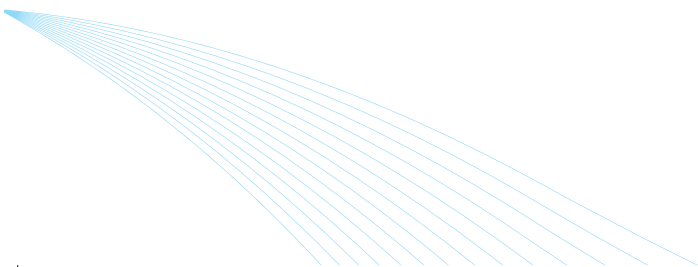


# ANNUAL REPORT

2012-13



**Government of India**  
**Ministry of Health & Family Welfare**  
**Department of Ayurveda, Yoga &**  
**Naturopathy, Unani, Siddha and**  
**Homoeopathy (AYUSH)**



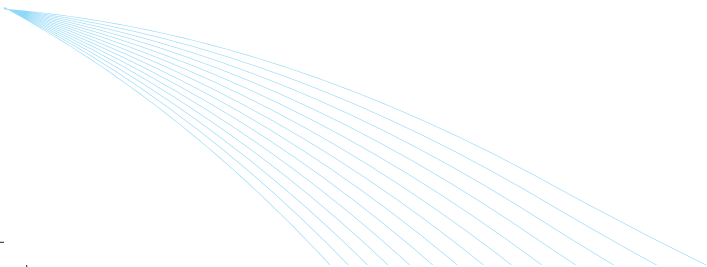
# Contents

Chapter No.	Chapter	Page
	Abbreviations	i
<b>1.</b>	<b>Background of the Department</b>	<b>1</b>
<b>2.</b>	<b>AYUSH Systems</b>	<b>7</b>
2.1	Introduction	7
2.2	Ayurveda System	7
2.3	Siddha System	9
2.4	Unani System	9
2.5	Homoeopathy	10
2.6	Yoga	11
2.7	Naturopathy	13
2.8	Sowa-Rigpa	14
<b>3.</b>	<b>Organizational Set-up</b>	<b>15</b>
<b>4.</b>	<b>Human Resource Development</b>	<b>17</b>
4.1	Central Council of Indian Medicine	17
4.2	Central Council of Homoeopathy	17
4.3	Education Policy	19
4.4	Centrally Sponsored Scheme for Development and Upgradation of AYUSH Institutions	20
4.5	Continuing Medical Education (CME) for AYUSH Personnel	21
<b>5.</b>	<b>AYUSH Services</b>	<b>23</b>
<b>6.</b>	<b>National Institutes under Department of AYUSH</b>	<b>25</b>
6.1	National Institute of Ayurveda	25
6.2	National Institute of Homoeopathy	29
6.3	National Institute of Unani Medicine	32
6.4	National Institute of Siddha	38
6.5	National Institute of Naturopathy	42
6.6	Rashtriya Ayurveda Vidyapeeth	44

6.7	Morarji Desai National Institute of Yoga	45
6.8	All India Institute of Ayurveda	48
6.9	North Eastern Institute of Folk Medicine	49
6.10	North Eastern Institute of Ayurveda and Homoeopathy	50
<b>7.</b>	<b>Institute Funded by Department of AYUSH</b>	<b>53</b>
7.1	Institute of Post Graduate Teaching and Research in Ayurveda	53
<b>8.</b>	<b>Research</b>	<b>55</b>
8.1	Central Council for Research in Ayurvedic Sciences	55
8.2	Central Council for Research in Unani Medicine	57
8.3	Central Council for Research in Homoeopathy	61
8.4	Central Council for Research in Yoga and Naturopathy	64
8.5	Central Council for Research in Siddha	65
<b>9.</b>	<b>Developing Medicinal Plants Sector in India</b>	<b>67</b>
<b>10.</b>	<b>Drug Quality Control</b>	<b>73</b>
<b>11.</b>	<b>Pharmacopoeia</b>	<b>75</b>
11.1	Pharmacopoeia Commission for Indian Medicine	75
11.2	Ayurvedic Pharmacopoeia Committee	75
11.3	Unani Pharmacopoeia Committee	75
11.4	Siddha Pharmacopoeia Committee	76
11.5	Homoeopathy Pharmacopoeia Committee	76
11.6	Pharmacopoeial Laboratory for Indian Medicine	76
11.7	Homoeopathic Pharmacopoeial Laboratory	79
<b>12.</b>	<b>Indian Medicines Pharmaceutical Corporation Ltd.</b>	<b>81</b>
<b>13.</b>	<b>International Cooperation</b>	<b>83</b>
<b>14.</b>	<b>Information, Education and Communication</b>	<b>87</b>
<b>15.</b>	<b>Other Central Sector Schemes</b>	<b>91</b>
<b>16.</b>	<b>Empowerment of Women and Benefit to Physically Handicapped Persons</b>	<b>95</b>
<b>17</b>	<b>Result Framework Document – 2011-12</b>	<b>97</b>

## Abbreviations

ACT	Ayurveda Clinical Trial	IMPCL	Indian Medicines Pharmaceutical Corporation Limited
ANC	Ante Natal Care	IPR	Intellectual Property Rights
APC	Ayurvedic Pharmacopoeia Committee	IPD	In Patient Department
ADR	Adverse Drug Reaction	ISM&H	Indian Systems of Medicine and Homoeopathy
ADE	Adverse Drug Event	IIIM	Indian Institute of Integrative Medicine
AP	Ayurvedic Pharmacopoeia	MDNIY	Morarji Desai National Institute of Yoga
ASUDCC	Ayurveda, Siddha, Unani Drugs Consultative Committee	NCNPR	National Center for Natural Products Research
ASUDTAB	Ayurveda, Siddha, Unani Drugs Technical Advisory Board	NRHM	National Rural Health Mission
AIIA	All India Institute of Ayurveda	NIA	National Institute of Ayurveda
CHC	Community Health Centre	NIH	National Institute of Homoeopathy
CSIR	Council of Scientific and Industrial Research	NIS	National Institute of Siddha
CCRAS	Central Council for Research in Ayurvedic Sciences	NIUM	National Institute of Unani Medicine
CCRH	Central Council for Research in Homoeopathy	NIN	National Institute of Naturopathy
CCRUM	Central Council for Research in Unani Medicine	NGO	Non-Governmental Organisation
CCRS	Central Council for Research in Siddha	NEIAH	North Eastern Institute of Ayurveda and Homoeopathy
CCRYN	Central Council for Research in Yoga and Naturopathy	NEIFM	North Eastern Institute of Folk Medicine
CGHS	Central Government Health Scheme	OPD	Out Patient Department
CME	Continuing Medical Education	PHC	Primary Health Centre
CRU	Clinical Research Unit	PPP	Public Private Partnership
CRI	Central Research Institute	PG	Post Graduate
DH	District Hospital	PEC	Project Evaluation Committee
DTLs	Drug Testing Laboratories	PGIMER	Post Graduate Institute for Medical Education and Research
EMR	Extra Mural Research	QCI	Quality Council of India
GAU	Gujarat Ayurveda University	RAV	Rashtriya Ayurveda Vidyapeeth
GLP	Good Laboratory Practices	RRI	Regional Research Institute
GMP	Good Manufacturing Practices	RCH	Reproductive Child Health
IPGTRA	Institute for Post Graduate Teaching and Research in Ayurveda	TKDL	Traditional Knowledge Digital Library
		UG	Under Graduate



## Background of the Department

**1.1** The Department of Indian Systems of Medicine and Homoeopathy (ISM&H) was established in the Ministry of Health & Family Welfare in March, 1995. It was re-named as Department of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy with acronym as AYUSH in November, 2003. The Department is responsible for policy formulation, development and implementation of programmes for the growth, development and propagation of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) systems of Health Care\*. Sowa Rigpa is the recent addition to the existing family of AYUSH systems.

### **1.2 VISION AND MISSION OF THE DEPARTMENT**

**1.2.1** The Vision of the Department is to position AYUSH systems as the preferred systems of living and practice for attaining a healthy India. The Department has identified its Mission<sup>^</sup> in terms of seven broad thematic areas of AYUSH activities. The thematic areas are as follows:

#### **PROVISION OF QUALITY AYUSH SERVICES**

- Delivery of Quality AYUSH health care services to entire population.
- AYUSH to be an integral part of the health delivery system by mainstreaming of AYUSH.
- To ensure healthy population through AYUSH interventions.
- To ensure creation of enabling uniform legal framework for the practice of AYUSH practices and therapies.
- Utilization of trained AYUSH doctors at all levels of Health Care services.

#### **GROWTH OF THE MEDICINAL PLANTS SECTOR**

- To ensure sustained availability of quality raw material from medicinal plants.
- To ensure conservation of medicinal plants.
- Capacity building in medicinal plants sector.

#### **QUALITY RESEARCH IN AYUSH**

- To promote quality research in AYUSH with the objective of validating the systems scientifically and safety and efficacy evaluation of AYUSH remedies.
- To encourage research for validation of fundamental principles of AYUSH Systems.
- To encourage development of new drugs for high priority diseases of national importance.
- To preserve through documentation local health traditions and folklore for their utilization for new drug development.
- To promote inter-disciplinary research.
- To protect Intellectual Property Rights (IPR) in AYUSH systems.
- To encourage research in preventive and promotive health through AYUSH.

#### **EFFECTIVE HUMAN RESOURCE DEVELOPMENT**

- To ensure availability of quality education and training to AYUSH Doctors/Scientists/Teachers.

- To ensure availability of quality paramedical, pharmacy and nursing education and training in AYUSH.
- To empower AYUSH professionals with improved skills and attitudes.
- To promote capacity building of Institutions, Centres of Excellence (COEs), National Institutes, etc.

### **INFORMATION, EDUCATION AND COMMUNICATION**

- To propagate and promote AYUSH within the country.
- To strive for global acceptance of AYUSH formulations.
- To disseminate AYUSH practices and therapies for better health.
- To encourage behavioural change through communication for better health.

### **INTERNATIONAL EXCHANGE PROGRAMMES/SEMINARS/WORKSHOPS ON AYUSH**

- To propagate and promote AYUSH systems outside the country and to ensure their global acceptance as systems of medicine.
- To collaborate with international bodies, e.g. World Health Organisation for cross disciplinary standardization, global recognition and propagation of AYUSH systems.
- Global legal recognition of qualifications and practice of AYUSH.
- To promote collaborative research and education in AYUSH with other countries.

- Protection of Traditional Knowledge.

### **DRUG ADMINISTRATION**

- To accelerate the Pharmacopoeial/standardization work on AYUSH drugs.
- To ensure availability of high quality AYUSH drugs.
- To ensure enabling legal framework for production and distribution of safe and quality AYUSH drugs.
- To strengthen regulatory infrastructure in Central and State Governments.
- To encourage AYUSH drug industry to produce high quality AYUSH medicines for national and international needs.

**1.3** National Health Policy, 1983\*\* observed that the country has a large stock of health manpower comprising of private practitioners in various systems. This resource has not so far been adequately utilized. The practitioners of AYUSH systems enjoy high local acceptance and respect and consequently exert considerable influence on health beliefs and practices. It is, therefore, necessary to initiate organised measures to enable each of these systems of medicine and health care to develop in accordance with their strengths. Simultaneously, planned efforts should be made to dovetail the functioning of the practitioners and integrate their service, at the appropriate levels, within specified areas of responsibility and functioning, in the overall health care delivery system, especially with regard to the preventive, promotive and public health objectives. Well-considered steps would also be required to be taken to move towards a meaningful phased integration of the indigenous and the modern systems. The significance of the Alternative Systems of Medicine was further emphasized in the National Health Policy,



2002\*\*\*, which stated that Ayurveda, Siddha, Unani and Homoeopathy have a substantial role because of the inherent advantages, such as diversity, modest cost, low level of technological input and the growing popularity of natural plant based products, especially in the under-served, remote and tribal areas. The Policy also envisaged the consolidation of documentary knowledge contained in these systems to protect it against attack from foreign commercial entities by way of malafide action under the Patent laws in other countries.

**1.4** The National Policy on Indian Systems of Medicine & Homoeopathy, 2002 enunciated following as its objectives:

- (i) To promote good health and expand the outreach of health care to our people, particularly those not provided with health cover, through preventive, promotive, mitigating and curative intervention through ISM&H;
- (ii) To improve the quality of teachers and clinicians by revising curricula to contemporary relevance and researches by creating model institutions and Centres of Excellence and extending assistance for creating infrastructural facilities;
- (iii) To ensure affordable ISM&H services and drugs, which are safe and efficacious;
- (iv) To facilitate availability of raw drugs, which are authentic and contain essential components as required under pharmacopoeial standards to help improve quality of drugs, for domestic consumption and export;
- (v) Integrate ISM&H in health care delivery system and National Programmes and ensure optimal use of the vast infrastructure of hospitals, dispensaries and physicians;

- (vi) Re-orient and prioritize research in ISM&H to gradually validate drugs and therapies to address in particular the chronic and new emerging life style related diseases;
- (vii) Create awareness about the strengths of these systems in India and abroad and sensitize other stakeholders and providers of health; and
- (viii) To provide full opportunity for the growth and development of these systems and utilization of the potentiality, strength and revival of their glory.

**1.5** The Policy outlines the following strategies to achieve the objectives:

- (a) Legislative measures to check mushroom growth of substandard colleges;
- (b) Course curricula to be reinforced to raise the standards of medical training and to equip trainees for utilization in national health programmes;
- (c) Priority to research covering clinical trials, pharmacology, toxicology, standardization and study of pharmaco-kinetics in respect of identified areas of strength;
- (d) The National Medicinal Plants Board to address all issues connected with conservation and sustainable use of medicinal plants leading to remunerative farming, regulation of medicinal farms and conservation of bio-diversity;
- (e) National Medicinal Plants Board to acquire statutory status to be able to regulate registration of farmers and cooperative societies, transportation, marketing of medicinal plants and proper procurement and supply of raw materials to pharmaceutical industry;

- (f) Protection of India's traditional medicinal knowledge to be undertaken through a progressive creation of a Digital Library for each system and eventually the codified knowledge leading to innovation and good health outcomes;
- (g) Effort to integrate and mainstream ISM&H in health care delivery system and in National Programmes;
- (h) A range of options for utilization of ISM&H manpower in the health care delivery system to be developed by assigning specific goal oriented role and responsibility to the ISM&H work force;
- (i) Allopathic hospitals to be encouraged to set up AYUSH health facilities;
- (j) Government to assist allopathic hospitals to establish Panchkarma and Ksharsutra facilities for the treatment of neurological disorders, musculo-skeletal problems as well as ambulatory treatment of fistula-in-ano, bronchial asthma and dermatological problems;
- (k) States to be encouraged to consolidate the ISM&H infrastructure and health services;
- (l) Pharmacopoeial work related to Ayurveda, Unani, Siddha and Homoeopathy Drugs to be expedited;
- (m) Industry to be encouraged to make use of quality certification and acquisition of GMP and ISO 9000 certification;
- (n) Quality Control Centers would be set up on regional basis to standardize the in-process quality control of ISM products and to modernize traditional processes without changing the concepts of ISM;
- (o) States to be advised and supported to augment facilities for drug manufacture and testing;
- (p) Operational use of ISM in Reproductive & Child Health (RCH) to be encouraged in eleven identified areas, where the Indian Systems of Medicine would be useful for antenatal, intra-natal, post-natal and neonatal care;
- (q) North Eastern States, rich in flora and fauna, to be supported to develop infrastructure and awareness of ISM;
- (r) Keeping in view the global interest in understanding ISM concepts and practices, modules to be formulated for introducing Ayurveda and Yoga to medical schools and institutions abroad and to expose medical graduates;
- (s) Awareness programmes on the utility and effectiveness of ISM&H to be launched through electronic and print media.

**1.6 The Department envisages to achieve its vision, mission and policy goals/objectives through a series of Centrally Sponsored and Central Sector Schemes as listed below:**

#### **1.6.1 CENTRAL SECTOR SCHEMES**

- (i) Central Sector Scheme for supporting Re-orientation Training Programme and Continuing Medical Education (ROTP/CME) for AYUSH personnel.
- (ii) Scheme for Acquisition, Cataloguing, Digitization and Publication of Text Books and Manuscripts.
- (iii) Scheme for Upgradation of Institutions to Centres of Excellence by providing financial assistance to accredited AYUSH

centres in Non-Governmental/Private sector engaged in AYUSH education, drug development and research, Clinical Research /Folk medicine etc.

- (iv) Scheme for promoting AYUSH interventions in Public Health Initiatives.
- (v) Scheme for Revitalization of Local Health Traditions, Midwifery Practices etc.
- (vi) Scheme for Extra Mural Research projects.
- (vii) Scheme for Information Education and Communication (IEC).
- (viii) Scheme for supporting International Exchange Programme, Seminars, Workshops on AYUSH.
- (ix) Development of common facilities for AYUSH industry clusters.
- (x) Support for development of Traditional Knowledge Digital Library and protection of AYUSH Intellectual Property Rights.
- (xi) Surveys on usage and acceptability of AYUSH systems.
- (xii) National Medicinal Plants Board.

## 1.6.2 CENTRALLY SPONSORED SCHEMES

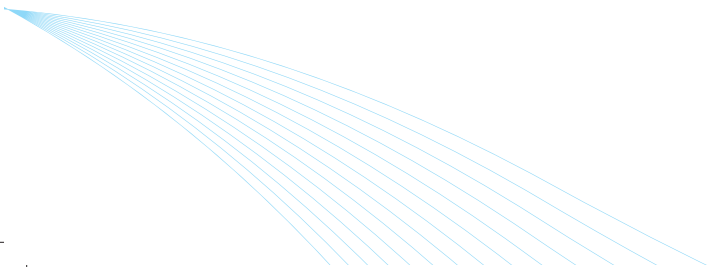
- (i) Promotion of AYUSH:
  - 1.1 Development of AYUSH Institutions.
  - 1.2 Development of AYUSH Hospitals, Dispensaries and Mainstreaming of AYUSH.
  - 1.3 Drugs Quality Control.
- (ii) Setting up of specialized AYUSH facilities in Government tertiary care AYUSH Hospitals in Public Private Partnership mode.
- (iii) National Mission on Medicinal Plants.

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### Footnotes:

- 1.\* Allocation of Business Rules, 1961
- 2. ^ Strategic Plan of Department of AYUSH
- 3. \*\*National Health Policy, 1983
- 4. \*\*\* National Health Policy, 2002

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## AYUSH Systems

### 2.1 INTRODUCTION

**2.1.1** AYUSH systems of medicines are a group of Indian systems of medicine and Homeopathy. AYUSH is an acronym for Ayurveda, Yoga & Naturopathy, Unani, Siddha & Sowa Rigpa, and Homoeopathy. Ayurveda is the oldest system practiced since more than 5000 years; whereas, Homeopathy is being practiced since last around 100 years. These systems are being practised in the country with diverse preferences of people and infrastructural facilities. Ayurveda is more prevalent in the States of Kerala, Maharashtra, Himachal Pradesh, Gujarat, Karnataka, Madhya Pradesh, Rajasthan, Uttar Pradesh, Delhi, Haryana, Punjab, Uttarakhand, Goa and Orissa. The practice of Unani System could be seen in some parts of Andhra Pradesh, Karnataka, Jammu & Kashmir, Bihar, Maharashtra, Madhya Pradesh, Uttar Pradesh, Delhi and Rajasthan. Homoeopathy is widely practiced in Uttar Pradesh, Kerala, West Bengal, Orissa, Andhra Pradesh, Maharashtra, Punjab, Tamil Nadu, Bihar, Gujarat and the North Eastern States and the Siddha system is practiced in the areas in Tamil Nadu, Pondicherry and Kerala. Recently recognized Sowa Rigpa system of medicine is prevalent in trans Himalayan regions including Jammu & Kashmir, Himachal Pradesh, Uttarkhand, Arunachal Pradesh and Sikkim. Besides, there are few educational institutes of Sowa Rigpa in UP and Karnataka. AYUSH services, as a whole, in the country, are provided by public, private and voluntary sector organizations and the range of their distribution varies from State to State.

### 2.2 AYURVEDA SYSTEM

**2.2.1** The literal meaning of “Ayurveda” (Ayu (life)+ Veda (Science)) is “Science of Life”. Ayurveda developed out of the various Vedic hymns describing the fundamental philosophies about

life, disease and health. Ayurvedic knowledge was comprehensively documented in around 5000 years back in the form of Agnivesha Tantra, Vashishtha Samhita, etc. However, these ancient treaties are not available. The Charak Samhita and Sushruta Samhita developed around 2500 BC are the main treaties of Ayurveda fully available today. According to Ayurveda, health is considered as a pre-requisite for achieving the goals of life, i.e. Dharma, Artha, Kama and Moksha. Ayurveda takes an integrated view of the physical, mental, spiritual and social aspects of human beings and about the inter relationships between these aspects.

**2.2.2** The philosophy of Ayurveda is based on the theory of Panchmahabhutas (five primordial elements), which postulates that all objects and living bodies are composed of these five elements. The combinations of these five elements are represented in the form of Tridoshas, viz. Vata (Ether/Air), Pitta (Fire) and Kapha (Water/Earth). These three ‘Doshas’ are physiological entities in living beings; whereas, Satva, Rajas and Tamas are the mental attributes. Ayurveda aims to keep these structural and functional entities in a state of equilibrium, which signifies good health (Swasthya). Any imbalance due to internal or external factors causes disease and the treatment consists of restoring the equilibrium through various techniques, procedures, regimens, diet and medicines.

**2.2.3** Ayurveda considers the human being as a microcosm (Yatha pinde tatha brahmande), which is a replica of the macrocosm (universe). The treatment in Ayurveda is holistic and individualized. The preventive aspect of Ayurveda is called Svastha-Vritta and includes personal hygiene, regular daily routine, appropriate social behavior and use of Rasayana, i.e. use of rejuvenative materials/food and rasayana drugs.

The curative aspect consists of three major categories - (i) Aushadhi (drugs); (ii) Various procedures including Panchakarma and Surgery; and (iii) Satvavajaya (Methods for mind control).

**2.2.4** Practice of Ayurveda as a system of medicine has been recognized under IMCC Act, 1970. The education of Ayurveda is regulated by a statutory body, viz. Central Council of Indian Medicine (CCIM), Drugs & Cosmetics Act, 1940 regulates manufacturing and sales of Ayurvedic drugs. During the Samhita period (1000 BC), Ayurveda developed eight branches or specialties, which were reason for it being called as Ashtanga Ayurveda. Following are these specialties: -

- (i) Kayachikitsa (Internal Medicine)
- (ii) Kaumar Bhritya (Paediatrics)
- (iii) Graha Chikitsa (Psychiatry)
- (iv) Shalakyā (Eye, ENT and Dentistry)
- (v) Shalya Tantra (Surgery)
- (vi) Agada-Tantra (Toxicology)
- (vii) Rasayana (Immuno-modulation and Gerontology)
- (viii) Vajikarna (Science of fertility and healthy progeny)

**2.2.5** The above eight branches have over the years and specifically during the last 50 years expanded into 22 specialties, which are as follows:

- (i) Ayurveda Siddhanta (Fundamental Principles of Ayurveda);
- (ii) Ayurveda Samhita;
- (iii) Rachna Sharira (Anatomy);
- (iv) Kriya Sharira (Physiology);

- (v) Dravya GunaVigyan (Materia Medica and Pharmacology);
- (vi) Rasa-Shashtra and Bhaishajya Kalpana (Pharmaceuticals using minerals and metals);
- (vii) Kaumar Bhritya – Bala Roga (Paediatrics);
- (viii) Prasuti-Tantra avum Stri Roga (Obstetrics And Gynaecology);
- (ix) Swasth-Vritta (Social and Preventive Medicine);
- (x) Kayachikitsa (Internal Medicine);
- (xi) Rog Nidana evum Vikriti Vigyan (Diagnostics and Pathology);
- (xii) ShalyaTantra (Samanya) (General Surgery);
- (xiii) Shalya Tantra – Ksar Karma avum Anushastra Karma (Kshara Karma and Para - surgical procedure);
- (xiv) Shalya Tantra (Asthi, Sandhi);
- (xv) Shalakyā Tantra – Netra Roga;
- (xvi) Shalakyā Tantra – Shiro-Nasa- Karna Avum Kantha Roga (ENT);
- (xvii) Shalakyā Tantra – Danta Avum Mukha Roga (Dentistry);
- (xviii) Manovigyana avum Manas Roga (Psychiatry);
- (xix) Panchakarma;
- (xx) Agad Tantra avum Vidhi Vaidyaka (Toxicology and Jurisprudence);
- (xxi) Sangyahaarana (Anaesthesiology);
- (xxii) Chhaya avumVikiranVigyan (Radiology).



**2.2.6** Bachelor, Master and Doctorate degrees in Ayurveda are imparted through the various universities of India.

**2.2.7** Two volumes of Ayurvedic Formulary of India (AFI) containing 636 compound formulations and eight volumes of Ayurvedic Pharmacopoeia of India (API) Part-1 containing 600 monographs on single drugs and three volumes of Ayurvedic Pharmacopoeia of India (API) Part-II containing 152 monographs on compound formulations have been published.

### **2.3 SIDDHA SYSTEM**

**2.3.1** The Siddha System is one of the oldest systems of medicine in India and is practised mainly in Tamil Nadu and some other parts of South India. The term “Siddha” means ‘achievements’ and Siddhars 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 largely therapeutic in nature.

**2.3.2** The diagnosis of diseases in Siddha involves identifying its causes through the examination of pulse, urine, eyes, study of voice, colour of body, tongue and the status of the digestive system.

**2.3.3** The Siddha system of medicine emphasizes that medical treatment is oriented not merely towards the disease but has to take into account the patients and their environment, age, sex, race, habits, mental frame, habitat, diet, appetite, physical condition, physiological constitution, etc. This means the treatment has to be individualistic. Diagnosis and treatment in Siddha ensures lower probability of mistakes in diagnosis or treatment.

**2.3.4** During the last four decades, there has been continuous development in Siddha medical education and this has led to the establishment of the following six specialties in post-graduate teaching and training:

- (i) Maruthuvam (General Medicine);
- (ii) Sirappu Maruthuvam (Special Medicine);
- (iii) Kuzhanthai Maruthuvam (Paediatrics);
- (iv) Gunapadam (Pharmacology);
- (v) Noi Nadal (Pathology);
- (vi) Nanju Nool and Maruthuva Neethinool (Toxicology).

**2.3.5** Siddha Pharmacopoeia of India, Vol-I is covering 73 monographs on single drugs and Vol-II is covering 66 monographs on single drugs. Siddha Pharmacopoeia of India, Part-I, Vol-III compilation completed. Siddha Formulary of India, Part-I 22 divisions, 248 classical formulations have been published in English and Tamil. Siddha Formulary of India, Part-II (Tamil) -23 divisions, 151 classical formulations has been published.

### **2.4 UNANI SYSTEM**

**2.4.1** The Unani System of Medicine originated in Greece and passed through many countries before establishing itself in India during the medieval period. It is based on well-established knowledge and practices relating to the promotion of positive health and prevention of disease. The Unani System has grown out of the fusion of traditional knowledge of ancient civilizations like Egypt, Arabia, Iran, China, Syria and India. It emphasizes the use of naturally occurring, mostly herbal, medicines and also uses some medicines of animal, marine and mineral origin. This system of medicine was documented in Al-Qanoon, a medical classics, by Sheikh Bu-Ali Sina (Avicena) (980-1037 AD), in Al-Havi by Razi (850-923 AD) and in many other books written by the Unani physicians.

