

2012

Report of Committee on empowering of AYUSH

A committee constituted for deliberating on current legal position for empowering of ASU doctors for enabling them to manage emergencies, to participate in NHP of GOI and framing broad out line of training to be provided to ASU Doctors at Primary and Tertiary Health care and to utilize their services in national Health Programs

Sh. Anil Kumar & Dr. Manoj Nesari

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List of the Members of the Committee constituted to deliberate on all policy as well as technical implications related to the 'Empowering of AYUSH Doctors'.

1. Sh. Anil Kumar, Secretary, Deptt. of AYUSH - Chairman
2. Sh. Keshav Desiraju, Addl. Secretary, Dept. of Health
Representing Secretary, Health - Member
3. Dr. Jagdish Prasad, DGHS. - Member
4. Dr. Devishetty, Founder Director, Narayana Hridayalaya- Member
5. Dr. Manoranjan Sahu, Faculty of Ayurveda, BHU - Member
6. Dr. Prasanna Rao, Member CCIM - Member
7. Dr. Ashutosh Kulkarni, Member CCIM - Member
8. Dr. Mandar Ranade - Member
9. Dr. Muqaddam Mushtaque Umer Member CCIM - Member
10. Dr. Syed Shakir Jamil, DG, CCRUM - Member
11. Dr. K. Manikavasagam, Director, NIS, Chennai - Member
12. Dr. Sanjay Oak, Director, GS Medical College - Member
13. Dr. Manoj Nesari, Joint Adviser (Ay), - Member Secretary

List of the Members of the Sub-committee to define the scope of practices in modern medicine to be permitted to ASU practitioners

1. Sh. V.S. Gaur, Joint Secretary, Deptt. of AYUSH - Chairman
2. Dr. Manoranjan Sahu - Member
3. Dr. Prasanna Rao - Member
4. Dr. Ashutosh Kulkarni - Member
5. Dr. Sudhir Gupta, ADG(DGHS) - Member
6. Dr. Muqaddam Mushtaque Umer - Member
7. Dr. D.C. Jain, Dy. DGHS - Member
8. Dr. Manoj Nesari - Member Secretary

Introduction

National Health policy 2002 admits that vast reservoir of practitioners in the Indian Systems of Medicine and Homoeopathy, who have undergone formal training in their own disciplines has been underutilization in National Health care. The policy, in order to increase the reach of basic health care in the country, recommends for using such practitioners in the implementation of State/Central Government public health programmes. The policy further recommends for practice of Simple services/procedures by such practitioners even outside their disciplines, as part of the basic primary health services in under-served areas(NHP 2002 4.5.1.1)

Annexure- I. This was reiterated by Planning Commission in its 11th plan document on Health And Family Welfare and AYUSH

According to 'Family Welfare Statistics Of India 2011' published by GOI, the IMR is very high in rural areas (55 per 1000 live births) as compared to urban areas (34). In some states like Madhya Pradesh and UP it is still higher compared to States like Maharashtra and Tamil Nadu. It would be worth mentioning here that the state law of Maharashtra and Tamil Nadu has empowered ISM doctors to use modern medicines and has utilized their services in national health programs. The neo-natal mortality rate is very high in rural areas (38 per 1000 live births) as compared to 21 in urban areas in 2009.

Despite facing hardship, ISM Doctors in many states, have been contributing significantly in various national health Programs. In Maharashtra, ISM doctors having been legally permitted to practice allopathic medicine, the contribution of ASU doctors in MCH and Blindness control program is remarkable. Data submitted by such hospitals in MCH may be seen at **Annexure II**. Some of the Ayurveda hospitals like Teaching hospitals of R A Podar Medical college (Ayu) Mumbai and Tilak Ayurveda College Pune have been authorized for JSY and blindness control program, whereas others like Govt. Ayurveda Nanded, although contributing

significantly have not been authorized for JSY. In such cases where AYUSH hospital is not authorized for JSY scheme, although the delivery is conducted in AYUSH hospital even then payment under JSY is given from District hospital and the data of performance/services offered is reported on the name of District Hospital under state e-governance software. Thus the contribution of Ayurveda hospital and AYUSH doctors remains unreported. In many other hospitals although the service is provided by Ayurveda doctor, the data is reported under the name of some Allopathic doctor for legal reasons. The report published by NSHRC under National Institute of health and family welfare on "study on status and Role of AYUSH & LHT" states that "Where there is no other doctor, they (AYUSH Doctors) practice both Allopathy and AYUSH. This is specially marked at the PHC level in most states. In CHCs and District Hospitals, they practice their own systems of medicine most of the time. In some states they are also conducting deliveries, such as in Manipur and Orissa, at PHCs where there is no Allopathic MO. There is no outreach activity and no clear role defined in implementing the NHPs. In some states there are some mobile clinics and health melas organized where the AYUSH doctors participate." Considering the invaluable contribution of AYUSH doctors in delivering primary health care, the NSHRC has recommended for involving them in some training activity for RCH (Pg.45 of report)**Annexure-III**. The report also mentions that although the AYUSH doctors are contributing in national health programs, their contribution is either not reported or under reported due to improper reporting mechanism.

