institute at New Delhi.

6.3.2 During the reporting period programmes allotted for the Ninth Five Year Plan period were continued in different research schemes. Scheme wise details are as follows;

**6.3.3 Clinical Research Programme** : Under the Clinical Research Programme, clinical and therapeutic trials were continued on 18 diseases at different centres of the Council. Trials of some new formulation in the diseases such as Zaqtuddam Qawi (Hypertension), Waja-ul-Qalb-e-Muzamin (Chronic stable angina), Waja-ul-Mafasil (Rheumatoid arthritis),

Ziabetus Sukkari (Diabetes mellitus), Dau Sadaf (Psoriasis) and Awariz-e-Tams (Menstrual disorders) have been initiated during the reporting period. Therapeutic trials undertaken with 11 formulations during the previous years have also been consolidated and finalised for the process of patentizations. During the reporting period a total of 8,540 research cases were studied in different diseases at various centres of the Council.

6.3.4 In fundamental research, phase-II studies to evaluate the susceptibility of acquiring diseases of different temperament in relation to the temperament of the patients was also continued at Central Research Institute of Unani Medicine, Hyderabad. During the reporting period 1435 subject were studied. The study revealed that the patients of Bars (vitiligo) having Balghami and Damavi temperaments are more susceptible to acquire Bars compared to Safravi and Saudavi subjects.

6.3.5 Regimental therapy experiments were also continued in cases of Waja-ul-Mafasil (Rheumatoid arthritis) at Regional Research Institutes of Unani Medicine, New Delhi and Lucknow. During the reporting period 140 cases of Waja-ul-Mafasil (Rheumatoid arthritis) were subjected to Hajamat (Cupping). Significant effects of Hajamat (Cupping) have been observed particularly in chronic Waja-ul-Mafasil (Rheumatoid arthritis) cases.

6.3.6 Validation trials for evaluation of the therapeutic efficacy of the kit medicines developed by the Council have also been undertaken at different centres. These medicines tried in different combinations in some diseases such as Amraz-e-Bol (Urinary disorders) Ishal (Diarrhoea) and Dau Sadaf (Psoriasis) have shown significant therapeutic effects.

6.3.7 During the reporting period a survey to study the prevalence of Bars (Vitiligo) in the twin-city of Hyderabad and Secundrabad covering a total population of 25,000 in 35 Municipal Wards was undertaken. The study revealed 1.71% prevalence rate. Besides, other study on morbidity survey in Pedda Amberpet village Hayatnagar Ranga Reddy Districts has also been undertaken.

6.3.8 The Council has also adopted five villages in rural areas of Allahabad covering a total population of about 1,00,000 with a view to develop an ideal health village. The objective of this programme is to raise the health status of the population under coverage by creating health awareness on the preventive and promotive health aspects and use of common medicinal plants. A base line survey on the morbidity pattern has been completed.

**6.3.9 Research-Oriented General O.P.D. Services:** The Council aims at providing free medical treatment for common ailments through Unani kit medicines to the patients attending the O.P.Ds of the Institutes/Units and also to select research cases for diseases under study. This programme is being undertaken at 11 centres of the Council. During the reporting period, a total of 68,660 cases of common ailments were attended at different centres.

**6.3.10 Mobile Clinical Research Programme :** Under the Mobile Clinical Research Programme a total population of 3,81,123 (including 1,19,215 persons belonging to schedule castes and 23,347 to schedule tribes) in 14 villages/urban slums was covered through a network of 14 mobile units. A total of 18,130 cases of common ailments were attended at different centres. Besides research cases in the diseases of Daul Feel (Filariasis), Humma-e-Ijamia (Malaria), Ishal-e-Atfal (Infantile Diarrhoea), Ishal-e-Muzmin (Chronic Diarrhoea), Waja-ul-Mafasil (Rheumatoid Arthritis) and Zusantaria Mevi (Amoebic Dysentery) were also studied during the reporting period.

**6.3.11 Unani Treatment Centre and Speciality Clinic at Dr. Ram Manohar Lohia Hospital, New Delhi :** A Unani O.P.D.- cum-speciality clinic at Dr. Ram Manohar Lohia Hospital was started with effect from January 1998. The Central Council for Research in Unani Medicine has been assigned the responsibility of running this clinic. A total of 18,055 new patients in different diseases were registered in the General OPD and speciality clinics. The total clinical attendance was 49,029 patients.

**6.3.12 Drug Standardisation Research Programme :** Under the Drug Standardisation Research Programme, standardisation work on 85 single drugs and 43 compound formulations were undertaken. Standardisation work on 80 single drugs was finalised as per format prescribed by the Unani Pharmacopoeia Committee (UPC) and submitted to UPC for incorporation in the Unani Pharmacopoeia of India.

**6.3.13 Extramural Research Project :** An extramural research project entitled "Neuropsychopharmacological and Immunomodulatory Studies on Calcined Arsenic and Lead Preparations used in Unani-Tibb" undertaken in collaboration with Department of Medical Elementology and Toxicology Faculty of Jamia Hamdard, New Delhi has been completed during the reporting period. Based on the study undertaken, four research papers have been published in the scientific journals.

**6.3.14 Survey and Cultivation of Medicinal Plants Programme :** Under the Survey and Cultivation of Medicinal Plants Programme ethnobotanical exploration of different forest areas, namely; Cherella, Osmansagar, Himayatsagar, Hydershahkot, Mutangi and Narsapur in the States of (Andhra Pradesh), tarai central and east forest division, Haldwani, Nanital (Uttar Pradesh) and Jaipur forest division of (Orissa) was undertaken. During surveys, 540 plants species were collected. Besides 164 folk information on various uses including medicinal utility of plants from the local inhabitants were also recorded. Five hundred herbarium sheets were prepared. The Council during the reporting period has developed a data base of folk information collected during ethnobotanical surveys. Two monographs one entitled "Medicinal Plants in Folklores of India" and the other "Ethnopharmacological Investigations of Medicinal Plants from Bihar and Orissa States of India" have been compiled during the reporting. So far the Council has collected 6500 folklores. These are proposed to be soon published.

6.3.15 Experimental cultivation to increase the growth and yield of some medicinal plants such as Asgandh (*Withani omnifera* Dunal), Abhal (*Juniperus communis* Linn.), Babchi (*Psoralea corylifolia*), Bach (*Acorus calmus* Linn.). Brahmi (*Bacopa monnieri* Linn.) Haloon (*Lepidium satvum* Linn.), Kawanch (*Mucuna pruiifa* Hook), Karafs (*Apium graveolens* Linn.) and Satawar (*Asparagus racemosus* Willd), (*Centella asiatica* (L.) Urban (*Andrographis paniculata*(Burm.) Wall, (*Withania somnifera* (Linn.) Dunal. Large scale cultivation of Atrillal (*Ammi-majus* Linn.) and Gulnar Farsi (*Punica granatum* Linn.) (Abortive variety), (*Ocimum sanctum* Linn.), (*Hemidesmis indicus* (L.) R.Br. was also undertaken in the herb gardens at different centres. Nurseries of Unani medicinal plants have also been developed at Regional Research Institutes of Unani Medicine Aligarh and New Delhi. Development of Council's Herb garden at Lucknow was continued.

