

**GOVERNMENT OF INDIA
AYURVEDA, YOGA & NATUROPATHY, UNANI, SIDDHA AND HOMEOPATHY (AYUSH)
LOK SABHA**

STARRED QUESTION NO:280

ANSWERED ON:07.08.2015

Traditional System of Medicine

Meghwal Shri Arjun Ram ; Ramadoss Dr. Anbumani

Will the Minister of AYURVEDA, YOGA & NATUROPATHY, UNANI, SIDDHA AND HOMEOPATHY (AYUSH) be pleased to state:

Will the Minister of AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH) be pleased to state:

- (a) the action plan drawn by the Government to bring traditional medicines into the mainstream by incorporating its knowledge into modern healthcare system;
- (b) whether the Government has formulated any strategy to ensure that traditional medicines meet the modern safety and efficacy standards, and if so, the details thereof;
- (c) whether the Government is aware of the threat posed by the increasing use of traditional medicines to biodiversity on account of over harvesting of medicinal plants or increased use of body parts from endangered animals in traditional medicines; and
- (d) if so, the details thereof along with the corrective measures being taken by the Government in this regard?

Answer

ANSWER

THE MINISTER OF STATE (IC) OF THE MINISTRY OF AYURVEDA, YOGA & NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH)
(SHRI SHRIPAD YESSO NAIK)

(a) to (d): A statement is laid on the Table of the House

STATEMENT REFERRED TO IN REPLY TO LOK SABHA
STARRED QUESTION NO. 280* FOR 07TH AUGUST, 2015

- (a) (i) Public Health is State subject. However, under the National Rural Health Mission, (NRHM), support is provided to States/UTs for strengthening their healthcare systems including for mainstreaming of AYUSH based on the requirements posed by the States/UTs in their Programme Implementation Plans (PIPs).
- (ii) Support to States/UTs under NHM is provided for engagement of AYUSH doctors/paramedics on contractual basis in co-located public health facilities.
- (iii) AYUSH doctors are also being utilized under Rashtriya Bal Swashtya Karyakram (RBSK).
- (iv) Support to States/UTs under NHM is also provided for AYUSH medicines, providing training to AYUSH doctors for functioning as Skilled Birth Attendant (SBA) and provide services for implantation of Intra Uterine Contraceptive Device (IUCD) & Postpartum Intrauterine Contraceptive Device (PPIUCD) and also for Information Education and Communications/Behaviour Change Communication (IEC/BCC) activities.
- (v) A State/UT wise statement regarding AYUSH doctors and AYUSH Para-medics engaged on contractual basis under NHM including under RBSK across the country as per Management Information System (MIS) report as on 31.12.2014 is enclosed at Annexure- I.
- (vi) As per NHM MIS reports (provided by States/UTs), AYUSH facilities are co-located at-
 - â€¢ 512 District Hospitals,
 - â€¢ 2734 CHCs,
 - â€¢ 565 facilities (other than CHC at or above blocks level but below district level),
 - â€¢ 9050 PHCs, and
 - â€¢ 5267 other health facilities above sub centers but below block level
- (vii) Further, the support for AYUSH infrastructure, equipment / furniture and medicines are provided by Ministry of AYUSH under National AYUSH Mission (NAM) as shared responsibilities.

(b) As per the provisions of the Drugs & Cosmetics Rules, 1945 pertaining to Ayurvedic, Siddha and Unani medicines (ASU), it is mandatory for the licensed manufacturers to observe the standards of drugs prescribed in the pharmacopoeia. The Pharmacopoeia

of ASU&H drugs published so far, prescribes the standards based on botanical, chemical and ASU parameters for identity, purity and strength of the drugs. The Pharmacopoeia also prescribes the permissible limits of heavy metals, aflatoxins, pesticide residue and microbial load. For issue of licence for manufacturing of various categories of these medicines, the conditions relating to safety study and the experience or evidence of effectiveness are specified in the Rule 158-B of the Drugs & Cosmetics Rules, 1945. Licensing of ASU medicines requires compliance of Good Manufacturing Practices (GMP) as specified in the schedule 'T' of the Drugs & Cosmetics Rules.

(c) & (d) The Government is aware of the threat to certain medicinal plants used in traditional medicines on account of a gap between the availability and demand and the resultant stress on biodiversity. Atis (*Acconitum heterophyllum*), Kutki (*Picrorhiza kurrooa*), Chirayita (*Swertia chirata*), Jatamansi (*Nardostachys grandiflora*), Mamiri (*Coptis teeta*), Daruhaldi (*Berberis aristata*), are some such species. Gap in demand and availability of such species is on account of a number of factors which include habitat degradation.

The Traditional Indian Systems of Medicine primarily depend on plant raw material. However, use of some animal part material derived from animals like Musk Deer, Peacock, etc. has been mentioned in the classical texts of traditional medicines. In accordance with provision of Wild Life Protection Act 1972 use of such species is no more encouraged under the traditional system of medicines on account of which use of such animal raw material for preparation of medicines for recognized Indian Systems of Medicine or Homoeopathy is now not a pronounced factor for threat of existence to such animal species.

National Medicinal Plants Board (NMPB), Ministry of AYUSH under the Central Sector Scheme on "Conservation, Development and Sustainable Management of Medicinal Plants" is supporting a number of projects on conservation of prioritized / threatened medicinal plants by in-situ conservation through setting up of Medicinal Plants Conservation Areas (MPCAs) across the country (Annexure-I) and by ex-situ conservation through herbal gardens. NMPB is also promoting medicinal plants cultivation so as to meet the twin objectives of meeting the increased demand of medicinal plants and conservation of threatened species in their habitat.