**2.4.2** The Unani system is based on the humoral theory, i.e. the presence of blood, phlegm, yellow bile and black bile in every person. The temperament of a person can accordingly be sanguine, phlegmatic, choleric and melancholic depending on the presence and combination of humors. According to Unani theory, the humors and the drugs themselves are assigned temperaments. Any change in quantity and quality of the humors brings about a change in the status of the health of the human body. A proper balance of humors is required for the maintenance of health.

**2.4.3** The treatment consists of three components, namely, preventive, promotive and curative. Unani system of medicine has been found to be efficacious in many conditions, particularly Rheumatoid Arthritis, Jaundice, Filariasis, Eczema, Sinusitis and Bronchial Asthma.

**2.4.4** For the prevention of disease and promotion of health, the Unani System emphasizes on six essential pre-requisites of life (Asbab-e-SittaZarooria) - (a) pure air (b) food and water (c) physical movement and rest (d) psychic movement and rest (e) sleep and wakefulness and (f) retention of useful materials and evacuation of waste materials from the body.

**2.4.5** There are four forms of treatment in Unani Medicine - Pharmacotherapy, Dietotherapy, Regimental Therapy and Surgery. Regimental therapy (Ilaj bit-Tadbir) is a speciality under which various methods of treatment are used for treating specific and complicated diseases.

**2.4.6** During the last 50 years, seven Post Graduate specialities have been developed in (i) Kulliyat (Fundamentals of Unani System of Medicine) (ii) Ilmu Adviya (Pharmacology) (iii) Amraz-e-Niswan (Gynaecology) (iv) Amraz-e-Atfal (Paediatrics) (v) Tahafuzzi-wa-SamajiTib (Social and Preventive Medicine) (vi) Moalejat (Medicine) and (vii) Jarahiyat (Surgery).

**2.4.7** Six volumes of National Formulary of Unani Medicine (NFUM) containing 1228 compound formulations and six volumes of Unani Pharmacopeia of India (UPI) containing 298 monographs on single drugs have been published. Two volumes of Pharmacopeia on compound formulations containing 100 compound drugs have been published.

## 2.5 HOMOEOPATHY

**2.5.1** The Physicians from the time of Hippocrates (around 400 B.C.) have observed that certain substances could produce symptoms of a disease in healthy people similar to those of people suffering from the disease. Dr. Christian Friedrich Samuel Hahnemann, a German physician, scientifically examined this phenomenon and codified the fundamental principles of Homoeopathy. Homoeopathy was brought into India around 1810 A.D. by European missionaries and received official recognition by a Resolution passed by the Constituent Assembly in 1948 and then by the Parliament.

**2.5.2** The first principle of Homoeopathy 'Similia Similibus Curentur', says that a medicine which could induce a set of symptoms in healthy human beings would be capable of curing a similar set of symptoms in human beings actually suffering from the disease. The second principle of 'Single Medicine' says that one medicine should be administered at a time to a particular patient during the treatment. The third principle of 'Minimum Dose' states that the bare minimum dose of a drug which would induce a curative action without any adverse effect should be administered. Homoeopathy is based on the assumption that the causation of a disease mainly depends upon the susceptibility or proneness of an individual to the incidence of the particular disease in addition to the action of external agents like bacteria, viruses, etc.



**2.5.3** Homoeopathy is a method of treating diseases by administering drugs, which have been experimentally proved to possess the power to produce similar symptoms on healthy human beings. Treatment in Homoeopathy, which is holistic in nature, focuses on an individual's response to a specific environment. Homoeopathic medicines are prepared mainly from natural substances, such as plant products, minerals and from animal sources. Homoeopathic medicines do not have any toxic, poisonous or side effects. Homoeopathic treatment is economical as well and has a very broad public acceptance.

**2.5.4** Homoeopathy has its own areas of strength in therapeutics and it is particularly useful in treatment for allergies, autoimmune disorders and viral infections. Many surgical, gynaecological and obstetrical and paediatric conditions and ailments affecting the eyes, nose, ear, teeth, skin, sexual organs, etc., are amenable to homoeopathic treatment. Behavioral disorders, neurological problems and metabolic diseases can also be successfully treated by Homoeopathy. Apart from the curative aspects, Homoeopathic medicines are also used in preventive and promotive health care. In recent times, there is an emergence of interest in the use of Homoeopathic medicines in veterinary care, agriculture, dentistry, etc. Homoeopathic medical education has developed in seven specialties in post-graduate teaching, which are Materia Medica, Organon of Medicine, Repertory, Practice of Medicine, Paediatrics, Pharmacy and Psychiatry.

## **2.6 YOGA**

**2.6.1** Yoga is essentially spiritual and it is an art and science of healthy living, which focuses on bringing harmony between body and mind. The word 'Yoga' has two meanings; the first comes from the root 'Yujir' or 'Union', the second is derived from a different root 'yuja', which means 'Samadhi' – the highest state of mind and the

absolute knowledge. These two are the most important meanings of the word Yoga according to 'Panini', the most well-known Sanskrit grammarian.

**2.6.2** Yoga is being practiced as part of healthy lifestyle and has become part of our spiritual heritage. In the present era, Yoga is popular worldwide because of its spiritual values, therapeutic credentials, its role in the prevention of diseases, promotion of health and management of lifestyle related disorders. Several clinical studies have lucidly demonstrated the therapeutic potentials of Yoga in the treatment of many lifestyle related or psychosomatic disorders. The specialty of this system is that it can get along with any other systems of health care.

**2.6.3** The aim of Yoga is complete cessation of all kinds of suffering (sorrow) and its root cause ignorance and is known as Moksha or liberation. The main objectives of Yoga are health, happiness, harmony, spiritual quest, personality development, etc.

**2.6.4** Yoga is as old as civilization. The first archaeological evidence of existence of Yoga is found in Stone Seals excavated from Indus Valley. Yoga was special feature of Indus Valley Civilization (3000 BC). Yogic literature has been found in Vedas, Upanishadas, Darshanas, Epics, Puranas, Aagmas, Tantras, etc. Rich sources of Yoga have also been available in medieval, modern and contemporary literature.

**2.6.5** The Yoga referred in the Vedic and Upanishadic literature has been depicted in three important texts called Prasthanatrayi:

- (i) Principle Upanishads (Upadesha Prasthanana);
- (ii) Vedanta Sutra of Badarayana (Nyaya Prasthanana);
- (iii) Bhagavadgeeta (Sadhana Prasthanana).

These texts further lead to different schools of Yoga, like Jnana Yoga, Karma Yoga, Bhakti Yoga, Dhyana Yoga, etc.

**2.6.6** The most important texts referred in Yoga are as follows:

- |                                |                           |
|--------------------------------|---------------------------|
| (i) Patanjala Yoga Sutra       | (ii) Bhagavad Gita        |
| (iii) Vasistha Samhita         | (iv) Hatha Pradipika      |
| (v) Gheranda Samhita           | (vi) Hatha-tattva Kaumudi |
| (vii) Siddha Sidhanta Paddhati | (viii) Goraksha Satkam    |
| (ix) ShivaSamhita              | (x) Hatharatnavali        |
| (xi) Amanaska Yoga             | (xii) Yoga Bija           |
| (xiii) Yoga Taravali           | (xiv) Goraksa Paddhati    |
| (xv) Siva Svarodaya, etc.      |                           |

**2.6.7** However, the classical Yoga, which is one of the Shad Darshanas, has been advocated by the great sage Patanjali, who lived around approximately 200 BC. Patanjali wrote a book known as Yoga Sutras, which contains 195 sutras. Patanjali advocates Ashtanga Yoga, which is widely practiced from the ancient times till today. They are:

- |            |                                      |
|------------|--------------------------------------|
| Yama       | (Self-restraints);                   |
| Niyama     | (Observance);                        |
| Asana      | (Psycho-physical postures);          |
| Pranayama  | (Control of vital energy – breath);  |
| Pratyahara | (Withdrawal of senses);              |
| Dharana    | (Concentration);                     |
| Dhyana     | (Meditation);                        |
| Samadhi    | (Absorption or State of liberation). |

**2.6.8** The following are the doctrines and concepts adopted in Yoga Therapy:

- (i) Doctrine of “Panchakoshas” (five sheaths/bodies) as found in Upanishads.
- (ii) Doctrine of “Chitta-vrittinirodha”, “kriyayoga” and “astangas” as found in Patanjala Yoga Sutras;
- (iii) Doctrine of various kinds of “shuddhis” found in Patanjala Yoga Suntra and Hathayoga;
- (iv) Doctrine of opening blocked channels of vayus and prana (nadishuddhi), opening of lotuses and chakras, kumbhaka pranayamas, mudras and dristies as found in Hatha Yoga and Kundalini Yoga;
- (v) Working with the mind on the lines of Patanjala Yoga Sutra, Mantra Yoga and Hatha Yoga;
- (vi) Working on the lines of “Karma-Jnana Bhakti” from Bhagawadgita;
- (vii) Certain aspects of Tantra Yoga also get integrated in various Yoga practices.

**2.6.9** The following Yogic practices are being practiced for prevention and management of diseases:

- (i) Shatkarma: These are six cleansing techniques in Yoga used to clean the internal organs and systems of the body. These are called as the process of detoxification. Shatkarmas are Neti, Dhouti, Basti, Kapalabhati, Nauli, Trataka;
- (ii) Yogasana: These are special patterns of body that stabilise the mind through static stretching. Yogasanas are psycho-physical in nature. They play a significant role in toning up the neuro-musculo and glandular systems of the body. There are more than 84 asanas mentioned in the classical texts;

- (iii) Pranayama: Pranayama is a practice which helps to regulate vital energies through regulation of breathing;
- (iv) Mudra: These are special gestures/ techniques formed with the combination of Asana and Pranayama and are used in channelization of Prana, the vital force;
- (v) Dhyana: Sustain concentration on the object is Dhyana. Dhyana is an integral part of Yoga practice and is beneficial for psychological and spiritual growth and also helps in health promotion.

**2.6.10** Several leading Yoga Institutions have been engaged in the promotion and propagation of Yoga according to their Guru-Shishya Parampara. Many Institutions, Universities are conducting Certificate, Diploma, Bachelors, Masters and Doctorate degrees courses in various aspects of Yoga.

## 2.7 NATUROPATHY

**2.7.1** Naturopathy is a science of health and healing and a drugless therapy based on well-founded philosophy. It has its own concept of health and disease and also principles of treatment. Naturopathy is a system of medicine that advocates harmonious living with constructive principles of Nature on physical, mental, moral and spiritual planes. It has great health promotive and restorative, and disease preventive as well as curative potential.

**2.7.2** According to Naturopathy, the primary cause of disease, barring accidental or surgical injury, is violation of Nature's laws and the effects of violation of Nature's laws are-

- (i) Lowered vitality;
- (ii) Abnormal composition of blood and lymph;
- (iii) Accumulation of morbid matter in the body.

**2.7.3** The science of Naturopathy teaches us that the disease is Nature's effort to eliminate the morbid matter from the body to restore the health. Hence, we must not suppress the outward symptoms of disease like fever, cough, loose motions, etc., but cooperate with Nature in the process of eliminating morbid matter from the body.

**2.7.4** Some of the basic concepts of Naturopathy are outlined as under:

- (i) Naturopathy believes in the concept of unity of disease and unity of cure. According to it, root cause of all diseases is one, i.e. accumulation of morbid matter in the body and the remedy also is one, i.e. elimination of those toxins from the body;
- (ii) Naturopathy considers bacteria and virus to be secondary cause of disease. The primary cause of disease is accumulation of morbid matter in the body. The microbes survive in the body only when a favourable atmosphere for their growth is established by the accumulation of morbid matter. Hence, the basic cause of disease is morbid matter and microbes are only the secondary cause;
- (iii) Acute diseases are self-healing efforts of the body. Hence, they are taken as our friends, not enemies. Chronic diseases are outcome of wrong treatment and suppression of the acute diseases;
- (iv) Human body has remarkable recuperative powers when left alone. Nature is the greatest healer. The human body is a self healing machine. It is endowed with inherent healing power to prevent itself from disease and regain health when fallen ill;
- (v) In Naturopathy, the patient is at the centre

of intervention and treatment, cure of disease is effected automatically with the increase in vitality and detoxification of body;

- (vi) Naturopathy believes in holistic treatment. It not only treats the body as a whole, instead of specific organs but also take into account intervention at mental, moral and spiritual planes;
- (vii) Naturopathy does not use medicines. According to it, “Food is Medicine”;
- (viii) Naturopathy accepts prayers also as a modality of treatment. According to Gandhiji, “Rama Nama is the best Natural Treatment” meaning there by that prayer according to one’s own faith is an important part of treatment.

**2.7.5** Some of the important therapies/therapeutic modalities of Naturopathy, which are employed not only for curative purposes but also for prevention of diseases and promotion of health are as under:

- (i) Upvas Chikitsa (Fasting Therapy);
- (ii) Aahar Chikitsa (Diet Therapy);
- (iii) Mitti Chikitsa (Mud Therapy);
- (iv) Jala Chikitsa (Hydrotherapy);
- (v) Malish Chikitsa (Massage Therapy);
- (vi) Surya Kiran Chikitsa (Heliotherapy);
- (vii) Vayu Chikitsa (Air Therapy);
- (viii) Yoga Chikitsa (Yoga Therapy).

## **2.8 SOWA-RIGPA**

**2.8.1** Sowa-Rigpa is among the oldest surviving health traditions of the world with a living history of more than 2500 years. It has been in vogue and practised in Himalayan regions through out particularly in Leh and Laddakh (J&K), Himachal Pradesh, Arunachal Pradesh, Sikkim, Darjeeling, etc. Sowa-Rigpa is effective in managing chronic diseases like Asthma, Bronchitis, Arthritis, etc. The basic theory of Sowa-Rigpa is explained in terms of (i) The body and the mind as the locus of treatment; (ii) Antidote, i.e. the treatment; (iii) The method of treatment through antidote; (iv) Medicines that cure the disease; and lastly (v) Pharmacology. Sowa- Rigpa emphasizes the importance of the five cosmological physical elements in the formation of the human body, the nature of disorders and the remedial measures.

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## Organizational Set Up

**3.1** The Department is headed by a Secretary to the Government of India. The Secretary is assisted by one Additional Secretary & Financial Advisor to advise on financial matters, three Joint Secretaries, one Chief Executive Officer of National Medicinal Plants Board, six Directors/Deputy Secretaries, seven Under Secretaries and technical officers like Advisors and Joint/Deputy/Assistant Advisors of Ayurveda, Siddha, Unani and Homoeopathy. The Organization Chart of the Department is at Annexure.

**3.1.1** The Department has, over the years, developed a broad institutional framework to carry out the activities in the field of AYUSH. The institutional framework consists of:

### 3.1.1.1 STATUTORY REGULATORY BODIES

- Central Council of Indian Medicine (CCIM).
- Central Council of Homoeopathy (CCH).

### 3.1.1.2 APEX RESEARCH BODIES

- Central Council for Research in Ayurvedic Sciences (CCRAS), New Delhi.
- Central Council for Research in Unani Medicine (CCRUM), New Delhi.
- Central Council for Research in Homoeopathy (CCRH), New Delhi.
- Central Council for Research in Yoga and Naturopathy (CCRYN), New Delhi.
- Central Council for Research in Siddha (CCRS), Chennai.

### 3.1.1.3 APEX EDUCATIONAL INSTITUTIONS

- National Institute of Ayurveda (NIA), Jaipur.
- National Institute of Homoeopathy (NIH), Kolkata.
- National Institute of Naturopathy (NIN), Pune.
- National Institute of Unani Medicine (NIUM), Bangalore.
- Institute of Post Graduate Teaching and Research in Ayurveda (IPGTRA), Jamnagar (financially aided by the Department).
- Morarji Desai National Institute of Yoga (MDNIY), New Delhi.
- National Institute of Siddha (NIS), Chennai.
- Rashtriya Ayurveda Vidyapeeth (RAV), New Delhi.
- All India Institute of Ayurveda, New Delhi (being developed).
- North Eastern Institute of Ayurveda and Homoeopathy, Shillong (being developed)..
- North Eastern Institute of Folk Medicine, Passighat (being developed).

### 3.1.1.4 APEX LABORATORIES AND PHARMACOPOEIA COMMISSION

- Pharmacopoeial Laboratory for Indian Medicine (PLIM), Ghaziabad.
- Homoeopathic Pharmacopoeial Laboratory (HPL), Ghaziabad.

- Pharmacopoeia Commission for Indian Medicine (PCIM), Ghaziabad.

### 3.1.1.5 PUBLIC SECTOR UNDERTAKING

- Indian Medicines Pharmaceutical Corporation Ltd. (IMPCL)

### 3.1.1.6 NATIONAL MEDICINAL PLANTS BOARD (NMPB)

### 3.1.1.7 PHARMACOPOEIA COMMITTEES

Four different Pharmacopoeia Committees, one each for Ayurveda, Siddha, Unani and Homoeopathy, are in place to oversee and steer the preparation of pharmacopoeias and formularies of drugs. These Committees have been brought under the ambit of Pharmacopoeia Commission, which will function as an autonomous body under the Societies Registration Act.

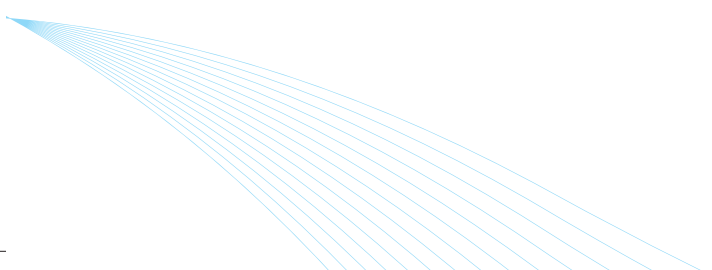
### 3.1.1.8 DRUG CONTROL CELL IN THE DEPARTMENT OF AYUSH

A Drug Control Cell (AYUSH) is working in the Department to deal with the matters pertaining to Drug Quality Control and regulation of Ayurveda, Siddha Unani and Homoeopathic drugs under the provisions of Drugs and Cosmetics Act, 1940 and Rules thereunder.

3.1.1.9 Information, Education and Communication (IEC) Cell with a Facilitation Centre is functioning in the Department.

3.1.1.10 The Department has an **Education Policy Section** to deal with the matters related to grant of Central Government permission for opening of new colleges, increasing admission capacity and starting new or higher courses of study in Ayurveda, Siddha, Unani Tibb and Homoeopathy.

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## Human Resource Development

### 4.1 CENTRAL COUNCIL OF INDIAN MEDICINE (CCIM)

#### 4.1.1 INTRODUCTION

The Central Council of Indian Medicine is a statutory body constituted under the Indian Medicine Central Council Act, 1970. The Central Council of Indian Medicine with the previous sanction of the Central Governments, as required under Section 36 of the Indian Medicine Central Council Act, 1970, and after obtaining the comments of the State Governments as required under Section 22 of the said Act, prescribes courses for Under-graduate and Post-graduate education in Ayurveda, Unani and Siddha. 14 Regulations have been notified by the Council to achieve standards and quality in Ayurveda, Unani and Siddha education.

#### 4.1.2 ACHIEVEMENTS

- During the year 2012-13, 313 Ayurveda, 22 Unani and 09 Siddha Colleges have been visited for assessing the compliance of the minimum standards and requirements of infrastructure and teaching-training facilities.
- Central Register of the practitioners of following States for the period mentioned against their names has been notified in the Gazette of India, Part III, Section IV:-

S.No.	State	Period
1.	Bihar	April, 2010 to March, 2011
2.	Gujarat	April, 2009 to March, 2010

- 377 enrolment certificates issued to practitioners of Ayurveda, Unani and

Siddha, whose names were included in the Central Register of Indian Medicine on the basis of registration with State Board/Council and 05 direct registrations have been issued to Ayurveda, Unani and Siddha graduates of those States, where State Board/Council does not exist.

#### 4.1.3 BUDGET

(Rs. in crores)

HEAD	PLAN	NON-PLAN	TOTAL
Budget Estimate (2012-13)	0.40	2.00	2.40
Revised Estimate (2012-13)	0.40	2.00	2.40
Expenditure upto December 2012	0.00	1.09	1.09

### 4.2 CENTRAL COUNCIL OF HOMEOPATHY (CCH)

#### 4.2.1 INTRODUCTION

The Central Council of Homoeopathy is a statutory body constituted under the Homoeopathy Central Council Act, 1973, which provides for the maintenance of a Central Register of Homoeopathy and for other matters connected therewith.

#### 4.2.2 ACHIEVEMENTS

- 216 Certificates of direct registration have been issued to the qualified homoeopathic physicians during the reporting period.
- Central Register of Homoeopathy published in the Gazette on 01.09.2012.

- The Central Council conducted inspection of 59 Homoeopathic Medical Colleges during the period under report.
- Recognition of qualifications: The recognition of following qualifications in Homoeopathy have been recommended to Central Government:
  - (i) BHMS Degree qualification awarded by Maharshi Dayanand University, Rohtak from July, 2010 to February, 2015.
  - (ii) BHMS Degree qualification awarded by the West Bengal University of Health Sciences, Kolkata upto March, 2013.
  - (iii) M.D.(Homoeo) qualification awarded by Baba Bhim Rao Ambedkar Bihar University, Mussaffarpur from April, 2009 onwards in respect of Organon of Medicine, Materia Medica and Repertory subjects and from February, 2010 onwards in respect of Paediatrics, Psychiatry, Pharmacy and Practice of Medicine.
  - (iv) M.D. (Homoeo) qualification in respect of Organon of Medicine awarded by Bharati Vidyapeeth University, Pune from May, 2012 onwards.
  - (v) BHMS Degree of H.P. University, Shimla from May, 2010 onwards.
  - (vi) BHMS Degree qualification awarded by Vinoba Bhave University, Hazaribag, Jharkhand in respect of students of Singhbhum H.M.C., Jamshedpur from July, 2008 onwards and H.M.C., Mihijam from 31.08.2009.
- Three meetings of Executive Committee, three meetings of Education Committee, one meeting of Education Committee, and one meeting each of the Committees for Regulation, Registration, Finance, Raj Bhasha, Office Functioning Review, Liaison, Homoeopathy Literature, two meetings of Sub-Committee regarding “Website” and one meeting of the General Body of CCH were held.
- The CCH organized following workshops during 2012-13:
  - (i) Workshop on Post Graduate Degree Course Amendment Regulations, 2012 for Principals on 18.6.2012;
  - (ii) Workshop on Organon of Medicine for the teachers of Colleges in Maharashtra and Karnataka from 12th to 14th July, 2012;
  - (iii) Workshop of Registrars of State Boards/ Councils on 13.08.2012;
  - (iv) Workshop on Dissertation Writing in collaboration with Bakson Homoeopathic Medical College on 26th and 27th September, 2012;
  - (v) Workshop on Organon of Medicine for teachers of Colleges in Kerala, Tamil Nadu, Andhra Pradesh, Madhya Pradesh, Maharashtra, Karnataka and Goa from 3rd to 5th October, 2012.

#### 4.2.3 BUDGET

(Rs. in crores)

HEAD	PLAN	NON PLAN	TOTAL
Budget Estimate (2012-13)	0.13	3.39	3.52
Revised Estimate (2012-13)	0.24	3.51	3.75
Expenditure upto December 2012	0.13	1.84	1.97



### 4.3 EDUCATION POLICY

**4.3.1** After amendment to the Indian Medicine Central Council (IMCC) Act, 1970 and the Homoeopathy Central Council (HCC) Act, 1973 in the year 2003, prior permission of the Central Government has become mandatory for establishing new colleges, increase in admission capacity in any course of study/training and starting a higher or new course of study in existing courses in Ayurveda, Siddha, Unani Tibb and Homoeopathy (ASU & H) colleges. For continuation of the existing Ayurveda, Siddha and Unani Tibb (ASU) colleges, permission is required under Section 13 C of Indian Medicine Central Council Act.

**4.3.2** To implement the provisions under Section 13A of the amended IMCC Act, the Central Council of Indian Medicine (CCIM) had notified the Regulations titled “The Establishment of New Medical College, Opening of New or

Higher Course of Study or Training and Increase of Admission Capacity by a Medical College Regulations, 2003”.

**4.3.3** To implement the provisions under Section 13C of the amended IMCC Act for maintaining a uniform standard of education in all colleges, the CCIM notified on 06.10.2006 the Regulations entitled “The Indian Medicine Central Council (Permission to Existing Medical Colleges) Regulations, 2006”.

**4.3.4** For the first time “The Indian Medicine Central Council (Minimum Requirements of Ayurveda Colleges and Hospitals) Regulations, 2012” were notified on 18.07.2012.

**4.3.5** During the academic session 2012-13, on the basis of recommendations and report of the CCIM and observations/recommendations of the Hearing Committee as required, permission was accorded to 171 Ayurveda colleges, 31 Unani colleges and 07 Siddha colleges. A statement indicating total number of institutions and the institutions for which permission was granted has been given in the table below.

I. Conditional Permission granted under Section 13A/C of the IMCC Act, 1970 to the Ayurveda, Siddha and Unani (ASU) Colleges for 2012-13 session									
Discipline	Government Colleges			Private Colleges			Total Colleges		
	Permitted	Not Permitted	TOTAL	Permitted	Not Permitted	TOTAL	Permitted	Not Permitted	TOTAL
i. Ayurveda Colleges	40	16	56	131	74	205	171	90	261
ii. Siddha Colleges	03	00	03	04	02	06	07	02	09
iii. Unani Colleges	08	02	10	23	08	31	31	10	41
Total ASU Colleges	51	18	69	158	84	242	209	102	311

**4.3.6** During the academic session 2012-13, permission has been given to increase the admission capacity in the existing courses in 3 Ayurveda Colleges and to open new post-graduate courses in 13 Ayurveda and 01 Unani colleges under Section 13A of the Indian Medicine Central Council (IMCC) Act.

**4.3.7** Cases of Ayurveda, Siddha and Unani colleges both old and new were disposed of much earlier than previous year.

#### **4.4 Centrally sponsored scheme for development and upgradation of AYUSH Institutions/Colleges**

##### **4.4.1 INTRODUCTION**

The Centrally Sponsored Scheme for Development of AYUSH Institutions is under implementation for assisting Government and Government aided colleges to upgrade their infrastructure and facilities with the objective of bridging the critical gaps observed in compliance of the minimum standards/norms of Central Council of Indian Medicine (CCIM)/Central Council of Homoeopathy (CCH).

##### **4.4.2 PROVISION OF THE SCHEME**

The Scheme has following components:-

- (i) Infrastructural development of AYUSH Under Graduate/Post Graduate Institutions. The Scheme provides for grant of financial assistance for Under Graduate Institutions upto Rs.2.00 crore and for Post Graduate Institutions Rs.3.00 crore for the Plan period to be released in two installments.
- (ii) Assistance for add-on post graduate pharmacy and para-medical courses in

existing AYUSH Institutions. The Scheme provides for grant of financial assistance upto Rs.3.00 crore for the Plan period to be released in two installments.

- (iii) Development of Model AYUSH Institutions/Centre of Advanced studies. The Scheme provides for grant of financial assistance upto Rs.5.00 crore for the Plan period to be released in two installments.
- (iv) One time assistance on 50:50 matching share basis for opening of new Ayurveda, Siddha, Unani and Homoeopathy Institutions/AYUSH Universities in States not having such Institutions – upto Rs.10.00 crore.
- (v) Assistance to private but not-profit making Institutions. The Scheme provides for grant of interest free loan to eligible Institutions. This component of the Scheme has not become operational.