**6.3.16 Literary Research Programme :** Under the Literary Research Programme translation, editing and compilation of rare Unani books/manuscripts were continued. During the reporting period Urdu translation of 30 pages Kitab-al-Miat-e-Masihi and editing of 75 pages

Kitab-ul-Fakhir was also completed. Besides survey of classical literature on different diseases has also been undertaken.

**6.3.17 Collection & Dissemination of Information :** In order to gather the scattered literature on Unani Medicine and allied sciences and to make available at one place, the recent advances in these disciplines, an Information Centre and a Library is functioning at the Headquarters of the Council. During the reporting period 150 new books were added to the existing stock of the library. Various library services were continued to the readers.

**6.3.18 Seminars/Workshops/Conferences :** The Council has organised a national seminar on "**R&D in Unani Medicine - An appraisal**" on 24<sup>th</sup> & 25<sup>th</sup> February 2000 in New Delhi. The research workers of the Council presented seventy papers in different disciplines. Besides, the Council's research workers participated in a number of national and international conferences/workshops and presented 60 papers. Thirteen research papers have also been published in the scientific journals.

**6.3.19 Organisation of the Training Programme :** The council has organised five orientation training programme for the research Workers/Medical officers in the field of Unani Medicine at different centres at New Delhi, Hyderabad, Chennai Srinagar and Karimganj.

**6.3.20 Participation in the Exhibitions/Swasthya melas :** The Council has participated in number of exhibitions/swasthya melas. The Council organised a health camp from 21<sup>st</sup> January to 19<sup>th</sup> February 2000 in Magh Mela at Allahabad. During this mela a total of 16061 pilgrims were treated for different diseases through Unani Kit Medicines. In a five days Swadeshi mela organised by IIT New Delhi from 2<sup>nd</sup> January to 6<sup>th</sup> January 2000 the Council organised a health camp and treated 455 patients. In an other Swasthya Mela organised by the Ministry of Health and Family Welfare, Department Indian System of Medicine & Homoeopathy (ISM&H) from 17<sup>th</sup> to 20<sup>th</sup> September 2000 at Mathura the Council participated and conducted OPD. A total of 1465 patients were treated. The Council also participated in Perfect Health Mela-2000, in Delhi from 16<sup>th</sup> to 25<sup>th</sup> October 2000 and organised health check up and OPD. A total of 333 patients were treated. In the health mela organised by Ministry of Health and Family Welfare at Kargil (J&K) from 21<sup>st</sup> to 23<sup>rd</sup> October 2000 the Council actively participated in the exhibition and conducted health check up and treatment camp. A total of 883 patients were treated through Unani kit medicines. The Council has also participating in India International Trade Fare-2000 (IITF) and organised an exhibition and health check-up camp. The Council also participated in Health Mela at Patna.

**6.3.21 Publications:**

The Council during the reporting period brought out **13** publications. These include the following

- i. Urdu translation of Kitab-al-Hawi Vol.-VII.
- ii. Urdu translation of Kitab-al-Hawi Vol.-VIII.
- iii. Kitab-al-Abdal (revised edition) .
- iv. Kitab-al-Abdal (English).
- v. Aina-e-Surgushisht (Hindi).
- vi. Potential Antimalarial Herbal drugs from South Eastern area (Bihar & Orissa).
- vii. Folder of Unani Medicinal Plants (English).
- viii. Council's quarterly Urdu Journal "Jahan--e-Tib"
- ix. Council's Hindi journal "Unani Chikitsa aur Swasthya"

- x. Council's bimonthly Newsletter were continued to be published.
- xi. CD - The Concept of Birth Control in Unani Medicine.
- xii. CD - Standardisation of Single drugs of Unani Medicine.
- xiii. CD - Physicochemical Standards of Unani Formulations.

**6.3.22 Web-site:** The Council has developed Web-Site in respect of the Unani System of Medicine and the its activities and achievements are provided at the Web-Site. The web-site address is: <http://unanimedicine.com> and <http://unanimedicine.org>

**6.3.23 The Budget allocation (B.E.) for the Council for the year 2000-2001 is as under;**

	<u>(Rs. in Lakh)</u>
<b>Plan</b>	700.00
<b>Non-Plan</b>	641.00
<b>Total</b>	<b>1341.00</b>

### **6.3.23 Research Collaboration in Drug Development with Council of Scientific and Industrial Research (CSIR).**

The Council has recently signed a **Memorandum of Understanding (MoU)** with Council of Scientific and Industrial Research (CSIR) to collaborate through its various laboratories in the programme to develop viable bio-active molecules and to establish standardisation procedures and improved processing, preserving techniques applicable to USM industries for single drugs as well as for compound formulations for Global Competition. Another Memorandum of Understanding (MOU) with National Research Development Corporation (NRDC), New Delhi has already been signed regarding patentization and commercial exploitation of the drugs developed by the Council for different diseases.

### **6.4 Central Council for Research in Homoeopathy**

6.4.1 The Central Council for Research in Homoeopathy (CCRH), an autonomous organisation was established on 30<sup>th</sup> March, 1978 to carry out systematic and scientific research, both fundamental and applied, in Homoeopathy.

6.4.2 It has 51 Institutes and Units located in different parts of the country. There is a Central Research Institute with 50 bedded Hospital, at Kottayam, three regional Research Institutes located at New Delhi, Gudivada and Mumbai, one Homoeopathic Research Institute for Malaria at Jaipur, one Homoeopathic Research Institute for Filariasis at Puri, one Homoeopathic Drug Research Institute at Lucknow, and forty four Units engaged in drug proving, clinical research, clinical verification, drug standardization, literary research and survey, collection and cultivation of medicinal plants. Twenty one of the units are located in predominantly tribal areas in different parts of the country.

### **Research Programmes**

*6.4.3 Clinical Research:* Clinical research, drug related and disease related, on 36 clinical problems, including HIV/AIDS, Diabetes mellitus, Filariasis and Malaria, is in progress. By the end of August, 2000, a total of 77,199 cases, including 1007 research cases have been registered in the outdoor patient department (OPD) of the Institute and Units.

*6.4.4 Clinical Research in Tribal areas:* Clinical research on 18 diseases is in progress at 21 Clinical Research Units located in tribal areas in the country. Preliminary verification of useful indications of certain drugs in respective clinical conditions have been completed. Studies are being continued for further verification and confirmation of clinical data obtained so far. A total of 86,587 cases, including 1348 research cases have been registered at these units.

*6.4.5 Clinical Verification:* Clinical verification of symptomatology of 65 drugs, mostly of Indian origin, with special reference to the evolution of their most reliable clinical indications and potency(ies), is in progress. By the end of August, 2000, a total of 7305 cases have been registered for study at 3 Clinical Verification Units at Ghaziabad, Patna and Vrindavan and Homoeopathic Drug Research Institute, Lucknow.

*6.4.6 Drug proving:* It is one of the most important research activity of the Council which is in progress at 2 Institutes and 3 Units. The Council has developed a protocol for double blind technique that has been accepted internationally, and also a standardized method of obtaining drug pathogenesis. Success of the methodology is evident from the fact that most of the signs and symptoms obtained during the course of proving are repeatedly verified in clinical settings. The Council has accorded priority to the proving of drugs of Indian origin and those which had but only fragmentary proving in the past. By August, 2000 proving of 51 drugs had been completed. Proving of 4 drugs is currently in progress.