Mainstreaming of AYUSH has been one of the strategy of NRHM. Although few facilities have been collocated and few thousand AYUSH doctors have been appointed on contract, their participation and role in NHP is not clear. Ironically in state like Chattisgarh, a rural health service provider who has undergone 3 years of training or even an ASHA having no qualification is authorized to prescribe/dispense modern medicines and is involved NHP at PHC level. At the same time institutionally

qualified AYUSH doctor who has undergone 5½ regular medical training is not authorized and not involved in NHP.

Many states have no specialist Gynecologists even at District Hospitals. Women in difficult labor, admitted at such places, are being referred to Medical college hospitals which could be hundreds of Km. away from DH/CHC. This scarcity of Specialized Gynecologists at many instances is artificial and is the outcome of wrong policy adopted by state Governments for not utilizing the services qualified ASU Specialists in Gynecology. The CCIM with prior approval of Govt. of India Dept. of AYUSH have been regulating Post graduate degree courses in specialty branches like Gynecology & Obstetrics, Ophthalmology & ENT, Surgery, medicine etc. in recognized ISM medical institutions. The qualified ISM PG specialists who are willing to provide their services are not appointed under NRHM in the specialist category. The high rate of IMR and MMR could be brought down by appointing ISM doctors and utilizing their services.

The Planning Commission in the recent 12th plan document for Ministry of Health and Family Welfare has repeatedly recommended for capacity building of AYUSH doctors by providing them training through bridge courses in Modern medicine and utilizing them in various National Health Programs so that the targets set by WHO could be met (Copies of relevant pages of 12th plan document may be seen at **Annexure IV**). Moreover it also recommends for defining role of Hospitals attached to AYUSH colleges in NHP so that the large bed strength of more than 30,000 beds available in these hospitals could be also brought in the mainstream health care. Planning Commission has also recommended for making suitable legal provisions so that services of AYUSH doctors could be utilized.

The DGHS GOI in the operational guidelines for 'National Programme For Prevention And Control Of Cancer, Diabetes, Cardio-vascular Diseases & Stroke (NPCDCS) has proposed for training to AYUSH doctors in 100 identified districts in Key areas of health promotion, NCD prevention, early detection and management of Diabetes, CVD and Stroke. Prototype of training kits for each category of trainee will

be prepared by Central NCD Cell. The DGHS has proposed to conduct these training programs in State Medical colleges (**Annexure- V-a**).

Areas to be addressed

In view of the discussion on pre-pages, the subcommittee observes following main areas to be addressed:

1. **Current legal provisions and Amendment required in various Laws.**
2. **Limited use of Modern medicines to be permitted to ASU practitioners to manage medical and surgical emergencies.**
3. **Health services of ISM doctors at the level of Primary Health Care.**
4. **Health services of ISM doctors at the level of tertiary Health Care.**
5. **Role of ISM Teaching hospitals in National Health care.**
6. **Training and capacity building.**
7. **Reporting mechanism for AYUSH Services**

1. Current legal provisions and Amendment required in various Laws:

Legal Provisions for practice of ASU Systems: Ayurveda, Siddha and Unani(ASU) systems at the central Act have been regulated under Indian Medicine Central Council Act 1970 (IMCC Act), in which the right to practice has been described under section 17. In addition, almost all the states have their own state Acts to regulate the practices of ASU systems. The IMCC Act 1970 has authorized the ASU doctors to practice Indian System of Medicine. The Central Act under subsection 3(b) of section 17, clarifies on the right of practice of any system of medicine, conferred by state Acts, as follows -

*(3) Nothing contained in sub-section (2) shall affect, -
(b) the privileges (including the right to practise any system of medicine) conferred by or under any law relating to registration of practitioners of Indian medicine for the time being in force in any State on a practitioner of Indian Medicine enrolled on a State Register of Indian medicine;*

According to The Drugs and Cosmetics Rules 1945 2[(ee) "Registered medical practitioner" means a person_

*(i) holding a qualification granted by an authority specified or notified under Section 3 of the Indian Medical Degrees Act, 1916 (7 of 1916), or specified In the Schedules to the Indian Medical Council Act, 1956 (102 of 1956); or
(ii) registered or eligible for registration in a medical register of a State meant for the registration of persons practicing the modern scientific system of medicine excluding the Homoeopathic system of medicine; or
(iii) registered in a medical register, other than a register for the registration of Homoeopathic practitioner, of a State, who although not falling within subclause (i) or sub-clause (ii) declared by a general or special order made by the State Government in this behalf as a person practicing the modern scientific system of medicine for the purposes of this Act;*