##### **4.4.3 ACHIEVEMENTS**

The financial assistance in the form of Grants-in-aid was given to 8 educational institutions during the year 2011-12. The assistance given under the Scheme is meant for facilitating improvement in the infrastructure of the colleges and attached hospitals and thereby improving quality of education and healthcare provided through these Institutions.

##### **4.4.4 BUDGET**

Budget Allocation & Expenditure in respect of Centrally Sponsored Scheme for Development of AYUSH Institutions.

(Rs. in crores)

HEAD	PLAN	NON-PLAN	TOTAL
Budget Estimate (2012-13)	55.00	0.00	55.00
Revised Estimate (2012-13)	15.00	0.00	15.00
Expenditure upto December 2012	0.00	0.00	0.00

#### 4.5 Central Sector Scheme of Continuing Medical Education (CME) for Teachers, Doctors, Exposure visits and other HRD Training Programs for AYUSH Personnel

##### 4.5.1 INTRODUCTION

In view of the emerging trends of health care and scientific outcomes as well as growing acceptance of AYUSH systems at domestic and international level, the Scheme was introduced for AYUSH personnel to upgrade their knowledge. The Scheme provides practical training including hands-on training in clinical applications, modern tools and technology to improve skill of AYUSH practitioners and teachers. The revised Scheme of Continuing Medical Education (CME) was started from the year 2007-08.

##### 4.5.2. PROGRAMMES

- (i) Six day Continuing Medical Education (CME) Programme for AYUSH teachers, orientation of allopathic and foreign doctors/students in AYUSH systems and specialized training for AYUSH paramedics/health workers.
- (ii) Six day Continuing Medical Education (CME) Programme for AYUSH practitioners

- (iii) Three day Continuing Medical Education (CME) Programme for AYUSH practitioners.
- (iv) Web-based educational programme for preparation of subject/speciality-specific AYUSH modules/CDs/DVDs for wider dissemination through web-based training programmes and preparation, launch and running of web-based journal.
- (v) Preparation of Peer Reviewed Journals in CDs/DVDs or Making available the lectures of CMEs in CDs/DVDs in AYUSH sector.
- (vi) Development of CME related innovative tools and activities for use of AYUSH personnel i.e. to develop training material, courses, modules, CDs, structured programs, innovative CME courses for AYUSH practitioners and innovative short term training programs for teachers at reputed AYUSH institutions.
- (vii) Six day exposure visit cum CME programme for AYUSH doctors at specialized centers of best and innovative practices.
- (viii) Five day/Three day Management Training to AYUSH administrators/heads of departments/institutions.
- (ix) National and Regional Level Workshops / Conferences for CME

##### 4.5.3 ACHIEVEMENTS DURING 2012-13 (AS ON DECEMBER 2012):

Funds to the tune of Rs. 81.40 lakhs were released and an amount of Rs. 55.25 lakhs was booked for various institutions to conduct 12 CMEs for teachers, 1 CME for Nurses (6-day), 3 ToT, 1 OTP in different AYUSH institutions, and 10 training programs for AYUSH personnel

on Training Technology and Administrative & Financial Skill Development at National Institute of Health & Family Welfare, New Delhi to benefit 655 doctors and 20 nurses in AYUSH upto December, 2012.

**4.5.4 BUDGET**

(Rs. in crores)

HEAD	PLAN	NON-PLAN	TOTAL
Budget Estimate (2012-13)	3.00	0.00	3.00
Revised Estimate (2012-13)	3.00	0.00	3.00
Expenditure upto December 2012	1.09	0.00	1.09

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## AYUSH Services

### 5.1 INTRODUCTION

**5.1.1** The mainstreaming of AYUSH systems is one of the core strategies in the National Rural Health Mission (NRHM) which seeks to provide accessible, affordable and quality health care to the rural population, particularly to the vulnerable sections, by integrating AYUSH facilities within the health care delivery system.

**5.1.2** Under the NRHM, a large number of Ayurveda, Siddha, Unani and Homoeopathy facilities have been set up in Primary Health Centres, Community Health Centres and District Hospitals and physicians in these systems have been posted in these facilities with financial support from the Government of India. Centrally Sponsored Scheme for Development of AYUSH Hospitals and Dispensaries of the Department of AYUSH, which is now subsumed under NRHM, provides financial assistance to the States for the creation of AYUSH facilities and for the supply of essential AYUSH medicines. The financial assistance is also being provided for AYUSH Hospitals and Dispensaries for upgradation of their infrastructure. Under this Scheme, financial assistance has been provided for setting up of upto 50/10 bedded integrated AYUSH Hospitals in North Eastern States and Hilly States of Himachal Pradesh, Uttarakhand and Jammu & Kashmir. Financial assistance for hiring of AYUSH doctors and paramedics and their training is, however, provided to the States under NRHM Flexi pool.

### 5.2 ACHIEVEMENTS

Year: 2011-12:

**5.2.1** In 2011-12, financial assistance imparted under Centrally Sponsored Scheme for Development of AYUSH Hospitals & Dispensaries is as under:

a) Co-located AYUSH facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospital (DHs):

Costs	Number of PHCs	Number of CHCs	Number of District Hospitals	Total units covered
Recurring	4090	350	136	4576
Non-recurring	3	2	1	6

b) Setting up of Integrated AYUSH Hospitals:

Costs	Number of 50 bedded Integrated AYUSH Hospital	Number of 10 bedded Integrated AYUSH Hospital
Recurring	5	2
Non-recurring	6	5

c) Upgradation of AYUSH Hospitals:

Costs	Number of AYUSH Hospital
Recurring	155
Non-recurring	0

d) Supply of essential drugs to AYUSH Hospitals & Dispensaries:

Costs	Number of Units
Recurring	15680

**Year: 2012-13:**

**5.2.2** In 2012-13, financial assistance was provided upto December, 2012 to Primary Health Centres (25-recurring), Community Health Centres (09-recurring) and District Hospitals (10-recurring) & for upgradation of one AYUSH Hospital (both one-time & recurring grant) for creating AYUSH facilities.

**5.2.3** 10628 AYUSH doctors and 4185 AYUSH paramedics have been appointed on contractual basis at Primary Health Centers and Community Health Centers with the assistance from NRHM Flexi pool as on 30.06.2012 (Source: NRHM-MIS Data Sheet).

**5.3 BUDGET**

(Rs. in crores)

HEAD	PLAN	NON-PLAN	TOTAL
Budget Estimate (2012-13)	280.00	0.00	280.00
Revised Estimate (2012-13)	90.00	0.00	90.00
Expenditure upto December 2012	0.82	0.00	0.82

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## National Institutes under Department of AYUSH

### 6.1 NATIONAL INSTITUTE OF AYURVEDA (NIA), JAIPUR

#### 6.1.1 INTRODUCTION

The National Institute of Ayurveda was established on 7-2-1976 by the Government of India as an apex Institute 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.

The Institute is engaged in Teaching, Clinical and Research at Under-Graduate, Post-Graduate and Ph.D. level and is affiliated to Dr. Sarvepalli Radhakrishnan Rajasthan Ayurved University, Jodhpur for Academic and Examination purposes and follows the Syllabus and Curriculum prescribed by the Central Council of Indian Medicine as adopted by the University.

The Institute has a Governing Body consisting of 16 Members and presided over by Hon'ble Union Minister of Health and Family Welfare. There is a Standing Finance Committee chaired by Joint Secretary, Department of AYUSH, Government of India. There is also an Institutional Ethics Committee to govern, regulate and review various research proposals in the Institute. This is constituted on the guidelines stipulated by ICMR in its ethical guidelines for Biomedical Research on Human Subjects.

#### 6.1.2 TEACHING ACTIVITIES

The Institute is conducting the Under-Graduate Course of BAMS with 92 Seats and it has 14 Specialties and Post-Graduation "Ayurveda Vachaspati"/"Ayurved Dhanwantari" (MD/MS Ayurveda) with 104 Seats spread over in these subjects. All the 14 subjects are also available for Regular Fellowship Programs leading to Ph.D.(Ay.) with 2 Seats each. The Institute also conducts a Diploma Course in Ayurveda Nursing and Pharmacy. Reservation to SC(15%), ST(7½%),

OBC(27%), PH(3%) is also available for UG, PG and Diploma Courses.

The Institute has three seats in PG Course for candidates from BIMSTEC countries. Similarly, one seat is also available for candidates from Sri Lanka for Regular Fellowship Program Ph.D (Ayurveda). Candidates from Sri Lanka, Nepal and Bangladesh are admitted every year for the last more than ten years. One seat for foreign national is also available in the Graduate Course.

During the year 2012-13, 97 students have been admitted to the PG Course, 91 to the UG Course and 30 to the Diploma Course of AYUSH Nursing and Pharmacy.

#### 6.1.3 PATIENT CARE ACTIVITIES

**6.1.3.1 Hospital Activities:** The Institute has 2 Hospitals with a Bed Strength of 354. It also has a separate Panchakarma Unit, a Centre of Excellence for Eye Diseases, Center of Excellence for Musculo-Skeletal Diseases, a well-equipped Panchakarma Unit, Clinics for Diabetes, Geriatric, Vitiligo, Child Mental Health, Kshara-Sutra. Various para-surgical procedures, Yoga, etc., are also available in the Hospital for specialized consultation, treatment, etc. Various para-surgical procedures, like Ksharasutra, Jalokavacharana, Agnikarma, Siravedha, Dhantotpatana, Vranopachara, etc., are also conducted. There is a Satellite Clinic, a Dental Unit, a Child Mental Health Unit (Bio-Neuro Feed Lab.), a Centre of Excellence for Neurological Disorders and Musculoskeletal Diseases, a Yoga Unit, etc.

Hospital Services are broadcasted over AIR FM Channel 4 times a day for a month for the information of rural population in response to which the Institute is getting good number of patients daily from nearby rural areas.

### 6.1.3.2 NEW INITIATIVES

- Panchakarma Therapies started in the City Hospital for the benefit of city population.
- The Labour Room, Doctors Duty Room, Cubical Wards, Cottage Wards and Deluxe Wards have been air-conditioned.
- New Operation Theatre for the Departments of Prasuti Tantra and Shalaky Tantra started with the necessary equipments and instruments.
- Specialty Clinic for Pre-Diabetes, Diabetes and Metabolism Syndrome launched in Hospital.

During the period under report, 44111 patients were treated at indoor and 5218 patients at outdoor level (upto October, 2012).

### 6.1.3.3 Mobile Camps in SC and ST Areas under TSP-SCP Scheme :

The Institute is organizing Medical Camps to provide free medical facility through its Mobile Clinical Units in SC and ST inhabited areas of various Districts of Rajasthan. Under this Scheme, 11 Six-Day Camps were organized in various Districts of Rajasthan, like Udaipur, Banswara, Dungarpur, Sirohi, Jaisalmer, Ajmer, Sikar and Jaipur and also 20 One-Day Camps in and around Jaipur City were organized. 14,950 Patients were treated and given free check-up, medicines, etc., under the Scheme.

### 6.1.4 RESEARCH ACTIVITIES

The following 4 new research projects cleared by the Institute Ethics Committee (constituted as per the norms of ICMR) have been submitted to CCRAS for EMR Projects:

- (i) Clinical Evaluation of Navaka Guggulu in the Management of Dyslipidemia;
- (ii) Clinical Study to assess the efficacy of Shatyadi Compound in Respiratory Allergic Disorders (RADs) in Children;

- (iii) Comparative Study of Sashilekha Vati and Udayaditya Rasa along with Bakuchi Taila in the condition of Bhrajakpitta Vikar-Switra (Vitiligo); and
- (iv) Agronomic, Pharmacognostical and Clinical Evaluation of Root Powder and Extract of Chlorophytum Borivilianum Santa Pau and Fernades Sourced from Wild and Cultivated Fields Grown under different Package of Practices.

### 6.1.5 BOOKS PUBLICATION

- (i) One Book, titled “Ayurvediya Rog Vigyan Evam Vikriti Vigyan (Part-2) – Vikriti Vigyan” authored by Prof. Ajay Kumar Sharma, Director was published.
- (ii) One Book, authored by Prof. Ajay Kumar Sharma, Director titled “Obesity and Ayurveda” released.
- (iii) Two Books, titled “A Scientific Exploration of Charakopskar Commentary” and “A Classical Methods of Education” authored by Dr. Asit Panja, Lecturer published.

### 6.1.6 CONSTRUCTION AND GENERAL ACTIVITIES

**Library-cum-Lecture Theatre:** Construction of Girls Hostel to accommodate 66 girl students and the construction of library-cum-lecture theatre have been started and is in progress.

**Wi-Fi Campus:** Wi-Fi launched in the entire Campus for easy and mobile access of internet facilities for the benefit of teachers, officers, scholars, students and staff for various teaching, training, research, patient care, other technical and administrative matters, etc.

**Installation of Sewage Treatment Plant:** The construction work of Sewage Treatment Plant is going on in the campus for treatment and recycling of waste



water for the purpose of using it for gardening and watering in the entire campus, bathrooms, and for washing purposes, etc.

**Installation of Air-Conditioners:** In order to provide suitable environment for teaching and training, installation work of airconditioners in the Seminar Rooms, Class Rooms, etc., is being done. Work of airconditioning is also in progress in the Pharmacy to maintain the efficacy of the various drugs manufactured in the Pharmacy for OPD, IPD and research purposes.

**Solar Water Heating System:** The Institute is going to install the Solar Water Heating System in Hostels and Hospital to cope with the extreme cold climate, scarcity of electricity, frequent power-cuts, etc. The Government is also encouraging Solar Power as an alternative energy.

#### 6.1.7 INTERNATIONAL COOPERATION

- (i) MOU signed with Gerontology Science Coordination Centre, University of Debrecen, Hungary for collaboration in the field of Ayurvedic Education, Research and Treatment.
- (ii) MOU signed for undertaking Clinical Trial on Ayurvedic Anti-Diabetic Medicine “Sugar Remedy” in NIA Jaipur with Umalaxmi Organics Pvt. Ltd.

#### FOREIGN VISITS

- Prof. Ajay Kumar Sharma, Director visited Kenya and Tanzania to participate in the India Medical Tourism Destination – 2012 jointly organized by the Department of AYUSH and FICCI.
- Prof. Ajay Kumar Sharma, Director, was part of a high level delegation led by Hon’ble Union Minister of State for Health and Family Welfare to Trinidad and Tobago to explore possibilities of bilateral cooperation in framing legislation for

Traditional Medicines Regulations in the West Indies.

- Prof. Abhimanyu Kumar, Professor visited Germany to participate in the “14th Ayurveda International Symposium” in Birstein, Germany.
- Prof. Abhimanyu Kumar visited China with a team of Department of AYUSH to participate in the Annual Chinese Medicine Expo.

#### VISIT OF MALAYSIAN DELEGATION

A high-level delegation from Malaysia visited the Institute in November, 2012 for international collaboration and cooperation with Malaysia.

#### 6.1.8 VARIOUS UNITS

- (i) **NIA-Sreedhareeyam Ayurvedic Centre of Excellence for Eye Diseases (NIASACEED):** This is an exclusive Ayurvedic Eye Hospital providing non-surgical treatment for various eye disorders and diseases, like Diabetic Retinopathy, Glaucoma, Cataract, Macular Degeneration, Myopia, etc., and started by collaboration with Sreedhareeyam Ayurvedic Eye Hospital and Research Centre, Ernakulam.
- (ii) **Centre of Excellence for Musculoskeletal Disorders:** The Centre of Excellence for Musculoskeletal Disorders in collaboration with Vaidyaratnam Oushadhasala, Thrissur has been started.
- (iii) **Bio-Feedback and Neuro-Feedback Lab.:** There is Bio-Feedback and Neuro-Feedback Lab. in the Arogyashala Hospital of NIA for diagnosis and management of stress and memory related disorders in children.

- (iv) **Neuro-Muscular Care Unit:** This Unit caters to the disease of Neuro-Muscular System.
- (v) **Primary Emergency Unit:** This Institute has a 24 Hours Primary Emergency Unit equipped with instruments, apparatus, oxygen facilities, ayurvedic and life saving drugs for in-house emergencies.
- (vi) **Geriatric Clinic and Dietary Clinic:** These Clinics provide consultation, advice and also medicines to the visiting patients and healthier ones to maintain a sound and mental health to overcome any age related problem and disorders and also advise on various day-to-day diets, physical exercises for maintaining a good physical and mental health so that with the passing of age, one can avoid physical strains, health deterioration process, etc. to a large extent.
- (vii) **Panchakarma Unit:** This Institute has a separate fully equipped Panchakarma Hospital, which has gained popularity not only in the city but also outside.
- (viii) **Central Laboratory:** There is a Central Laboratory for conducting investigations for patient care as well as research purposes for all the Departments. The Laboratory is divided into 6 Units, viz. Prana (Spirometry, ECG etc.), Rasa (Serology), Rakta (Haematology), Rasa-Rakta (Bio-Chemistry), Mala (Sputum, Urine, Stool) and Shukra (Semen).
- (ix) **Nature Cure Unit:** There is a Nature Cure Unit for specialized Mitti Chikitsa and Jala Chikitsa for Patients of Vibhandh, Udarroga, Shirasool, Katisool, Rakta Vikar, Angamardh, Sthabdhta, Shouth, Netra Pradhahsool, Anidra, Prameha, etc.
- (x) **Pharmacy:** The Institute has a well-equipped Pharmacy manufacturing

medicines required for IPD and OPD and also for PG and Ph.D. Research. During the period under report, the Pharmacy manufactured 222 types of medicines (17,065 Kg.) worth around Rs. 53 Lakhs.

- (xi) **Clinical Documentation Program for Promoting Evidence Based Research(PBR) in Ayurveda:** In order to maintain a scientific outlook in the treatment and research activities of the Institute, this Program has been launched in OPD and is being extended to IPD soon.

**6.1.9 FINANCIAL SET-UP:** The Department of AYUSH provides the funds required for the Institute every year to meet the Non-Plan and Plan Expenditure. During the year 2011-2012, the Non-Plan Expenditure of was Rs. 2183.20 Lakhs and Plan Expenditure was Rs.1800 Lakhs

**6.1.10 GENDER ISSUES - WCP:** The expenditure for Women Component Plan was Rs.5.75 Crores in Salary (Non-Plan), Rs.45.78 Lakhs in Pension (Non-Plan) and Rs.8.17 Crores in Stipend (Plan).

### 6.1.11 BUDGET

(Rs. in crores)

HEAD	PLAN	NON-PLAN	TOTAL
Budget Estimate (2012-13)	28.15	22.89	51.04
Revised Estimate (2012-13)	26.62	23.49	50.11
Expenditure upto December 2012	14.44	13.33	27.77

## 6.2 NATIONAL INSTITUTE OF HOMOEOPATHY (NIH), KOLKATA

### 6.2.1 INTRODUCTION

The National Institute of Homoeopathy was established on 10th December, 1975 in Kolkata, as a Central Government autonomous organisation under the Ministry of Health & Family Welfare with the main objective to develop excellence in homeopathic education and conduct UG and PG courses. The Institute has comprehensive facilities for teaching, research and patient care.

**6.2.2 MANAGEMENT:** The Chief Executive of the Institute is the Director. A Governing Body controls the functions of the Institute. The President of the Governing Body is the Union Minister of Health & Family Welfare.

**6.2.3 THE CAMPUS:** The National Institute of Homoeopathy is located at Salt Lake in Kolkata. It is functioning in its own campus, situated on a plot of land measuring about 16 acres. Construction of a new Academic & Library Block with all facilities is in progress in the campus. A well-built hospital is also within the campus. The hospital is being expanded from its present bed strength of 100 to 250.

For undergraduate students Boys' hostel [(UG) (300 accommodation)], Girls' hostel (112 accommodation) and an auditorium with 500 seating capacity are available in the campus. Quarters for Residential Medical Officers are also available in the campus.

**6.2.3.1** The residential campus of the Institute is in close vicinity to the main campus. An International Hostel with all modern facilities for accommodating students from abroad, separate PG hostels for gents and ladies and 24 residential quarters for the employees of the Institute are available in the campus.

**6.2.3.2** A herbal garden stretched over a land area of 25 acres at Kalyani (about 60 km. from Kolkata)

is maintained by the Institute, which has been envisaged for acclimatising exotic species of plants, which are generally imported, in order to save foreign exchange and to build a repository of authentic specimens of medicinal plants for use by students and researchers.

**6.2.4 Administrative Activities:** Construction of four storied hospital extension building is in progress. The construction work of new Academic-cum-Library building (04-storied in Phase-I) is completed by NPCCL.

**6.2.5 Academic Activities:** This Institute which was earlier affiliated to the University of Calcutta up to session 2003-04 is affiliated to the West Bengal University of Health Sciences from session 2005-06 onwards. Presently, it conducts two regular courses in Homoeopathy. The undergraduate course is called Bachelor of Homoeopathic Medicine & Surgery (BHMS) and the post graduate course is called the Doctor of Medicine in Homoeopathy - MD (Hom.). The Institute also regularly arranges Re-Orientation Training Programs (ROTP) for Teachers and Continuing Medical Education (CME) programmes for the Physicians.

**6.2.5.1** The BHMS course, which is of 5 ½ year's duration (including one year Rotatory Stipendiary Internship) was started in December, 1987. The number of seats in BHMS (Under Graduate) is 93. Admissions to the BHMS course for the candidates, other than those nominated, are done through an All India Entrance examination conducted by the Institute.

**6.2.5.2** The Institute is affiliated to the West Bengal University of Health Sciences for its MD (Hom) course. Specialization is available in six subjects viz. Organon of Medicine & Homoeopathic Philosophy, Repertory, Materia Medica, Practice of Medicine, Homoeopathic Pharmacy and Paediatrics. While in each of the first three subjects there are 06 seats, in the remaining three subjects, presently, there are 03 seats each.

## 6.2.6 HOSPITAL SERVICES

The Hospital is consisting of Out Patient and In-patient departments providing medical services at a nominal cost of Rs.5.00 per patient. A large number of different types of patients from far flung areas seek treatment through Homoeopathic systems of medicine. The hospital has investigation facilities, viz. Clinical Pathology, Biochemistry, Radiology, Ultra-Sonography and ECG, etc., The Institute has been presently providing indoor facilities through 100 bedded hospital, of which 08 beds are earmarked for Surgery, 6 for Paediatrics and 4 for Maternity.

### 6.2.6.1 OUT PATIENT DEPARTMENT (OPD)

The National Institute of Homoeopathy (NIH) Hospital is rendering valuable health care services in Homoeopathy to the needy patients from areas far and around. Over the years, there is increase in service load due to increase in number of patients attending OPD daily at NIH. 268388 patients visited the NIH OPD during the FY 2011-12; out of which, 263312 patients attended OPD at NIH, Salt Lake, Kolkata and 5076 patients attended at POPD, Kalyani, Dist. Nadia, West Bengal. The average monthly patient turnout was 22365.7 as compared to 20912 in the previous year, showing a marked increase of 6.95 % in patient turnout this year.

### PERIPHERAL OPD

A peripheral OPD is functioning once in a week at NIH Herbal Garden Complex, Kalyani, Dist. Nadia, about 60 Km. away from NIH, Salt Lake. The physicians, PGTs and internees regularly attend this OPD. The medicines are dispensed to the patients free of cost. During the FY 2011-2012, 5076 patients were provided treatment there.

### 6.2.6.2 IN-PATIENT DEPARTMENT (IPD)

Bed strength of IPD is as detailed below –

IPD Strength – 100 Beds	
Total Beds in Male Ward	48
Total Beds in Female Ward	52

A total of 799 patients were admitted in IPD of the hospital during the year 2011-12.

**HOSPITAL RECORD KEEPING:** A systematic data entry and record-keeping of all IPD patients has been initiated and records from 2008-09 to 2011-12 are completed and entered in the database.

**HOSPITAL KITCHEN & DIET:** At present, raw materials are procured from suppliers and prescribed diet for the admitted patients are prepared in the In-House Kitchen of the Institute. The dietician looks into special requirements or recommendations for the diet of the patients. The hospital kitchen has recently been modernized to serve for 250 bedded hospital after expansion program is done.

**DISPENSARY:** The prescribed medicine of the IPD & OPD patients are dispensed from the In- House Dispensary of the hospital.

**AMBULANCE SERVICE:** The hospital also provides Ambulance Service for transportation of the patients, when required in emergency.

### 6.2.6.3 OPERATION THEATRE:

The Hospital is having well equipped, two modern Operation Theatres with apparatus/instruments, such as pulse-oxymeter, diathermy, portable ECG and X-ray, etc. The Institute has a labour room and provides antenatal and post-natal care to the mother and child. 112 operations were conducted during 2011-12.



#### 6.2.6.4 INVESTIGATIONS

**LABORATORY (Clinical pathology):** A total no. of 1918 patients attended Pathology Lab for clinical and haematological tests comprising 6602 investigations in the year 2011-2012.

**LABORATORY (Bio-chemistry):** A total no. of 2278 patients attended Biochemistry Lab comprising 7522 investigations during the year.

#### X-Ray

- A total no. of 2940 X-ray was done on 1687 patients.
- Hystero-salpingography (HSG) was performed on 1 patient.

#### ECG

- Total no. of 764 ECG was carried out.

#### PFT

- PFT was performed on 9 patients.

#### HOLTER MONITOR

- Holter Monitor was performed on 2 patients.

#### USG

- A total no. of 1014 USG was done.

#### 6.2.6.5 OTHER SERVICES

#### PHYSICAL MEDICINE / PHYSIOTHERAPY

Physiotherapy is very helpful along with Homoeopathic treatment specially for diseases, like Osteoarthritis, Rheumatoid arthritis, Ankylosing spondilitis, Low back pain, Neck pain, stiffness of neck, Frozen shoulder, Sciatica, Calcaneum spur, Planter fasciitis, Tennis elbow, prolapse uterus, Rheumatism, etc.

- Total 2468 number of patients were treated at physiotherapy unit during the year 2011-2012.

#### YOGA

- 934 number of OPD patients attended Yoga programme in FY 2011-12.



NIH Out-Patient Department

### 6.2.6 MOBILE MEDICAL CAMP:

Every year, the Institute sends a medical team to the Ganga Sagar Mela in South 24 Parganas district (West Bengal) to provide homoeopathic treatment, on the spot, to ailing pilgrims from all over the country.

### 6.2.7 LIBRARY & INFORMATION SERVICES:

This Division has more than 19845 documents (macro & micro) including rare homoeopathy treatises. There are 1042 bound journals. 61 periodicals are subscribed regularly and 43 periodicals have been received as gift. It provides various services, i.e. Documentation, Reference, Referral, CAS, SDI, Document delivery, Internet, etc. to the in-house readers. Book Bank service was established in 2003-04.

### 6.2.8. BULLETIN:

The Institute publishes a quarterly bulletin incorporating scientific articles.

### 6.2.9 BUDGET:

(Rs. in crores)

HEAD	PLAN	NON-PLAN	TOTAL
Budget Estimate (2012-13)	25.00	2.81	27.81
Revised Estimate (2012-13)	25.00	2.90	27.90
Expenditure upto December 2012	13.00	1.00	14.00

## 6.3 NATIONAL INSTITUTE OF UNANI MEDICINE (NIUM), BANGALORE

### 6.3.1 INTRODUCTION

National Institute of Unani Medicine (NIUM) was established in 1984 with the objective of developing

it as a Center of Excellence for the propagation of Unani Medicine. However, the academic activities were started in 2004-05. Since then, the Institute has emerged as a center of quality teaching and research in Unani medicine at Post Graduate level.