*6.4.7 (i) Drug Standardization:* Quality raw drugs and finished products are essential for the success of any medicinal therapy. To have a standard quality drug it has to undergo pharmacognostic, physico-chemical and pharmacological evaluation and tests. Such studies on 135 drugs have already been completed. Studies on other 96 drugs has been partly completed. Studies on 3 drugs are in progress.

*6.4.8 (ii) Survey, Collection and Cultivation of Medicinal Plants:* To locate, identify and collect medicinal plants used in medicine for reference studies and standardization is an important activity that contributes to the growth of all systems of medicine. The Survey of Medicinal Plants and Collection Unit at Udagamandalam (Ooty), Tamilnadu is engaged in such activity. The Unit has collected more than 5000 plant specimens native to areas in and around Ooty; supplied 267 raw drug specimens to Drug Standardization Units of the Council, and prepared around 5550 herbarium sheets for reference. It has also developed a garden on a plot of 12.7 acres acquired on lease from the Tamilnadu Government for experimental and small-scale cultivation of medicinal plants used in Homoeopathy. Apart from cultivating many indigenous plants, this Unit has successfully cultivated some exotic plants, including *Cineraria maritima* (15735), *Rosmarinus officinalis* (275) and *Salvia officinalis* (125). The Unit has also cultivated and maintaining *Achillea millefolium*, *Anthoxanthum odoratum*, *Apium graveolans*, *Armoracia rusticana*, *Calendula officinalis*, *Centella asiatica*, *Cineraria maritima*, *Digitalis purpurea*, *Eschscholtzia*

californica, *Fragaria vesca*, *Lavendula officinalis*, *Rosmarinus officinalis*, *Selvia officinalis* and *Santolina chamaecyparissas* using germ-plasm technique, in its research garden.

6.4.9 *Literary Research*: Review and Revision on very widely used J.T.Kent's General Repertory of Homoeopathic Materia Medica is in progress under this programme. Revision work on 15 of the Chapters in the Repertory has been completed and published in form of books on each Chapter after the approval of the Sub-Committee consisting of Experts on Repertory, for use of members of the profession. The work on the Chapter on Generalities has been completed and manuscript is being prepared for publication.

6.4.10 *Publications*: The Council continued the publication of its two periodicals viz. Quarterly Bulletin and CCRHNEWS. Twenty one volumes of Quarterly Bulletin have been published. Twenty five issues of CCRHNEWS have been published and issue number 26 is under print.

6.4.11. *Web-Site of CCRH* : The Central Council for Research in Homoeopathy has its web-site. The site contains the information on Homoeopathy, its concepts and principles, its history about CCRH - its aims and objectives, management and research activities of the Council. The site can be visited at [www.ccrhindia.org](http://www.ccrhindia.org).

6.4.12. *Total Number of Posts (including vacant Posts)*: The total number of posts in the Council in Groups A, B, C & D are 466 (as on October 31, 2000).

**6.4.13. Budget:**

1999-2000

(Rupees in lakh)

	Budget Estimates Sanctioned	Revised Estimates Sanctioned	Actual Expenditure
Plan	360.00	379.00	367.84
Non-Plan	335.00	357.00	375.33

2000-2001 (Rupees in lakh)

	Budget Estimates	Revised Estimates (provisional)	Actual Expenditure (as on 31.10.2000)
Plan	304.00	25.00	--

	95.00*	--	
	200.00**	--	
Non-Plan	355.00	757.00	400.17 <sup>#</sup>

\* Exclusively for quality control and standardization of medicinal plants and preparation of drugs.

\*\* Under Scheme through which money will be spent on the North East

# Including Rs. 174.70 lakh earlier booked under Plan

6.4.13 *Report on Activities undertaken specifically in North Eastern States:* The Council has nine clinical research Units in the North Eastern States. These Units are located at Agartala(Tripura), Aizwal (Mizoram), Dimapur (Nagaland), Diphu ( Assam), Guwahati (Assam), Imphal (Manipur), Thoubal (Manipur), Itanagar (Arunachal Pradesh) and Shillong (Meghalaya). Seven of these Units are located in tribal areas and provide medicare while screening patients for research output.

6.4.14 (i) These Units in tribal areas were established in 1983-84 primarily to carry out surveys to identify disease prevalence; local food habits, customs and beliefs; natural resources and folklore relating to medicine and also Medicare to the locals. In 1987-88, these Units were also assigned clinical research in diseases prevalent in the respective areas. Currently studies on 18 such diseases is in progress at these Units.

6.4.15 (ii) The reliable indications of some of the drugs under clinical trial have been identified. These are being further verified in different Institutes and Units. The positive gain of these findings are that the profession will have a smaller number of homoeopathic medicines with reliable indications repeated/confirmed in clinical settings making the practice of Homoeopathy relatively easier.

### 6.5 Central Council for Research in Yoga and Naturopathy

6.5.1 Central Council for Research in Yoga and Naturopathy (CCRYN) is a registered society under the Societies Registration Act as an autonomous body under the Deptt. of ISM&H, Ministry of Health & F.W.. The basic objective of the Council is to conduct Scientific Research in the field of Yoga and Naturopathy. However, in the absence of any other Statutory Body to look after the Education & Training, the objectives were later amended to include Education, Training and Propagational aspects of these disciplines. At present, Council is looking after the overall development of these traditional systems. In absence of its own infrastructural facilities or direct units to conduct research, Council is executing its various activities / programmes by providing grant-in-aid to various voluntary organisations / NGOs.

6.5.2 Presently, the Council is financing the following activities : (I) Clinical Research ; (II) One Year Diploma; (III) Treatment-Cum-Propagation Centre; (IV) Patient Care Centre (10/5 Bedded); (V) Literary Research / Translation / Publication Work (VI) Seminar/ Workshop/ Conferences

6.5.3 Also, recently, Council has adopted three more new schemes for implementation from the current financial year 2000-2001. The Schemes are as under:

A. National Award to Best Yoga & Naturopathy Expert Rs. 25,000/- (once in a year)

- B. Best Research Paper / Young Scientist Award Rs. 10,000/- (-Do-)
- C. Awarding Scholarship to the Ph. D. students Rs. 3,000/- P.M.maximum

5 students

6.5.4 Under the Research Scheme, 13 projects are in operation which are financed by the Council. It is quite interesting to note that the leading Medical as well as Yoga institutes like All India Institute of Medical Sciences (AIIMS), Safdarjung Hospital, Defence Institute of Physiology & Allied Sciences (DIPAS), Jawaharlal Institute of Postgraduate Medical Education & Research (JIPMER), Pondicherry, Kaivalyadhama, Lonavala & Swami Vivekananda Yoga Anusandhan Sansthan, Bangalore etc. are involved in conducting Clinical Research / basic research in the field of Yoga.

6.5.5 The research project which is in operation at DIPAS on anti-oxidant system, has shown that yogic practices could endow the trainees with a better anti-oxidant defence to withstand oxidative stress. Another project on CAD is in operation at DIPAS. The preliminary results from the study have suggested a marked improvement in cardiac function parameters within 7 days of the intervention programme which showed further improvement when re-enforcement was done after six months of entering the study. The study being conducted at National Institute of Mental Health & Neuro Sciences (NIMHANS) to understand the neuro-dynamical complexities of meditative process from the EEG signals is expected to explore new dimensions of meditation practice. The other project of Kaivalyadhama, Swami Vivekananda Yoga Anusandhan Sansthan, All India Institute of Medical Sciences etc. are showing significant results on the respective subjects.