Hon'ble supreme court in its benchmark judgment on wp filed by Mukhtiarchand and others says that –

The upshot of the above discussion is that Rule 2(ee)(iii) as effected from May 14, 1960 is valid and does not suffer from the vice of want of the legislative competence and the notifications issued by the State Governments thereunder are not ultra vires the said rule and are legal. However, after sub-section (2) in Section 15 of the 1956 Act occupied the field vide Central Act 24 of 1964 with effect from June 16, 1964, the benefit of the said rule and the notifications issued thereunder would be available only in those States where the privilege of such right to practise any system of medicine is conferred by the State Law under which practitioners of Indian Medicine are registered in the State, which is for the time being in force. The position with regard to Medical practitioners of Indian medicine holding degrees in integrated courses is on the same plain inasmuch as if any State Act recognizes their qualification as sufficient for registration in the State Medical register, the prohibition contained in Section 15(2)(b) of the 1956 Act will not apply.

The practitioners of Ayurveda are facing hardship in many states due to ignorance among judiciary and society in general about the scope of word 'Ashtanga Ayurveda' and hence it requires further clarification to bring more clarity about the scope of practices legally permitted to ASU doctors. Other Central Acts like PCPNDT Act 1994, MTP Act 1971 etc. also need amendments for enabling the AYUSH doctors to practice "Asthang Ayurveda".

I. Amendment in IMCC Act 1970.

(a) The Clause 2(e) of IMCC Act 1970 defines ***Indian Medicine means the system of Indian Medicine, commonly known as Asthang Ayurveda, Siddha or Unani Tibb whether supplemented or not by such modern advances as Central Council may declare by notification from time to***

time. The provision under section 17 (2) (b) of IMCC Act authorizes a practitioners of Indian Medicine possessing recognized medical qualification and having enrolled on State/Central register of Indian Medicine, to practice Indian Medicine in any State. Here attention is drawn to the word '**Ashtanga Ayurveda**' used in the definition which carries very significant meaning in defining the scope of practices permitted to Ayurveda practitioners. All the ancient Ayurvedic classic have defined Asthang Ayurveda as the eight clinical branches of Ayurveda viz. – Kayachikitsa(General Medicine), Balaroga(Pediatrics), ManasRoga(Psychiatric), Shalakyaa(Ophthalmology ENT & Dentistry), Shalaya(Surgery), VishaChikitsa (Toxicology), JaraChikitsa (Gerontology), &Vazikaran (Infertility and sexual problem). The surgical part of gynecology and obstetrics has been covered under broad umbrella of Shalaya whereas the medical part has been covered under broad umbrella of Kayachikitsa. Some part of obstetrics related to neonatology has been covered under Balaroga. On the basis of the Act provision and understanding the scope of 'Asthang Ayurveda' defined in ancient text as elaborated above, inference can be drawn that the practitioners of Indian Medicine are legally authorized to practice all the eight clinical branches including the surgical branches like Shalya, Shalakyaa and StriRoga.

The IMC Act defines "**medicine**" means **modern scientific medicine in all its branches and includes surgery and obstetrics, but does not include veterinary medicine and surgery**".Here the IMCAct despite mentioning "in all its branches" has further emphasized on surgery & obstetrics by its special mention. On the same line the definition of Indian System of Medicine needs to be further clarified in the IMCC Act 1970 to avoid any kind of misunderstanding among the commoners due to the ignorance about ISM. It may be noted that the phrase 'does not include veterinary medicine and surgery' in the IMC Act only bars only the practitioners of veterinary medicines and does not bar practitioners of ISM.

The sub-committee recommends for following amendment in the Section 2(e) of IMCC Act 1970:---

Indian Medicine means the system of Indian Medicine, commonly known as Asthang Ayurveda which also includes surgery and Obstetrics, Siddha or UnaniTibb whether supplemented or not by such modern advances as Central Council may declare by notification from time to time.

The issue of bringing clarification about the term '**Ashtanga Ayurveda**' may also be resolved by issuing a gazette notification by CCIM, since the council has the power to issue the notification.

(b) Practice of Diagnostics techniques:

ASU systems has described various methods for diagnosis a disease. The examination methods include *Pratyaksha*(actual perception), *Anuman*(inference drawn on the basis of actual perception) etc. The technological development e.g. Radio-imaging techniques and others lab methods are the further extension of examination methods described in ASU systems. Except PCPNDT Act, probably there is no any other Act that prevents ASU doctors from practicing Diagnostic techniques. Even then in practice, the lab reports issued by ASU qualified specialists are not acceptable, even in many of Govt. establishments. ASU Doctors running imaging centers are being forced to close their centers and are facing very hardship. Many such have approached High courts to seek justice on this matter.

