GOVERNMENT OF INDIA

MINISTRY OF AYUSH

RAJYASABHA

UNSTARRED QUESTION No. 973
TO BE ANSWERED ON 28. 07.2026

Digital initiatives and AYUSH Grid in Jammu and Kashmir

973 **Shri Sat Paul Sharma**:

Will the Minister of ***Ayush*** be pleased to state:

(a) the steps taken by Government to integrate AYUSH systems into the healthcare delivery framework in the Union Territory of Jammu and Kashmir, including the co-location of AYUSH services at Health and Wellness Centres and other public health institutions;
(b) the progress made in the research, standardisation, quality control and pharmacovigilance of AYUSH medicines in the Union Territory;

(c) the impact of AYUSH interventions in promoting preventive healthcare, holistic wellness and the management of lifestyle-related diseases in the Union Territory; and

(d) the future plans to strengthen AYUSH education, infrastructure, healthcare delivery and its contribution towards achieving the vision of Viksit Bharat@2047 in Jammu and Kashmir

ANSWER
THE MINISTER OF STATE (IC) OF THE MINISTRY OF AYUSH
(SHRI PRATAPRAO JADHAV)

(a) Mainstreaming of Ayush is one of the core strategies under National Health Mission (NHM) which seeks to provide accessible, affordable and quality health care to the population.

To promote traditional systems of medicine and wellness in the country, Government of India has adopted an integrated strategy of co-location of Ayush facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals (DHs), thus enabling the choice to the patients for different systems of medicines under a single window. As on **31.12.2025 (MIS-NHM)**, NHM supports co-location of Ayush services in health facilities such as PHCs (6,302), CHCs (3,191), DHs (475) and other health facilities (3,281) by allocating Ayush services in 13,249 health facilities. Also, a total of 25,322 Ayush doctors and 5,666 Ayush paramedics have been deployed in the States/UTs with NRHM funding support.

373 PHCs, 14 CHCs and 13 DHs have been co-located in UT of J&K as per the NHM-Management Information System (MIS) database as on 31.12.2025.

As reported by the UT of Jammu & Kashmir, other steps taken to integrate Ayush systems into the healthcare delivery framework include the following:

- UT of J&K has reported that 453 Ayush Doctors and 353 Ayush Pharmacists hired under NHM have been deployed in co-located facilities for providing Ayush healthcare services to the patients.
- Capacity building & training programs for Ayush Doctors working under NHM on Yoga, Panchkarma/ Regimenal, Ksharsutra therapies etc have been conducted on regular basis to enhance their skills for integration of Ayush services with modern healthcare system.
- Provision of free essential Ayurvedic/Unani drugs, equipment, and therapy units for procedures like Panchakarma, Regimenal, Ksharsutra etc have been provided in colocated Ayush facilities.

(b) Ministry of Ayush, Government of India has set up Central Council for Research in Ayurvedic Sciences (CCRAS), Central Council for Research in Siddha (CCRS), Central Council for Research in Homoeopathy (CCRH), Central Council for Research in Yoga and Naturopathy (CCRYN) and Central Council for Research in Unani Medicine (CCRUM). These institutes are autonomous organizations under Ministry of Ayush for research in Ayurveda, Siddha, Homeopathy, Yoga & Naturopathy and Unani, respectively and conducting different research activities through their peripheral institutes available in different parts of the country including in Jammu and Kashmir and working towards the scientific validation in the concerned system of medicines through clinical research, drug research, medicinal plants research, fundamental research, literary research and documentation, extending healthcare services and promotion of Ayush system.

Under Central Council for Research in Ayurvedic Sciences (CCRAS) an autonomous organization for undertaking, coordinating, formulating, developing, and promoting research on scientific lines in Ayurvedic sciences. The research activities of the Council include Medicinal Plant Research, Drug Standardization, Pharmacological Research, Clinical Research, Literary Research & Documentation programme, Fundamental research, pharmaceutical research and Public Health Research. The activities of the Council are carried out through 30 peripheral Institutes across the Country. Among these institution, Regional Ayurveda Research Institute (RARI), Jammu is situated in UT, J&K. Details of research project conducted during las three years at RARI Jammu are annexed at **Annexure.**

Further, the Regional Research Institute of Unani Medicine (RRIUM), Srinagar, is a peripheral unit of CCRUM, an autonomous organization under the Ministry of Ayush. The Institute is engaged in pre-clinical and clinical research, drug standardization, fundamental and

literary research, as well as the survey and cultivation of medicinal plants. Under the Drug Standardization Research Programme, it undertakes quality control and standardization of Unani medicines. In addition to new drug development, the Institute validates classical/Pharmacopeial formulations to document their safety and efficacy. It also implements the Pharmacovigilance Programme and receives complaints regarding misleading advertisements and claims related to herbal and Unani products published in electronic and print media, which are forwarded to the respective State Drug Licensing Authorities and the National Institute of Unani Medicine (NIUM), the Central Pharmacovigilance Centre (CPvC), for appropriate action.

