



International Ayurveda Foundation

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To:
**Parliamentary Standing Committee Members for Health
& Family Welfare, Rajya Sabha Secretariat**

cc: Hon'ble Prime Minister of India
Hon'ble Minister of Health
Hon'ble Minister of Human Resource Development
Ayurveda Colleagues & Friends

Dear Hon'ble Members of Parliament,

Sub: **NCHRH Bill**

The International Ayurveda Foundation – India, UK and Switzerland is an independent NGO providing political, legal and diplomatic policy advice to the sector of Ayurveda. For the past month or so, there has been intense debate through exchange of emails amongst the Ayurveda community and other activists who are committed to the AYUSH Sector. Opinions are divided but a majority has emerged and we should not allow sectorial preservation to become rule of the country, no one seems to think about the country or public or tax payer. 38% population in India depends and use Traditional Systems of Medicines (TSMs) and how can GoI think of a Medical Health Policy that does not include the AYUSH systems? India is a developing country and spends 10% of health budget on TSMs. How can we not include AYUSH in the main health care policy? A renowned expert and former Vice Chancellor of Gujarat Ayurved University and an Advisor to IAF, Dr. Shriram Savrikar, has written this attached brilliant and well-argued paper on this critical subject and we are indeed very happy to circulate it to all of you. We commend that it should be considered urgently by the Committee and both the Ministries.

In our view, the NCHRH Bill should be put on hold for now, so that a country like India can take a detailed relook bearing in mind the pluralistic health care system in India. There is overwhelming feeling amongst experts that given this pluralistic scenario, it is necessary to look at both the regulator's and consumer's point of view. It will be wise to pause for now and discuss the issue of medical knowledge systems under one roof. There is a consensus that AYUSH systems effectively contribute in national health care delivery in India because of its easy access, affordability and cost effectiveness. Its important that we do not misuse

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the scarce resources available to public exchequer. I hold a very strong view that the founding fathers of our motherland made a major mistake to have ignored AYUSH streams for many years. I hold a firm view that AYUSH is equally a mainstream system of medicine in India along with modern medicine. We should not disengage AYUSH systems from health care related legislation and its standardization. An expert has quoted Dr. Gopal Vashishtha of USA, who has written "*the concept of symbio-health where sword and shield both are required none of them single handedly can win the war. Modern medicine has sword and AYUSH provides best shield for the health care purpose.*" We will urge that Parliament refers this matter back to both the Ministries for a comprehensive review urgently, so that modern medicine and AYUSH and their interest are taken into account before this NCHRH Bill is passed in its present form.

Briefly, both the issues of modern medicine and AYUSH are important and should be reconsidered simultaneously and not separately. This is our prudent advice. If the consensus is that we go along with the present NCHRH Bill, then it should be sent back for redrafting and ensure that all the input from AYUSH are included. I learnt that Yashpal Committee recommended inclusion of all knowledge systems in one group and the Bill was presented as National Knowledge Commission Bill, then sadly the HRD and the Health Ministries had a major dispute and the fight continued for one year. This is bad for democracy, hence we urge to all of you, the Parliamentarians, to consider this matter urgently, along with many other representations, you will have, no doubt, received from many experts. The Savrikar paper attached should be looked at thoroughly before reaching a final conclusion. If the present NCHRH Bill is passed without the serious concerns that we have expressed in this letter to all of you and various enclosures will be detrimental to the interest of the health care system, including modern medicines and AYUSH.

We, therefore, urge once again that the current NCHRH Bill should be put on hold for further debate in Parliament and amongst the HRD and Health Ministries. For God's sake, let us get it right before a serious mistake is made and let us work in the best interest of peoples of India.

With best regards and good wishes from IAF.

Yours sincerely,



PRAFUL PATEL
General Secretary, IAF

Encl: Dr. Shriram Savrikar's paper on NCHRH Bill.

