

Chapter 19

INDIAN SYSTEMS OF MEDICINE & HOMOEOPATHY

The Indian Systems of Medicine and Homoeopathy (ISM&H) consist of Ayurveda, Siddha, Unani and Homoeopathy, and therapies such as Yoga and Naturopathy. Some of these systems are indigenous and others have over the years become a part of Indian tradition.

Strengths of the system::

- There are over 6 lakh ISM&H practitioners
- The practitioners serve in remote rural areas/urban slums
- They are accepted by the community

Problems faced by ISM&H :

- Lack of well qualified teachers in training institutes; quality of training is not of requisite standard,
- Lack of essential staff, infrastructure and diagnostic facilities in secondary/tertiary care institutions,
- Potential of ISM&H drugs & therapeutic modalities is not fully exploited,
- Existing ISM&H practitioners are not fully utilised to improve access to health care.

Approach in Ninth Plan :

- Improve quality of primary, secondary and tertiary care in ISM&H by strengthening educational institutes of ISM&H ;
- Preserve and promote cultivation of medicinal herbs and plants;
- Complete the Pharmacopoeia for all systems of ISM&H; drawing up a list of essential drugs belonging to these system;
- Draw up a list of essential drugs and initiate steps to improve their availability at affordable cost;
- Ensure quality control of drugs used and research & development of drugs, testing and patenting them.

Operational strategy for the Ninth Plan

The focus will be:

- To ensure improvement in the standard of research and teaching in all the systems of ISM&H
- Preservation & promotion of cultivation of medicinal herbs and plants
- Completion of the pharmacopoeia for all systems of medicine

Primary, Secondary & Tertiary Care: Progress of Institutions

2. Madhya Pradesh, West Bengal and Gujarat have ISM&H practitioners as the only medical practitioners in some remote PHCs and these practitioners provide primary health care to the needy population. States like Himachal Pradesh and Kerala have

ISM&H practitioners in primary health care alongside physicians of modern medicine thus offering a complementary health care under both systems. Several states are setting up ISM&H clinics in district hospitals. Delhi has speciality clinics of Ayurveda and Homeopathy at Safdarjung Hospital and of Unani Medicine in Ram Manohar Lohia Hospital as a research activity. Apart from regular OPD, eminent leading Vaidyas /Hakims/Homeopaths are rendering services once a week in these clinics. An advanced Ayurvedic Centre for mental Health care has been established at the National Institute of Mental Health Sciences, Bangalore. Central Department of Family Welfare is providing ISM&H drugs as a part of Reproductive Child Health (RCH) drugs in select States and cities.

Suggestions-

- Increase utilisation of ISM&H practitioners working in Government, voluntary and private sector in order to improve Information Education & Communication (IEC), counselling, increased utilisation and completion of treatment in national disease control and family welfare programmes.
- It is desirable that ISM&H clinics are funded by the respective primary, secondary and tertiary care institutions at the end of the Ninth Plan period.
- Monitor how the efforts in providing complementary system of health care to patients in the hospitals are utilised by the patients and effect mid course corrections.
- Improve tertiary care institutions especially those attached to ISM&H colleges and national institutions so that there is improvement in teaching, training, R&D and patient care, all at the same time.
- Establish effective referral linkage between primary, secondary and tertiary care institutions.

Development of Human Resources for ISM&H : Progress

3. Nearly 12,000 ISM&H practitioners of various Indian systems graduate every year; many of the ISM&H colleges do not have adequate infrastructure or qualified manpower; they lack teaching and training material and function sub-optimally. The Department has taken several steps to improve the situation:

4. Central Council of Indian Medicine (CCIM) and Central Council for Homoeopathy (CCH) inspect educational institutions, register qualified ISM&H practitioners and revise curricula. State and Central Departments of ISM&H provide funds to improve and strengthen the existing undergraduate and post-graduate colleges of ISM&H to make them achieve norms prescribed by CCIM/CCH.

Para professional in ISM&H

5. The Department is currently preparing a course for Nursing and Pharmacy in Unani medicine. Some private organisations and state governments are conducting courses in Ayurvedic Pharmacy. States like Kerala and Rajasthan have courses on Ayurvedic Nursing. These courses are not recognised by any statutory body. Attempts are under way to sort out this problem.

Continuing Medical Education in ISM&H:-

6. Majority of ISM&H practitioners have qualified from recognised institutions and could be utilised for improving coverage of national health programmes. Most of these practitioners are in the private sector and require periodic updating of the knowledge and skills through continuing medical education courses. It is also important to impart them knowledge about ongoing health programmes so that they could provide necessary counseling and help in other ways. Department of ISM&H provides scheme for re-orientation/in-service training with a total outlay of Rs.6.10 crore during Ninth Five Year Plan. This scheme offers one month's course for teachers and physicians while ISM&H personnel get two months training in specialised fields like Ksharasutra, Pancha Karma therapy and dental practices and in yoga. Department of Family Welfare has sanctioned Rs. 68.8 lakhs to 30 ISM&H institutions for conducting pre-training programmes.