6.5.6 The Council has taken up 5 more research projects in the year 2000-2001.

6.5.7 Under the training scheme, the Council is providing @ Rs. 2.00 lacs per annum to each institution conducting One Year DYN Course to produce paramedical personnel in these disciplines. At present there are 21 such centres which are involved in conducting this course.

6.5.8 At present, the Treatment-Cum-Propagation Centre is operated in 8 centres. There are 35 centres and 21 centres which are benefited under 5-bedded and 10-bedded Patient Care Centre respectively, today. These schemes are aimed at strengthening the existing facilities of Yoga and Nature Cure centres as well as to propagate the principles, concepts & practices to the larger and larger no. of public.

6.5.9 The Council has started the publication of its quarterly newsletter "**Yogic Prakritik Jeevan Sandesh**" with a view to disseminate the principles of Yoga and Naturopathy.

6.5.10 The Council's first ever publication '**YOGIC & NATURE CURE TREATMENT FOR COMMON AILMENTS**' is found to be a very popular book among the practitioners of Yoga and Naturopathy as well as common masses. Encouraged by the results, the Council is planning to print some more books under its Literary Research / Publication and Translation Scheme.

Council has published one more book entitled "**PATANJALA YOGA SUTRA BHASHYA VIVARNAM**" translated by Dr. Ved Vrat Alok.

6.5.11 Council's another project relating to preparation of Video Cassettes has been completed and are being submitted to the WHO authorities. These cassettes are on different aspects of Yoga and Naturopathy. These cassettes will help in spreading the message of Yoga and Naturopathic life style among the masses. Council is planing to show these cassettes to the public through its grantee institutions.

6.5.12 In the financial year 1999-2000, the Council had financed 4 institutions to conduct Workshop / Seminar / Conference. In this year also some more institutes have approached the Council seeking financial assistance to organise Conference / Workshop/ Seminar.

6.5.13 Also, the Council is conducting Keep Fit Yoga Classes at Headquarter and the response of the public is very good. Council had participated in India International Trade Fair held at Pragati Maidan, New Delhi in November, 1999. The live Yoga demonstration was the centre of attraction in the exhibitions.

6.5.14. Web-Site : The Council has web-site facility and its activities are available at the web-site. The web-site address is : [www.ccrn.org](http://www.ccrn.org)

6.5.15 During the year 1999-2000 the Ministry has released a sum of Rs. 139.00 lacs under Plan head and Rs. 45.00 lacs under Non-plan head. The details of allocation and expenditure is given below :

S.No	Year	Budget Allocation	Funds Released	Expenditure
		Plan / Non-Plan (Rs. in lacs)	Plan / Non Plan (Rs. in lacs)	Plan / Non Plan
1.	1999-2000	200.00 45.00	139.00 45.00	114.70 46.64
2.	2000-2001	170.00 47.00 (+) 50.00(*)	93.50 38.75	81.52 29.18

### **6.6 Scheme of Extra Mural Research on Indian Systems of Medicine and Homoeopathy (ISM&H).**

6.6.1 In addition to intra-mural research conducted by the Research Council, the department has implemented extra-mural research scheme.

6.6.2 Under the Scheme, financial assistance is provided to accredited research organizations for undertaking special research projects. The scheme aims at utilizing the potential of eminent research institutions in the country and supplementing the research needs under ISM&H. It is also cost effective. Research through this scheme will be supplement to research work being undertaken by the existing Central Research Councils under the Department of ISM&H. Under the Scheme, financial assistance is provided to University Departments, Medical and ISM&H Colleges, Research Institutions, both in public and private sectors, having adequate infra-structural facilities for undertaking research work in the fields of Indian Systems of Medicine, Homoeopathy, the science of Yoga and the drugless therapy of Naturopathy.

6.6.3 So far, 22 research projects at the total cost of Rs.362.06 lakhs have been sanctioned under the Scheme. In addition to 15 ongoing research projects, 7 more fresh research projects were taken

up under the scheme during 1999-2000. The details of these 7 fresh research projects are as under:-

Sl.No	Name of organization	Title of the Research Project	Total financial implications	Amount of first instalment
1.	Sri Aurobindo International Institute for Integrated Health and Research,  Sri Aurobindo Society, Pondicherry.	Scope for treatment of Keloids in Homeopathy and Allopathy.	Rs.23.00 lakhs in 3 years.	Rs.13.50 lakhs
2.	Sushrut Medical Care & Research Society,  Pune.	Efficacy of Ayurvedic Treatment as an Adjuvant Therapy for Fracture Treatment and Delayed Bone Healing Cases.	Rs.24.50 lakhs in 3 years.	Rs.13.00 lakhs
3.	A.K Tibbiya College,  Aligarh Muslim University (AMU),  Aligarh.	Pharmaco-therapeutic evaluation of certain Unani Drugs in Thrombo-embolic and Ischaemic heart diseases.	Rs.22.00 lakhs in 3 years.	Rs.13.00 lakhs
4.	Faculty of Medicine (Unani),  Jamia Hamdard,  New Delhi.	Clinical and Therapeutic evaluation of KOHL – CHIKNIDAWA, a Unani Formation of COPPER SULPHATE (Tootiya) for the eye diseases.	Rs.15.00 lakhs in 3 years.	Rs.7.50 lakhs
5.	Institute for Post Graduate Teaching & Research in Ayurveda (IPGTR&A),  Gujarat Ayurved University, Jamnagar	Compilation of abstracts of MD (Ayurveda) & Ph.D. thesis produced at IPGT&RA, Jamnagar.	Rs.5.50 lakhs for 3 years.	Rs.3.00 lakhs
6.	Institute for Post Graduate Teaching & Research in Ayurveda (IPGTR&A), Gujarat Ayurved University, Jamnagar	Effect of Punarnavadi Mandura in Garbhini Paricharya (Antinatal Care).	Rs.5.50 lakhs for 3 years.	Rs.2.25 lakhs
7.	All India Institute of Medical Sciences (AIIMS), New	Comparative Trial of Ayurvedic and Allopathic Therapy for	Rs.15.00 lakhs for 3	Rs.8.00 lakhs

	Delhi.	Spasticity & Paralysis-A randomized Controlled Study.	years.	
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6.6.4 During 2000-01, a sum of Rs.200.00 lakhs has been provided for the scheme. Till the end of November, 2000, a sum of Rs.36.82 lakhs has been sanctioned to 6 organisations as 2<sup>nd</sup> instalment of grant-in-aid in respect of 6 ongoing research projects.

6.6.5 A number of new institutions have been accredited this year. This programme for research in promising areas would be evaluated for assistance.

## **7. Working Group for Research in ISM&H**

6.7.1 Research is sine-quo-non for development of any science. The Government has accordingly constituted Central Council for Research in Ayurveda & Siddha(CCRAS), Central Council for Research in Unani Medicine(CCRUM), Central Council for Research in Homoeopathy(CCRH) and Central Council for Research in Yoga & Naturopathy(CCRYN). These Councils have taken up a number of research programs on different aspects of their respective systems for more than two decades. However, their efforts and outcomes have not been adequately recognized and utilised to the desired level in the health care of the masses.