Further, Quality control of Ayush medicines is ensured through exclusive regulatory provisions under the Drugs & Cosmetics Act, 1940 and Drugs Rules, 1945 have exclusive regulatory provisions for Ayurvedic, Siddha, Sowa-Rigpa, Unani, and Homoeopathy (ASSU &H) drugs. It is mandatory for the manufacturers to adhere to the prescribed requirements for licensing of manufacturing units & medicines including proof of safety & effectiveness, compliance with the Good Manufacturing Practices (GMP) as per Schedule T of the Drugs Rules, 1945 for Siddha drugs and to follow the quality standards of drugs as prescribed in the siddha pharmacopoeia.

Drug Inspectors collect medicine samples regularly from manufacturing firms or retail shops within their jurisdiction and send them to Drug Testing Laboratory under Drug Control department for quality testing and if any sample is found to be 'Not of Standard Quality', appropriate action is initiated such as preventing the sale of the medicines from the market and appropriate legal actions as per Drugs and Cosmetics Act, 1940 and Rules made thereunder. There are 34 Drug Testing Laboratories available in State/UTs for testing of the Legal Samples drawn by the Drug Inspectors of concerned State/UTs.

The Pharmacopoeia Commission for Indian Medicine & Homoeopathy (PCIM&H), a subordinate organization under Ministry of Ayush, develops pharmacopeial standards and formulary specifications for Ayush drugs, which serve as the official compendia for determining their identity, purity, and strength. Compliance with these standards is mandatory under the Drugs and Cosmetics Act, 1940 and the Rules made thereunder. PCIM&H also functions as the Appellate Drug Testing Laboratory for Ayush drugs and conducts regular capacity-building programmes for Drug Regulatory Authorities, Drug Analysts, and other stakeholders on standardization, quality control, and testing methodologies to strengthen the quality assurance system for Ayush drugs.

Drug Testing Laboratories are approved by the Ministry of Ayush under Rules 160A to 160J of the Drugs Rules, 1945, for carrying out tests relating to the identity, purity, quality and strength of Ayush drugs. As on date, 118 private Drug Testing Laboratories have been approved by the Ministry across States and Union Territories for conducting such tests in accordance with the provisions of the Drugs Rules, 1945.

Further, Ministry of Ayush is implementing a Central Sector Scheme, namely, Ayush Oushadhi Gunvatta Evam Uttpadan Samvardhan Yojana (AOGUSY) to support Ayush Pharmacies and Drug Testing Laboratories to achieve higher standards like WHO-GMP and NABL respectively. Further, under its second component, i.e. Pharmacovigilance of ASSU&H drugs including surveillance of misleading advertisements, the program keep vigilance over Ayush drugs and reduce the instances of Misleading Advertisements (MLAs)/Objectionable Advertisements (OAs) and report suspected Adverse Drug Reactions (ADRs). This program has established a three-tier network of pharmacovigilance centers distributed throughout the country with one National Pharmacovigilance Coordination Centre (NPvCC), 05-Intermediary Pharmacovigilance Centers (IPvC) & 97 Peripheral Pharmacovigilance Centers (PPvC).

To strengthen the pharmacovigilance system for Ayush drugs, Ministry of Ayush has launched an IT enabled online portal "Ayush Suraksha" on 30th May 2025 to capture MLAs/OAs and report suspected Adverse Drug Reactions (ADRs) related to the Ayush medicine.

In addition, the Ministry of Ayush has undertaken the following initiatives to promote quality assurance and certification of Ayush products:

- To strengthen regulatory oversight, Ayush Vertical in CDSCO facilitates the issuance of the World Health Organization Certificate of Pharmaceutical Product (WHO-CoPP) for eligible Ayush drugs through joint inspections with State/UT Licensing Authorities.
- Ayush Standard Mark and Ayush Premium Mark are awarded to Ayush Drugs by Quality Council of India (QCI) based on third-party assessment of compliance with prescribed national and international quality standards.
- Ayush Quality Mark Programme was launched by the Ministry of Ayush to strengthen quality assurance, enhance consumer confidence, and improve the Global recognition and competitiveness of Ayush products and services.

Further, as reported by the UT of J&K n UT of J&K, the quality control mechanism and pharmacovigilance of Ayush medicines come under the purview of Drugs & Food Control Organization, J&K and there is no separate Ayush Drug Controlling & Licensing Authority in the UT.

(c) The main objectives of operationalizing Ayushman Arogya Mandirs (AAMs) (Ayush), upgraded from existing Ayush dispensaries and Sub-Health Centres, are to establish a holistic wellness model based on Ayush principles and practices, empower masses for self-care to reduce disease burden and out-of-pocket expenditure (OOPE), and provide informed healthcare choices to the needy public. As per the proposals received from the UT of Jammu & Kashmir through the State Annual Action Plans (SAAPs), the Ministry of Ayush, under the National Ayush Mission (NAM), has approved 523 Ayushman Arogya Mandirs (AAMs) (Ayush) by upgrading existing Ayush dispensaries. As reported by the UT, the footfall of beneficiaries at these AAMs (Ayush) has increased after their conversion, as various activities

and services such as Prakriti identification, Yoga, use of medicinal plants, healthy lifestyle practices, and basic OPD interventions are being provided. Further, under NAM, the UT Government is also being supported for the implementation Ayush Public Health Programmes to address public health needs as per the potentials of Ayush health care systems in providing preventive, promotive, curative and rehabilitative health care as standalone or add on to conventional interventions.