Suggestions:-

- Develop one functioning centre in each system as National Institute with adequate financial assistance .
- Educational institutions to seek accreditation before they initiate enrolment; mandatory periodic review for continued recognition.
- Ensure that students have access to hospitals with requisite number of patients for clinical training and clinical skill development.
- Ensure uniformity in entry standards and in curricula.
- Improve quality of undergraduate training and clinical skills through internship coupled with multi- professional interaction.
- Curricula changes are required in graduate and Continuing Medical Education (CME) courses and course contents should help widen the involvement of ISM&H practitioners in counselling and greater utilisation in services under the National Health and Family Welfare..

Preservation & Promotion of Cultivation of Medicinal Herbs/Plants: Progress

7. Planning Commission had constituted a Task Force on conservation, cultivation, sustainable use and legal protection of medicinal plants. The following recommendations were made :

- a. Establishment of 200 Medicinal Plant Conservation Areas (MPCA), covering all ecosystems, forest types and subtypes preferably inside the protected areas already notified under the Wildlife Act.
- b. For 50 medicinal plant species which are rare, endangered or threatened their ex-situ conservation may be tried out in established gardens managed by agriculture, horticulture, forest and other departments.
- c. Three gene banks created by Department of Biotechnology should store the germ plasm of all medicinal plants.
- d. Two hundred "Vanaspati Van" may be established in degraded forest areas (with an area of about 5000 hectares each). Intensive production of medicinal plants from these "Vanaspati Vans" will produce quality herbal products and generate productive employment to 50 lakh people, especially women, who are skilled in herbal production, collection and utilization.

- e. One million hectares of forest area rich in medicinal plants (about 5000 hectares each at 200 places) should be identified, management plans formulated and sustainable harvesting encouraged under the Joint Forest Management (JFM) system. Such areas, besides producing herbal products, will generate employment for 50 lakh tribals.
- f. Fifty NGOs that are technically qualified should be entrusted the job of improving awareness and availability of plants stock and agro-techniques for cultivation of medicinal plants. Twenty-five species having the maximum demand should be cultivated under captive and organic farming.
- g. All attempts should be made for medicinal plants' screening/testing/clinical evaluation/safety regulation as well as research and development safety, efficacy, quality control, pharmacopoeia development; these efforts should be expedited and completed by the year 2003.
- h. Drug Testing Laboratories for ISM&H products should be established with staff qualified to test the plant/mineral based products. Training should be imparted to the laboratory staff, drug inspectors and to the quality control managers/in-charges of the manufacturing units so that they are able to identify the raw materials and ensure that essential properties are present in those medicinal plants.
- i. To prevent patenting of traditional knowledge by outsiders, all the available information should be properly formatted in a digital form by using international standards for wider use both at national and international level. Efforts should be intensified to create an Indian Traditional Knowledge Base Digital Library.
- j. The Task Force recommends establishment of "Medicinal Plant Board" for an integrated development of the medicinal plants sector. It is expected to formalize and organize medicinal plants marketing and trade, coordinate efforts of all the stakeholders of the sector and ensure health for all by improving the awakening and availability of herbal products, besides generating productive employment to one crore tribals and women on a sustainable basis. The proposed Board will need a financial assistance of Rs. 50 crores over a period of three years.

Pharmacopoeial Standards:-

8. Setting up pharmacopoeial standards has been identified as a priority in the Ninth Plan. Availability of good quality drugs at affordable cost is an essential prerequisite for any health programme. Currently the country is facing problems in ensuring quality of drugs. The Pharmacopoeial Laboratory of Indian Medicine (PLIM) and the Homeopathy Pharmacopoeial Laboratory (HPL) at Ghaziabad are the major drug testing laboratories in ISM&H. In addition, the state governments have also been advised to set up drug testing laboratories. The Department has finalised and notified Good Manufacturing Practices for Ayurveda, Siddha and Unani drugs in the last two years. There is still a major problem in ensuring quality control because of lack of adequate number of ISM&H drug testing laboratories.

Suggestions :

- Utilisation of laboratories of Central Council for Research in Ayurveda and Sidha (CCRAS) and chemistry and biochemistry laboratories of universities/college departments as well as existing drug testing labs in modern system of medicine for drug testing and quality control of ISMH drugs.

- Implementation of stringent drug control by the Drug Controllers and strict enforcement of provisions of the Drugs and Cosmetics Act and the Magic Remedies Prevention Act.

Research and Development :

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

Suggestions:

10. The ongoing research projects are scattered and few in number; many are not in identified priority areas. The linkages between research institutes with educational and service institutions need to be strengthened. The Ninth Plan has emphasised focussed attention on R&D especially clinical trials on new drug formulations, clinical trial of promising drugs through strengthening of the Central Research Councils and coordination with other research agencies. Special emphasis has been laid on encouraging research aimed at improving ISM&H inputs in National Health Programmes. Clinical trials may be conducted on testing of drugs traditionally used in illnesses and of those used in tribal societies for safety and efficacy and also research on developing new drug formulations.

Involvement in National Programme

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

Outlays and Expenditure:

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

APPROVED OUTLAY AND EXPENDITURE FOR ISM&H								
						Rs. in Crores		
Eighth Plan Outlay (1997-2002)	Ninth Plan Outlay (1997-2002)	1997-98 (B.E.)	1997-98 (Actual)	1998-99 (B.E.)	1998-99 (R.E.)	1999-2000 (B.E.)	1999-2000 (Anti. Exp.)	2000-2001 (B.E.)
108.00	266.35	35.30	33.04	50.00	49.00	59.13	55.00	100.00