6.7.2 The Government has constituted a "Working Group for Research in ISM&H" involving many eminent medical scientists and researchers with objective to:-

- Identity promising areas for further development
- Mount clinical trials with scientific protocol
- Develop linkage with National & International research organizations and other agencies
- Identify newer emerging areas where ISM&H have strength
- Advise the department to devise a policy for research

6.7.3 This Group has met twice i.e. on 3<sup>rd</sup> May & 21<sup>st</sup> October, 2000 under the chairpersonship of Secretary(ISM&H). Research work of Ayurveda, Siddha & Unani medicines in broad areas of skin diseases (vitiligo-psoriasis), obesity and related disorders, allergic disorders (asthma-sinysitis), neuro-muscular disorders, diabetes mellitus, urinary disorders, hepatitis and mental disorders, have been reviewed to identify promising areas. Efficacy of homoeopathic remedies for HIV/AIDS was also scrutinised.

6.7.4 The multi-centric (at least three centres) trials in collaboration with ICMR in hospitals of modern medicines are proposed on psoriasis/vitiligo, obesity, neurological disorders, diabetes mellitus, urolithuasis and HIV/AIDS. Separate task force of each of these diseases is being constituted.

6.7.5 A workshop for devising policy for research in ISM&H and a training programme in Research Methodology is also proposed.

## **Chapter 7**

### **Information Education and Communication Scheme**

7.1 The Department of ISM&H have implemented an Information Education and communication(IEC) Scheme with the objective to create awareness among the general masses about the efficacy of the various pathies under ISM&H, their cost effectiveness and the availability of the herbs used for prevention and treatment of common ailments by utilising various media channels including audio-visual education material.

7.2 The scheme has two components:

7.2.(i) Implemented directly by the Department at the headquarters in the following manner:

**7.2.(i)(a) Spread of Information:** The Department organises Seminars and workshops in Ayurveda, Siddha, Unani, Homoeopathy and Yoga & Naturopathy. The Seminars/workshops cover various subjects under ISM&H including medicinal plants.

**7.2.(i)(b) Education :** Audio-visual and print educational publicity materials have been developed centrally and will be distributed to States. The States will dub the audio-visual material into the regional languages and get translated the print material into regional languages.

**7.2.(i)(c) Communication :** Folders/ handbooks on Home Remedies have been developed and will be sent to States/UTs who would translate the same in their regional languages for distribution freely among general public.

#### **7.2.(ii) Implementation through NGOs**

7.3 Non-governmental organisations have been involved to promote the strengths of ISM&H and motivate the practitioners of ISM&H to practise the particular system of the ISM&H in which they are registered by organising training workshops. Health Melas are organised to create awareness among the general public about the efficacy and cost effectiveness of the ISM&H drugs and easy availability of herbs and plants commonly available at home like Tulsi, Haldi, Neem etc. and growing techniques of medicinal plants etc. Community awareness meetings in cooperation with Mahila Mandals, Yuvak Sanghs, farmers cooperatives etc. already existing at the village level are also being organised through NGOs. An amount of Rs.113.00 lakhs has been earmarked for release to NGOs during the current financial year. Keeping in view the deficiencies and difficulties experienced in the implementation of the scheme in the previous year, the scheme is being revised. Funds will be released under the revised scheme after approval of the EFC.

#### **7.4. Participation in Fairs**

7.4.1. As part of the IEC activities, the Department of ISM&H participated in the Health Melas at Mathura, Kargil, Patna, Bhopal, Perfect Health Mela, Delhi, Swadeshi Mela, New Delhi and India International Trade Fair, 2000. The Research Councils, Pharmacopoeial laboratories and IMPCL, the only PSU under the administrative control of the Department, participated in these fairs. The Department of ISM&H will also be participating in the Health Mela at Manipur and ensuing Maha Kumbh Mela at Allahabad It has also been decided to present Tableaux for the Department of ISM&H in the Republic Day Parade 2001.

7.5 An amount of Rs. 200.00 lakhs has been allocated in B.E 2000-2001 for IEC activities.

## Chapter 8

### INVOLVEMENT OF ISM & H IN NATIONAL HEALTH PROGRAMMES AND HEALTH CARE DELIVERY

8.1.1 The National Health Policy of 1983 envisages integration of ISM & H with the modern system of medicine.

8.1.2 The Department has prepared a capsule containing basic concepts and fundamentals of ISM&H for incorporation in MBBS curricula. This has been forwarded to Medical Council of India for appropriate further action.

8.1.3. The Department is exploring the areas of actual involvement in the National Health Programme through ISM & H.

#### **2. ISM & Homoeopathy component in Central Government Health Scheme**

8.2.1. India has a rich heritage by way of its ancient systems of medicine such as Ayurveda, Siddha, Unani, Yoga & Naturopathy. These systems of medicines and its practices are well accepted by the Community and have their own areas of strength. Medicines are easily available and prepared from locally available resources, economical, and comparatively safe from side effects. Because of this fact the Central Government Health Scheme, introduced in 1954 with only Allopathic dispensaries has introduced ISM & H component in its net work.

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#### **2. Year of establishment of ISM & H dispensaries in CGHS**

Sl.No	System of Medicine	Year
1.	Ayurveda	1964
2.	Homoeopathy	1967-68
3.	Unani	1974-75
4.	Siddha	1980-81

8.2.3. The effectiveness of these systems in certain diseases in which there is no or less efficacious treatment in Allopathic Systems has generated a demand for more such facility in different parts of the country and as of now the following facilities are available in CGHS.

Sl.No	System of Medicine	No. of dispensary/unit
1.	Ayurveda	31
2.	Homoeopathy	34
3.	Unani	09
4.	Siddha	02
5.	Yoga	03

## **2. Establishment of Specialized Clinics of ISM & H in the Central Government Hospitals.**

1. In order to provide specialized treatment facility to the patient in Ayurveda, Unani and Homoeopathy and to enable them to take advantage of the strengths of these systems and bring these systems within easy reach of the people who want to avail treatment under these systems, the Government has set up three Specialized Clinics, one each in Ayurveda, Unani and Homoeopathy in the OPD of the two Central Government Hospitals in Delhi viz., Safdarjung Hospital (Ayurveda & Homoeopathy) and Dr. Ram Manohar Lohia Hospital (Unani) w.e.f 14<sup>th</sup> Jan'98. These clinics are being run on experimental basis by the three research councils viz., CCRAS, CCRH and CCRUM. These clinics are attended by a large number of patients especially of chronic diseases.

## **3. Indian Systems of medicine in Reproductive and Child Health Programme(RCH).**

Considering that about half of the population according to some estimates depends on the Indian Systems of Medicine for Health Care, the Reproductive & Child Health for the whole population of the country cannot be assured without involving the Indian Systems in a large and meaningful manner. The Ayurveda and Unani Systems in this regard are particularly important. About 5 Lac practitioners of these disciplines mostly in the non-governmental sector are spread out in different parts of the country. These systems have the additional advantage that a large proportion of their practitioners are located in the rural areas where the reach of the modern system is weakest. The Indian Systems are known to have many efficacious practices and remedies for a number of conditions of women and children. These systems generally do not have any side effects. Steps have been initiated for introducing Ayurvedic/Unani drugs, which are efficacious and safe in RCH programmes. 7 drugs of Ayurveda and Unani

have been introduced in RCH programme. There are three specific programmes on ISM which will be implemented under the RCH Programme.