### 6.3.2 INFRASTRUCTURE

The Institute has Academic block, Administrative block, 150 bed hospital, separate hostel buildings for boys and girls, Library facilitated with internet, a Central Instrumentation Facility Lab (CIF), a Drug Museum along with Herbarium constructed to house single Unani drugs and plant specimens for display for teaching and authentication, Quality Control Lab for checking degree and grade of excellence of processes and products prepared in the pharmacy of the Institute and the drugs for experimental studies, a state-of-art animal house with all the facilities for animal care required for experimental studies.

Because of day by day increasing OPD and IPD data, existing pharmacy building, Regimental Therapy building and Canteen are in the process of extension to fulfill the requirement of the patients. The hospital of the institute runs following OPDs:

(A) General (B) Specialized: Hypertension, Arthritis, GIT diseases, Skin diseases, Urinary diseases, Geriatric diseases, Cardiac & Pulmonary diseases, Neurological disorders, Obesity, Diabetes, Sexual diseases and Psychiatric diseases (C) Family Planning OPD (D) Regimental Therapies OPD (E) Surgical OPD (F) Health Promotive Unit consisting of Dietetics and Nutritional advice, Revised National Tuberculosis Programme (RNTP) and Vaccination under the National Health Programmes for prevention of Poliomyelitis (OPV) Diphtheria, Pertussis, Tetanus (DPT Vaccine), Tuberculosis (BCG Vaccine) and Measles (Measles Vaccine).

### 6.3.3 SCHEMES

The Institute is able to attract the students from almost all the parts of the country and abroad. The Institute

offers Post Graduate Courses in six disciplines of Unani medicine, viz. Moalajat (Medicine), Ilmul Advia (Pharmacology), Tahaffuzi wa Samaji Tib (Preventive & Social Medicine), Qabalat wa Amraze Niswan-(OBG), Ilmul Saidla (Unani Pharmacy) & Kulliyat( Basic Principles of Unani Medicine). From the next academic session P.G. courses in Jarahiyat (Surgery) and Ilaj Bit Tadbeer (Regimenal Therapy) are likely to be started.

#### 6.3.4 ACHIEVEMENTS

- Free Unani Health Camps and Mobile Clinics were organized from time to time in the surrounding areas of Bangalore, which have limited accessibility to Unani treatment. From April –November 2012, 05 such camps were organized.
- The Institute actively participated in AROGYA Mela organized by the Department of AYUSH, Ministry of Health and Family Welfare, Govt. of India with a view to popularize the Traditional Systems of Medicine and thereby to extend the benefits of these indigenous systems in the health care management to the people.
- The Institute organized good quality Guest Lectures and Extension lectures from time to time to elevate the standard of education and research in Unani Medicine.
- Normally, one educational tour is being conducted for Post Graduate Scholars during second year for re-orientation and obtaining first hand knowledge and information on medicinal plants in the country and also to know about allied Institutions and to exchange views on other aspects of Unani Medicine.
- The Institute hospital conducts medical awareness programme for IPD, OPD patients and common people fortnightly to spread awareness about the common diseases prevailing in Bangalore and surrounding areas. Faculty members from the Institute deliver lectures in simple and explicable

languages on the selected topics and emphasis is laid upon the prophylactic aspect of the diseases. From April–November, 2012, 16 such programmes have been organized.

- Participation in Seminars / Conferences / Workshops / Training Programmes by the Teaching Staff and P.G. Scholars of NIUM; The Institute deputed 02 faculty members and 02 P.G. Scholars to participate in conference/workshop. Four faculty members were deputed in AYUSH management training programme.
- Publication of Research Papers in Peer reviewed Journals of NIUM faculty members: Approximately, one dozen research papers of the faculty members and PG scholars of the Institute have been published in Peer Reviewed Journals.
- The Institute has been designated as Regional Centre for Pharmacovigilance of Unani Drugs.
- Training Programme of Unani Medical Officers of Karnataka in Ilaj bit Tadbeer organized by National Institute of Unani Medicine, Bangalore, from 19th November to 3rd December., 2012.

#### 6.3.5 BUDGET

(Rs. in crores)

HEAD	PLAN	NON-PLAN	TOTAL
Budget Estimate (2012-13)	15.00	0.00	15.00
Revised Estimate (2012-13)	18.50	0.00	18.50
Expenditure upto December 2012	14.96	0.00	14.96



NIUM Hospital



Health Huts





Academic Block



NIUM stall at Arogya Mela



Free Unani Health Camp



PG Scholars working on Lyophilizer



Demonstration of cupping



Library Block



## 6.4 NATIONAL INSTITUTE OF SIDDHA (NIS), CHENNAI

### 6.4.1 INTRODUCTION:

The National Institute of Siddha (NIS), Chennai is an autonomous organization under the Department of AYUSH, Ministry of Health and Family Welfare, Government of India. The Institution was dedicated to the Nation on 3rd September, 2005 by Dr. Manmohan Singh, Hon'ble Prime Minister of India and is striving to be a Centre of Excellence in Siddha system of Medicine. The Institute offers Post Graduate courses in Siddha, provides medical care and undertakes research to promote and propagate the Siddha system of medicine.

### 6.4.2 INFRASTRUCTURE AND FACILITIES:

- Out Patient Department
- In-Patient Department (160 bedded Hospital)
- Bio-Chemistry, Microbiology, Pathology Laboratories
- X-Ray and ECG Units
- Gunapadam Practical Laboratory
- Pharmacology Laboratory
- Library
- Animal House
- Herbal Garden
- Men's & Women's Hostels
- Nursing Quarters
- Guest House

### 6.4.3 HEALTH CARE SERVICES

The Institute attached Hospital, which functions on all days, provides free Siddha medical care to all the general cases. A large sector of ailing community is catered by the PG Scholars and Faculties and the out patient number ranges from 1200 to 1500 everyday.

Apart from this, a Specialty Geriatric OPD is being run on the evening of every Tuesday to take care of the ailments suffered by the elderly people.

A 160 bedded In-patient facility provide medical care in accordance with respective PG departments.

Along with the OPD and IPD services, supportive therapies, like Varmam, Thokkanam, Pura Maruthuvam [External Therapies] and Yogam are also provided to the needy patients.

An exclusive Surgical OPD is also run to provide treatment for Haemorrhoides, Fistula, abscess, cancerous lesions, etc., and also cleansing & dressing to certain conditions of wounds, abrasions, bruises, burns.

As an out-reach programme, a free Siddha Medical Camp is being regularly conducted on Fridays in a nearby village with an economically and socially backward rural population and medicines are dispensed free of cost.

### 6.4.4 EDUCATION & ACADEMICS

6.4.4.1 Post Graduation in Siddha Medicine [M.D] is being offered in the following 6 branches, which are affiliated to the Tamil Nadu Dr.M.G.R Medical University, Chennai with due approval from CCIM, New Delhi:

- (i) Maruthuvam [General Medicine];
- (ii) Gunapdam [Pharmacology];
- (iii) Sirappu Maruthuvam [Special Medicine];
- (iv) Kuzhandhai Maruthuvam [Paediatrics];
- (v) Noi Naadal [Pathology]; and
- (vi) Nanju Nool [Toxicology].

6.4.4.2 The intake capacity is 46 seats/year, which is inclusive of one seat to BIMSTEC Countries.

6.4.4.3 To strengthen the research perspectives of Siddha, Ph.D programmes were initiated to both Faculties (Part time) and research scholars (Full time). Department of AYUSH has sanctioned 2 Research Fellowships with stipend for each Department from the academic year 2010-11. As of now, 6 Ph.D Scholars are pursuing their Ph.D programme under the guidance of the faculties as per the norms of the Tamil Nadu Dr.M.G.R Medical University, Chennai.

#### 6.4.5 ACHIEVEMENTS IN THE REPORTING YEAR 2012-13:

- Forty Four (44) students were admitted into P.G. Courses in Six branches during 2012-13 through entrance examination followed by counselling.
- Thirty six (36) students have successfully completed post graduation, i.e. M.D [Siddha] during the year 2012 and were awarded degree from the Tamil Nadu Dr. M.G.R. Medical University, Chennai.
- During 2012-13, 2.99 lakhs patients were treated in OPD and 38,811 patient were treated in IPD with a bed occupancy of 100% upto November 2012 and the bed occupancy varies from 72 to 113% in a given month. Out of the total patients reported at OPD, 52% and 48% were male and female respectively.
- A Specialty OPD is being run every Tuesday for Geriatric patients and during 2012-13, 9910 patients were treated till November 2012.
- Organised 02 Continuing Medical Education (CME) Programmes for Doctors of Noi Naadal and Nanju Noolum Maruthuva Neethi Noolum. Medical Officers from Primary Health Centres of Tamil Nadu Government and Private Practitioners participated and benefited from the programme. A total of 28 and 29 Medical

Officers & Doctors have attended the CME for Noi Naadal and Nanju Noolum Maruthuva Neethi Noolum respectively up to November 2012.

- NIS conducted a one-day seminar on “Advancement of AYUSH systems and career options” jointly organised with Vijnana Bharati, New Delhi for the benefit of all Post Graduate students of Siddha Medicine.
- NIS ensured its active participation in AROGYA Melas throughout the year, organized by the Department of AYUSH, Ministry of Health and Family Welfare, Govt. of India and providing interview/public query programme to Doordharsan Television channel, All India Radio with a view to popularize the Siddha Medicine and thereby to extend the benefits of Siddha in the health care management of people.
- A new Animal House and Herbal Garden were established for performing dissertation and Ph.D programme related pre-clinical research works.

#### 6.4.6 BUDGET

(Rs. in crores)

HEAD	PLAN	NON-PLAN	TOTAL
Budget Estimate (2012-13)	24.00	0.00	24.00
Revised Estimate (2012-13)	14.40	0.00	14.40
Expenditure upto December 2012	14.40	0.00	14.40



The elegant front view of National Institute of Siddha, Chennai.



Prof. (Dr.) K. Manickavasakam, Director of National Institute of Siddha delivering the inaugural address on “Seminar on Advancement of AYUSH Systems and Career Options” at NIS.





Patients at NIS



Patients at the dispensary of NIS

## 6.5 NATIONAL INSTITUTE OF NATUROPATHY (NIN), PUNE

### 6.5.1 INTRODUCTION

National Institute of Naturopathy (NIN), Pune, is registered under the Societies Registration Act, 1860 and came into existence on 22-12-1986 with the aims & objectives to propagate & promote Naturopathy & Yoga, to provide treatment facilities for all kinds of diseases through Naturopathy & Yoga, to conduct research & training and to establish a living Memorial of Mahatma Gandhi. This Institute has a “Governing Body” headed by the Union Minister of Health & Family Welfare as its President. National Institute of Naturopathy (NIN) is located in a historical building called “Bapu Bhavan”, which is situated at Tadiwala Road, Pune. “Bapu Bhavan” is named after Mahatma Gandhi, Father of the Nation, who stayed here for 156 days and made this Institution his home, whenever he was in Pune from the year 1944. Formerly, this place was known as “Nature Cure Clinic and Sanatorium”, which was run by late Dr. Dinshaw K. Mehta. The All India Nature Cure Foundation Trust was established in this

Centre by Dr. Dinshaw K. Mehta. Mahatma Gandhi became its life long Chairman. Gandhiji conducted his Naturopathy experiments and organized National and International activities while staying here. The present complex was handed over to the Govt. of India on 17-03-1975 by Dr. Dinshaw K. Mehta for starting the National Institute of Naturopathy.



“The Bapu Bhavan”, NIN, Pune

### 6.5.2 MAJOR ACTIVITIES UNDERTAKEN DURING THE YEAR 2012-13:

**6.5.2.1 ACQUISITION OF LAND:** The Department of Health, Govt. of Maharashtra, has earmarked about 22 acres of land in Pune to hand over to NIN for starting the Naturopathy College, Hospital and Research Unit by NIN.



Location of land at Kondhwa

### 6.5.2.2 INAUGURATION OF THE NEW TREATMENT SECTION BUILDING

Construction of a New Treatment Section building at NIN is in progress and is expected to be inaugurated in the current financial year 2012-13.



New Out Patient Department, NIN, Pune

### 6.5.3 ONGOING SCHEMES AND ACHIEVEMENTS

The NIN has an OPD clinic functioning for 14 hours daily from 7 am to 9 pm with free consultation services, where various Naturopathy treatments are given to the patients. Total 39899 patients upto 30th Nov. 2012 were treated during the reported financial year. The Institute also conducts 8 Yoga classes daily. Average 240 participants attend the Yoga Classes daily. A Health Shop is being run on self-sustaining basis, where natural food and drinks, products free from chemicals and fertilizers are made available to the public. Also, books on Naturopathy, Yoga and other Health subjects and various instruments used in the treatment of Naturopathy are sold here. The Institute publishes “Nisargopachar varta” – a bilingual magazine (Hindi/English). “Rational Hydrotherapy” – a

classical work by the American Naturopath Dr. J. H. Kellogg – has been reprinted by the NIN and the copies are available for sale. Second edition of the Book “Naturopathic Diet & Recipe” has also been published in the current year. A CD on Naturopathy Treatment Modalities and activities of NIN has been prepared. Published a Handbook on Basic Yoga for Beginners in the current financial year 2012. NIN has a Library with more than 9000 books.

6.5.3.1 NIN is managing a Sanatorium exclusively for the HIV+ve patients with an intake capacity of 16, at Panchagani, Dist. Satara. Four Research Papers (on HIV, Hydrotherapy, Musculoskeleton disorders & attention deficit hyperacidity disorders) of NIN have been accepted for publication in various international



indexed journals. A Naturopathic Diet Centre is being run at NIN, Pune for providing diet facilities to the general public and patients, who visit this Institute. Free guest lectures are organized on every Saturday evening featuring eminent speakers on Procedures and Benefits of Naturopathy and Yoga for treating different common ailments. NIN organizes one-day workshop with demonstration of procedures on different diseases for general public on the last Saturday of every month. NIN also conducts free full day workshop in regional languages, viz. Telugu, Gujarathi, Marathi, Kannada, Sindhi, Tamil, Malayalam, etc., on “Human Health & Life Style”.

**6.5.3.2** NIN regularly conducts C.M.E. programme for Naturopathy practitioners, Continuous Professional Development Programme (CPDP), Women Component programme, Research Methodology Workshop and Re-orientation Program for doctors of other systems. Total 3 programmes were conducted during the reported year. NIN participates in all the exhibitions organized by Department of AYUSH all over India from time to time and other exhibitions in and around Pune. NIN organizes Natural Health Food Fair in different States of the country.

**6.5.3.3** Forty three students are undergoing one year Full Time Treatment Assistant Training Course (TATC). 5 BNYS interns from different Naturopathy colleges are undergoing Internship Programme with a monthly stipend of Rs.3500/-. Free Acupressure Treatment is given to patients for six days a week.

**6.5.3.4 INFRASTRUCTURE:** NIN has an Out Patient Department with well-equipped Naturopathy equipments, Yoga Hall/Seminar, Workshop Hall with 125 persons seating capacity.

### 6.5.5 BUDGET

(Rs. in crores)

HEAD	PLAN	NON-PLAN	TOTAL
Budget Estimate (2012-13)	5.56	0.00	5.56
Revised Estimate (2012-13)	5.56	0.00	5.56
Expenditure upto December 2012	3.48	0.00	3.48

## 6.6 RASHTRIYA AYURVEDA VIDYAPEETH (RAV), NEW DELHI

### 6.6.1 INTRODUCTION

Rashtriya Ayurveda Vidyapeeth (Vidyapeeth) is a registered society and an autonomous organization under the Ministry of Health & Family Welfare, Department of AYUSH, Govt. of India. The Vidyapeeth was established with the aim to preserve and arrange transfer of Ayurvedic knowledge from eminent scholars, and traditional Vaidyas, who do or do not have formal qualifications but trained under Gurukula system, to the younger generation through the Indian traditional system of education called ‘Guru Shishya Parampara’ to prepare proficient experts in Ayurveda with clinical skills.

### 6.6.2 INFRASTRUCTURE

The Vidyapeeth functions at Dhanwantari Bhawan, Road No. 66, Punjabi Bagh (West), New Delhi-110026. Various training centres enrolled by Vidyapeeth train the students. During the reporting year, 36 centres spread all over the country provided training to students of the Vidyapeeth.

### 6.6.3 PROGRAMMES

- (i) Rashtriya Ayurveda Vidyapeeth imparts practical training to Ayurvedic graduates and postgraduates through 'Guru Shishya Parampara', i.e. the traditional method of transfer of knowledge. The one-year course of Member of Rashtriya Ayurveda Vidyapeeth (MRAV) facilitates literary research for acquisition of knowledge of Ayurvedic Samhitas and commentaries thereon to enable the post graduates to become good teachers, research scholars and experts in Samhitas.
- (ii) The Vidyapeeth has been conducting National Interactive Workshops for PG students, doctors and teachers to provide clarifications on relevant topics of teaching and practice.
- (iii) The Vidyapeeth is holding national seminars on different diseases to disseminate traditional knowledge and research outcome to practitioners in the management of such diseases.
- (iv) The Vidyapeeth also publishes books required for students, teachers and researchers.

### 6.6.4 ACHIEVEMENTS

- **Training Programme (Guru Shishya Parampara):** 104 students are receiving training under 36 Gurus in various parts of India.
- **Interactive Workshops:** Vidyapeeth conducted two Interactive Workshops for PG students, doctors and teachers.
- **Translation of Charak Samhita:** The translation work of Charak Samhita and its Commentary by Chakrapani Dutta into Hindi language by Prof. B.L. Gaur, Former Vice-Chancellor, Rajasthan Ayurveda University, Jodhpur under the Central Sector Scheme of Department of AYUSH is in progress.

- **Continuing Medical Education:** The Vidyapeeth is the coordinating nodal centre for Continuing Medical Education (CME) and other HRD programs.

### 6.6.5 BUDGET

(Rs. in crores)

HEAD	PLAN	NON-PLAN	TOTAL
Budget Estimate (2012-13)	5.00	0.91	5.91
Revised Estimate (2012-13)	5.00	0.91	5.91
Expenditure upto December 2012	3.08	0.33	3.41

### 6.7 MORARJI DESAI NATIONAL INSTITUTE OF YOGA (MDNIY), NEW DELHI

6.7.1 Morarji Desai National Institute of Yoga is an autonomous organization under the Department of AYUSH, Ministry of Health & Family Welfare, Govt. of India. The objectives of the Institute are:

- (i) To act as a Centre of Excellence of Yoga;
- (ii) To develop, promote and propagate the Science of Yoga; and
- (iii) To provide and promote facilities of training, teaching and research to fulfill the above objectives.

6.7.2 The vision & mission of the Institute is *Health, Happiness and Harmony for all through Yoga.*



### 6.7.3 OTHER SCHEMES

- (i) **Diploma in Yoga Science (DYSc.):** It is of one year duration course for the graduates. The session started in August, 2012 and total 113 students have joined the course.
- (ii) **Foundation Course in Yoga Science (FCYSc.) for Wellness:** It is the basic course in Yoga of one month duration, to make the participants aware of the fundamentals of Yoga for inculcating Yoga in their daily life and to bring health and harmony in the society at large. Total 15 such programmes have been conducted during the period under report.
- (iii) Free Summer Yoga Camps were organized by the students of Diploma in Yoga Science (DYSc.) in 75 different places in Delhi and NCR. Total 2483 people have been benefitted out of these camps.

**6.7.4** During the period under report, 3290 people have benefited under different Therapy programmes.

**6.7.5** Besides running the Yoga Therapy programmes, the Institute also runs a Yoga OPD, wherein the patients are getting consultation from the modern medicine physician, Dietician and Yoga Experts. There is an attached Pathology & Biochemistry Lab and X-Ray unit to the OPD.

**6.7.6** With the broader view of integrating the system of Yoga in the mainstream medical care, the Institute has started the following Yoga Therapy and Research Centres in the Hospitals/ Institutes in Delhi:-

- (i) Rajan Babu Tuberculosis Hospital, Dhaka Colony, Kingsway Camp, Delhi – 110 009.
- (i) Institute of Human Behavior and Allied Sciences, P.O. Box No.9520, Jhilmil, Dilshad Garden, Delhi – 110 095.
- (i) LRS Institute of Tuberculosis and Respiratory Diseases, Sri Aurobindo Marg, New Delhi – 110 030.
- (i) Vallabhbhai Patel Chest Institute, University of Delhi, North Campus, Delhi – 110 007

**6.7.7** During the period under report, 11994 people have benefited under different Therapy programmes.

**6.7.8** The Institute has established Preventive Health Care Units of Yoga in CGHS Dispensaries in Delhi and NCR. In the initial phase, 10 such Units have been set up. During the period under report, 12135 people have benefited from these Yoga Units. The Institute conducts various Health Promotion Programmes, each of one hour duration daily for one month from morning 6.00 a.m. to evening 6.00 p.m. for the general public. The Institute has also introduced Shankhprakashana Kriya on all Saturdays. During the period under report, 2956 people have benefited under different training programmes. A one month Yoga Workshop for school children was organized in the Institute premises from 16th May, 2012 to 18th June, 2012. Total of 123 children had registered for the programme and 100 students successfully completed the workshop.





**6.7.9** The Institute has established following five Advanced Centres for Yoga in premier Medical/ AYUSH Institutions of the country:-

- (i) Advanced Centre for Yoga Therapy and Research in Mental Health & Neurosciences at National Institute of Mental Health & Neurosciences (NIMHANS), Bangalore;
- (ii) Advanced Centre for Yoga Therapy, Education and Research in Cardio-vascular diseases and Diabetes Mellitus at Jawaharlal Institute of Post Graduate Medical Education and Research, Puducherry;
- (iii) Advanced Centre for Yoga Education and Research in Respiratory and Geriatric Disorders at Gujarat Ayurveda University, Jam Nagar, Gujarat;
- (iv) Centre for Advanced Research and Training in Yoga at Defence Institute of Physiology and Allied Sciences, Lucknow Road, Timarpur, Delhi;
- (v) Advanced Centre for Yoga Therapy and Research on Chest Diseases at Government Medical College, Jammu.

**6.7.10** National Yoga Week-2012, a mass awareness programme for Health, Happiness and Harmony through Yoga was organized from 12-18 February, 2012 in the Institute premises. National Yoga Week-2012 was dedicated to the theme-‘Yoga for Holistic Personality Development’. Eminent

Yoga experts, Professionals and Specialists from Allied Sciences participated in the week long event. Around 1000 delegates and students from different parts of the country participated. About 80 experts of Yoga and Allied Sciences also shared their views.



**6.7.11** The Institute has initiated action to implement the scheme of District Yoga Wellness Centres through Public Private Partnership (PPP) mode. During the Ist phase, 100 such centres have been taken up. Out of the 100 centres, 93 centres are operational. The Institute has initiated action to develop a Learning Resource Centre (LRC) in Yoga at MDNIY to interlink all the Yoga institutes of the country as well as outside the country. These activities/facilities are grouped as under:-

- i) Library and Information Wing;
  - ii) Audio-Visual and Electronic Media Centre;
- and

iii) Documentation, Communication and Publication Wing.

**6.7.12** During the year under report, the Institute has completed the LAN work under the LRC.

**6.7.13** The Institute is bringing out a Quarterly News Letter, covering the activities and programmes of the Institute in brief. The Institute is also publishing a Quarterly Journal “Yoga Vijnana” – the Science of Yoga devoted for propagation of Yoga Education, Training, Therapy and Research.

**6.7.14** The Institute has participated in different Arogya/ Health Melas Kumbh Mela, Pravasi Bharatiya Divas at New Delhi; MTNL Health Mela, Delhi; Arogya at Chennai, Una (Himachal Pradesh), Lucknow, Bangalore, Amritsar, Jaipur, Trivandrum, Bhopal, Ropar and Hyderabad. The Yoga Music Fusion Programme and the Live Yoga Demonstration of the Institute were very much appreciated by all in these events.

#### 6.7.15 BUDGET

(Rs. in crores)

HEAD	PLAN	NON-PLAN	TOTAL
Budget Estimate (2012-13)	12.00	4.20	16.20
Revised Estimate (2012-13)	12.00	4.42	16.42
Expenditure upto December 2012	8.35	2.95	11.30

### 6.8 ALL INDIA INSTITUTE OF AYURVEDA (AIIA), NEW DELHI

#### 6.8.1 INTRODUCTION

The All India Institute of Ayurveda is conceived as an Apex Institute for Ayurveda under the Ministry of Health & Family Welfare, Department of AYUSH, Government of India. The Institute

would offer postgraduate and doctoral courses in various disciplines of Ayurveda and will focus on fundamental research in Ayurveda, drug development, standardization, quality control, safety evaluation and clinical research. The hospital will be equipped with state-of-the-art modern diagnostic tools and techniques which will be used in teaching, training and research.

#### 6.8.2 INFRASTRUCTURE

The construction of the Institute’s hospital building (G+6) and academic building (G+7) is at an advanced stage of completion at Sarita Vihar, New Delhi. A temporary OPD block has been built in August 2010 with pre-fabricated material for running OPD services. It has a camp office as well as OPD consisting of three clinics, ksharasutra therapy room, pharmacy and committee room. Two Clinical Specialists, 02 Staff Nurses, 02 Pharmacist-cum-store Keepers, a Consultant and a DEO have been engaged for running the OPD establishment of AIIA.

#### 6.8.3 SCHEMES

AIIA is implementing the National Campaigns on Anemia, Mother and Child Health, Geriatrics and Ksharasutra, funded by CCRAS. The number of patients treated under different national campaigns from Sept. 2011 to 26th Nov. 2012 are: Anemia-569, MCH-3607, Geriatrics-2173, Ksharasutra-17, Others-14082. On an average, about 100 patients visited the OPD per day. Upto 26th November 2012, 40457 patients visited the Institute.

#### 6.8.4 ACHIEVEMENTS

- (i) Construction of building is in advance stage.
- (ii) The Institute has got its MOA and Bye laws approved.
- (iii) Registration of AIIA under Societies Act, 1860 is in progress.

- (iv) Proposal consisting of Recruitment Rules and creation of posts for AIIA is under process.

### 6.8.5 BUDGET

(Rs. in crores)

HEAD	PLAN	NON-PLAN	TOTAL
Budget Estimate (2012-13)	44.22	0.00	44.22
Revised Estimate (2012-13)	54.22	0.00	54.22
Expenditure upto December 2012	39.59	0.00	39.59

## 6.9 NORTH EASTERN INSTITUTE OF FOLK MEDICINE (NEIFM), PASSIGHAT, ARUNACHAL PRADESH

### 6.9.1 INTRODUCTION

The North Eastern Institute of Folk Medicine (NEIFM) is a National Institute, under the Department of AYUSH, Ministry of Health & Family Welfare, Government of India. It is being developed as a Centre of Excellence and apex research centre for all aspects of Folk Medicine knowledge with linkages and collaborations with other research institutions. It is located at Passighat, East Siang District, Arunachal Pradesh. It is headed by a Director with supporting staff. The North Eastern region of India, comprising the States of Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim, and Tripura, endowed with a rich biodiversity of flora and fauna, has a rich and vast heritage of traditional folk medicine practices, remedies and therapies. The aims and objectives of the NEIFM are to survey, document and validate folk medicine practices, remedies and therapies prevalent in the region, with a view to revitalize, promote and harness local health traditions and flora. The NEIFM will create an interface between traditional/folk medicine practitioners and research institutions

to enable proper understanding and tapping of folk medicine. It will help to upgrade the skills and build up capacities of traditional/folk medicine practitioners, while protecting their Intellectual Property Rights. It is intended to validate folk medicine practices and integrate them into the mainstream health care system, and make available for the public at the primary health care level.