The IMCC Act confers the right to use the modern advances in practice of Indian Medicine as declared by notification by the Central Council from time to time. The then Hon'ble Minister of State in the Ministry of Health and Family Planning, and Works, Housing and Urban Development Sh. B.S. Murthy in his speech while producing the IMCC Bill in Lok Sabha on 7.12.1970 stated that "in the present day; in modern science and modern medicine have

advanced tremendous, it is not possible to restrict any scheme of education in Indian Medicinexxxxxancient classical literature of Indian System of Medicine. A provision has, therefore, been made by the Rajya Sabha to provide for supplementing of Indian Medicine by modern advances to the extent considered necessary by Central Council for intelligent understanding and practical application of the principles and theories of these systems of Indian Medicine. This is being given effect to by the definition of the term 'Indian Medicine' in Clause 2 (I) (e) of the Bill". (Annexure-V)

The modern diagnostics tools e.g. various imaging technique have been developed with the advancement in basic science of physics. These diagnostics would be useful in better understanding of the ASU sciences as well in diagnose the patient. In view of the Act provision that authorizes the ISM practitioners for use of modern advances and the explanation given by the then Hon'ble MOS in the Lok Sabha, **the sub-committee is of the opinion that a notification issued by CCIM under Clause 2(e) and Clause 36 of IMCC Act 1970 and published in Gazette of India authorizing the ISM practitioner to practice the modern diagnostic advances would clarify the right of ASU practitioners.**

II. Amendments required in PCPNDT Act and MTP Act.

Clause (d) of section 2 of Medical Termination of Pregnancy Act, 1971 and Clause (m) of section 2 of PCPNDT Act 1994 as well defines "registered medical practitioner" means a medical practitioner who possesses any recognized medical qualification as defined in clause (h) of section 2 of the Indian Medical Council Act, 1956, (102 of 1956.) and whose name has been entered in a State Medical Register. These Acts have ignored ISM practitioners while defining registered medical practitioners.

The Drugs and Cosmetics Rules 1945 under clause 2(ee)(iii) have clearly included ASU doctors under the definition of 'Registered medical

Practitioners', and have been reconfirmed by Supreme Court in its judgment on Mukhtiar chand case. These Acts came into force after commencement of Drugs and Cosmetics Rules 1945 and IMCC Act 1970 and hence are bad in law and are ultra vires to the IMCC Act 1970.

It is proposed that **the definition of registered medical practitioners in reference to human health in all the Acts should be amended to incorporate the practitioners registered under IMCC Act 1970.**

III. Amendment required in drugs and Cosmetics Act 1940.

(a) Definition of ASU Drugs: The Sub section (a) of section 3 of Drugs and Cosmetics Act 1940 defines "***Ayurvedic, Siddha or Unani drug***" ***includes all medicines intended for internal or external use for or in the diagnosis, treatment, mitigation or prevention of disease or disorder in human beings or animals, and manufactured exclusively in accordance with the formulae described in, the authoritative books of Ayurvedic, Siddha and Unani (Tibb) systems of medicine, specified in the First Schedule;***"

Ayurveda describes that '*Na Anaushadhibhutam jagati kinchit dravyam upalabhyate*' i.e. nothing of non medicinal use is available in universe. Thus Ayurveda theory permits to use any thing in the universe as medicine provided it is used rationally and judicially for treatment of a disease. Historically it may be understood that the ASU systems were never been stagnant. During Samhita period the medicines were mainly of herbal origin. Many new drugs sources were introduced during the course of evolution in Ayurveda after Samhita period. Many minerals and metals e.g. sulphides of arsenic, Copper sulphate, pyrites, many newer plant species even of exotic variety e.g. Chopchini (*Smilax Chinensis*) of

native China as well as newer dosage forms like Arka were introduced in Ayurveda. It would be detrimental to any science to restrict its growth. The Definition of ASU drugs in D&C Act is against the Ayurveda Theory and is very restrictive for growth of ASU systems. With this background and on harmonious reading of IMCC Act having provision of Modern advances & the explanation given by the then Hon'ble MOS in Parliament, conclusion may be drawn that -

This definition needs to be amended keeping in view the changing scenario in limited availability of raw material described in ancient ASU texts at one hand and newer drug development technology and newer natural resources including marine resources on other hand to incorporate newer plant species, other natural drug sources, newer drug development technologies as well as Drugs derived out of natural resource but later developed by using modern advances in technology.

