

Chapter - 8

Involvement of ISM&H in National Health Programme and Health Care Delivery

8.1.1. The National Health Policy of 1983 envisages integration of ISM & H with the modern system of medicine.

8.1.2. The Department has prepared a capsule containing basic concepts and fundamentals of ISM&H for incorporation in MBBS curricula. This has been forwarded to Medical Council of India for appropriate further action.

8.1.3. The Department is exploring the areas of actual involvement in the National Health Programme through ISM & H.

8.2. ISM & Homoeopathy component in Central Government Health Scheme

8.2.1. India has a rich heritage by way of its ancient systems of medicine such as Ayurveda, Siddha, Unani, Yoga & Naturopathy. These systems of medicines and its practices are well accepted by the Community and have their own areas of strength. Medicines are easily available and prepared from locally available resources, economical, and comparatively safe from side effects. Because of this fact the Central Government Health Scheme, introduced in 1954 with only Allopathic dispensaries has introduced ISM & H component in its net work.

8.2.2. Year of establishment of ISM & H dispensaries in CGHS

Sl.No.	System of Medicine	Year
1.	Ayurveda	1964
2.	Homoeopathy	1967-68
3.	Unani	1974-75
4.	Siddha	1980-81

8.2.3. The effectiveness of these systems in certain diseases in which there is no or less efficacious treatment in Allopathic Systems has generated a demand for

more such facility in different parts of the country and as of now the following facilities are available in CGHS.

SI. No.	System of Medicine	No. of dispensary/unit
1.	Homoeopathy	34
2.	Ayurveda	31
3.	Unani	09
4.	Siddha	02
5.	Yoga	03

8.3. Establishment of Specialized Clinics of ISM & H in the Central Government Hospitals.

8.3.1. In order to provide specialized treatment facility to the patient in Ayurveda, Unani and Homoeopathy and to enable them to take advantage of the strengths of these systems and bring these systems within easy reach of the people who want to avail treatment under these systems, the Government has set up three Specialized Clinics, one each in Ayurveda, Unani and Homoeopathy in the OPD of the two Central Government Hospitals in Delhi viz., Safdarjung Hospital (Ayurveda & Homoeopathy) and Dr. Ram Manohar Lohia Hospital (Unani) w.e.f 14th Jan'98. These clinics are being run on experimental basis by the three research councils viz., CCRAS, CCRH and CCRUM. These clinics are attended by a large number of patients especially of chronic diseases.

8.4. Indian Systems of medicine in Reproductive and Child Health Programme (RCH).

8.4.1. Considering that about half of the population according to some estimates depends on the Indian Systems of Medicine for Health Care, the Reproductive & Child Health for the whole population of the country cannot be assured without involving the Indian Systems in a large and meaningful manner. The Ayurveda and Unani Systems in this regard are particularly important. About 5 Lac practitioners of these disciplines mostly in the non-governmental sector are spread out in different parts of the country. These systems have the additional advantage that a large proportion of their practitioners are located in the rural areas where the reach of the modern system is weakest. The Indian Systems are known to have many efficacious practices and remedies for a number of conditions of women and children. These systems generally do not have any side effects. Steps have been initiated for introducing Ayurvedic/Unani drugs, which are efficacious and safe in RCH programmes. 7 drugs of Ayurveda and Unani have been introduced in RCH programme. There are three specific programmes on ISM which will be implemented under the RCH Programme.

8.4.2. **Training of ISM practitioners:**

8.4.2(i) It is neither feasible nor recommendable to create a parallel extensive system of dispensaries and hospitals of ISM to provide RCH facilities through Indian Systems to the citizens. Therefore, the RCH programme does not seek creation of any posts or proposal for construction of building for ISM dispensaries/hospitals. The RCH programme will confine itself to tapping large resources of ISM practitioners in the non-governmental sector. These persons need to be oriented in RCH concept and framework. Their professional skills also need to be revised and upgraded through training, particularly, in areas relevant to RCH.

8.4.2(ii) Improving awareness and availability of ISM remedies :The Indian Systems have relied over generations on medicinal plants available in the neighborhood and knowledge about use of such medicinal plants and other easily available medicinal products (like condiments, herbs, etc.) passed on from generation to generation through the family elders. Because of pressure of population, the cultivation of food grains and commercial crops have progressively practically eliminated locally growing medicinal plants and because of the vast changes in the social system, the family traditions have also become weak.

8.4.2(iii) Research in ISM : While there is extensive literature going back 2500 years to Charaka Samhita/AI-Qanoon mentioning practices and cures, a deficiency of the ISM is that objective data through clinical trials and laboratory work has not been generated to prove the extent of efficacy of individual prescriptions/cures. As a result, a large variety of cures and practices are prescribed by the practitioners leading to varying results. It will be beneficial if the cures mentioned in the texts are systematically taken up and subjected to laboratory investigation and clinical trials so that their efficacy is established or disproved. This will allow the most effective cures out of the many recommended for a particular condition to be identified, which then can be propagated for extensive use for the benefit of patients.

8.4.2(iv) *Establishment of Vanaspati Vans:* The forests have been traditional source of medicinal plants so far, but due to population pressure on one hand and over exploitation of these plants on the other, availability of these plants from forests is decreasing. Many of medicinal plants have become endangered Keeping it in view, the Department of Family Welfare have implemented this scheme with specific objective to increase the availability of medicinal plants for RCH Programmes.

8.4.2(iv)(a) Under this scheme, Vanaspati Vans are proposed to be set up by taking up plantation of medicinal plants over wastelands or denuded forest land of 3000-5000 hectares of contiguous area in States.

8.4.2(iv)(b) The scheme requires the setting up of a State Level Society headed by a Forest Officer and having nominees from Department of Family Welfare and Department of ISM & H for formulation of project and its implementation. The society is to be assisted by an Advisory Committee of one expert each from disciplines of Ayurveda, Botany and Agriculture/Forestry.

8.4.2(iv)(c) Central Assistance is provided upto Rs.1 Crore per year for a period of 5 years under the Scheme for small compliment of staff, field workers and fencing, etc.

8.4.2(iv)(d) So far this scheme has been implemented in the States of Himachal Pradesh and Haryana. The proposals of some other States like Madhya Pradesh, Andhra Pradesh, Rajasthan, Kerala and Uttar Pradesh are also under consideration.