### 6.9.2 INFRASTRUCTURE

The Government of Arunachal Pradesh as its contribution has allotted 40 acres of land for the Institute, at Passighat, Arunachal Pradesh, while the expenditure on establishment, maintenance and future expansion of the Institute will be borne by the Government of India. In the 1st phase, the construction of the hospital/Institute block (plinth area 40,000 sq.ft) and guest house (2100 sq.ft) has been taken up. The project consultants are HLL Lifecare Limited. After tendering, obtaining approvals and clearances, work on the building site has commenced and is scheduled for completion in the financial year 2012-13. An ethno-medicinal plants garden will also be developed within the 40 acres complex.

### 6.9.3 SCHEMES

#### 6.9.3.1 Documentation and Validation of Traditional Health Practices in the North Eastern Region

A project to help in establishing the NEIFM in terms of developing linkages with folk healers as well as documentation and validation of traditional health practices in the North Eastern Region is being implemented.

#### 6.9.3.2 Certification of Prior Learning of Grama Vaidyas

This Scheme is being implemented by Indira Gandhi National Open University with the Quality Council of India (QCI) and Institute of Ayurveda and Integrative Medicine, FRLHT, Bangalore as domain knowledge partners, with



financial support from the Department of AYUSH. The scheme is being pilot tested in each district, across the States of Arunachal Pradesh, Meghalaya, Karnataka, Tamilnadu, Gujarat, Rajasthan, Orissa, and Chattisgarh. In Arunachal Pradesh, the NEIFM will help in identifying folk medicine practitioners in East Siang District and assessing their prior learning status.

#### 6.9.4 ACHIEVEMENTS

- (i) The registration of the Institute as a Society under the Arunachal Pradesh Society Act has been completed.
- (ii) Proposal for phase-II for construction of residential accommodation and establishment of Ayurvedic College within the 40 acres of land and construction of boundary wall around the 40 acres of land have been submitted to the Govt. for approval.
- (iii) Construction of NEIFM Building is under progress. HLL Life Care Ltd. has reviewed the target for completion of Hospital Building along with fittings by 31st March, 2013.
- (iv) **Documentation of LHT of NE States:** Training of field investigator of NE State has been completed.

#### 6.9.5 BUDGET

(Rs. in crores)

HEAD	PLAN	NON-PLAN	TOTAL
Budget Estimate (2012-13)	12.00	0.00	12.00
Revised Estimate (2012-13)	13.27	0.00	13.27
Expenditure upto December 2012	8.11	0.00	8.11

#### 6.10 NORTH EASTERN INSTITUTE OF AYURVEDA & HOMOEOPATHY (NEIAH), SHILLONG, MEGHALAYA

The Union Cabinet in its meeting held on 27th March, 2008 accorded approval for establishment of North Eastern Institute of Ayurveda & Homoeopathy at Shillong to provide health care to the people of NE Region and Sikkim under Ayurveda and Homoeopathy systems of medicine. The Institute is to have Ayurvedic and Homoeopathic colleges with the admission capacity of 50 students each along with a 100-bed Ayurvedic hospital and a 50-bed Homoeopathic hospital, comprising Documentation-cum-R&D Centre and Pharmacy with Drug Testing Laboratory.

The Institute is coming up on a plot of land measuring 20 acres adjacent to the North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences (NEIGRIHMS) at Mawdiangdiang, Shillong, Meghalaya. The construction of Hospital and College buildings under Phase –I of the project is in progress. Total sanctioned cost of project is Rs.71.81 crore.

#### ACHIEVEMENT REPORT

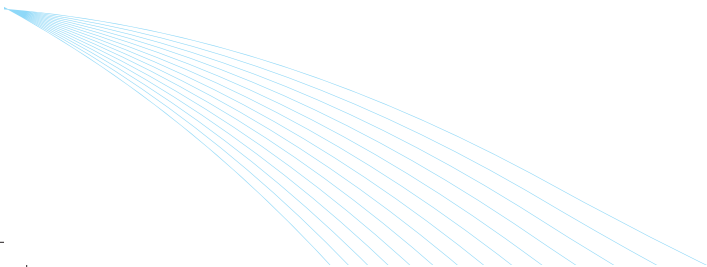
- At present, the Institute is running one OPD City Center (both Ayurveda & Homeopathy) in a rented accommodation at Nongrim Hills, Shillong and is providing health care services to the general masses.
- The permanent site of the North Eastern Institute of Ayurveda and Homoeopathy (NEIAH) is developing at Mawdiangdiang, Shillong-18, Meghalaya adjacent to North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences (NEIGRIMS) and about 35% work of Phase – I of the project (which includes Ayurveda teaching block, Homeopathic teaching block, Ayurveda Hospital, Homoeopathic Hospital & Library block) has been completed physically.

- DPR for Phase-II has been submitted by HSCC and the matter is under consideration. Phase-II includes – Boys & Girls’ Hostels, Doctors’ Hostels, Family Quarters, International Teaching and Residential Block, PG Teaching Block, Nursing College & Pharmacy College, Drugs Testing Laboratory and Medicine Manufacturing unit.
- MoA, Rules and Regulations and Bye-laws of NEIAH, Shillong have been approved by the competent authority and the Institute has been registered under Meghalaya Societies Act, XII of 1983.
- Proposal for creation of required posts, including faculty members and draft Recruitment Rules (RRs) for all the proposed posts to be filled up to start the functioning of the Institute is in progress .
- A total of 8959 patients ( Ayurveda - 5971 and Homoeopathy – 2988) with an average of 40 – 50 patients per day visited and benefitted from the city OPD centre from 1st April 2012 to 30th November 2012. Patients were provided with free medicines as per availability.
- The official Website of NEIAH, Shillong, ie. www.neiah.nic.in, has been launched and is being regularly updated.
- The facility at OPD City Centre, NEIAH was upgraded by installing LAN (Local Area Network) for better treatment and more medical information for Doctors. National Informatics Centre, Shillong has been requested to develop special software for documentation of Dispensary.
- CCTV has been installed for increased security and monitoring.
- The Institute has published 1st issue of Annual Magazine namely “AYUHOM” and the 2nd issue of “AYUHOM” is under publication. So far three issues of NEWS LETTER have been published by the Institute.
- NEIAH is providing Ayurvedic and Homoeopathic treatment to Central Government Employees in collaboration with CGHS Wellness Centre.
- Recently, NEIAH, Shillong organized two health camps in the East Khasi Hill District of Meghalaya to promote and popularize the Indian System of Medicine & Homoeopathy.
- The NEIAH, Shillong has successfully organized a National Seminar on 20th& 21st March, 2012 on “Value of Rasayana drugs along with single drugs therapy as an Immunomodulator effect”. The Seminar was sponsored by National Medicinal Plants Board, Department of AYUSH, Ministry of Health & Family Welfare, Govt. of India.

### 6.11 BUDGET

(Rs. in crores)

HEAD	PLAN	NON-PLAN	TOTAL
Budget Estimate (2012-13)	26.54	0.00	26.54
Revised Estimate (2012-13)	26.54	0.00	26.54
Expenditure upto December 2012	11.10	0.00	11.10





## Institute Funded by the Department of AYUSH

### 7.1 INSTITUTE OF POST GRADUATE TEACHING AND RESEARCH IN AYURVEDA (IPGT&RA), JAMNAGAR

**7.1.1** Institute for Post Graduate Teaching & Research in Ayurveda (I.P.G.T. & R.A.), Jamnagar was established by Government of India as a Central Institute of Research in Indegenous Medicine in 1952 and as Post Graduate Training Centre in Ayurveda in 1956. The Institute became an integral part of Gujarat Ayurved University as a consequence of an MoU between the Government of India and the Government of Gujarat and subsequent passing of Gujarat Ayurved University Act, 1965. Now, it is one of the constituent body of Gujarat Ayurved University and is the oldest PG Teaching and Research Centre for Ayurveda. It receives financial grant from the Department of AYUSH.

**7.1.2** There are 10 teaching departments with facilities of teaching in 12 specialities for Post Graduate [M.D. (Ayu) / M.S. (Ayu)] and Doctorate [Ph.D. (Ayu)] levels. The Institute also conducts M.Pharma (Ayu) and M.Sc. (Medicinal Plants) courses under Self Finance Course (Standing Finance Committee) Cell. Besides these, the Institute is also conducting short term courses like Three Months Introductory Course in Ayurveda for international scholars; Four Months Training Programme in Panchakarma, etc. at regular intervals. The University has signed MoU with many National and International Institutions and the I.P.G.T. & R.A. is the nodal implementing agency for all these MoUs. The thrust areas of research are Madhumeha (Diabetes), Tamaka Swasa (Bronchial Asthma), Sthaulya (Obesity), Jara (Old age disorders & premature ageing), etc.

**7.1.3** The hospitals of the Institute with more than 180 indoor capacity provide treatment to indoor &

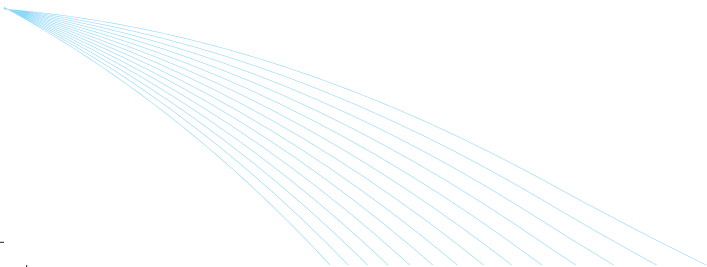
outdoor patients. The Institute has well-equipped laboratories, like Pathology, Bio-Chemistry, Micro-Biology, Pharmacology, Pharmacognosy, Pharmaceutical Chemistry etc. Facilities for investigations like X-Ray, Sonography etc. are also available. Hospital provides specialized treatment procedures like Panchakarma, Ksharasutra and Kriya Kalpa for patients attending daily OPDs and IPDs. In addition to these activities, the Institute is providing health care services through six satellite OPD clinics at Army Centre, Air Force, Naval Centre, Old Age Home, Jamnagar Jail and Sasoi Botanical Garden (25 Km away from Jamnagar City).

**7.1.4** Implementation of RUDRA software in the hospitals, Digitization of Manuscripts, Quarterly Peer Reviewed International Journal of Ayurveda - 'AYU', e-learning programme for sensitization of modern medical professionals, Pharmacovigilance Programme for Ayurveda, Siddha and Unani Drugs are the few assets of the Institute. Institute is publishing maximum number of research papers in Peer Reviewed Journals. All the P.G. / Ph.D. theses are being made available in CD ROM database.

### 7.1.5 BUDGET

(Rs. in crores)

HEAD	PLAN	NON-PLAN	TOTAL
Budget Estimate (2012-13)	14.90	19.44	34.34
Revised Estimate (2012-13)	8.00	19.44	27.44
Expenditure upto December 2012	4.73	16.70	21.43



## Research

### 8.1 CENTRAL COUNCIL FOR RESEARCH IN AYURVEDIC SCIENCES (CCRAS), NEW DELHI

#### 8.1.1 INTRODUCTION

The Central Council for Research in Ayurvedic sciences (CCRAS) is an autonomous council under Department of AYUSH, Ministry of Health and Family Welfare, Government of India for undertaking, coordinating, formulating, developing and promoting research on scientific lines in Ayurveda. The main activities of the Council include clinical research, drug research, fundamental research and literary research in Ayurvedic Sciences.

#### 8.1.2 INFRASTRUCTURE

The research activities are carried out through its 30 Institutes/Centres/Units located all over India and also through collaborative studies with various premier universities, hospitals and institutes.

#### 8.1.3 ACHIEVEMENTS

##### 8.1.3.1 CLINICAL RESEARCH

- 13 Intra Mural Clinical trials under CCRAS IMR Policy on 10 diseases/conditions, viz. Mental Retardation, Diabetes Mellitus-Type II, Osteoarthritis, Rheumatoid Arthritis, Rasayana, Psoriasis, Generalized Anxiety Disorder, Haemorrhoids, PCOS and Gout have been launched. Five Intra Mural Clinical Trials for validation of Ayurvedic Pharmacopoeial Formulations viz. Chronic Bronchitis, Rheumatoid Arthritis, Osteopenia/Osteoporosis, Osteoarthritis and Iron Deficiency Anemia have been initiated.
- Multi-centre Clinical trials on 17 diseases, validating 26 Ayurvedic Pharmacopoeial

Formulations have been completed. Data analysis is in progress.

- Under Collaborative Clinical Studies, Breast Cancer, Lung Cancer and Mental Retardation carried forward from previous year are continuing.
- Initiated a collaborative project on Development of Bio-medical instrumentation for Ksharasutra chamber for preparation of standardized Ksharasutra in association with IIT, Delhi.

##### 8.1.3.2 MEDICINAL PLANT RESEARCH

- **Cultivation of Medicinal Plants:** Nearly 822 medicinal plant species were maintained in demonstrative gardens; 147 plant species were added / introduced in the garden; 183.05 Kg raw drugs were collected and supplied for various research programmes under Council.
- **Pharmacognosy:** Pharmacognostical studies on 27 single drugs have been completed.
- **Medico-ethno-botanical Survey:** 24 tours (10 long duration and 14 short duration) were conducted; 105 museum specimens collected; 550.47 kg raw drugs and 91 folk claims were collected from R & D work.

##### 8.1.3.3 DRUG STANDARDIZATION

Standardization of 102 (samples/batch) single drugs, 24 (samples/batch) compound formulations has been completed and shelf life studies of 2 drugs continued. Preparation of CTD Monographs on 20 medicinal plants continued. Pharmacological/ safety studies of 4 coded formulations have been completed and safety studies of 8 coded drugs continued. Beside this, safety/toxicity studies of 25 classical formulations are in progress.

#### 8.1.3.4 TRIBAL HEALTH CARE RESEARCH PROGRAM

Under the Tribal Health Care Research Programme, health related demographical research survey was conducted through six units and a total of 24,148 population has been surveyed and 53 folk claims have been documented. In addition to this, health care services were provided to villagers.

#### 8.1.3.5 DOCUMENTATION AND PUBLICATION

During the period under report, 7 books/journals including 2 periodicals have been published, viz., “Journal of Research in Ayurveda and Siddha”, Anupana Pathyapathya, Ayurveda – The Science of Life, The Ayurvedic Formulary of India Part – III, The Ayurvedic Pharmacopoeia of India Part- I, Vol. – I (Hindi), Atlas of Macroscopic and Microscopic characters of Ayurvedic Pharmacopoeial drugs (API, Part – I, Vol. – I).

#### 8.1.3.6 RCH PROGRAMME

The Council made its contribution in the Reproductive and Child Health (RCH) Research by implementing a project to study the feasibility of introducing Ayurveda in the National Reproductive and Child Health Programme at the Primary Health Care (PHC) level. Programme has been implemented in four Primary Health Centres in Himachal Pradesh. During the reporting year, baseline survey of head of the households, eligible women and service providers has been completed. 1534 pregnant women have been enrolled for Ayurveda Antenatal care and 795 women have received post natal care.

#### 8.1.3.7 IEC/AROGYA FAIR/EXPO AND NATIONAL CAMPAIGNS AND INTERNATIONAL FESTIVALS

➤ Council has actively coordinated and participated in 9 State level Arogya Fairs in different parts of the country. One National Arogya Fair at

Hyderabad and 5th World Ayurveda Congress & Arogya EXPO at Bhopal; besides, 8 other exhibitions across the country.

- Anaemia Control Program, as an integral component of National Campaign, is continuing in 13 identified States, viz. Odisha, Bihar, Assam, Madhya Pradesh, Rajasthan, Punjab, Maharashtra, Himachal Pradesh, Jammu & Kashmir, Uttarakhand, Chhattisgarh, Andhra Pradesh and Gujarat.
- CCRAS, participated in the AYUSH delegation to India Partner-Country of the 823, HAMBURG PORT FESTIVAL 2012 – “Days of India in Germany – Connecting Cultures” from 11th to 13th May, 2012, at Hamburg, Germany.



A view of AYUSH Stall at ‘Hamburg Port Festival 2012’ , Germany

- Council participated and represented the Department of AYUSH in “India Show” held at Colombo, Sri Lanka from 3rd to 5th August, 2012.
- Council participated in State level Arogya Mela at Govt. Ayurveda College Campus, Dhanvantari Maidan, Nanded, Maharashtra organized by Department of AYUSH in collaboration with the Govt. of Maharashtra from 12th to 15th May, 2012.

### 8.1.4 AYUSH RESEARCH PORTAL

A web-based AYUSH Research Portal (<http://ayushportal.ap.nic.in>) has been initiated to showcase the research information of all AYUSH systems. CCRAS headquarters and the National Institute of Indian Medical Heritage (NIIMH), Hyderabad are coordinating and maintaining the web portal in collaboration with National Informatics Centre, Hyderabad.

### 8.1.5 BUDGET

(Rs. in crores)

HEAD	PLAN	NON-PLAN	TOTAL
Budget Estimate (2012-13)	60.00	58.38	118.38
Revised Estimate (2012-13)	60.00	57.34	117.34
Expenditure upto December 2012	50.96	43.79	94.75

## 8.2 CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE (CCRUM), NEW DELHI

### 8.2.1 INTRODUCTION

The Central Council for Research in Unani Medicine, an autonomous organization under Ministry of Health and Family Welfare, Department of AYUSH, was established in the year 1978. The Council started functioning from 10 January 1979 with the following objectives:

- Formulation of aims and patterns of research on scientific lines in Unani Medicine;
- To undertake research or any other programmes in Unani Medicine;

- Execution of and assistance in research and propagation of knowledge and experimental measures generally in connection with the causation, mode of spread and prevention of diseases;
- To initiate, aid, develop and coordinate scientific research on different aspects, fundamental and applied, of Unani Medicine and to promote and assist institutions of research for the study of diseases, their prevention, causation and remedy;
- To finance inquiries and researches for the furtherance of objectives of the Council;
- To exchange information with other institutions, associations and societies interested in the objectives similar to those of the Council, especially in the observation and study of diseases in the East and in India, in particular;
- To prepare, print, publish and exhibit any papers, posters, pamphlets, periodicals and books for furtherance of the objectives of the Council and to contribute to such literature.

### 8.2.2 INFRASTRUCTURE

The research activities of the Council are being carried out through a network of 23 Centres functioning in different parts of the country.

### 8.2.3 RESEARCH PROGRAMMES

The areas of research include clinical research, drug research, survey and cultivation of medicinal plants programme and literary research. Besides, information, education and communication (IEC) activities and extension of health services are also continued with a view to popularize the Unani system among the masses.

### 8.2.4 ACHIEVEMENTS

During the reporting period, the following research activities were continued. Programme-wise achievements are as follows:



- **Pre-clinical safety evaluation studies:**

- Pre-clinical acute and sub-chronic toxicity studies on 12 drugs completed. Further, chronic toxicity studies continued on eight drugs. Besides, acute and sub-chronic toxicity studies on four new drugs also continued.

### 8.2.5 CLINICAL RESEARCH

- **Clinical studies**

- Clinical studies on 22 diseases with 43 investigational drugs continued. The diseases include, Bars (Vitiligo), Iltehab-e-Tajaweef-e-Anf (Sinusitis), Iltehab-e-Kabid (Infective hepatitis), Muzmin Zubeh-e-Sadariya Sabit (Chronic stable angina), Kasrat-e-Shahmuddam (Hyperlipidemia), Qarh-e-Meda-wa-Isna-e-Ashari (Duodenal ulcer), Gastro-oesophageal reflex disease (GERD), Daus Sadaf (Psoriasis), Wajaul-Mafasil (Rheumatoid arthritis), Ziabetes Sukkari (Diabetes mellitus), Tahajjur-e-Mafasil (Osteo- arthritis), Saman-e-Mufrit (Obesity), Takhalkhul-e-Izam (Osteoporosis), Warm-e-Lissa (Gingivitis), Zahab-o-Mayil Asnan (Tooth hypersensitivity), Daul Feel (Filariasis), Tashahhum-e-Kabid (Fatty liver), Jarb (Scabies), Zaghtuddam Qawi (Essential Hypertension), Duali (Vericos veins), Nare-Farsi (Eczema), Iltehab-e-Shobaturriyah (Bronchitis). Studies on 10 drugs completed.
- New protocols for randomised control trials in four disease conditions, viz. Ziabetes Sukkari (Diabetes mellitus), Iltehab-e-Kabid (Infective hepatitis), Zaghtuddam Qawi (Essential Hypertension) and Bars (Vitiligo) devised and multicentric studies started at the Council's centres.

- **Validation of Unani pharmacopoeial drugs**

- Validation of 25 Unani pharmacopoeial drugs in 10 disease conditions continued at 14 centres. The diseases include Zof-e-Masana (Over active bladder), Sul-Qinyah (Anaemia), Busoor-e-Jild (Boils and Pustule), Kasrat-e-Ratubat-e-Hamoozi (Hyper acidity), Bawaseer-e-Damia (Bleeding piles), Nisyan (Amnesia), Surat-e-Inzaal (Premature ejaculation), Warm-e-Kabid (Hepatitis), Wajaul-Mafasil (Rheumatoid arthritis) and Zaheer (Dysentery). Studies on a total of 640 patients completed in different diseases.

- **Validation of fast acting Unani pharmacopoeial/classical drugs**

- Protocols for undertaking validation studies on five fast acting Unani pharmacopoeial drugs in five disease conditions, viz; Habb-e-Bukhar in Humme-e-Aam (Fever), Habb-e-Shifa in Nazla-w-Zukam (Cold and Cattrah), Habb-e-Suranjan in Wajaul-Mafasil (Joint pain), Sharbat Zufa Murakkab in Sual (Cough) and Arq-e-AJeeb in Ghasyan (Vomiting) prepared and studies started.

- **Collaborative clinical studies**

- Six collaborative clinical studies on diseases including Zeequn Nafas (Bronchial Asthma) at Vallabhbhai Patel Chest Institute, University of Delhi, Daus Sadaf (Psoriasis) at All India Institute of Medical Science (AIIMS), Qarah-e-Meda wa Asna-e-Ashari (Duodenal Ulcer) and Iltehab-e-Kabid (Infective hepatitis) at Owaisi Hospital, Deccan Medical College, Hyderabad, Tahajjur-e-Mafasil (Osteo arthritis) and adjuvant therapy to ATT in Diq-e-Revi (Pulmonary tuberculosis) at Jamia Hamdard, New Delhi continued.

- **Fundamental research**
    - Research on fundamental aspects of Unani medicine continued with a view to validate the concepts of humour and temperament scientifically co-relating these concepts with various physiological, bio-chemical and pathological parameters. Study on susceptibility of acquiring diseases in relation to the temperament continued. During the reporting period, 2931 patients were assessed for their temperament and disease co-relation studied. The Council organized a brain storming session on “Theory of Akhlat” and devised a new format for assessment of temperament of an individual. Further study has been planned to undertake studies on Theory of Akhlat co-relating with human genomics.
  - **Validation of regimenal therapies**
    - The Council is validating the efficacy of Unani Regimenal therapies in different disease conditions. Presently, validation of Hajamat (Cupping) in Amraz-e-Mafasil (musculoskeletal disorders) and Taleeq (Leeching) in Zaghtuddam Qawi (Essential hypertension), Duali (Varicose veins) is continued. Studies completed on a total of 60 patients.
  - **Mobile OPD in rural areas/urban slums/tribal pockets**
    - Ten mobile units attached to different Institutes/Units under the Council continued mobile OPDs in 31 adopted pockets covering a total population of over 2.85 lakh. A total of 22,493 patients were treated.
  - **School Health Programme**
    - Under the school health programme, health check-up of 8000 children was conducted in 28 schools. 2667 Children suffering from different diseases were treated.
  - **Activities under Gender Component Plan**
    - Under Gender Component Plan, a total of 75,127 female patients were treated at different centres of the Council.
  - **Activities in North-Eastern Region**
    - 7688 patients were treated at three centres of the Council functioning in North-Eastern Region
  - **Unani Centres at Allopathic Hospitals**
    - Registered 17,490 new patients at Unani Medical Centres of Dr. Ram Manohar Lohia Hospital and 9,777 patients at Unani Speciality Clinic at Dr. Deen Dayal Upadhaya Hospital, New Delhi. These patients mostly suffered from chronic ailments and referred by Allopathic Hospitals.
- 8.2.6 EXTENSION OF HEALTH SERVICES**
- **General Out-Patient Departments (GOPDs) at the Council’s centres**
    - The General OPDs functioning at 17 centres of the Council treated 1,41,814 patients. These patients were treated with the classical drugs.

- **Drug Standardisation Research**

- Development of Standard Operating Procedures (SOPs) for method of manufacture and their Pharmacopoeial standards completed on 22 compound drugs. Work on 18 drugs is in progress.
- Compilation of Unani Pharmacopeia of India, Part-II, Volume-III comprising 50 drugs finalized and approved by the Unani Pharmacopeia Committee.
- Hindi translation of National Formulary of Unani Medicine, Part-II also finalized and approved.

- **Survey & Cultivation of Unani Medicinal Plants Programme**

- Seven ethno botanical surveys in different forest areas in the States of Odisha, Tamil Nadu and Jammu & Kashmir forest areas were conducted, resulting in collection of over 1883 Nos. of plants specimens belonging to 733 plants species. Besides, 136 folklore claims on medicinal uses of plants were also recorded from the local inhabitants. During field studies, 66 saplings of plants and 114 kg of raw drugs were collected. 1286 herbarium sheets mounted and 273 new index cards compiled and 1627 cards updated. Cultivation of six important medicinal plants species continued at herb gardens of the Council.

- **Literary Research Programme**

- Urdu translation of one classical book completed, whereas, work on another book continued. Besides; editing of two out of print classical books completed and work on two books continued. Preparation of

e-copies of the Unani manuscripts/books also continued.

- **Organization of Workshops**

- The Council organized 04 workshops/seminars on various subjects.

- **Human Resource Development**

- The Council organized 05 training programmes for the scientists in different disciplines to update their skills.

- **Research Papers**

- Based on the research studies conducted in different research programmes, 44 research papers were presented in different seminars/workshops. 22 papers were published in the scientific journals.

- **IEC Activities**

- The Council continued participating in the AROGYAs, Health Exhibitions and Health Camps. During the reporting period, the Council participated in 28 events. Publication of two volumes of scientific journal Hippocratic Journal of Unani Medicine and six volumes of Urdu Journal Jahan-e-Tib was done. Besides Council's Newsletter continued to be published. Three literary publications were also brought out.

- **Capital Work**

- While construction work at RRIUM, Bhadrak was completed during the year, the construction of building for Central Research Institute of Unani Medicine, Lucknow and Patna continued.

**8.2.7 BUDGET**

(Rs. in crores)

HEAD	PLAN	NON-PLAN	TOTAL
Budget Estimate (2012-13)	54.68	35.45	90.13
Revised Estimate (2012-13)	54.68	36.36	91.04
Expenditure upto December 2012	49.68	35.45	85.13

**8.3 CENTRAL COUNCIL FOR RESEARCH IN HOMOEOPATHY (CCRH), NEW DELHI****8.3.1 INTRODUCTION**

The Central Council for Research in Homoeopathy, an autonomous organization of Department of AYUSH, Ministry of Health and Family Welfare, Government of India, is committed to undertake research and advancement of Homoeopathy. The Council was established on 30th March, 1978.