(b) Use of IV fluids and nutritional supplements:The ASU practitioners at many instances have been restricted for use of IV fluids including glucose, saline etc. for the reason that the IV fluids does not come under the purview of ASU systems. Ayurveda has advised for *tarpana* treatment in cases like Diarrhea, conditions having blood loss etc. Lavanajala (Saline water), sharkarodak (Glucose water) etc. have been advocated in such conditions. The ORT promoted and practiced today has been advocated by Ayurveda and is being practiced by ASU practitioners since ages. Thus maintenance of fluid and electrolyte balance is not new to Ayurveda. Similarly ASU systems have given utmost importance to nutrition. Numerous examples could be given e.g. Iron in Anemia, where ASU systems have advised supplementation with minerals and trace elements. More over the D&C Act has provision for newer dosage forms at item 39 in form 47 under rule 160 A.

Hence the sub committee recommends that **supplements e.g. Normal saline, Glucose, Blood transfusion etc. being purely the application of Ayurveda, their use in practice should be allowed to ASU practitioners on the basis of IMCC Act.**

(c) Extending the benefits of natural source based new drugs developed with help of modern technology:

Lot of new research is being done to assess efficacy of medicinal plants in newer diseases or to identify their new uses. The trend is to isolate the useful chemical entity for new drug development. Such researches although are based on traditional systems, however it does not compliment to these systems but rather introduces newer drugs in modern medical system. As a result of restricting definition of ASU drugs in Drugs and cosmetics Act, there is no addition of newer drugs in ASU.

On the other hand many plant species and other natural sources e.g. Coral, Deer horn etc. have been banned for the reason of enlisting as endangered. At many instances only substitutes are available instead of original plant or plant part. As a result of steep decline in the resources leading to their non availability, the ASU practitioners are left helpless in management of emergencies. The non availability many such ASU drugs which used to be very effective in emergencies, further growth of these systems has been restricted. As mentioned at point III A above, ASU systems have adopted many exotic plants, drug preparations based on those plants and newer dosage forms for treatment of diseases.

On the same lines drugs like Artemisin (developed out of Artemisia), digitalis (developed from hritpatri) and similar many others should be permitted for practice to ASU practitioners irrespective of whether they are licensed as ASU drugs or not.

Besides these drugs, the ASU doctors should be permitted to use limited Allopathic drugs to enable them to manage emergencies and participate in National health programs.

Summary of Recommendations:

1. following amendment in the Section 2(e) of IMCC Act 1970:---
Indian Medicine means the system of Indian Medicine, commonly known as Asthang Ayurveda which also includes surgery and Obstetrics, Siddha or UnaniTibb whether supplemented or not by such modern advances as Central Council may declare by notification from time to time.
2. Notification to be issued by CCIM clarifying term 'Ashtanga Ayurveda'.
3. **Notification to be issued by CCIM under Clause 2(e) and Clause 36 of IMCC Act 1970 authorizing the ISM practitioner to practice the modern diagnostic advances like Lab techniques and Radio-imaging techniques.**
4. **The definition of registered medical practitioners in reference to human health in all the Acts including PCPNDT Act and MTP Act should be amended to incorporate the practitioners registered under IMCC Act 1970.**
5. **supplements e.g. Normal saline, Glucose, Blood transfusion etc. being purely the application of Ayurveda, their use in practice should be allowed to ASU practitioners on the basis of IMCC Act.**
6. **The definition of ASU drugs under D&C Act 1940 should be amended to incorporate newer plant species, other natural drug sources, newer drug development technologies as well as Drugs derived out of natural resource but later developed by using modern advances in technology.**

7. Drugs developed on the basis of natural resource and further developed with modern technology e.g. Artemisin (developed out of Artemisia), digitalis (hritpatri), Reserveratrol (Synthesised out of Grapes) etc.should be permitted for practice to ASU practitioners by issuing a notification under IMCC ACT.

2. **Limited use of Modern medicines to be permitted to ASU practitioners to manage medical and surgical emergencies.**

- a. Emergency conditions are integral part of medical practice irrespective of system of medicine being practiced. Emergency condition may arise during the course of treatment of any disease at any moment even in case of patient advised in ASU for such ASU treatment. Similarly in certain emergency situations like road traffic accident, poisoning, snake bite or during natural calamities causing disaster it is more important to sustain the life of persons. In such condition it is imperative for practitioner of any system of medicine to provide best possible medical management to the patient so as to save precious human life or to reduce the damage to the patients. Sub section (a) of section 134 of **Motor vehicle Act 1988 states that *it shall be the duty of every registered medical practitioner or the doctor on the duty in the hospital immediately to attend to the injured person and render medical aid or treatment without waiting for any procedural formalities.*** The management may include use of life-saving medicines and measures irrespective of system of medicine under which the doctor is registered. It has been reported in many health survey conducted by GOI that ISM practitioners are providing health services in difficult and remote areas where there is no Medical practitioner registered under IMC Act 1956. The ISM physician with their hospital cannot deny their responsibility of providing immediate life saving measures to the victim on account of ethical, legal and moral ground. In such situation the right to life and proper health care of persons who need medical care should be given more importance rather than the regulatory measures with regard to professional qualification.