A paper specially written by Dr. S S Savrikar on NCHRH Bill
before Rajya Sabha
(Former Vice Chancellor of Gujarat Ayurved University)
Circulated by International Ayurveda Foundation

The public health system in our country has various drawbacks. The gap between requirement and availability of human resources at various levels of health care is wide and where they are available, the patient–provider interactions are beset with many problems. Issues of accessibility, acceptability, and utilization, inadequate resources leading to lack of client conveniences and non-availability of essential consumables and non-consumables are some of the glaring problems. This results in semi-used or dysfunctional health infrastructure. There is lack of convergence with other key areas affecting health, as the system has been unable to mobilize action. Despite constraints of human resources, practitioners of Indian Systems of Medicine (ISM), Registered Medical Practitioners (RMPs), and other locally available human resources have not been adequately mobilized and integrated in the system. AYUSH although governed by independent councils had been an integral part of health care system in India since time immemorial. AYUSH health care personnel have contributed substantially in carrying the burden of health care delivery neck to neck with modern medicine. This is more evident in rural sector.

TABLE 3.1.1
Health Indicators among Selected Countries

Country	IMR (/1000 live births)	Life Expectancy M/F (/100000 live births) (in years)	MMR	TFR
India	58	63.9/66.9*	301	2.90
China	32	70.6/74.2	56	1.72
Japan	37	89/86.1	10	1.35
Republic of Korea	3	74.2/81.5	20	1.19
Indonesia	36	66.2/69.9	230	2.25
Malaysia	9	71.6/76.2	41	2.71
Vietnam	27	69.5/73.5	130	2.19
Bangladesh	52	63.3/65.1	380	3.04
Nepal	58	62.4/63.4	740	3.40
Pakistan	73	64.0/64.3	500	3.87
Sri Lanka	15	72.2/77.5	92	1.89

Note: * Projected (2001–06).

Source: India—RGI, Government of India (GoI) (Latest Figures); Others—State of World Population (2006).

It has been observed India is lagging behind other Asian countries in major health indicators like IMR, MMR and Life Expectancy. China although has a larger population than India, has IMR 32 and MMR 56 as compared to India , which has IMR 58 and MMR 301. The picture is clear indication of failure of our health policy. On one side we are facing an acute shortage of Doctors particularly in rural sector and other side the AYUSH health man power remains underutilized.

A resurgence of interest in holistic systems of health care, especially, in the prevention and management of chronic lifestyle related non-communicable diseases and systemic diseases, is observed globally. It has been repeatedly observed that no single system of health care has the capacity to solve all of society's health care needs. India has a rich and well documented indigenous medical heritage in the form of age old system of Ayurveda. Apart from Ayurveda India has nurtured other traditional systems such as Unani, Sidha and Homeopathy. Yoga has gained a global recognition as a system to rely upon specifically in the preventive sector. Along side modern medicine, these systems have contributed positively in building the health care delivery systems in the country at grass root levels. On the basis of this heritage India has a potential to become a world leader in the era of integrative medicine.

Vision document of AYUSH for Eleventh five year plan has emphasized the need of mainstreaming AYUSH by designing strategic interventions for wider utilization of AYUSH both domestically and globally including , utilization of human resources of AYUSH in the national health programmes and enhance the outreach of AYUSH health care in an accessible, acceptable, affordable, and qualitative manner,.

India has a sizeable network of Government AYUSH healthcare institutions-- 3378 hospitals with 68,155 beds + over 22,312 dispensaries (with 23,458 PHCs and 11,613 hospitals of MM)

A massive non-government health service sector at the primary and secondary levels is providing substantial AYUSH health services to the Indian public. The AYUSH sector has an almost equal Human resource base relative to the Allopathic system--Over 30,000 AYUSH

practitioners qualify annually from 492 AYUSH colleges (about 35,000 from 300 Allopathic colleges). Educational, research and industrial infrastructure for AYUSH health systems is perhaps the largest in the world.

Details of Educational Institutions and their Capacity

	Ayurveda	Yoga	Unani	Siddha	Homeopathy	Naturopathy	Total
UG Colleges	240		39	7	183	10	479
Admission Capacity	11225		1750	350	13425	385	27135
PG Colleges	62		7	3	33	-	105
Admission Capacity	991		67	110	1084		2252
Exclusive PG Institutes	2		2	2	2		6
Admission Capacity	40		28	30	99		197
Total Institutions	242		40	8	185	10	485

Source: Department of AYUSH, status as on 1 April 2007.

System-wise Details of Manufacturing Units

System	Numbers	Proportion
Ayurveda	7621	85.68
Unani	321	3.61
Siddha	325	3.65
Homeopathy	628	7.06
Total	8895	100.00

Source: Department of AYUSH, status as on 1 April 2007.