**8.3.2 INFRASTRUCTURE**

The Council with its Headquarters at New Delhi has a network of 26 Institutes/Units, 03 Extension Units, 04 Homoeopathic OPDs including 02 Central Research Institutes, 08 Regional Research Institutes, 01 Homoeopathic Drug Research Institute, 12 Clinical Research Units, 01 Drug Standardisation Unit, 01 Clinical Verification Unit, 01 Survey of Medicinal Plants and Collection Unit.

**8.3.3 ACHIEVEMENTS**

**8.3.3.1 Clinical Research** Twelve studies initiated in 2011-12 were continued during the reporting period on the following clinical conditions:

- (i) Benign Prostatic Hyperplasia, (ii) Chronic Sinusitis, (iii) Urolithiasis, (iv) Schizophrenia, (v)

Distress During Climacteric Years, (vi) Filariasis, (vii) Leptospirosis, (viii) Breast Cancer, (ix) Cervical Spondylosis, (x) Viral encephalitis, (xi) Autism, (xii) Alcohol Dependence.

Two studies on HIV infection and Diabetic distal symmetric polyneuropathy with randomized controlled trial design are in pipe line and expected to be initiated in the year 2013.

New studies on 10 clinical conditions with different research designs are proposed to be initiated for which protocol preparation have been taken up. These are-Acute otitis media, Diabetic foot ulcer, Fibroadenoma breast, Gastro esophageal reflux disease, Polycystic ovarian syndrome, Hypertension, Hypercholesterolaemia Dyslipidemia, Pre-diabetes, Gout and Multi drug resistant tuberculosis. These studies shall be initiated in the next year after due approval of Scientific Advisory Committee, Ethical Committee and Clinical Trial Registry.

Four research articles on Acute Otitis Media (AOM), Chronic sinusitis, Influenza like illnesses (uni-centre data) and Diabetic distal symmetric polyneuropathy (uni-centre data) have been published in international and national journals.

In the study on "Acute Otitis Media" of children, it has been found that individualized homoeopathy was as effective as conventional treatment since there were no significant differences between groups in the main outcome, i.e. pain. Symptomatic improvement was quicker in the homoeopathy group, and there was a large difference in antibiotic requirements, favoring homoeopathy and the same was published in International Journal 'Homeopathy' 2012; 101(1):5-2.

In the research study on "Chronic Sinusitis", a statistically significant reduction in assessment score has been observed and the study is published in international journal 'Homeopathy' 2012; 101(2):84-9.

**8.3.3.2 Drug Standardization:** The Council has undertaken Drug Standardisation studies on 06 drugs, viz. *Cupressus lawsoniana*, *Datura ferox*, *Plumbum iodatum*, *Plectranthus fruticosus*, *Operculina turpethum* and *Ferrum picricum*. The pharmacognostical and physico-chemical profile on 03 drugs, namely *Cupressus lawsoniana*, *Datura ferox* and *Plumbum iodatum* have been completed. The studies on rest of three drugs are to be finished shortly. The drug monographs on three drugs, namely Alfalfa, *Cynodon dactylon* and *Cassia fistula* have been prepared for publication.

In accordance with Action Plan 2012-13 of Homoeopathic Pharmacopoeia of India, eight monographs, viz. *Amygdalus persica* (*Prunus persica*), *Heliotropium peruvianum*, *Urea pura*, Methylene blue, *Parafinum*, *Cuscuta reflexa*, *Ficus carica* and *Pyrus malus* have been prepared for consideration of Homoeopathic Pharmacopoeia Committee. Besides, the standardization data worked out by the Council on seven drugs, viz. *Anethum graveolens*, *Pimenta officinalis*, *Primula obconica*, *Pterocarpus marsupium*, *Trifolium repens*, *Tropaeolum majus* and *Verbascum thapsus* are also to be provided to Homoeopathic Pharmacopoeia Laboratory, Ghaziabad for preparation of the monographs for inclusion in HPI.

**8.3.3.3 Survey of Medicinal Plants and Collection:** Survey of Medicinal Plants and Collection Unit (SMPCU) located at Emerald, Tamil Nadu has conducted four surveys-cum-collection tours to various localities for exploring assigned raw drugs under Drug Standardisation Programme. The Unit has collected and supplied four drugs, viz. *Cupressus lawsoniana*, *Datura ferox*, *Plectranthus fruticosus* and *Operculina turpethum* to various Drug Standardisation centers of the Council. SMPCU is maintaining the cultivation of 48 exotic and 9 indigenous medicinal plants used in Homoeopathy, at its Medicinal Plant Research Garden.

**8.3.3.4 Drug Proving:** Council continued to take up homoeopathic drug proving of new/partially proved drugs. Proving of five coded drugs, i.e. *Acorus calamus*, *Cheiranthus cheiri*, *Datura arborea*, *Datura metel* and *Leucas aspera* are under proving process at different research centres of CCRH. Data of 10 proved drugs viz. *Allium sativum*, *Avena sativa*, *Azathioprine*, *Cyclosporin*, *Foeniculum vulgare*, *Gymnema sylvestre*, *Hygrophila spinosa*, *Magnolia grandiflora*, *Persea americana* and *Psoralea corylifolia* have been approved by Scientific Advisory Committee of the Council for publication. Articles on *Buxus sempervirens* (Chikri) and *Caesalpinia bonducella* (Karanju) have been submitted for publication in Indian Journal of Research in Homoeopathy of CCRH.

**8.3.3.5 Clinical Verification:** The clinical indications of 23 drugs continued from the previous year have been verified during this year, when prescribed to 2293 patients. One article on the clinical verification study of *Staphylococcinum* has been published in Indian Journal of Research in Homoeopathy. The medicines found clinically useful in the management of acidity, acne, aphthae, arthritis, dermatitis, fever, headache, toothache and urinary tract infection.

**8.3.3.6 Collaborative Research:** In recent past, the research for getting explanation of basic laws of Homoeopathy has gained momentum. Numerous researches have been carried out both at fundamental/pre-clinical and clinical level. To undertake such studies, Council collaborates with various Institutes of excellence and state-of-the-art laboratories in order to yield the maximum results. The main objective of the collaborative studies is to conduct evidence-based, interdisciplinary research studies and to validate the efficacy/concepts of Homoeopathy on scientific parameters. A brief account of work done during this period is given below:



#### 8.3.3.6.1 CONCLUDED STUDY

A pilot study for “Efficacy of Arnica montana in Muscle Fatigue Using Electro-Physiological Markers: A Randomized, Double Blind and Cross-over Trial” has been conducted in collaboration with Biomedical Engineering Unit, All India Institute of Medical Sciences. The study has significantly enhanced the scientific outcome using the tools for assessment of muscle fatigue done with appropriate physiological multi-level parameters.

The exploratory trial was aimed at measuring muscle fatigue using techniques, like Impedance Plethysmography (IPG), Electromyography (EMG), Photoplethysmography (PPG), Pulse Transit Time (PTT), Electrocardiography (ECG) and scales, like Visual Analog Scale (VAS) & Rate of Perceived Exertion (RPE) in subjects before and after administration of study drug. The study achieved required sample size and statistical evaluation data of the study has been compiled.

#### 8.3.3.6.2 ONGOING STUDIES

7 projects have been undertaken in different areas of homoeopathy at different institutions, such as ‘Pharmacological evaluation of homoeopathic medicines’ at Central Drug Research Institute, Lucknow, ‘Action of homoeopathic medicines and potencies on Heart Rate Variability (HRV) and Blood Flow Variability (BFV) with medical Analyzer System’ at Dr. A.C. Homoeopathic Medical College, Bhubaneswar, Extension unit of Regional Research Institute (H), Puri & Regional Research Institute (H), Mumbai (Bhabha Atomic Research Center); a randomized, double blind placebo controlled trial on ‘Efficacy of Homoeopathic Therapy on duration of labour’ at Sri Aurobindo Institute of Integral Health and Research, Cuttack; In vitro studies of some Homoeopathic medicines on the proliferation and differentiation of neural stem cell at School of Biotechnology, West Bengal University of Technology, West Bengal; ‘Safety and efficacy studies of Homoeopathic drugs and Preliminary pharmacological studies of Homoeopathic drugs at All India Institute of Medical Sciences, New Delhi

and ‘To evaluate certain homoeopathic medicines for their immuno- modulatory and antioxidant potential’ at Indian Veterinary Research Institute, Izatnagar, Uttar Pradesh.

**8.3.3.7 Extra Mural Research:** CCRH is providing technical expertise for scrutinizing new project relating to Homoeopathy received for grant-in-aid under Extra Mural Research scheme of Department of AYUSH.

**8.3.3.8 Documentation & Publication:** The important task, after a research work is accomplished, is to communicate the outcome of the research to stakeholders, such as clinicians, researchers, teachers, students, industry and the common man. During the period from 1st April – 30th November 2012, two issues-each of the periodical publications, i.e. Indian Journal of Research in Homoeopathy, CCRH News and Current Health Literature Awareness Services - have been published. The next issue of each one of these publications is in Press. One handout ‘Weigh Obesity with Homoeopathy’ has also been published. Another handout on ‘Substance Abuse’ has also been drafted. Compilation of four drug monographs and the second volume of the Homoeopathic Keynote Materia Medica are under progress.

**8.3.3.9 International collaboration:** To increase international collaboration, the Department of AYUSH has laid down provisions for establishing a Chair of AYUSH systems including Homoeopathy in foreign educational and research universities. The objective is to promote academic and collaborative research activities, develop quality standards for education and thereby present Indian model of institutionalization to the world. Recently, Letter of Intent has been signed by the Indian Government with the Government of United Mexican States for collaborations in the field of Traditional Systems of Medicine and Homoeopathy. Letter of the Intent has also been signed between the CCRH and the Escuela Nacional de Medicina Homoeopatia of the

Instituto Politecnico Nacional for undertaking joint research programme and exchange of experts.



Signing of Letter of Intent between the CCRH and the Escuela Nacional de Medicina Homoeopatia of the Instituto Politecnico Nacional for undertaking joint research programmes and exchange of experts at Mexico in October 2012

### 8.3.4 BUDGET

(Rs. in crores)

HEAD	PLAN	NON-PLAN	TOTAL
Budget Estimate (2012-13)	36.58	17.80	54.38
Revised Estimate (2012-13)	49.86	19.90	69.76
Expenditure upto December 2012	27.43	15.38	42.81

## 8.4 CENTRAL COUNCIL FOR RESEARCH IN YOGA & NATUROPATHY (CCRYN), NEW DELHI

### 8.4.1 INTRODUCTION

Central Council for Research in Yoga and Naturopathy (CCRYN) is an autonomous body under the

Department of AYUSH, Ministry of Health and Family Welfare, Government of India for conducting scientific research, training and propagational activities in the field of Yoga and Naturopathy.

### 8.4.2 ACHIEVEMENTS

- Clinical Research:** In the reporting period, Clinical Research has been undertaken at various premier Medical, Yoga and Naturopathy institutions for establishing the efficacy of Yoga and Naturopathy in prevention and management of various diseases/disease conditions. 10 Research Projects were funded and monitored by the Council. An amount of Rs. 29.59 lakh was released during 2011-12. The Council has published 12 monographs and presented 42 research papers so far.
- Health Care Services-OPDs, Yoga Classes:** Organized Yoga and Naturopathy OPDs in six leading Govt. Hospitals, one each at HQ, one at Trivandrum and CRIY&N at Rohini. Out of 12 Yoga classes, six were held at Headquarters, 2 at Udyog Bhawan and 4 at AIIMS.
- Fellowship to Ph.D. Scholars:** Fellowship was given to the students pursuing Ph.D. in the field of Yoga and Naturopathy, 6 students were given fellowship of Rs.2.88 Lakh in the financial year 2011-12.
- Conference/Workshop/Seminar:** Council organized a 'National Workshop on Recent Trends in Naturopathy Treatment in the Prevention and Management of Metabolic Disorders' at MDNIY auditorium, New Delhi from 30th January to 1st February, 2012 for researchers and academicians. About 60 participants and resource persons from all over India participated in the workshop. Total 9 (nine) technical sessions were conducted during the workshop by the eminent experts of Naturopathy covering the recent trends in Naturopathy treatment in the Prevention and Management of Metabolic Disorders.

### 8.4.3 INFRASTRUCTURAL DEVELOPMENT

Construction of following Central Research Institutes under CCRYN has been taken up:

- (i) **Central Research Institute (CRI), Nagmangala, Karnataka:** First phase of construction in 15 acres of cost free land in Karnataka is completed. Sanction for the second phase of construction is under process;
- (ii) **Central Research Institute (CRI) Bahadurgarh:** First phase of construction in 10 acres of cost free land in Haryana is completed. Sanction for the second phase of construction is under process;
- (iii) **Central Research Institute (CRI) Bhubaneswar:** The Director, CCRYN has also inspected the 20 acre cost free land earmarked by the Govt. of Odisha for establishment of CRI of CCRYN at the outskirts of Bhubaneswar on 23.01.2012. The Council has requested to the State Govt. for allotment of free of cost land to the Council. The allotment process is under progress.
- (iv) **Central Research Institute for Yoga & Naturopathy (CRIYN), Delhi:** Possession of the Naturopathy Hospital Building has been taken and MOU with MCD has been signed. OPD has been started. CRI, Delhi will be made operational soon.

### 8.4.4 BUDGET

(Rs. in crores)

HEAD	PLAN	NON-PLAN	TOTAL
Budget Estimate (2012-13)	15.00	2.25	17.25
Revised Estimate (2012-13)	0.00	2.25	2.25
Expenditure upto December 2012	0.00	1.69	1.69

## 8.5 CENTRAL COUNCIL FOR RESEARCH IN SIDDHA (CCRS), CHENNAI

### 8.5.1 INTRODUCTION

Central Council for Research in Siddha is established as per the Cabinet approval by bifurcating the Central Council for Research in Ayurveda and Siddha to promote focused research in Siddha system of Medicine. The Council has been registered under the Tamil Nadu Societies Registration Act, 1975, on 27th July, 2010 in Chennai. The Council is continuing its activities in the areas of Medicinal Plants Research (Medico-ethno Botanical Survey, Cultivation, Pharmacognosy), Drug Standardization, Pharmacological Research, Fundamental Research, Clinical Research and Literary Research in Siddha.

### 8.5.2 INFRASTRUCTURE

The research activities are carried out through its institutes at Chennai, Puducherry, Palayamkottai, Thiruvananthapuram and medicinal plants garden, Mettur, Tamil Nadu.

The construction of CCRS Head quarter at Chennai has been initiated in the 2 acres of land among the 5 acres of land allotted to National Institute of Siddha, Chennai at Tambaram, Tamil Nadu.

### 8.5.3 ACHIEVEMENTS

#### 8.5.3.1 CLINICAL RESEARCH

During the reporting period, the Council has initiated Clinical trials on Diabetes (Neerizhivu), Psoriasis (Kalanjagapadai), Osteo Arthritis (Azhhal Keel Vayu), Leucoderma (Venpulli), Sinusitis (Peenisam), Fibriod Uterus (Karuppai sathai Kattigal), Hepatitis and Cervical Spondylosis (Ceganavatham). Trials on Diabetes and Fibriod uterus are near to completion and have shown significant results.

### 8.5.3.2 SPECIALTY CLINICS

A specialty clinic for Geriatric care on every Tuesday is being run by peripheral units and total number of 14077 have benefited from this specialty clinic. A Special flu like illness OPD is being run by 2 peripheral units and total numbers of 44 patients were treated. A specialty clinic on Varmam and Thokkanam Therapy is established in Siddha Regional Research Institute, Puducherry and a total number of 3812 patients have benefited from this unique therapeutic procedure.

### 8.5.3.3 DRUG STANDARDIZATION

Standardization of 22 single drugs and 3 compound formulations has been completed. Safety and toxicity studies have been completed for one coded formulation and another is in progress.

### 8.5.3.4 MEDICINAL PLANTS CULTIVATION

179 specimens were collected in Survey and stored in the museum of Medicinal Plants Garden. In addition to this, seeds were collected for 37 plants to raise nursery seedlings. Medicinal plants nursery has been started. 14 folklore claims have been documented.

### 8.5.3.5 LITERARY RESEARCH AND DOCUMENTATION

Three classical works, such as Yakobu Vaidhya Chintamani -700, Siddhar Kayakarpam and Therayar Kudineer are under printing. The project of translating a Siddha classical text in Tamil named Agathiar Kalnandu Chootiram in Hindi, English, Telugu and Kannada has been completed for publication. Documentation of High Order Medicines have been completed and under process of vetting for publication. 21 types of IEC materials and 10 brochures in different languages have been brought out. Compilation of clinical trial protocols for 10 diseases has been brought out. Monographs on preclinical studies on Diabetes are under compilation. Database on Medicinal plants used in Balavagadam is under compilation.

### 8.5.3.6 SIDDHA PHARMACOPOEIA COMMITTEE

The Siddha Pharmacopoeia Committee with the mandate of establishing quality parameters for Siddha drugs and its formulations working under the auspices of the Department of AYUSH is currently functioning at SCRI, Chennai. As a part of its work the Siddha Pharmacopoeia of India, Part I, Vol. II has been published in 2011. The Siddha Pharmacopoeia of India, Part I, Vol. III has reached the stage of final drafting and preparation of the Siddha Pharmacopoeia of India, Part I, Vol. IV has also been initiated during the reporting period.

The Siddha Formulary of India, Part II (Tamil) has been published in the reporting period and the Siddha Formulary of India, Part I, 2nd Revised Edition (Tamil) has been completed for publication.

### 8.5.4 BUDGET

(Rs. in crores)

HEAD	PLAN	NON-PLAN	TOTAL
Budget Estimate (2012-13)	15.00	13.31	28.31
Revised Estimate (2012-13)	15.00	13.31	28.31
Expenditure upto December 2012	8.48	6.63	15.11

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## Developing Medicinal Plants Sector in India

### NATIONAL MEDICINAL PLANTS BOARD (NMPB)

#### 9.1 INTRODUCTION

India has unique distinction of possessing large varieties of medicinal plants, knowledge associated with them and a good network of infrastructure required for their promotion, propagation, etc. It is one of the 17 mega bio-diversity rich countries and has 7% of the world's bio-diversity. It has 15 Agro-Climatic zones and medicinal plants are distributed across all biogeographic regions, diverse habitats and landscapes. It has one of the oldest, richest and most diverse cultural traditions, associated with the use of medicinal plants. Indian systems of medicine use various raw materials, of which medicinal plants constitute 90% of the raw drug material. About 3000 plants species are reported to be used in the codified Indian Systems of medicines, like Ayurveda (900 species), Siddha (800 species), Unani (700 species) and Amchi (300 species). The rest of the species are used in local health traditions and in folk systems of medicine. Medicinal plants, thus, contribute an important component of the plant resource wealth of our country. In addition to their use in the preparation of Traditional medicines, the medicinal plants are being used in preparation of various pharmaceuticals and health products under the modern medicine system.

Keeping in view the need for availability of authentic raw drugs, the vast potential of herbal products/herbal drugs and the role India could play in the global market, Government of India has taken the lead by establishing National Medicinal Plants Board (NMPB) under Department of AYUSH, Ministry of Health & Family Welfare, Government of India. NMPB is an apex national body, which coordinates all matters relating to medicinal plants in the country. The Board which was established in November 2000, acts as an advisory body to the concerned Ministries, Departments and Agencies in strategic planning of medicinal plants related

initiatives and to plan and provide financial support to programmes relating to conservation, cultivation and also all round development of medicinal plants sector. The Union Minister of Health & Family Welfare is the Chairperson and the Union Minister of State for Health & Family Welfare is the Vice-Chairperson of the Board.

#### 9.2 VISION STATEMENT

To tap the potential and comparative advantage of India in medicinal plants sector so that it can realise its potential of Global Leadership in this field by comprehensive development in conservation, cultivation, collection, processing, marketing, research and extension support system for the sector.

#### 9.3 STRENGTHS OF INDIA IN THE MEDICINAL PLANTS SECTOR

- Resource Base :** With its 15 Agro-Climatic zones and 16 Forest Types, India is home to 7% of the world's bio-diversity making it one of the 17 mega bio-diversity rich countries in the world. Out of approximately 15,000 medicinal plants, about 6000-7000 plants are used in Indian Systems of Medicine; 960 of these have been recorded in trade and 178 are traded in high volumes in quantities exceeding 100 Metric Tonne (MT) per year. This richness of resources coupled with a well codified and documented traditional knowledge of use of this resource and state-of-the art modern scientific capability for validating this knowledge gives India considerable comparative advantage in the medicinal plants sector over other countries.
- Traditional Knowledge:** The Indian Systems of Medicine, like Ayurveda, Siddha, Unani and Sowa Rigpa are well codified and documented. These systems are officially recognised and have been validated through centuries of practice and



today form an integral part of therapies being opted for by the people at large.

- **Modern Scientific capability:** There are scientific institutions both government owned as well as in the private sector, which are equipped with state-of-the-art infrastructure and skilled manpower dedicated to research in medicinal plants required for validation of this knowledge.
- **Regulatory Regimes:** We have enabling Regulations to address cross cutting issues of resource augmentation and its use in line with emerging global protocols. India is one of the first countries to set up a National Biodiversity Authority in keeping with the CBD.

#### 9.4 SCHEMES

NMPB is currently implementing the following schemes:

- Central Sector Scheme for “Conservation, Development and Sustainable Management of Medicinal Plants”; and
- Centrally Sponsored Scheme of “National Mission on Medicinal Plants”.

#### 9.5 ACHIEVEMENTS

**9.5.1 Central Sector Scheme for “Conservation, Development and Sustainable Management of Medicinal Plants”:** This Scheme was implemented with an outlay of Rs. 321.30 crore during 11th Plan. The Scheme is a revised version of the Central Sector Scheme implemented by the Board till 2007-08. Financial assistance is provided under the Scheme for survey, inventorisation and in-situ conservation, ex-situ conservation/ herbal garden, linking with Joint Forest Management Committees, Research and Development, establishing quality standards and certification, capacity building, promotional activity and management support.

Achievements under this scheme during 2012-13 till 31st December, 2012 are:-

- Supported 4279.91 hectares under Resource Augmentation;
- Supported 10 Joint Forest Management Committees (JFMCs) in Maharashtra State;
- Supported projects for setting up of Herbal Gardens, School Herbal Gardens and Home Herbal Gardens;
- Supported Research Studies on:
  - Bioactivity guided fractionation studies;
  - Sustainable harvesting;
  - Post Harvest Management;
  - Inter-cropping;
  - Chemical and Molecular Profiling;
  - Production of Quality Planting Material; and
  - Germplasm and Genotype Identification and Conservation.
- Finalized Volume- II of Agro-Techniques for 32 selected medicinal plants for publication;
- Supported 23 Facilitation Centers in different parts of the country out of which 16 are functioning; and
- Developed Certification Standards and Procedures and Scheme of Certification through Quality Council of India (QCI).

**9.5.2 BUDGET**

(Rs. in Crore)

HEAD	PLAN
Budget Estimate 2012-13	65.00
Revised Estimate 2012-13	48.56
Expenditure till 31st December 2012	23.42

**9.5.3 CENTRALLY SPONSORED SCHEME OF “NATIONAL MISSION ON MEDICINAL PLANTS”**

The National Medicinal Plants Board is implementing a Centrally Sponsored Scheme of “National Mission on Medicinal Plants”, for which the 11th Plan outlay was Rs.630.00 Crores. The Scheme is primarily aimed at supporting market-driven medicinal plants cultivation on private land with backward linkages for establishment of nurseries, for supply of quality planting material and forward linkages for post-harvest management, marketing infrastructure, certification and crop-insurance in a project mode. This is being achieved by cultivation of medicinal plants in identified zones/clusters within selected districts of States having potential for cultivation of such plants and promoting such cultivation following good agricultural practices through farmers, cultivators, growers, associations, federations, self- help groups, corporates and growers cooperatives.

9.5.4 For implementation of the Scheme, financial assistance amounting to a total of Rs.7569.95 Lakhs including committed liability, was approved for providing to 22 States, viz. Andhra Pradesh, Arunachal Pradesh, Assam, Bihar, Gujarat, Haryana, Himachal Pradesh, Jharkhand, Kerala, Madhya Pradesh, Maharashtra, Manipur, Meghalaya, Mizoram, Nagaland, Orissa, Rajasthan, Sikkim, Tamil Nadu, Uttarakhand, Uttar Pradesh and West Bengal during the year 2012-13.

9.5.5 Financial assistance amounting to a total of Rs.2919.165 lakhs to 9 States has so far been released during the year (upto 30th November, 2012) for the following:

- Setting-up of Nurseries (in nos) : 53
- Cultivation (area in Hectare) : 24949.50

**9.5.6 BUDGET**

(Rs. in crores)

Head	Plan
Budget Estimate 2012-13	65.00
Revised Estimate 2012-13	54.84
Expenditure till 31st December 2012	29.43

**9.6 OTHER IMPORTANT ACTIVITIES****(i) Strengthening of State Medicinal Plants Boards:**

Financial assistance is being provided to State Medicinal Plants Boards for their day-to-day activities including the monitoring of sanctioned projects. At present, 35 State Medicinal Plants Boards have been constituted in different States and Union Territories to implement the schemes of NMPB.

**(ii) Involvement of Agricultural Finance Corporation Ltd. for 100% third party Monitoring and Evaluation of project sanctioned by NMPB:**

In order to strengthen the monitoring and evaluation mechanism by third party (M/s. Agricultural Finance Corporation Ltd.), the NMPB has now also entrusted the monitoring and evaluation job of Centrally Sponsored Scheme of National Mission on Medicinal Plants

for the years 2008-09, 2009-10 and 2010-11 and projects sanctioned under Central Sector Scheme for Conservation, Development and Sustainable Management of Medicinal Plants for the year 2010-11.

(iii) **Strengthening Herbal Garden network of India:**

NMPB has sanctioned a project entitled “Extension of Model Herbal Garden – (Phase-II) and Construction of Pond with a fountain to grow aquatic plants” to Research Officer, Botany, Siddha Medicinal Plants Garden, Mettur Dam, Salem Distt., Tamil Nadu with the following objectives:

- To promote and cultivate the Siddha medicinal plants under a single roof;
- To conserve and cultivate the Red endangered and threatened Siddha medicinal plants;
- To establish a model herbal garden;
- To develop an arboretum with a special emphasis on Siddha medicine;
- To propagate and create awareness by establishing a nursery;
- To establish a Herbarium and Museum;
- To establish pharmacognosy and tissue culture lab; and
- To undertake medico ethno botanical research related with Siddha Medicine.



Cultivation of Ashwagandha (*Withania somnifera*)  
in Karnataka





Cultivation of Shatavari (*Asparagus racemosus*)  
in Kerala



View of a Nursery in Nagaland





Cultivation of Sarpagandha (*Rauwolfia serpentina*)  
in Jharkhand



Cultivation of Kalihari (*Gloriosa superba*)  
in Tamil Nadu

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## Drug Quality Control

### 10.1 INTRODUCTION

Drug Control Cell (DCC) in the Department has the responsibility to deal with provisions related to Ayurveda, Siddha and Unani drugs in the Drugs and Cosmetics Act, 1940 and Rules thereunder. The Cell looks after the work of amendments in the existing regulations, introduction of new regulations and other Ayurveda, Siddha and Unani drugs related regulatory matters and implementation of the Centrally Sponsored Scheme for Quality Control of AYUSH drugs.

