

**GOVERNMENT OF INDIA  
MINISTRY OF AYURVEDA, YOGA & NATUROPATHY, UNANI,  
SIDDHA AND HOMOEOPATHY (AYUSH)**

**LOK SABHA  
STARRED QUESTION NO.280  
TO BE ANSWERED ON THE 07<sup>TH</sup> AUGUST, 2015  
TRADITIONAL SYSTEM OF MEDICINE**

**\*280. DR. ANBUMANI RAMADOSS:  
SHRI ARJUN MEGHWAL:**

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  
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 07<sup>TH</sup> 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-

- 512 District Hospitals,
- 2734 CHCs,
- 565 facilities (other than CHC at or above blocks level but below district level),
- 9050 PHCs, and
- 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.

## State Wise Number of AYUSH doctors/ paramedics appointed under NRHM

S. No	Name of State	AYUSH Doctors under NHM/NRHM		AYUSH Paramedics/Pharmacists
		For collocated Health Facilities	Under RBSK	
1	A & N Islands	20	4	13
2	Andhra Pradesh	128	0	981
3	Arunachal Pradesh	32	17	0
4	Assam	302	302	0
5	Bihar	1384	0	0
6	Chandigarh	10	12	11
7	Chhattisgarh	67	435	394
8	D & N Haveli	6	0	0
9	Daman	0	5	6
10	Delhi	0	0	0
11	Goa	0	29	23
12	Gujarat	707	552	0
13	Haryana	2	400	191
14	Himachal Pradesh	134	0	0
15	Jammu & Kashmir	453	429	365
16	Jharkhand	33	184	6
17	Karnataka	598	649	115
18	Kerala	750	0	30
19	Lakshadweep	12	0	1
20	Madhya Pradesh	506	1103	678
21	Maharashtra	595	2114	88

22	Manipur	95	72	59
23	Meghalaya	0	93	20
24	Mizoram	10	8	0
25	Nagaland	40	22	0
26	Orissa	1309	1147	1
27	Puducherry	39	0	63
28	Punjab	272	308	281
29	Rajasthan	686	250	401
30	Sikkim	13	0	6
31	Tamil Nadu	475	0	475
32	Telangana	216	0	592
33	Tripura	133	21	33
34	Uttar Pradesh	1817	1563	721
35	Uttarakhand	75	296	105
36	West Bengal	0	564	615
	<b>Total</b>	<b>10919</b>	<b>10579</b>	<b>6274</b>

Source: NHM MIS as on 31.12.2014