Further, as reported by the UT of Jammu & Kashmir, 91,518 Yoga sessions were conducted at AAM (Ayush) and community level. A total of 3,27,006 individuals underwent Community-Based Assessment Checklist (CBAC) surveys, 2,09,867 individuals underwent diabetes screening, 3,00,093 individuals underwent hypertension screening, and 2,35,794 persons underwent Prakriti Parikshan.

(d) Ministry of Ayush has prepared the Ayush Policy Roadmap as a strategic framework for the development and integration of India's traditional systems of healthcare. It outlines key policy priorities to strengthen the Ayush sector as an integral part of the country's healthcare system and national development.

The roadmap outlines a comprehensive framework covering the entire Ayush ecosystem, including infrastructure, education, training and human resource development, health service delivery, research and development, the manufacturing sector and drug regulation, quality raw materials including medicinal plants, international cooperation and propagation, contribution to the economy, and policy reforms and its contribution towards holistic healthcare.

ANNEXURE

LIST OF PROJECTS CONDUCTED AT RARI, JAMMU IN LAST 03 YEARS

S.No.	Project
1.	Clinical evaluation of Sanjivani vati and Pippaladyasava in the management of Agnimandya- A randomized parallel group study
2.	Assessment of acceptability of the Comprehensive Ayurveda-based health care approach in the tribal community and effectiveness of individualized health care - Cluster randomized study under THCRP (TSP)
3.	Acceptability of the comprehensive Ayurveda-based health care approach in the community and effectiveness of individualized health care - Cluster randomized study under AHMCP (SCSP)
4.	Evaluation of the efficacy and safety of Chandraprabha Vati with Gokshuradi Guggulu in the management of Benign Prostatic Hyperplasia – A Randomized standard controlled clinical trial
5.	Ayurveda Treatment for Benign Prostatic Hyperplasia (BPH): A Systematic Review
6.	Documentation and Validation of Local Health Traditions and Ethno medicinal practices in Sunderbani block of District Rajouri, Jammu and Kashmir. RARI Jammu
7.	Development and Digitalization of Authentic Ayurvedic Raw Drugs and Herbarium for the Medicinal Plants Appearing in Ayurvedic Formularies of India in Mandatory Drug Testing Laboratories of CCRAS, CSMCARI, Chennai
8.	Pharmacognostical and chemical profiling of selected Indian medicinal flowers at RARI, Jammu & CARI Kolkata
9.	Knowledge, Attitude, and Practice towards Pharmacovigilance of Ayurvedic Medicines among Registered Ayurvedic Medical Practitioners of the Respective States- A Multicentre Study
10.	Pre-clinical development of Vasa (Justicia adhatoda Linn.) Leaves through AYUSH route for adjunct therapy in tuberculosis to reduce anti-tubercular treatment (ATT) induced hepatotoxicity
11.	Medico-Ethno Botanical Survey Programme
12.	Documentation and Validation of Local Health Traditions and Ethno medicinal practices in Sunderbani block of District Rajouri, Jammu and Kashmir. RARI Jammu
13.	Pharmacognostical and chemical profiling of some selected Indian medicinal flowers

14.	Development of Quality Standards, Estimations of Markers and Shelf-Life Study of Ayush-82 and Ayush-SG
15.	Pre-clinical development of Guduchi (Tinospora cordifolia (Thunb) stem through AYUSH route for adjunct therapy in tuberculosis to reduce anti-tubercular treatment (ATT) induced hepatotoxicity
16.	Pre-clinical development of Amalaki (Phyllanthus emblica Linn.) fruit through AYUSH route for adjunct therapy in tuberculosis to reduce anti-tubercular treatment (ATT) induced hepatotoxicity
17.	Clinical evaluation of Sanjivani Vati and Pippaladyasava in the management of Agnimandya -a randomized parallel group study
18.	Effectiveness of Ayush Rasayana A & B on Quality of Life of elderly population- A cluster randomized study
19.	Ayurveda Mobile Health Care Program under Scheduled Castes Sub Plan (SCSP)
20.	Clinical Evaluation of Varunadi Kwath Churna and Apamarga Kshara in the management of Mutrashmari (Urolithiasis)
21.	Clinical evaluation of Gokshuradi Guggulu and Nimbadi Churna in Vatarakta (Gout)
22.	LHTs/folk claims documented through THCRP & AHMCP (SCSP)
23.	Evaluation of Effectiveness and tolerability of select Ayurveda formulations in moderate Iron Deficiency Anemia – A randomized controlled trial
24.	Cross sectional survey to determine the prevalence of Non-communicable Diseases) and their risk factor among Scheduled Tribes in selected states across India

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