Registered Medical Practitioners under AYUSH

System	Number of Practitioners
Ayurveda	453661
Unani	46558
Siddha	6381
Naturopathy	888
Homeopathy	217850
Total	725383

Source: Department of AYUSH, status as on 1 January 2007.

Such a strong infrastructure and huge health man power can not be left unutilized. AYUSH is an important discipline of health. If it is not include in NCHRH, it will never be brought in mainstream health service sector. Mainstreaming of AYUSH has remained a major objective of AYUSH health policy.

The objective of the NCHRH is to consolidate the law in certain disciplines of health sector and promote human resources in health sector and provide for mechanism for the determination, maintenance, coordination and regulation of standards of health education throughout the country to ensure adequate availability of human resources in all States. AYUSH drug will not be included in the definition of Drug if AYUSH remains outside the purview of NCHRH.

Thus keeping AYUSH outside the NCHRH will give a wrong message to the world community that India is not recognizing AYUSH as a reliable health care system. The world will never take note of AYUSH. All attempts of putting AYUSH drugs as drug in the world market will become in vain. Thus such an action will be like axing our own wings.

AYUSH Interventions under NRHM

- Co-location of AYUSH dispensaries in 3528 PHCs in different States.
- Appointment of 452 AYUSH doctors and paramedics (pharmacists) on contractual basis in the primary health care system.
- Inclusion of AYUSH modules in training of ASHA.
- Inclusion of *Punarnavdi Mandoor* in the ASHA Kit for management of anaemia during pregnancy.
- Inclusion of seven Ayurvedic and five Unani medicines in the RCH programme.
- Establishment of specialty clinics, specialized therapy centres, and AYUSH wings in district hospitals supported through CSS.

AYUSH was included as a part of National Rural Health Mission (NRHM). Observation about utility of AYUSH system are as follows: Despite having a different scheme of diagnosis, drug requirements, and treatments as compared to the mainstream health care system, preliminary efforts to integrate AYUSH in NRHM were initiated during the Tenth Plan. It is too early to assess if the AYUSH interventions in NRHM have had significant health impact by way of complementing the conventional national health programmes. However integrating AYUSH into NRHM has the potential of enhancing both the quality and outreach of NRHM, especially with the availability of a large number of practitioners in this field. Supporting strategic pilot action research projects in the Eleventh Five Year Plan to evolve viable models of integration seems necessary.

Till now AYUSH is functioning in India as an independent health care delivery system. Their independent existence is not yielding any dividends as far as National health interests are considered. Neither such an independent existence has produced quality experts. Still no AYUSH system is considered in the National Health statistics. This is very much evident in the action of Govt. Whenever Govt. needs experts to comment on any major policy decision, Govt. seeks

opinion of non-AYUSH personnel who are self declared AYUSH experts. Such an action is an evidence of the failure of Govt. to develop AYUSH sector to reasonable world standards. Under the circumstances keeping AYUSH outside NCHRH will become a major setback for development of AYUSH. Such an exercise will put AYUSH permanently out of health care sector.

Moreover it is the right of every citizen that he should be able to opt for any health care system according to his choice as an official health care system. Keeping AYUSH out of NCHRH will rob him this choice. The systems will only remain theoretical. Practicing AYUSH as an official health care system will become difficult, as people won't get required financial and other benefits by utilizing or practicing this system. This will be a National loss. Ayurved and other AYUSH systems are said to be a treasure of India. People will be deprived of advantages of this treasure.

Healthcare in India is pluralistic. It will be certainly becoming more and more pluralistic in the coming future. 38% population in India is dependent on AYUSH. 10% of health budget is spent on AYUSH. Keeping such a system out of the control of the mainstream council will not be in the interest of the country or public or tax payer. Considering this pluralistic scenario from both the regulator's and consumer's point of view it is wise to have all medical knowledge systems under one roof. The circumstances emphasize a genuine need for accommodating AYUSH into the umbrella of healthcare academics and service standardization. Somebody has very rightly said that Modern Medicine is a sword and AYUSH is a shield. Nobody can fight a battle in absence of sword or shield. They have to be together to fight the battle against health problems.

On this background it will be a wise step to include all medical systems under one roof in the best interest of people of India and keep AYUSH in NCHRH. Required AYUSH specific clauses may be include wherever needed in the bill. Separate AYUSH bill will terminate the growth and development of AYUSH permanently.