10.1.1 The Cell coordinates with the State Licensing Authorities to achieve uniform administration of the Act and for policy guidance. The strengthening of facilities for Ayurveda, Siddha and Unani drugs testing in collaboration with the State Licensing Authorities is amongst the endeavors of the Cell. For this purpose, six officers of the Department have been designated as Drug Inspectors by the Central Government. The work of DCC also includes co-ordination with the Central Drugs Standard Control Organization (CDSCO) for WHO GMP certification scheme and other export and import related matters of ASU Drugs. The Cell is also working as Secretariat for the activities of Ayurveda, Siddha, Unani Drug Technical Advisory Board (ASUDTAB) and Ayurveda, Siddha, Unani Drugs Consultative Committee (ASUDCC).

### 10.2 MISSION AND VISION

Effective administration of the provisions of Drugs & Cosmetics Act, 1940 and Rules thereunder relating to the Ayurveda, Siddha and Unani drugs throughout the country

### 10.3 OBJECTIVES

Effective AYUSH Drug Administration and Quality Control.

### 10.4 MAJOR ACHIEVEMENTS/ INITIATIVES

- Amended Rule 161 of Drugs & Cosmetics Rules, 1945 regarding labeling provisions.
- Draft rules have been prepared for providing Non-conviction Certificate and Free Sale Certificate to Ayurveda, Siddha and Unani Drug Manufacturers.
- Conducted more than 5 training programme for capacity building of ASU Drugs Inspectors and State Licensing manpower in collaboration with Pharmacoepoeia Laboratories.
- Base work for amendment in the First Schedule of D&C Act, 1940 related to list of authoritative texts of Ayurveda, Siddha and Unani systems has been completed.
- Ground work for introduction of Model/ Standard Laboratory Practices for Drug Testing Laboratories of ASU drugs completed.
- Expiry/Shelf Life of ASU drugs mentioned under Drugs & Cosmetics Rules, 1945 is under process of revision.
- The work of developing Good Clinical Practice Guidelines for Clinical Trials on ASU Drugs taken up for finalization.
- Essential Drug Lists for Ayurveda, Siddha, Unani systems and Homoeopathy are being finalized.
- Establishment of Central Drug Controller (AYUSH) is being actively pursued.

**10.5 BUDGET**

(Rs. in crores)

HEAD	PLAN	NON-PLAN	TOTAL
Budget Estimate (2012-13)	10.00	0.00	10.00
Revised Estimate (2012-13)	2.00	0.00	2.00
Expenditure upto December 2012	0.65	0.00	0.65

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## Pharmacopoeia

**11.1** Pharmacopoeia, (literally, 'drug-making'), in its modern technical sense, is a book containing directions for the identification of samples and the preparation of compound medicines, and published by the authority of a government or a medical or pharmaceutical society. Descriptions of preparations are called monographs. In a broader sense, it is a reference work for pharmaceutical drug specifications.

### **11.2 PHARMACOPOEIA COMMISSION FOR INDIAN MEDICINE (PCIM)**

The Pharmacopoeia Commission for Indian Medicine (PCIM) was set up as an independent autonomous body under Department of AYUSH with the approval of Cabinet at its meeting held on 13th May 2010. The Commission is registered as a Society and has its base at Ghaziabad. The Ayurvedic Pharmacopoeial Committee (APC), Siddha Pharmacopoeial Committee (SPC) and Unani Pharmacopoeial Committee (UPC) shall function under the umbrella of PCIM. The main mandate of the Commission is the publication and revision of the Ayurvedic, Siddha and Unani Pharmacopoeia of India, ASU Formularies; nurture and promote awareness of quality in ASU drugs formulations and drug research on ASU products; exchange information and interact with expert committees of the World Health Organization and other international bodies with a view to harmonise and develop the ASU pharmacopoeial standards to make those internationally acceptable; maintain national repository of authentic reference raw materials used in the manufacture of Ayurveda, Siddha and Unani medicines for the purpose of reference and supply of reference standards to the stakeholders at a price; generate and maintain repository of chemical reference marker compounds of the plants or other ingredients used in standardizing

Ayurveda, Siddha and Unani medicines and supply them as reference standards to the stake-holders on price; furtherance of the provision of Chapter IVA of Drugs and Cosmetic Act & Rules thereunder related to ASU Drugs.

#### **The Commission consists of :**

- (a) General Body;
- (b) Governing Body; and
- (c) Scientific Body.

#### **The Scientific Body is further supported by:**

- (i) Ayurvedic Pharmacopoeia Committee ;
- (ii) Unani Pharmacopoeia Committee; and
- (iii) Siddha Pharmacopoeia Committee.

### **11.3 ACHIEVEMENTS OF AYURVEDIC PHARMACOPOEIA COMMITTEE**

Under the Drugs & Cosmetics Act, the Ayurvedic Pharmacopoeia of India (API), are the books of standards for single and compound drugs included therein. If considered necessary, these standards can be amended. Whenever such amendments are issued, the Ayurvedic Pharmacopoeia of India, Part-I, Vol. II, would be deemed to have been amended accordingly. The first Ayurvedic Pharmacopoeia Committee was established by Govt. of India in 1962. Till date, 8 volumes of Ayurvedic Pharmacopoeia (API) part I covering 600 monographs on single drugs (including 21 Monographs on Mineral and Metals) covering a total of 389 medicinal plants and three volumes of API part II containing 152 monographs on compound formulations have been published.

In the year 2012-13 API Part-II Vol. IV consisting of 51 monographs on formulations, API Part-I Vol. IX consisting of 45 monographs on single drugs and API Part-I Vol. X consisting of 21 monographs on mineral & metals have been finalized. Ayurvedic Formulary of India, Part-III consisting of 350 formulations in different doses form and Hindi edition of API, Part-I, Vol. I was printed. Other supporting documents finalized are Atlas on Macro & Microscopic characters of Pharmacopoeial drugs of API, Part-I, Vol. I and Thin Layer Chromatographic Atlas of Ayurvedic Pharmacopoeial drugs of API, Part-I, Vol. III have also been documented.

Aimed at scientific validation of the clinical efficacy and safety of 29 classical Ayurvedic Pharmacopoeial formulations, multi centre clinical trials were completed in 18 disease conditions involving 54 M.D. / PhD (Ay.) research scholars in 08 postgraduate Ayurveda colleges across the country as an activity under the Ayurveda Clinical Trials (ACT). All the 18 multi-center clinical trials were open label, single arm interventional studies with project duration of two years. The clinical trials are registered with the Clinical Trials Registry, India (CTRI). Collectively in 18 clinical trials comprising 2560 patients have been completed in eight Post Graduate Ayurveda colleges across the country. The projects have been completed at most of the trial sites. The data analysis of the completed projects is ongoing.

#### **11.4 ACHIEVEMENTS OF UNANI PHARMACOPEIA COMMITTEE**

The first Unani Pharmacopoeia Committee was established by Govt. of India in 1964. Till date, 6 volumes of Unani Pharmacopoeia (UPI) Part I covering 298 monographs on single drugs covering a total of 267 medicinal plants and two volumes of UPI Part II containing 100 monographs on compound formulations have been published.

Development and standardization of method of preparation, quality parameters for compound Formulations and their shelf life studies of 25 Formulations completed. Unani Pharmacopoeia of India, Part-II, Vol.-III and National Formulary of Unani Medicine, Part-II, (Hindi edition) have also been completed. Compilation of Unani Pharmacopoeia of India, Part-I, Vol.-VII is in progress.

#### **11.5 ACHIEVEMENTS OF SIDDHA PHARMACOPEIA COMMITTEE**

The first Siddha Pharmacopoeia Committee was established by Govt. of India in 1975. Till date, 2 volumes of Siddha Pharmacopoeia (SPI) Part I covering 139 monographs on single drugs covering a total of 125 medicinal plants have been published.

Final draft SPI Part-I, Vol. –III consisting of 66 single Drugs, SPI Part-I, Vol. IV (Mineral & Metals) and English translation of SFI Part – III (Tamil) are in progress. Reference work done to prepare properties, actions, important formulations, therapeutic uses and doses of 48 single drugs.

#### **11.6 HOMOEOPATHIC PHARMACOPEIA COMMITTEE (HPC)**

The Homoeopathic Pharmacopoeia Committee was constituted in 1962 for the purpose of preparing the Homoeopathic Pharmacopoeia of India. Nine volumes of Homoeopathic Pharmacopoeia of India (HPI) have been published. Total 944 monographs of Homoeopathic drugs have been approved by Homoeopathic Pharmacopoeia Committee. One Homoeopathic Pharmaceutical Codex comprising 101 Homoeopathic drugs has also been published. The work on X volume of HPI alongwith consolidated volumes (1 to 5) is in progress.





*Amomum subulatum* Roxb. Zingiberaceae



*Nelumbo nucifera* Gaertn. (Nelumbonaceae)



*Citrus limon* (L.) Burm .f. (Rutaceae)  
(Elaeocarpaceae)



*Elaeocarpus sphaericus* (Gaertn.)  
K.Schum. (Rudraksh)

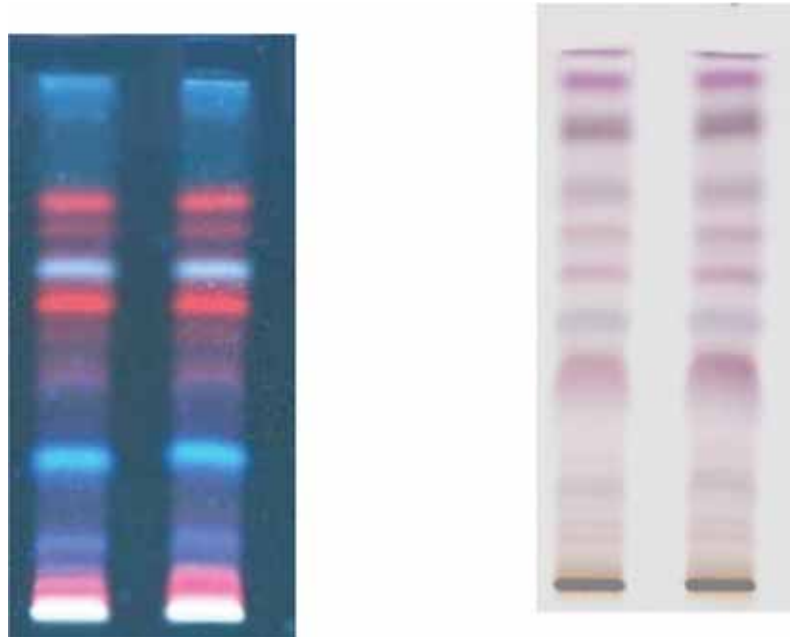




TLC Chromatogram (at 366nm)  
of Ajmoda fruit



TLC Chromatogram of Bilva  
(at 366nm)



TLC fingerprint of *Ficus hispida* L., fruit 366 nm and after derivatization under white light

### 11.7 PHARMACOPOEIAL LABORATORY FOR INDIAN MEDICINE (PLIM)

Pharmacopoeial Laboratory for Indian Medicine (PLIM) is a subordinate office of the Department located in Ghaziabad. The laboratory was established in the year 1970 as a Pharmacopoeial Standards Setting-cum-Drugs Testing Laboratory at National Level for Indian Medicines, which includes drugs of Ayurveda, Unani and Siddha systems. It acts as a Central Drugs Laboratory for testing of Ayurvedic, Unani and Siddha drugs under Drugs & Cosmetics Act, 1940. The PLIM was established with the objectives to develop and to validate Pharmacopoeial standards of single drugs and compound formulations for inclusion in Ayurvedic, Unani and Siddha Pharmacopoeias. The Laboratory is also assigned the task of analysis and survey of official and legal samples received from Drug Control Authorities.

c. Development of HPTLC Fingerprinting of Pharmacopoeial drugs	08
d. Survey/Collection tours for medicinal plants/crude drugs.	02
e. Collection/Addition of crude drug samples for Museum.	128
f. Maintenance of Museum and Herbarium	Continuous Process
g. Cultivation and maintenance of Medicinal Plants in Herbal Garden.	Continuous Process
h. Training Programme on Regulatory Capacity Building.	03

#### 11.7.1 ACHIEVEMENTS OF THE PLIM DURING 2012-13

Activities	Quantum (in Nos.)
a. Pharmacopoeial standardization of Ayurveda, Siddha and Unani Drugs (Single and Compound formulations), Preparation of Monographs, revision of Pharmacopoeial monographs & Verification/validation of Pharmacopoeial Standards.	64
b. Analysis/Testing of Drug samples from different official sources (Quantum may depend on receipt of samples from Drug Control Authorities).	146

#### 11.7.2 BUDGET

(Rs. in crores)

HEAD	PLAN	NON-PLAN	TOTAL
Budget Estimate (2012-13)	1.50	1.38	2.88
Revised Estimate (2012-13)	1.75	1.31	3.06
Expenditure upto December 2012	0.54	1.03	1.57

### 11.8 HOMOEOPATHIC PHARMACOPOEIA LABORATORY (HPL)

11.8.1 Homoeopathic Pharmacopoeia Laboratory was established in 1975, as a National Laboratory for the purpose of laying down standards and testing for identity, purity and quality of

Homoeopathic Medicines. The laboratory also functions as a Central Drug Laboratory for the testing of Homoeopathic Medicines under rule 3A for the Drugs and Cosmetics Act. Standards worked out by the Laboratory are published in the Homoeopathic Pharmacopoeia of India (HPI). So far nine volumes of HPI have been published and Tenth volume of HPI is under publication. The laboratories also impart training on regulatory capacity building for Drug Control Authorities, Drug Analysts and Pharmacy Professionals from recognized Homoeopathic Medical Colleges.

### 11.8.3 BUDGET

(Rs. in crores)

HEAD	PLAN	NON-PLAN	TOTAL
Budget Estimate (2012-13)	0.90	1.67	2.57
Revised Estimate (2012-13)	1.17	1.65	2.82
Expenditure upto December 2012	0.53	1.11	1.64

### 11.8.2 ACHIEVEMENTS OF THE HPL DURING 2012-13

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Activities	Quantum (in Nos.)
a. Pharmacopoeial Monographs on Homoeopathic Drugs	19
b. Testing of Drugs Samples of Homoeopathic Medicines	227
c. Survey Tour for collection of Medicinal Plants and Raw Herbal Drugs	01
d. Training Programme on Regulatory Capacity Building	03
e. Addition of Drugs samples in Museum and Herbarium	169
f. Experimental Medicinal Plant Garden	103 plant species
(i) Maintenance of Medicinal Plants of homoeopathic value.	06 plant species
(ii) Introduction of Medicinal Plants of exotic / indigenous sources by different technique.	342 seeds of different plant species
(iii) Maintenance of Germ plasm & Seeds bank for scientific studies.	different plant species

# Indian Medicines Pharmaceutical Corporation Limited (IMPCL)

## 12.1 INTRODUCTION

Indian Medicines Pharmaceutical Corporation Limited (IMPCL) is a Government of India Enterprise under the administrative control of the Department of AYUSH to manufacture and supply Ayurvedic and Unani products. The Company, which is a 'MINI RATNA', ISO 9001:2008 accredited and GMP certified, was incorporated in 1978 and had started commercial production in 1983. The primary objective of the Company is to manufacture and supply authentic quality Ayurvedic and Unani products.

The formulations are tested in AYUSH/Govt. approved, NABL/Drug Testing Laboratory along with well-equipped in-house Quality Control/Assurance measures before release.

The Uttarakhand based Company is expanding its capacity under 3rd Phase modernization, which is under progress and aim to acquire with Eu GMP certification.

Besides supply of medicines to CGHS, CCRAS, State Governments, Autonomous bodies, etc., the Company is gearing up to enter into open market. Since 1986-87, the company has maintained a profit earning trend and Net Worth of the company is positive. Company manufactured entire dosage forms of the Ayurvedic and Unani medicines.

## 12.2 PRODUCTS

The major products of IMPCL are M-Liv Syrup, M-Vasako Syrup, M-Shankhapushpi Syrup, M-Tribhuvan Mishran, Chavanprasha, Brahmarasayana, Vasavaleha, Ashokarista, Ashwangandhadyarishta, Dashmularishta, Drakshasava, Lohasava, Punarnavasava, Khadiradi Gutika (Mukhroga), Chitrakadi Gutika, Lashunadi Vati, Avipattikar Choorna, Bhaskar Lavan Choorna, Dadimastak Choorna, Hingwatak Choorna,

Mahanarayan Taila, Panchguna Taila, Yograj Guggulu, Araq-e-Ajeeb, Jawarish Jalinoos, Sharbat-e-Zufamurakkab, Sharbat-e-Buzorromotadil, etc.

## 12.3 TURNOVER

(Rupees in Lakh)

YEAR	2007-08	2008-09	2009-10	2010-11	2011-12
SALES	1051	1396	1990	2441	2490

## 12.4 AWARDS

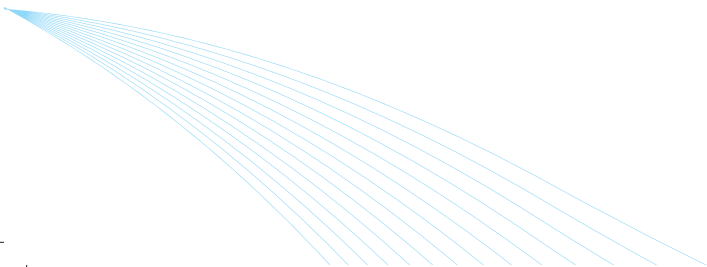
The Company has received excellent performance award in Corporate Social Responsibility activity for the year 2011-12 from "IPE CSR Corporate Governance Awards" endorsed by World CSR Congress on 24th Nov. 2012.

## 12.5 BUDGET

(Rs. in crores)

HEAD	PLAN	NON-PLAN	TOTAL
Budget Estimate (2012-13)	16.00	0.00	16.00
Revised Estimate (2012-13)	0.00	0.00	0.00
Expenditure upto December 2012	0.00	0.00	0.00

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## International Cooperation

**13.1** With an increase in lifestyle related disorders, people all over the world are looking at alternative systems of medicine for answers. Given this global resurgence of interest in holistic systems of medicine and the strength of Indian system of medicine, the Department of AYUSH has been promoting and propagating these Systems abroad.

### 13.2 ACHIEVEMENTS IN INTERNATIONAL COOPERATION

**13.2.1** The Department has set up an AYUSH Information Cell at High Commission of India, Port of Spain, Trinidad & Tobago. Subsequently, the Hon'ble Minister of State, Ministry of Health and Family Welfare, Government of India, Shri S. Gandhiselvan led a delegation to Trinidad & Tobago (T&T) from October 17-20, 2012 and dedicated the AYUSH Information Cell to the people of T&T. The primary objective of the visit of Hon'ble MoS was to facilitate the Government of Trinidad & Tobago (T&T) in bringing legislation for practice of Ayurveda and other Indian systems in that country.

**13.2.2** An Ayurveda Chair was set up at University of West Indies, Trinidad & Tobago.

**13.2.3** A delegation led by Secretary (AYUSH) visited Geneva on August 23-24, 2012 to discuss collaboration with WHO in the areas of Traditional Medicine. It was the first ever visit of an AYUSH delegation led by Secretary (AYUSH) to hold planned discussions with WHO Headquarters for the cause of Traditional Medicine, in general and Indian Systems of Medicine, in particular, starting with one-to-one interaction between Secretary (AYUSH) and Director General, WHO. One of the significant

outcomes of the visit was signing of an MoU with WHO by the Department of AYUSH to enhance its collaboration with WHO.

**13.2.4** A high power delegation led by Secretary (AYUSH) visited Mexico to explore the possibilities for signing of an MoU on 'Country to Country' cooperation in Traditional Medicine with the Government of Mexico. An AYUSH Information Cell was set up in the ICCR's Gurudev Tagore Indian Cultural Centre at Mexico, which was inaugurated by Secretary, AYUSH on October 15, 2012. The visit resulted in signing of 'Letter of Intent' with Mexico as a stepping stone for signing an MoU with the Government of Mexico in future.

**13.2.5.** An MoU with Government of Nepal on Cooperation in the field of Traditional Systems of Medicine has been proposed. The approval of Cabinet has already been obtained in this regard.

**13.2.6** A similar proposal for signing of an MoU with Government of Sri Lanka has been initiated by the Department. The Department has taken necessary steps for soliciting approval of the Cabinet

**13.2.7** Department of AYUSH organized a comprehensive "International Conference on Traditional Medicine for South-East Asian Countries" during 12-14th February, 2013 in collaboration with WHO South East Asia Regional Office. For the first time "Delhi Declaration on Traditional Medicine" was adopted by South East Asian countries. The conference and Delhi Declaration would go a long way in promoting cooperation among South East Asian countries in the field of traditional medicine and push India's position for global leadership in this field.

**13.2.8** The Department had also deputed experts to participate in the following important events:

- (i) 21st Session of Inter-Governmental Committee (IGC) on Genetic Resources Traditional Knowledge and Folklore held in Geneva from April 16- 20, 2012;
- (ii) Seminar on Ayurveda held from April 27-29, 2012 in the University of Jaju Halla, Jeju Island, Republic of Korea;
- (iii) Hamburg Port Festival was organised in Germany from May 9-13, 2012;
- (iv) First WHO Inter-Regional Training Workshop on Registration and Qualified Practice of Traditional Medicine/ Complementary and Alternative Medicine (TM/CAM) at Macao, Special Administrative Region, China, from July 9-11, 2012;
- (v) 22nd Session of Inter-Governmental Committee (IGC) on Intellectual Property and Genetic Resources, Traditional Knowledge and Folklore at Geneva, Switzerland from July 9-13, 2012;
- (vi) “India Show” held at Colombo, Sri Lanka from August 3-5, 2012;
- (vii) WIPO Inter-regional Meeting on South-South Co-operation on Intellectual Property and Genetic Resources, Traditional Knowledge and Folklore (GRTKF) and Copyright and related Rights held at Brasilia, Brazil from August 8-10, 2012;
- (viii) India Medical Tourism Destination 2012 at Nairobi, Kenya and Der-e-Salaam, Tanzania from August 27-31, 2012;
- (ix) 67th Congress of Liga Medicorum Homoeopathica Internationalis (LMHI) at Nara, Japan from September 12-17, 2012;
- (x) International Scientific Committee on Homoeopathy and Influenza (ISCHI) at Firenze, Italy on September 19-20, 2012;
- (xi) Ayurveda and Wellness Conferences at Johannesburg, Durban & Cape Town, South Africa from September 30 to October 5, 2012;
- (xii) 50th Series of Meetings of Assemblies of the Member States of World Intellectual Property Organisation (WIPO) Geneva, Switzerland on October 4-5, 2012;
- (xiii) Third WHO Working Group Meeting on Traditional Medicine Strategy at Hong Kong – Special Administrative Region, China from November 27-30, 2012; and
- (xiv) 6th Annual Meeting of IRCH, WHO at Curitiba, Brazil from December 10-12, 2012.

**13.2.9** Visits of Foreign Delegations:

**13.2.9.1** A three-member delegation from Division of Pharmaceutical Analysis, Center for Drug Evaluation and Research, USFDA visited Indian Pharmacopoeia Commission, Ghaziabad on February 14, 2012. The aim of the visit was to discuss rapid screening of pharmaceutical products and ingredients including cosmetics, dietary supplements and traditional Indian medicines and food to ensure quality & safety of drugs and food.

**13.2.9.2.** An eight-member delegation led by Director General of Health, Government of Malaysia visited the Department of AYUSH on 8th November, 2012 and had elaborate discussion on issues of mutual interest in the field of Traditional Medicine. It is expected that relations between the two countries will take a quantum leap forward in Traditional Medicines.

**13.3 BUDGET**

(Rs. in crores)

HEAD	PLAN	NON-PLAN	TOTAL
Budget Estimate (2012-13)	6.00	0.00	6.00
Revised Estimate (2012-13)	4.50	0.00	4.50
Expenditure upto December 2012	1.39	0.00	1.39



First Bilateral Annual Meeting on co-operation in the field of Traditional Systems of Medicine between Government of the Republic of India and the Government of Malaysia on 8th November, 2012 at AYUSH Bhawan, New Delhi



Delegation led by Secretary (AYUSH) in Mexico.

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## Information, Education and Communication

**14.1** There is a worldwide resurgence of interest in traditional medicines based on herbs and medicinal plants. The Department of AYUSH, which is mandated to develop, promote and propagate the Indian Systems of Medicine & Homoeopathy is promoting and popularizing strengths of AYUSH systems by using outdoor and electronic media and organization of Arogya fairs and supporting seminars and workshops on AYUSH systems under Central Sector Scheme of Information, Education and Communication (IEC).

**14.2** The Scheme aims at achieving the following objectives:

- (i) Creation of awareness among the members of the community about the efficacy of the AYUSH Systems, their cost-effectiveness and the availability of herbs used for prevention and treatment of common ailments at their door steps through various channels including the production of audio-visual educational material to achieve the objective of Health for all;
- (ii) Dissemination of proven results of R&D work in AYUSH systems at National and International forums; and
- (iii) Providing a forum where horizontal and vertical interaction among stakeholders of AYUSH systems can take place through Conferences, Seminars and fairs at Regional, National and International levels and encourage stakeholders to participate in them.

### 14.3 ACTIVITIES ORGANISED DURING THE YEAR 2012-13:

**14.3.1 AROGYA FAIRS:** An important initiative of the Department for promoting and propagating AYUSH systems is organization of Arogya Fairs. All sections of the general public visit the AROGYA fairs. It has been the endeavor of the Department to make innovations to successive AROGYAs. As a result, what began as an exhibition of AYUSH products in 2001, has expanded over the years to include display and distribution of literature on AYUSH, medical equipment, publishers and booksellers of AYUSH systems. A number of other events are organized on the sidelines of AROGYA, like Conferences on Traditional Medicine. Free health checkup is a major attraction of the Fair. During the year 2012-13, State level Arogya Fairs were organised at Orissa, Arunachal Pradesh, Mizoram & Punjab; and National Level at Hyderabad, which was inaugurated by Hon'ble Minister of Health & Family Welfare in the august presence of Hon'ble Chief Minister and other Ministers of Andhra Pradesh Government. The event was a grand success. The Department of AYUSH also organised State level Arogya Fair at Bhopal during the 5th World Ayurveda Congress.



Sh. A.K.Ganeriwala, Jt. Secretary, delivering Welcome Address



Shri Ghulam Nabi Azad, Hon'ble Union Health & Family Welfare Minister addressing the audience



Yoga performance by students of MDNIY



Dignitaries visiting Arogya Fair

14.3.2 Funds for organization of State level Arogya at Nagaland have also been released.

**14.4 PARTICIPATION IN OTHER EXHIBITIONS, FAIRS AND MELAS:**

14.4.1 The Department also participated in the following Fairs during the year:-

- (i) Chikitsa 2012 organised by Indian Chambers of Commerce, Kolkata;
- (ii) India International Trade Fair, 2012 at Pragati Maidan, New Delhi;
- (iii) “Dil Ka Darbar”, a Heart Summit organised by Heart Care Foundation of India at Talkatora Grounds, New Delhi; and
- (iv) “MTNL Perfect Health Mela” organised by Heart Care Foundation of India, New Delhi.