### **1. Training of ISM practitioners**

8.4.1.(1) It is neither feasible nor recommendable to create a parallel extensive system of dispensaries and hospitals of ISM to provide RCH facilities through Indian Systems to the citizens. Therefore, the RCH programme does not seek creation of any posts or proposal for construction of building for ISM dispensaries/hospitals. The RCH programme will confine itself to tapping large resources of ISM practitioners in the non-governmental sector. These persons need to be oriented in RCH concept and framework. Their professional skills also need to be revised and upgraded through training, particularly, in areas relevant to RCH.

**8.4.1(2) Improving awareness and availability of ISM remedies :** The Indian Systems have relied over generations on medicinal plants available in the neighborhood and knowledge about use of such medicinal plants and other easily available medicinal products (like condiments, herbs, etc.) passed on from generation to generation through the family elders. Because of pressure of population, the cultivation of food grains and commercial crops have progressively practically eliminated locally growing medicinal plants and because of the vast changes in the social system, the family traditions have also become weak.

**8.4.1.(3) Research in ISM :** While there is extensive literature going back 2500 years to Charaka Samhita/AI-Qanoon mentioning practices and cures, a deficiency of the ISM is that objective data through clinical trials and laboratory work has not been generated to prove the extent of efficacy of individual prescriptions/cures. As a result, a large variety of cures and practices are prescribed by the practitioners leading to varying results. It will be beneficial if the cures mentioned in the texts are systematically taken up and subjected to laboratory investigation and clinical trials so that their efficacy is established or disproved. This will allow the most effective cures out of the many recommended for a particular condition to be identified, which then can be propagated for extensive use for the benefit of patients.

**8.4.1(4) Establishment of Vanaspati Vans:** The forests have been traditional source of medicinal plants so far, but due to population pressure on one hand and over exploitation of these plants on the other, availability of these plants from forests is decreasing. Many of medicinal plants have become endangered. Keeping it in view, the Department of Family Welfare have implemented this scheme with specific objective to increase the availability of medicinal plants for RCH Programmes.

8.4.1(4)(1) Under this scheme, Vanaspati Vans are proposed to be set up by taking up plantation of medicinal plants over wastelands or denuded forest land of 3000-5000 hectares of contiguous area in States.

8.4.1(4)(2) The scheme requires the setting up of a State Level Society headed by a Forest Officer and having nominees from Department of Family Welfare and Department of ISM & H for formulation of project and its implementation. The society is to be assisted by an Advisory Committee of one expert each from disciplines of Ayurveda, Botany and Agriculture/Forestry.

8.4.1(4)(3) Central Assistance is provided upto Rs.1 Crore per year for a period of 5 years under the Scheme for small complement of staff, field workers and fencing, etc.

8.4.1(4)(4) So far this scheme has been implemented in the States of Himachal Pradesh and Haryana. The proposals of some other States like Madhya Pradesh, Andhra Pradesh, Rajasthan, Kerala and Uttar Pradesh are also under consideration

## **Chapter 9**

### **CONFERENCES AND MEETINGS**

9.1 A Conference of State Health Ministers of Indian Systems of Medicine & Homoeopathy was held under the chairmanship of Union Minister of Health & F.W. on 30<sup>th</sup> October, 2000 at New Delhi. The main subjects discussed and reviewed in the meeting include:-

- Establishment of Medicinal Plants Board.
- Notification of Good Manufacturing Practices (GMP) under Drugs & Cosmetics Act, 1940 and Rules thereunder and action to be taken by the State Governments to implement the rules.
- Need for strengthening of State Drug Testing Laboratories and Pharmacies of ISM&H.
- Medical education matters including fee structure for ISM&H colleges.
- Introduction of ISM&H in total Health Care Delivery System.
- Strengthening of ISM&H infrastructure - Filling of various posts in the State Directorates of ISM&H.
- Need for timely implementation of the schemes of Deptt of ISM&H.
- Promotion of Medical Tourism through Indian Systems of Medicine & Homoeopathy.
- Regulation of education & practices in Yoga & Naturopathy.

9.1.1 There was general consensus to address to these areas and take appropriate action. The Conference adopted resolution for taking forward these areas.

## **Chapter 10**

### **New Schemes**

10.1.1 Establishment of Advanced Centre in Ayurveda at NIMHANS, Bangalore: The Government has agreed to establish an advanced centre in Ayurveda at NIMHANS, Bangalore in the 9<sup>th</sup> Five Year Plan at a total outlay of Rs. 5.04 crore by merging the existing Ayurvedic Research Unit of CCRAS with NIMHANS, Bangalore with the following objectives. (i) To provide clinical service in Ayurveda; (ii) To serve as Research Centre in Fundamental and Applied Sciences; (iii) To provide opportunities to Ayurveda and Allopathy UG Students to pursue PG studies in M.D. (Ay.) as well as Ph.D; and (iv) To provide orientation programme at various level for para medical Ayurveda staff.

10.1.2 During 1998-99, an amount of Rs. 20.00 Lakhs was released for the Centre. During 1999-2000, a token provision of Rs. 1.00 lakh was made.

## 10.2 Scheme for Strengthening of State Drug Testing Laboratories(DTL) and Pharmacies of ISM&H for quality of ISM&H drugs.

1. The manufacturing and sales of ISM&H drugs are increasing day by day as the demands are increasing. The Government's intervention is necessary to ensure availability of quality ISM&H drugs in the country so that the community at large gets the right medicines. Testing of drugs is a major activity which helps in ensuring quality of drugs. Department of ISM&H has proposed a Central Scheme of assistance to State Drug Testing Laboratories for ISM&H drugs.
2. Strengthening of State ISM&H Drug Manufacturing Units : The quality of drugs manufactured in the State pharmacies is almost invariably good. However, on the other hand, the norms for quality of drugs has not yet been evolved fully and their enforcement in the market is nominal. Therefore, till such time, the norms for quality drugs are fully developed and prescribed, enforcement machinery becomes efficient, State pharmacies have relevance for ensuring availability of quality of Ayurveda, Unani & Siddha (ASU) drugs. Hence strengthening State Government Pharmacies of ISM&H drugs is essential. The scheme of strengthening of DTLs and Pharmacies of ISM&H has been approved by EFC. Approval of full Planning Commission and Finance Minister is awaited. It is tentatively decided to render maximum assistance of Rs. 1.00 crore to each DTL and pharmacy and a total budget provision of Rs. 40.00 crores has been earmarked for 2000-2001 and 2001-2002.

## 10.3 Study for Assessment of Demand of Medicinal Plants used in manufacture of Indian Systems of Medicine & Homoeopathy

Medicinal plants are the basic ingredients of medicines of Ayurveda, Unani, Siddha and Homoeopathy. These are used by the pharmacies and individual physicians of ISM & H but there is no data on their demand consumption and availability in the country. The statistical data on these aspects is very much required for planning future strategies for their development.

Keeping this in view the Deptt. has started a country-wide survey through a professional consultancy organization with the financial assistance of W.H.O. The survey will cover the manufacturing units of ISM & H drugs, forest areas besides practitioners of ISM & H, cultivators/suppliers of medicinal plants on sample basis.