b. The GOI health and ISM Policy, observations of various reports on the services being provided by ASU practitioners, status of National Goals during 11th plan, recommendations of planning commission as well as legal status in various states Act has already been discussed at length at page 2 – 5. Further various committees in past constituted by Government of India to deliberate on the issue of integration of ISM with Allopathic medicine like Mudliyar committee, Udupa Committee etc. have recommended for integration of Allopathic system with ISM practices. A list of allopathic drugs required to handle medical & surgical emergencies as well as required under National health programs has been developed with wider consultation with stake holders **(Annexure VIII)**. Considering the policy provision, recommendations of different Govt. bodies and committees as well as health needs of country, the subcommittee recommends that –

- 1. Use of limited Allopathic drugs should be permitted to ASU Doctors to enable them to manage emergencies and participate in National health programs. CCIM may issue a notification on this issue clearly stating the names of allopathic drugs permitted to practice to ASU practitioners.**
- 2. The Central Government may direct to all the States to make necessary amendments in their respective State Act for enabling ASU practitioners to integrate modern scientific medicine in ASU practices to enable them to participate in National Health Programme and manage emergency health conditions.**

3. Health services of ISM doctors at the level of Primary Health Care.

Primary Health Service is first contact point for patient for medical aid for his/her ailment. In view of the immediate aid that may be required for particular ailment the doctors providing primary health care should be capacitated to handle such emergencies and sustain the life till the patient is reach to tertiary care facility.

The GOI has developed standard treatment guidelines for common disease conditions as well as has also developed stage wise treatment protocol for various disease conditions under national health programmes. It is mandatory to use these modern medicines in diseases like malaria, Koch's, leprosy etc. Recently the Secretaries to GOI Dept. of AYUSH and Dept. of health, MOHFW, have jointly wrote to all the states for providing training to AYUSH doctors and utilizing their services under National Vector Born Disease Control Program (NVBDPC)**Annexure-VI**. Similarly the services ISM doctors could be utilized after providing them training in other National health programs to conduct procedures like Cataract surgery, Tubectomy, medico legal termination of pregnancy, caesarian section etc. A list of disease conditions as per various NHP has been given at **Annexure-VII** in which the training should be provided to ASU doctors.

4. Health services of ISM doctors at the level of tertiary Health Care.

The Central Council of Indian Medicine with the prior approval of Government of India has framed PG degree courses in 22 subjects and PG Diploma courses in 18 specialties. Large number of well-trained post graduate ASU doctors are available in the above specialized areas. However even after obtaining legal PG qualification, the ISM specialists are restricted from practicing their specialty in many states. This applies mainly in the surgical branches of ISM which requires support of modern medicines or advances and other life saving measures to certain extent for the reasons of unfavorable legal provisions in the existent state Acts. The ISM specialists are not permitted to participate in National Health Programmes and are not provided opportunity by the State Government in their State Health Services. It is irony that although the Ministry of Health and Family Welfare, Government of India have permitted to MCI and CCIM for framing the specialty courses even then the privilege of practicing the specialty is given only to specialist registered under MCI Act 1956 whereas the specialist registered under IMCC Act 1970 are deprived of their right and are denied the status of specialist in central as well as state services.

The subcommittee proposes for-

- (i) Providing specialist status to ISM specialist and to utilize their services in various national health programs including Non Communicable disease prevention and management program and**
- (ii) Creation of specialists grade posts in health services under GOI e.g. CGHS as well as under state Governments e.g. specialists in DH, Civil surgeon etc.**

5. Role of ISM Teaching hospitals in National Health care.

As per the CCIM regulation for Minimum Standards of education, it is mandatory for every medical college to maintain minimum 100 beds strength with other required infrastructure in a ISM teaching hospitals. The teaching hospitals maintain OT, labor room as well as emergency Dept. In many States availability of tertiary care hospital is far inadequate. On the other hand many ASU teaching hospitals are located in far-flung & rural areas & are already catering to the health needs of the local population. They are not receiving any support from State Govt. In some cases they also face harassment from local administration. In the states like Maharashtra and Tamil Nadu, where ISM specialists are permitted to practice their surgical skills, the ISM teaching hospitals are providing services in National health program e.g. MCH, DOTS etc. Some of these hospitals have been recognized by state Govt. for schemes e.g JSY. The health statistics in such states is better even in rural areas in comparison to the states where services of ISM teaching hospitals are not being utilized.