14.5 Assistance for Exchange Programme/ Seminar/ Conference / Workshop on AYUSH: Under this Scheme, funds have been released for 17 workshops/seminars organised by various organizations.

**14.6 OUTDOOR PUBLICITY**

As part of outdoor publicity to promote AYUSH systems, following initiatives have been taken during the year:-

- (i) Publicity over Delhi Metro;
- (ii) Telecast/Broadcast of Video/audio spots over Doordarshan as well as other channels and FM stations all over the country;
- (iii) Publicity over Bus shelters in Delhi, Trams and Metro in Kolkata and other places; and

- (iv) Publicity over Entry tickets of “India International Trade Fair, 2012” held at Pragati Maidan, New Delhi.

**14.7 PRINT PUBLICITY**

- (i) Calendar 2013 of the Department was published and distributed;
- (ii) Brochures for clinics organised during Arogya at Hyderabad were published in Oct., 2012; and
- (iii) Newspapers advertisements were released for Arogya and other events.

**14.8 BUDGET**

(Rs. in crores)

HEAD	PLAN	NON-PLAN	TOTAL
Budget Estimate (2012-13)	14.00	0.00	14.00
Revised Estimate (2012-13)	12.25	0.00	12.25
Expenditure upto December 2012	3.35	0.00	3.35

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## Other Central Sector Schemes

### 15.1 AYUSH AND PUBLIC HEALTH

**15.1.1** Promotion of AYUSH Intervention in Public Health Initiatives is a Central Sector Grant-in-aid Scheme introduced in 2007-08 initially as a pilot project for the 11th Five Year Plan period with a District/Block/Taluk as a unit for AYUSH intervention. The main objective of the Scheme is to support innovative proposals for both Government as well as private organizations for community health care and to encourage institutionally qualified AYUSH practitioners. The Scheme also aims to encourage utilization of AYUSH practitioners in different public health programmes and to promote AYUSH intervention for community health care.

**15.1.2** During 11th Plan period, 29 proposals were supported mainly for AYUSH intervention on Malaria, Filariasis, Nutrition & Health care, Anaemia and for Mother & Child Health care, etc.

**15.1.3** During 2012-13, two proposals have been supported till 10.12.2012 and an amount of Rs.59 lakhs has been spent. Since the Scheme was approved only for the 11th Plan, no new proposal has been supported for funding in 2012-13; only ongoing projects were supported by way of releasing 2nd / 3rd installments.

#### 15.1.4 BUDGET

(Rs. in crores)

HEAD	PLAN	NON-PLAN	TOTAL
Budget Estimate (2012-13)	3.00	0.00	3.00
Revised Estimate (2012-13)	2.00	0.00	2.00
Expenditure upto December 2012	0.59	0.00	0.59

**15.2** Scheme for Grant-in-Aid to Non-Profit/ Non-Governmental AYUSH Organisations/ Institutions for Upgradation to Centres of Excellence

**15.2.1** It is a Central Sector Grant-in-Aid Scheme introduced in 2007-08 for the 11th Five year Plan period. The main objectives of the Scheme are to support reputed AYUSH knowledge institutions in non-Government / private sector engaged in the activities of clinical research, nursing hospitals and homes, fundamentals of AYUSH, inter-disciplinary research in pharmacy or product development, bridging AYUSH and modern science, AYUSH informatics, etc., to upgrade their functions and facilities to levels of excellence. So far, Department of AYUSH has sanctioned a total of 30 Projects during the 11th Plan with estimated cost of Rs.202.10 crore; out of which, Rs.58.00 crore has been released as 1st, 2nd & 3rd installments to the Grantee institutions.

#### 15.2.2 BUDGET

(Rs. in crores)

HEAD	PLAN	NON-PLAN	TOTAL
Budget Estimate (2012-13)	15.00	0.00	15.00
Revised Estimate (2012-13)	8.80	0.00	8.80
Expenditure upto December 2012	0.60	0.00	0.60

### 15.3 REVITALIZATION OF LOCAL HEALTH TRADITIONS

**15.3.1** The Scheme for "Grant-in-Aid to Non-Profit/ Non-Governmental AYUSH Organisations/



Institutions for Revitalization of Local Health Traditions, Midwifery Practices, etc, in order to enhance Health Security of Rural Community” has been implemented during the 11th Plan. It constitutes the community health dimension of AYUSH. The carriers of these health traditions are ordinary households and local community based healers. The LHTs have traditionally played an important role in supporting the primary healthcare needs of rural households. The main objectives of the Scheme is to support All India or regionally coordinated programmes (in selected blocks of selected States) of a size and scale that can have social impact with the objectives of supporting innovative proposals from non-profit/non-governmental organizations for systematic participatory documentation of Local Health Traditions related to home remedies, food & nutrition, midwifery, ethno-veterinary practices and other specialized local health practices.

**15.3.2** During the 11th Plan period, 37 proposals were supported mainly for documentation of home remedies, food & nutrition, bone setting used by local healers for various diseases in the locality. So far, 3 proposals have been completed and about 100 herbs have been documented. Since the Scheme was approved only for the 11th Plan, no new proposal has been supported for funding in 2012-13; only ongoing projects were supported by way of releasing 2nd / 3rd installments.

### 15.3.3 BUDGET

(Rs. in crores)

HEAD	PLAN	NON-PLAN	TOTAL
Budget Estimate (2012-13)	0.95	0.00	0.95
Revised Estimate (2012-13)	0.40	0.00	0.40
Expenditure upto December 2012	0.02	0.00	0.02

## 15.4 CENTRAL SECTOR SCHEME FOR ACQUISITION, CATALOGING, DIGITIZATION AND PUBLICATION OF TEXT BOOKS & MANUSCRIPTS (ACDP)

### 15.4.1 INTRODUCTION

AYUSH knowledge exists in the country in the form of classical text material, manuscripts, scientific outcomes, personal experiences, folklore, local health practices, ethno-medicine, tribal medicine, etc. This information needs to be properly catalogued and digitized in user-friendly manner and make it easily accessible as well as protected. The Department of AYUSH is implementing the Scheme in the 11th Plan. The prime objective of the Scheme is to catalogue and digitize the medical manuscripts in a standard format as prescribed by National Manuscripts Mission to support translation and critical editions of medical manuscripts, selected on the basis of objective criteria, to disseminate information regarding medical manuscripts of India to all AYUSH educational and research institutions in the Government and Non Government sectors, to utilize Information Technology for greater dissemination of AYUSH knowledge to practitioners/ researchers/ teachers and to promote creation of AYUSH databases for policy formulation/ IEC, etc., and to support National Manuscript Mission to undertake a submission on Medical Manuscripts. The Scheme is under evaluation.

### 15.4.2 BUDGET

(Rs. in crores)

HEAD	PLAN	NON-PLAN	TOTAL
Budget Estimate (2012-13)	1.25	0.00	1.25
Revised Estimate (2012-13)	0.10	0.00	0.10
Expenditure upto December 2012	0.00	0.00	0.00

## 15.5 CENTRAL SECTOR SCHEME FOR DEVELOPMENT OF AYUSH INDUSTRY CLUSTER

### 15.5.1 INTRODUCTION

The Scheme was introduced in the XI Five Year Plan with the objectives for creating Common Facility Center (CFC) for standardization, quality assurance and control, productivity, marketing, infrastructure and capacity building through a cluster based approach in the form of SPV registered company to manufacture quality drugs of Ayurveda, Siddha and Unani (ASU). The Department has appointed IL&FS and IDFC as Project Monitoring Consultants (PMC) for better implementation and monitoring of the Scheme. So far, 9 projects in 8 States have been approved. The two projects are functional at Confederation for Ayurvedic Renaissance Keralam Ltd; Thrissur, Kerala and Herbal Health Research Consortium Pvt. Ltd, Amritsar, Punjab and three projects are expected to be functional during financial year 2012-13. Remaining four projects are expected to be completed by 2013-14.

As per the Scheme, at least 15 enterprises within radius of 50 km, holding GMP certificate enterprises and each of them minimum having annual turnover of Rs.20.00 lakhs, are eligible under the Scheme. The Government provides one time assistance as grant-in-aid up to 60% of the project cost restricted to a maximum Rs.10.00 crore. The remaining 40% amount would be arranged by the SPV members. One testing laboratory is mandatory for each SPV/Cluster.

### 15.5.2 ACHIEVEMENT

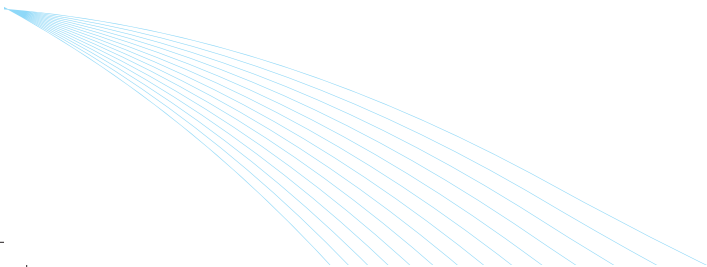
During the year 2012-13, the Department has released Rs.2.90 crore.

### 15.5.3 BUDGET

(Rs. in crores)

HEAD	PLAN	NON-PLAN	TOTAL
Budget Estimate (2012-13)	21.93	0.00	21.93
Revised Estimate (2012-13)	8.00	0.00	8.00
Expenditure upto December 2012	2.90	0.00	2.90

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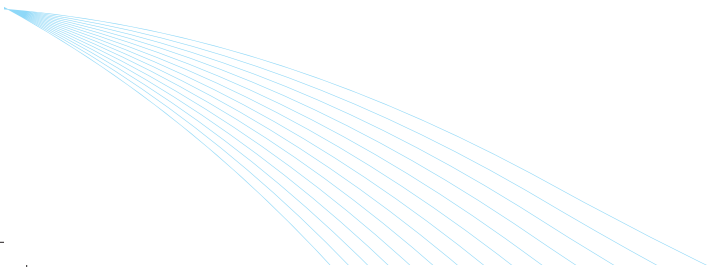


## Empowerment of Women and Benefit to Physically Handicapped Persons

- 16.1** For redressal of complaints pertaining to harassment of women at work place, if any, made by aggrieved women employees, a mechanism is in place to redress the issues. The Department had earlier received one complaint, regarding sexual harassment and the same is under examination.
- 16.2** The Central Government has also prescribed 3% reservation for employment to physically handicapped persons (one per cent each for the persons suffering from blindness or low vision, hearing impairment and loco motor disability or cerebral palsy).
- 16.3** In line with the recommendations of the Chief Commissioner for Disabilities, the UPSC has been requested to recommend suitable candidates who can perform duties attached to the post of AYUSH physicians.

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## Results Framework Document, 2011-12

17.1 Each Department is required to prepare Results Framework Document (RFD), which provides a summary of the most important results that a Department/Ministry expects to achieve during the financial year. This Document has two main purposes: - (a) move the focus of the Department from process-orientation; and (b) provide an objective to evaluate Department's overall performance at the end of the year. This Document contains not only the agreed objectives, policies, programs and projects but also success indicators and targets to measure progress in implementing them.

17.2 The RFD contains the following six sections:-

Section 1: Ministry's/Department's Vision, Mission, Objective and Functions.

Section 2: Inter se priorities, key objectives, success indicators and targets.

Section 3: Trend values of the success indicators.

Section 4: Description and definition of success indicators and proposed measurement methodology.

Section 5: Specific performance requirements from other Departments that are critical for delivering agreed results.

Section 6: Outcome/Impact of activities of Department/Ministry.

17.3 The Department of AYUSH prepared the RFD for 2011-12 in the above format. The main objectives, which have been incorporated in the RFD document and the weightage given to each of these objectives and the results achieved thereof are given in the table below:-

S. No.	Objective	Weightage	Achievements
1.	Delivery of AYUSH Services	16.00	6
2.	Human Resource Development in AYUSH	6.00	4.13
3.	Promotion and Propagation of AYUSH Systems	18.00	15.8
4.	Research in AYUSH	6.00	2.7
5.	Conservation and cultivation of medicinal plants	15.00	14.1
6.	Effective AYUSH Drugs Administration	24.00	18.93
7.	Efficient Functioning of the RFD System	3.00	3
8.	Improving Internal Efficiency /responsiveness / service delivery of Ministry / Department	10.00	8
9.	Ensuring compliance to the Financial Accountability Framework	2.00	1.6
	Total Composite Score	100	74.26

17.4. It was seen that the overall achievements, viz. composite score for the Department during 2011-12 was 74.26%. The detailed break-up of the Achievement against each success indicator may be seen in the attached statement.

Performance Evaluation Report for Department of AYUSH -2011-12

Objectives	Weight	Actions	Success Indicator	Unit	Weight	Target/Criteria Value						Performance	
						Excellent 100%	Very Good 90%	Good 80%	Fair 70%	Poor 60%	Achievement	Raw Score	Weighted Score
1. Delivery of AYUSH Services	16.00	Upgradation of exclusive State Government AYUSH dispensaries/hospitals	Number of dispensaries/hospitals upgraded	Number	10.00	500	450	400	350	300	155	0.0	0.0
		Dispensaries supported for supply of medicines	Number of AYUSH dispensaries covered	Number	3.00	1500	1350	1200	1050	900	15680	100.0	3.0
		Establishment of AYUSH wings in PHCs, CHCs, District hospitals as per approved norms	Number of PHCs/CHCs/District Hospitals covered	Number	3.00	500	450	400	350	300	4582	100.0	3.0
2. Human Resource Development in AYUSH	6.00	Strengthening of State Government AYUSH educational institutions as per CCIM norms	Number of AYUSH educational institutions strengthened	Number	5.00	13	12	10	8	7	8	70.0	3.5
		HRD - Training to medical professionals	CME & RoTP training conducted	Number	1.00	59	53	47	41	35	37	63.33	0.63
3. Promotion and Propagation of AYUSH Systems	18.00	Exhibitions and Fairs	No. of Exhibitions and fairs organized	Number	2.00	10	9	8	7	6	9	90.0	1.8
		Multi media campaigns and outdoor publicity	No. of multimedia programmes including outdoor publicity	Number	2.00	25	22	20	17	15	9	0.0	0.0
		Participation in International Seminars/Meetings	Number of seminars/meetings attended	Number	2.00	16	15	14	13	12	49	100.0	2.0
		Strategic Studies for IEC Activities	Commissioning of Strategic study for IEC activities	Date	2.00	30/11/2011	31/12/2011	15/01/2012	31/01/2012	15/02/2012	30/11/2011	100.0	2.0
		Recognition of Sowa Rigpa and Enforcement of Amended IMCC Act 1970	Framing of communication plan of Department	Date	1.00	29/02/2012	15/03/2012	31/03/2012			29/02/2012	100.0	1.0
		Compilation and electronic publication of AYUSH in India, 2010	Notification of the date of enforcement	Date	2.00	31/12/2011	31/01/2012	29/02/2012	15/03/2012	31/03/2012	12/12/2011	100.0	2.0
4. Research in AYUSH	6.00	Compilation and electronic publication of AYUSH in India, 2010	Electronic Publication of AYUSH in India, 2010	Date	3.00	30/06/2011	31/07/2011	31/08/2011	30/09/2011	31/12/2011	10/06/2011	100.0	3.0
		Compilation and electronic publication of AYUSH in India, 2011	Electronic Publication of AYUSH in India, 2011	Date	3.00	15/03/2012	31/03/2012				15/03/2012	100.0	3.0
		Creation of data base of findings from projects supported under the Central Sector Scheme of ACDP and LHT.	Placing of soft copy of the data base on website	Date	1.00	29/02/2012	15/03/2012	31/03/2012			29/02/2012	100.0	3.0
4. Research in AYUSH	6.00	In-house collaborative research through Research Councils	Number of Research Projects commenced	Number	3.00	17	15	13	12	10	15	90.0	2.7
		Extra Mural Research	Number of projects funded as per specified parameters	Number	3.00	20	19	18	17	16	0	0.0	0.0

5. Conservation and cultivation of medicinal plants	15.00	Increase in area under cultivation	Number	5.00	20000	18000	16000	14000	12000	28051.54	100.0	5.0	
		Increase in area under conservation of medicinal plants	Number	4.00	8000	7000	6000	5000	4000	9263.57	100.0	4.0	
		Capacity Building	Number	3.00	20	15	10	5	4	40	100.0	3.0	
		No. of States covered under Amla Mission	Number	3.00	25	23	20	19	18	19	70.0	2.1	
6. Effective AYUSH Drugs Administration	24.00	Update of Essential Drug List (EDL) for Ayurveda, Siddha, Unani & Homeopathy Drugs	Date	2.00	30/06/2011	31/07/2011	31/08/2011	30/09/2011	31/10/2011	13/05/2011	100.0	2.0	
		Finalization / Publication of Good Clinical Practices (GCP) Guidelines for Ayurveda, Siddha and Unani Drugs	Date	2.00	31/12/2011	31/01/2012	29/02/2012	15/03/2012	31/03/2012	31/03/2012	28/02/2012	80.34	1.61
		Approval of EDL By Government	Date	1.00	31/01/2012	29/02/2012	31/03/2012					N/A	N/A
		Obtaining comments from the experts	Date	1.00	30/09/2011	30/11/2011	31/12/2011	31/01/2012	31/01/2012	29/02/2012	30/04/2011	100.0	1.0
		Incorporation of comments	Date	1.00	30/11/2011	31/12/2011	29/02/2012	15/03/2012	15/03/2012	31/03/2012	11/05/2011	100.0	1.0
		Vetting and finalization of GCP Guidelines	Date	1.00	31/01/2012	29/02/2012	15/03/2012	15/03/2012	21/03/2012	31/03/2012	24/02/2012	91.72	0.92
		Preparation of Draft Rules	Date	1.00	30/06/2011	31/07/2011	31/08/2011	30/09/2011	30/09/2011	31/10/2011	09/06/2011	100.0	1.0
		Obtaining comments on Draft Rules	Date	1.00	30/11/2011	31/12/2011	31/01/2012	29/02/2012	29/02/2012	31/03/2012		N/A	N/A
		Notification of the Rules	Date	1.00	29/02/2012	15/03/2012	15/03/2012	21/03/2012	25/03/2012	31/03/2012		N/A	N/A
		Single and compound formulations of Ayurvedic drugs	Number	1.00	60	50	40	30	30	20	20	71	100.0
Pharmacopoeial standardization and harmonization of drugs under Indian System of Medicines		Single and compound formulations of Unani drugs	Number	1.00	40	35	30	25	20	50	100.0	1.0	
		Single and compound formulations of Siddha drugs	Number	1.00	10	9	8	7	6	02	0.0	0.0	
		Number of monographs prepared and submitted to respective pharmacopoeia	Number	8.00	20	17	8	7	6	6	30	100.0	8.0
PLIM -Preparation of monographs of single Drugs of Plant, Animal and Mineral/Metal origin and Compound		Number of Standards Developed	Number	2.00	35	32	28	25	21	25	70.0	1.4	
		Timely submission of Draft for Approval	Date	2.0	07/03/2011	08/03/2011	09/03/2011	10/03/2011	11/03/2011	07/03/2011	100.0	2.0	
		Timely submission of Results	Date	1.0	01/05/2012	03/05/2012	04/05/2012	05/05/2012	06/05/2012	01/05/2012	100.0	1.0	

* Improving Internal Efficiency / Responsiveness / Service Ministry / Department	10.00	Implementation of Sevottam	Resubmission of revised draft of Citizens' / Clients' Charter	Date	2.0	16/01/2012	20/01/2012	23/01/2012	25/01/2012	16/01/2012	100.0	2.0		
		Ensure compliance with Section 4(1) (b) of the RTI Act, 2005	Independent Audit of Implementation of Grievance Redress Mechanism	%	2.0	100	90	80	70	60		N/A	N/A	
		Identify potential areas of corruption related to departmental activities and develop an action plan to mitigate them	No. of items on which information is uploaded by February 10, 2012	No	2.0	16	15	14	13	12	16		100.0	2.0
		Develop an action plan to implement ISO 9001 certification	Finalize an action plan to mitigate potential areas of corruption.	Date	2.0	26/03/2012	27/03/2012	28/03/2012	29/03/2012	30/03/2012	26/03/2012		100.0	2.0
		Timely submission of ATNS on Audit Paras of C&AG	Finalize an action plan to implement ISO 9001 certification	Date	2.0	16/04/2012	17/04/2012	18/04/2012	19/04/2012	20/04/2012	26/03/2012		100.0	2.0
		Timely submission of ATRs to the PAC Sectr. on PAC Reports.	Percentage of ATNS submitted within due date (4 months) from date of presentation of Report to Parliament by CAG during the year.	%	0.5	100	90	80	70	60	60		60.0	0.3
		Early disposal of pending ATNs on Audit Paras of C&AG Reports presented to Parliament before 31.3.2011.	Percentage of ATRs submitted within due date (6 months) from date of presentation of Report to Parliament by PAC during the year.	%	0.5	100	90	80	70	60	100		100.0	0.5
		Early disposal of pending ATRs on PAC Reports presented to Parliament before 31.3.2011	Percentage of outstanding ATNs disposed off during the year	%	0.5	100	90	80	70	60	60		60.0	0.3
			Percentage of outstanding ATRs disposed off during the year.	%	0.5	100	90	80	70	60	100		100.0	0.5
		* Ensuring compliance to the Financial Accountability Framework	2.00											

\*Mandatory Objective(s)

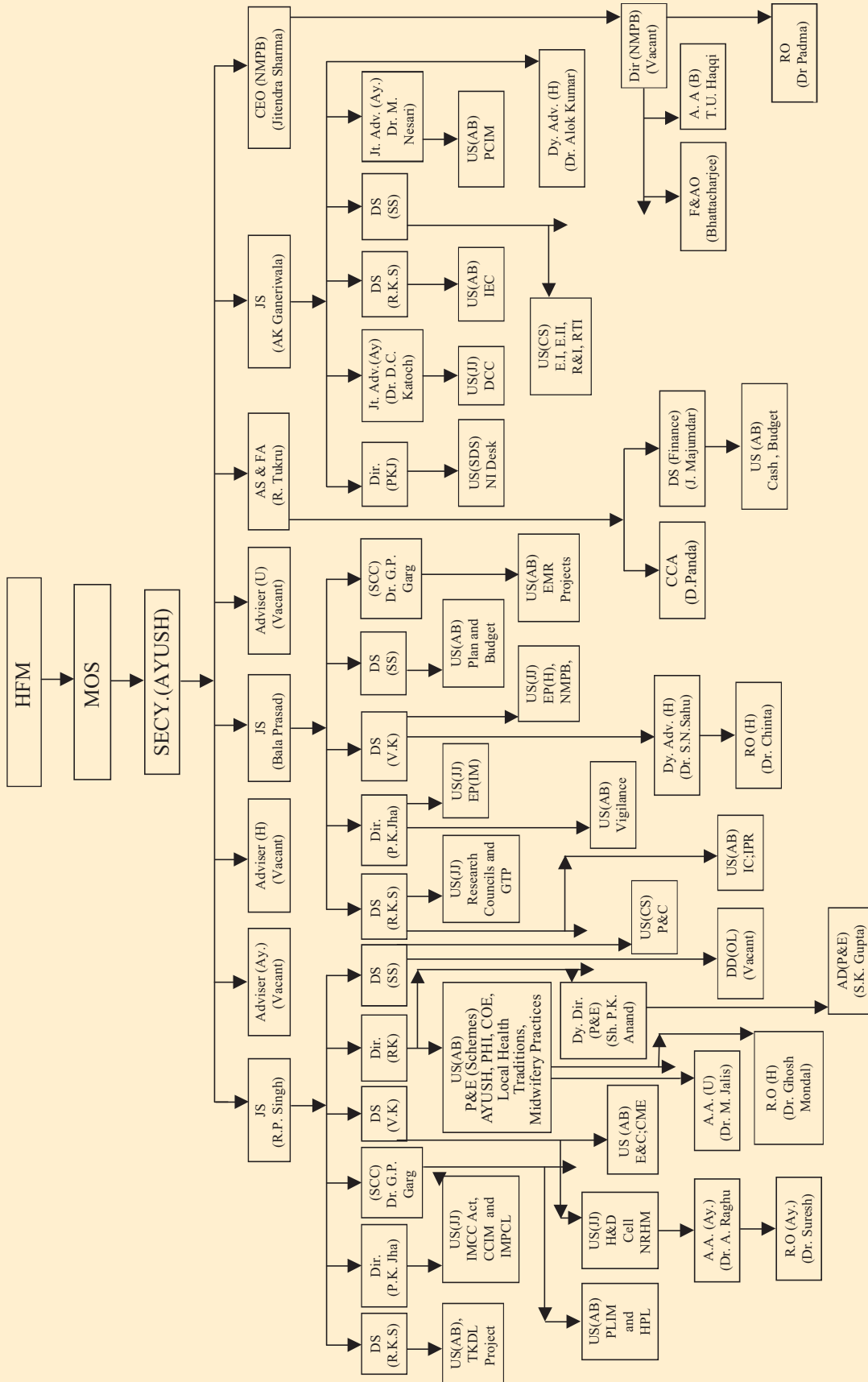
TOTAL COMPOSITE

74.26



**ORGANISATION CHART**

**DEPARTMENT OF AYUSH**



## Abbreviations

1. HFM – Health & Family Welfare Minister
2. MOS – Minister of State
3. Secy. – Secretary
4. JS – Joint Secretary
5. Adv. (Ay.) – Adviser (Ayurveda)
6. AS & FA – Additional Secretary and Financial Advisor
7. CEO – Chief Executive Officer
8. NMPB – National Medicinal Plants Board
9. DS – Deputy Secretary
10. Sr. C.C. – Senior Chief Chemist
11. Dy. Adv.(U) – Deputy Adviser (Unani)
12. Joint Adv. (Ay.) – Joint Adviser (Ayurveda)
13. US – Under Secretary
14. Dy. Dir.(OL) – Deputy Director (Official Language)
15. Dy. Dir.(P&E) – Deputy Director (Planning and Evaluation)
16. CCA – Chief Controller of Accounts
17. Dy. Adv.(H) – Deputy Adviser (Homoeopathy)
18. A.A.(Ay.) – Assistant Adviser (Ayurveda)
19. A.A.(U) – Assistant Adviser (Unani)
20. R.O (Ay.) – Research Officer (Ayurveda)
21. R.O (H) – Research Officer (Homoeopathy)
22. R.O – Research Officer
23. A.A.(B) – Assistant Adviser (Botany)
24. PLIM – Pharmacopoeia Laboratory of Indian Medicine
25. HPL – Homoeopathic Pharmacopoeia Laboratory
26. PCIM – Pharmacopoeia Commission of Indian Medicine
27. EMR – Extra Mural Research
28. CCIM – Central Council of Indian Medicine
29. CCH – Central Council of Homoeopathy
30. PHI – Public Health Initiatives
31. COE – Centre of Excellence
32. EP-Homoeo – Education Policy (Homeopathy)
33. NI Desk – National Institute Desk
34. EP (IM) – Education Policy (Indian Medicine)
35. EP (IM-2)-Education Policy (Indian Medicine-2)
36. IMPCL – Indian Medicines Pharmaceuticals Corporation Ltd.
37. H&D – Hospital and Dispensary
38. E&C – Education and Co-operation
39. Estt.III – Establishment.III
40. Estt.I – Establishment.I
41. Estt.II – Establishment.II
42. Gen. Admn. – General Administration
43. RTI – Right to Information
44. R&I – Receipt and Issue
45. P&C – Parliament and Co-ordination
46. DCC – Drug Control Cell