## 10.4. Survey on 'Usage & Acceptability of ISM & H'

The main objective of the survey is to collect the information on availability of facilities in the hospitals and dispensaries under ISM & H and also the extent of utilisation of these services in treatment of the diseases by the population alongwith the various problems being faced in utilisation/practising ISM & H. The information will be collected from the selected hospitals/dispensaries, practitioners under ISM & H and also from households in rural/urban sectors in the selected districts. The survey is being conducted through the Indian Council of Medical Research, New Delhi and 35 districts in 19 States are planned to be covered in the survey.



1	Hospital	2258	196	224	8	21	297	3004
2	Beds	40313	4872	1811	101	733	12836	60666
3	Dispensaries	14416	970	363	42	56	7155	23028*
4	Registered Practitioners **	367528	41221	12915	-	388	189361	611413
5	(I) Under Graduate Colleges	196	40	2	-	-	149	387
	(II)Admission Capacity	7070	1280	150	-	-	7610	16110
6	(I) Post Graduate Colleges	49	3	2	-	-	14	68
	(II)Admission Capacity	645	35	70	-	-	186	936

NOTE : - - = Nil information, \*= includes 26 Amchi Dispensaries

\*\* = Information as on 1.1.99.

\$ = As on 1.10.2000 based on information furnished by CCIM/CCH.

FIGURES ARE PROVISIONAL

**STATEMENT - II**

**STATEWISE NUMBER OF REGISTERED ISM & HOMOEOPATHIC PRACTITIONERS \*AS ON 1.1.1999**

SL. NO.	STATES/U.T's	<u>Ayurveda</u>	<u>Unani</u>	<u>Siddha</u>	<u>Naturo-Pathy</u>	<u>Homoeopathy</u>	<u>TOTAL</u>
1	2	3	4	5	6	7	8
1	Andhra Pradesh	14621**	4614**	-	298**	8411	27944
2	Arunachal Pradesh	-	-	-	-	-	-
3	Assam #	250	NA	-	-	464	714

4	Bihar #	75711 \$	3250\$	-	-	25669	104630
5	Delhi	5952	2112	-	-	2586	10650
6	Goa	-	-	-	-	-	-
7	Gujarat	16223	234	-	-	3768	20225
8	Haryana	18553	1656	-	-	5664	25873
9	Himachal Pradesh	6798	454	-	-	1076	8328
10	Jammu & Kashmir #	343	162	-	-	-	505
11	Karnataka	10555	679	1	67	5871	17173
12	Kerala	13080	55	1345	-	7760	22240
13	Madhya Pradesh	47130	427	-	2	6794	54353
14	Maharashtra	46519	2298	-	-	27911	76728
15	Manipur	-	-	-	-	-	-
16	Meghalaya	-	-	-	-	229#	229
17	Mizoram	-	-	-	-	-	-
18	Nagaland	-	-	-	-	-	-
19	Orissa	3653	15	-	-	4733	8401
20	Punjab	19924	5610	-	-	7256	32790
21	Rajasthan	26056	1849	-	-	3975	31880
22	Sikkim	-	-	-	-	-	-
23	Tamil Nadu	3366	916	11569	21	16060	31932
24	Tripura	-	-	-	-	-	-
25	Uttar Pradesh	55921	11963	-	-	24711	92595
26	West Bengal	2873	4927#	-	-	36107	43907
27	A & N Islands	-	-	-	-	-	-
28	Chandigarh	-	-	-	-	316	316
29	D & N Haveli	-	-	-	-	-	-
30	Daman & Diu	-	-	-	-	-	-
31	Lakshadweep	-	-	-	-	-	-
32	Pondicherry	-	-	-	-	-	-
	<b>TOTAL</b>	<b>367528</b>	<b>41221</b>	<b>12915</b>	<b>388</b>	<b>189361</b>	<b>611413</b>

NOTE :- # = No information has been received for the current year hence repeated for the latest available year.

- = Nil information, NA = Not Available, \$ = Source CCIM

o = Includes Institutionally Qualified & Non-institutionally Qualified Registered

Practitioners.

\*\* = Information is available for one Board only.

FIGURES ARE PROVISIONAL

**STATEMENT - III**

**NUMBER OF ISM & H DOCTORS (REGISTERED PRACTITIONERS, IQ + NIQ) PER 10000 POPULATION AS ON 1.1.1999**

S.No.	STATES/U.T.'s	Total Population(as per 1991 Census)\$	ISM &H Doctors Registered Practitioners,IQ + NIQ	ISM & H Doctors Per 10000
1	Andhra Pradesh	66508008	27944 *	4.2
2	Arunachal Pradesh	864558	-	-
3	Assam	22414322	714#	0.3
4	Bihar	86374465	104630#	12.1
5	Delhi	9420644	10650	11.3
6	Goa	1169793	-	-
7	Gujarat	41309582	20225	4.8
8	Haryana	16463648	25873	15.7
9	Himachal Pradesh	5170877	8328	16.1
10	Jammu & Kashmir@	7718700	505 #	0.6
11	Karnataka	44977201	17173	3.8
12	Kerala	29098518	22240	7.6
13	Madhya Pradesh	66181170	54353	8.2
14	Maharashtra	78937187	76728	9.7
15	Manipur	1837149	-	-
16	Meghalaya	1774778	229	1.3
17	Mizoram	689756	-	-
18	Nagaland	1209546	-	-
19	Orissa	31659736	8401	2.7
20	Punjab	20281969	32790	16.1

21	Rajasthan	44005990	31880	7.2
22	Sikkim	406457	-	-
23	Tamil Nadu	55858946	31932	5.7
24	Tripura	2757205	-	-
25	Uttar Pradesh	139112287	92595	6.7
26	West Bengal	68077965	43907	6.4
27	A & N Islands	280661	-	-
28	Chandigarh	642015	316	4.9
29	D & N Haveli	138477	-	-
30	Daman & Diu	101586	-	-
31	Lakshadweep	51707	-	-
32	Pondicherry	807785	-	-
	<b>TOTAL</b>	<b>846302688</b>	<b>611413</b>	<b>7.2</b>

**NOTE :** IQ = Institutionally Qualified, NIQ = Non-institutionally Qualified,

- = Nil information, \* = Information is available for one Board only,

@ = The 1991 Census was not held in Jammu & Kashmir. The figures are as per projections prepared by the Standing Committee of experts on Population Projection, October, 1989.

\$ = **Source :** Registrar General of India.

# = No information has been received for the current year hence repeated for the latest available year. **FIGURES ARE PROVISIONAL**

#### STATEMENT – IV

#### STATEWISE/SYSTEMWISE NUMBER OF HOSPITALS WITH THEIR BED STRENGTH UNDER INDIAN SYSTEMS OF MEDICINE AND HOMOEOPATHY FUNCTIONING AS ON 1.4.1999.