In view of the disparity in availability of Allopathy tertiary care hospitals and availability of ASU hospitals in rural areas, **this is to recommend that**

- (i) The ISM teaching hospitals should be linked with all national health programs and their services and human resources should be utilized for National Health Care.**
- (ii) These hospitals should be supported for up-gradation of facility & should be recognized as tertiary care hospitals.**
- (iii) The ISM teaching hospitals should be authorized for all health related National and State Schemes e.g JSY, RSBY, Health insurance schemes, ESIC etc.**
- (iv) The ISM teaching hospitals should be recognized for reimbursement of expenditure incurred by patients on**

ISM/modern health services as well as on diagnostic procedures.

- (v) **The patient's data of these hospitals should be linked with HMIS data system of state so that AYUSH contribution in NHP could be strongly reflected.**

The above recommendations would also help the ISM hospitals in improving their performance in delivering health services as well.

6. Training and capacity building.

(a) **Training to in-service ASU doctors:** The CCIM syllabus for Graduation course has integrated essential component of Modern medicine with different subjects in ISM. This also includes certain component of modern pharmacology as well as a significant part of all clinical subjects. The students are taught in these subjects and trained in their teaching hospitals. It is mandatory for the students to attend duties in dressing section, surgery, gynecology, labor room, medicines during the degree course as well as during internship. The ASU doctors during PG degree course are taught and trained in ISM as well as modern specialty relevant to their specialty subject. The PG doctors with specialty in surgical branches routinely conduct surgical procedures in their hospitals along with specialists surgeons. As mentioned at Page-4, GOI in the operational guidelines for NCD prevention program, has already planned to provide training to AYUSH doctors in their respective subjects. The training would be provided to AYUSH doctors in 100 identified districts and would be conducted in medical colleges. The state Govt. routinely provide training to Medical doctors under various NHP.

This provision should be extended to ASU doctors for their capacity building. The level of training should be different to graduate and post graduate ISM practitioners since their core area of practice is different. The training should consist of theoretical and practical hands-on training in various medical & surgical procedures involved in the national health programmes. The training could be conducted at DH or at state medical colleges.

Training to ASU practitioners not in Govt. service: It is known fact that major part of health care services are being provided by private sector. This also includes the ASU practitioners practicing at difficult and remote areas. Moreover many practitioners are working in teaching hospitals or have their

own hospitals. Majority of patients of vector borne diseases e.g. malaria, dengue or NCD like diabetes mellitus, Hypertension prefer to attend the private hospitals and OPDs. Hence it is also necessary to train the doctors in non Govt. sector for upgrading their skills. The Planning Commission in its Report of the Steering Committee on Health for the 12th Five Year Plan at Page-43, has recommended for developing bridge course for AYUSH practitioners & their legal empowerment .Bangalore University had developed a bridge course for ASU doctors in emergency management. Similar courses are being run by various universities and hospitals in different states e.g. Symbiosis university Pune is imparting practical and theoretical training of emergency like EMS, BALS, ACLS (advance cardiac life support), PHFI is conducting bridge courses on diabetes throughout the country.

These models may be refined as per state needs and may be implemented through state Health universities.

The subcommittee after wide consultation with stake holders e.g. practitioners, Teaching hospitals, ASU colleges and Universities as well as after referring to EDL of Department of Health, WHO, Standard treatment Guidelines developed by DGHS, and standard treatment guidelines given by WHO for Chhattisgarh state for medical officers has developed an outline of essential modern medicine component required to be taught and permitted to practice to ASU practitioners for effective utilization of ASU practitioners in national health programs.

The proposed modern intervention to be permitted to ASU practitioners has been prepared in tabular format comprising various national health programmes, modern intervention required for implementation of these programmes at PHC & Tertiary health care level and the modern medicine component already being taught in CCIM syllabus. **Annexure-VII.**

7. Reporting mechanism for AYUSH services.

AYUSH health facilities have been providing health services to the patients in various ailments listed under National Health Programme. The State Government have developed web-application for reporting the data of the beneficiaries availing health services from the establishment under the Directorate of Health Services. However, there is no mechanism available at present to capture the data of beneficiaries availing AYUSH services.

In few States the data collection from AYUSH facilities is partially and is done manually after certain interval i.e. Bi-monthly/Quarterly etc. This data could be in a general format which may not have details pertaining to various diseases categories under National Health Programmes. The data so collected may not reflect the actual number of patients of a particular disease condition to a particular AYUSH health facility.

In case of teaching hospital there is no mechanism to collect the data of the patients attending the hospitals. Moreover, at many places the services under MCH are being offered by the AYUSH hospitals, however, the certificates and other documents as well as monetary benefit under existing schemes under the Govt. of India are being given either by District Hospital or some other Allopathic Hospital designated for NHP. In both the above condition the AYUSH contribution in National Health Programmes remains unreported. The non-reporting of AYUSH services results in non-recognition of AYUSH system in National Health care as well as results in low monetary support to AYUSH health infrastructure and hospitals.