<u>S. No.</u>	<u>States/Uts</u>	<u>Ayurveda</u>	<u>Unani</u>	<u>Siddha</u>	<u>Yoga</u>	<u>Naturo-pathy</u>	<u>Amchi</u>	<u>Homoeo-Pathy</u>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>
1	Andhra Pradesh	8(444)	7(390)	-	-	1(135)	-	6(280)
2	Arunachal Pradesh	1(15)	-	-	-	-	-	-
3	Assam#	2(130)	-	-	1(25)	-	-	3(105)
4	Bihar #	9(871)	4(414)	-	-	-	-	1(100)
5	Delhi#	9(771)	4(311)	-	1*(50)	-	-	3(190)
6	Goa	6(245)	-	-	-	-	-	-

7	Gujarat	45(1745)	-	-	1(1)	-	-	9(730)
8	Haryana	9(840)	1(10)	-	-	-	-	-
9	Himachal Pradesh	16(330)	-	-	-	1(10)	1(15)	-
10	Jammu & Kashmir#	1(25)	2(200)	-	-	1(10)	-	-
11	Karnataka	124(6132)	11(202)	1(10)	5(25)	12(451)	-	25(1480)
12	Kerala	109(2561)#	-	-	-	1(30)#	-	72(1440)
13	Madhya Pradesh	34(1160)	1(60)	-	-	-	-	12(590)
14	Maharashtra	73(11713)	10(1400)	-	-	-	-	77(5505)
15	Manipur	-	-	-	-	2(65)	-	1(10)
16	Meghalaya	-	-	-	-	-	-	-
17	Mizoram	-	-	-	-	-	-	-
18	Nagaland	-	-	-	-	-	-	-
19	Orissa	8(323)	-	-	-	-	-	5(150)
20	Punjab	11(771)#	-	-	-	-	-	6(185)
21	Rajasthan	90(1179)	5(270)	-	-	2(22)	-	5(160)
22	Sikkim	-	-	-	-	-	-	-
23	Tamil Nadu	4(267)	1(54)	221 (1716)	-	-	-	3(150)
24	Tripura	1(10)	-	-	-	-	-	1(20)
25	Uttar Pradesh #	1671(9911)	136(1186)	-	-	-	-	36(399)
26	West Bengal #	3(215)	2(110)	-	-	-	-	14(682)
27	A & N Islands	-	-	-	-	1(10)	-	-
28	Chandigarh	1(150)	-	-	-	-	-	1(25)
29	D & N Haveli	1(-)@	-	-	-	-	-	1(-)@
30	Daman & Diu	1(5)	-	-	-	-	-	-
31	Lakshadweep	-	-	-	-	-	-	-
32	Pondicherry	-	-	-	-	-	-	-
33	C.G.H.S.	1(25)	-	-	-	-	-	-
34	Central Research Councils	20(475)	12(265)	2(85)	-	-	-	5(105)
	<b>TOTAL</b>	2258 (40313)	196 (4872)	224 (1811)	8 (101)	21 (733)	1 (15)	297 (12836)

**NOTE :** -=Nil information, Figures within bracket indicate the Bed-strength,  
 += Information not received # = Information for the current year has not been received, hence repeated for the latest available year . \* = The information regarding Yoga Hospitals in Delhi is under clarification. @=No.of beds reported nil is under clarification The total no. of Homoeopathic Hospitals have reduced as U.P. has reported reduced figures.

**FIGURES ARE PROVISIONAL**

**STATEMENT - V**

**STATEWISE/SYSTEMWISE NUMBER OF DISPENSARIES UNDER INDIAN SYSTEMS OF MEDICINE AND HOMOEOPATHY FUNCTIONING AS ON 1.4.1999**

<u>S. No.</u>	<u>Name of States/Uts</u>	<u>Ayurveda</u>	<u>Unani</u>	<u>Siddha</u>	<u>Yoga</u>	<u>Naturo-Pathy</u>	Amchi	<u>Homoeo-pathy</u>
1	2	3	4	5	6	7	8	9
1	Andhra Pradesh	1437	207	-	-	-	-	286
2	Arunachal Pradesh	4	1	-	-	-	-	41
3	Assam#	329	1	-	2	2	-	75
4	Bihar #	522	128	-	-	-	-	181
5	Delhi #	122	19	-	-	-	-	95
6	Goa	59	-	-	-	-	-	56
7	Gujarat	539	-	-	2	8	-	34
8	Haryana	414	20	-	-	-	-	20
9	Himachal Pradesh	1064	3	-	-	-	-	14
10	Jammu & Kashmir#	247	171	-	-	-	25	2
11	Karnataka	561	45	-	-	11	-	25
12	Kerala	759#	1#	9#	-	-	-	2754
13	Madhya Pradesh	2105	56	-	-	-	-	202
14	Maharashtra	463	23	-	-	-	-	-
15	Manipur	-	-	-	-	1	-	9
16	Meghalaya	-	-	-	-	-	-	5
17	Mizoram	1	-	-	-	-	-	1
18	Nagaland	-	-	-	-	-	-	2

19	Orissa	527	9	-	35	30	-	503
20	Punjab	489#	35#	-	-	-	-	105
21	Rajasthan	3486	79	-	-	3	-	121
22	Sikkim	-	-	-	-	-	1	1
23	Tamil Nadu	10	6	338	-	1	-	41
24	Tripura	30	-	-	-	-	-	66
25	Uttar Pradesh	713 #	148 #	-	-	-	-	1378
26	West Bengal #	254	-	-	-	-	-	899
27	A & N Islands	-	-	-	-	-	-	7
28	Chandigarh	5	-	-	-	-	-	4
29	D & N Haveli	1	-	-	-	-	-	1
30	Daman & Diu	1	-	-	-	-	-	-
31	Lakshadweep	4	-	-	-	-	-	2
32	Pondicherry	12	-	8	-	-	-	1
33	C.G.H.S.	31	9	2	3	-	-	34
34	Central Research Councils	32	8	4	-	-	-	41
35	M/o Railways	38	-	-	-	-	-	124
36	M/o Labour	129	1	2	-	-	-	25
37	M/o Coal	28	-	-	-	-	-	-
<b>T O T A L</b>		<b>14416</b>	<b>970</b>	<b>363</b>	<b>42</b>	<b>56</b>	<b>26</b>	<b>7155</b>

**NOTE :** - - = Nil informati on

# = Information for the current year has not been received, hence repeated for the latest available year. **FIGURES ARE PROVISIONAL**

**Annexure-A**

**Staff Strength of the Department of ISM&H**

No.	Name of the Office	Staff Strength
<b>I.</b>	Department of ISM&H Secretariat staff at Headquarters	149

II	Subordinate Office under the Department :  1. Pharmacopoeial Laboratory of Indian Medicine,  (PLIM), Ghaziabad  2. Homoeopathic Pharmacopoeia Laboratory,  (HPL), Ghazi abad	35  30
III	Autonomous bodies under the control of the Deptt. 1. National Institute of Ayurveda, (NIA) Jaipur 2. Institute of Post Graduate Training & Research (IPGT&R), Jamnagar  3. Central Council for Research in Ayurveda & Siddha (CCRAS), New Delhi  4. Rashtriya Ayurveda Vidyapeeth (RAV)N.Delhi 5. Central Council of Homoeopathy, N.Delhi 6. National Institute of Homoeopathy, Calcutta 7. Central Council for Research in Homoeopathy (CCRH), New Delhi 8. Central Council for Research in Unani Medicine (CCRUM), New Delhi 9. National Institute of Unani Medicine, (NIUM), Bangalore 10. Central Council for Research in Yoga & Naturopathy (CCRYN), New Delhi 11. Morarji Desai National Institute of Yoga, (MDNIY), New Delhi 12. National Institute of Naturopathy(NIN), Pune 13. Vishwayatan Yogashram, New Delhi 14. Central Council of Indian Medicine, N.Delhi	397 265 1560 07 37 148 484  769  08 25  84 22 15 35
	<b>Total staff strength</b>	<b>4048</b>

Source: <http://indianmedicine.nic.in> 01/24/2001