It is recommended to develop separate web-application for reporting the data of beneficiaries availing AYUSH health services in all the States. All the teaching hospital should also be connected with the proposed web-application. There should be provision to merge the data in AYUSH web-

application with the main e-Governance system of the State and ultimately with Central Bureau of Health Intelligence (CBHI).

Summary of recommendations:

1. Regulations:

(i) following amendment in the Section 2(e) of IMCC Act 1970:---

Indian Medicine means the system of Indian Medicine, commonly known as Asthang Ayurveda which also includes surgery and Obstetrics, Siddha or UnaniTibb whether supplemented or not by such modern advances as Central Council may declare by notification from time to time.

(ii) Notification to be issued by CCIM clarifying term 'Ashtanga Ayurveda' and **Modernadvances**.

(iii) **Notification to be issued by CCIM under Section 2(e) and Clause 36 of IMCC Act 1970 authorizing the ISM practitioner to practice the modern diagnostic advances like Lab techniques and Radio-imaging techniques.**

(iv) **supplements e.g. Normal saline, Glucose, Blood transfusion etc. being purely the application of Ayurveda, their use in practice should be allowed to ASU practitioners on the basis of IMCC Act.**

(v) **Drugs developed on the basis of natural resource and further developed with modern technology e.g. Artemisin (developed out of Artemisia), digitalis (hritpatri), Reserveratrol (Synthesised out of Grapes) etc.should be permitted for practice to ASU practitioners by issuing a notification under IMCC ACT.**

(vi) **The definition of ASU drugs under D&C Act 1940 should be amended to incorporate newer plant species, other natural drug sources, newer drug development technologies as well as Drugs derived out of natural resource but later developed by using modern advances in technology.**

- (vii) **The definition of registered medical practitioners in reference to human health in all the Acts including PCPNDT Act and MTP Act should be amended to incorporate the practitioners registered under IMCC Act 1970.**

2. Limited use of Allopathic medicines:

- (i) **Use of limited Allopathic drugs should be permitted to ASU Doctors to enable them to manage emergencies and participate in National health programs. CCIM may issue a notification on this issue clearly stating the names of allopathic drugs permitted to practice to ASU practitioners.**
- (ii) **The Central Government may direct to all the States to make necessary amendments in their respective State Act for enabling ASU practitioners to integrate modern scientific medicine in ASU practices to enable them to participate in National Health Programme and manage emergency health conditions.**

3. Health services of ISM doctors at the level of Primary Health Care.

Management of clinical conditions under NHP as well as management of acute and emergency clinical conditions with standard treatment derived by Dept. of health GOI should be permitted to ASU practitioners.

4. Health services of ISM doctors at the level of tertiary Health Care.

- 4.1 Specialists status should be given to ISM specialist and their services should be utilized in various national health programs including Non Communicable disease prevention**
- 4.2 Specialists grade posts should be created in health services under GOI e.g. CGHS as well as under state Governments e.g. specialists in DH, Civil surgeon etc.**

5. Role of ISM Teaching hospitals in National Health care.

5.1 The ISM teaching hospitals should be linked with all national health programs and their services and human resources should be utilized for National Health Care.

5.2 The ISM teaching hospitals should be authorized for all health related National and State Schemes e.g JSY, RSBY, Health insurance schemes, ESIC etc.

5.3 The ISM teaching hospitals should be recognized for reimbursement of expenditure incurred by patients on ISM/modern health services as well as on diagnostic procedures.

5.4 Patient's data of these hospitals should be linked with HMIS data system of states.

6. Training and capacity building.

6.1 Training to in-service ASU doctors: Training at regular interval should be given to ASU Medical doctors under various NHP for their capacity building. The level of training should be to graduate and post graduate ISM practitioners. The training should consist of theoretical and practical hands-on training in various medical and surgical procedures involved in the national health programmes. The training could be conducted at DH or at state medical colleges.

6.2 Training to ASU practitioners not in Govt. service: Bridge course on NHP and emergency management should be developed for ASU doctors and implemented through state Health universities. Universities should be given authority to provide certificate in such bridge course.

- 6.3 Drugs/ categories enlisted in the outline of essential modern medicine component should be permitted to practice to ASU practitioners after proper training.**
- 7. Reporting mechanism for AYUSH services.**
- 7.1 To develop separate web-application for reporting the data of beneficiaries availing AYUSH health services in all the States.**
- 7.2 All the teaching hospital should also be connected with the proposed web-application. There should be provision to merge the data in AYUSH web-application with the main e-Governance system of the State and ultimately with Central Bureau of Health Intelligence (CBHI).**
- 8. A Draft notification addressing recommendations at 1(i-v) and 2(i) above, to be issued by CCIM under Section 2(e) with prior approval of Government Of India is at Annexure ix.**