

# A brief assessment of Ayurveda, Yoga and Naturopathy, Unani, Siddha, and Homoeopathy health system based on Five-year Plans of India

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## Abstract

Indian system of medicine is an indigenous form of medicine native to the Indian subcontinent. The system is a blend of six different forms of medicine currently designated with an acronym called AYUSH which stands for Ayurveda, Yoga and Naturopathy, Unani, Siddha, and Homoeopathy. After independence, with the initiation of long-term planning, Five-year Plan took its birth and in that all social and technology sector planning started appearing. Since then, health and family welfare planning became imperative as a social sector planning. Health has always been given due importance in the planning process owing to its very complex nature of affiliation with other sectors of development known as the social determinants of health. Indian System of Medicine, which is India's own bequest, became a part of health and family welfare planning since then. At the very outset of planning, the system struggled with great degree of uncertainty (as described in 1<sup>st</sup> Five-year Plan) and progressed ahead with a vision to be a globally accepted system (as envisaged in 11<sup>th</sup> Five-year Plan). Recently, in 2014, a separate ministry was created under the Union Government of India to devote increased focus for the healthy development of this system. Despite its regular appearance in the planning documents, the system got a distinct categorical visibility after the 7<sup>th</sup> Five-year-Plan. It was in the 11<sup>th</sup> 5 years plan a new concept called "Mainstreaming of AYUSH and revitalization of local health traditions" was brought into action, although envisioned in 9<sup>th</sup> Five-year Plan. With this background, a review was carried out to assess the AYUSH health system based on Five-year Plans.

**Key words:** Complementary alternative medicine, Five-year Plans, health system, Indian System of Medicine and Homoeopathy and Traditional Medicine

## INTRODUCTION

Indian System of Medicine has its origin in India that evolved through a continuous process of transformation from its original Vedic form to modern day AYUSH system. AYUSH is an acronym for Ayurveda, Yoga and Naturopathy, Unani, Sidha and Homoeopathy and are the six indigenous systems of medicine practiced in India and other neighboring South East Asian countries.<sup>[1]</sup> A look into the history of these systems unravels that AYUSH system is filled with many ups and downs since its traditional form of Indian systems of medicine to its present form of AYUSH. The Western medicine was dominated during the British period despite the strength and public faith on these systems of medicine. These systems had to face the greatest debacle, in the year 1835, when Lord Macaulay settled the debate over whether the government should support

indigenous or Western learning. As per his decision, Western knowledge was exclusively fostered in all areas governed by East India Company. Subsequently, Eastern medical science was actively discouraged, and the Western medicine was recognized as the only legitimate system of medicine to be followed.<sup>[2]</sup> Post-independence India formulated the planning commission in the year 1951 and the Five-year Planning, as a long-term planning process, took its birth. Planning regarding these systems of medicine is found in the Five-year Plans since the first plan. In due course of time, a

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separate department called Department of Indian System of Medicine and Homoeopathy (ISM&H) was formed, in 1995, and was renamed, in 2003, as the Department of AYUSH under the aegis of Ministry of health and Family Welfare, Government of India.<sup>[3,4]</sup> Currently, a separate ministry, Ministry of AYUSH, was created under the Union Ministry of Government of India, in 2014, and is headed by a Minister of state.

## METHODOLOGY

The current research is primarily based on a review of Five-year Planning documents obtained from the planning commission web portal of Government of India. In addition, other government documents were also assessed from the Ministry of AYUSH, Government of India, especially to understand the current situation of AYUSH in India. In this review, the acronyms ISM&H and AYUSH have been used interchangeably owing to their reference during different Five-year Plans.

## DISCUSSION

### Glimpse of Current AYUSH Health System in India

The Ministry of AYUSH, Government of India, released a detailed status of AYUSH system as on April 1, 2014. The important health system related statistics is presented below in a tabular format [Table 1].<sup>[5]</sup>

Furthermore, the current status of AYUSH system under the aegis of “Mainstreaming of AYUSH and Revitalization of local health traditions” gives a clear idea about the penetration of this system into the mainstream health-care system in India.<sup>[4,6]</sup> The budget expenditure during the current period reveals that there were combined provisions of Rs. 7093.43 crore as Budget Estimate and Rs. 5901.30 crore as Revised Estimate for the 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup>, and 12<sup>th</sup> Plans taken together (up to 2013-2014). An amount worth Rs. 5451.15 crore that amounts to 76.8% of aggregate Budget Estimate and 92.4% of the aggregate Revised Estimate has been utilized during these plans.<sup>[5]</sup>

It is observed that as on March 31, 2014, AYUSH facilities had been co-located with 331 (44.3%) district hospitals (DH), 1885 (36.3%) community health centers (CHC), and 8461 (34.6%) primary health centers (PHC). Similarly, 2.61, 0.46, and 0.1 million of the rural population were being served per DH, CHC, and PHC, respectively, in the country in 2014. Contractual appointment of 10933 AYUSH Doctors and 5419 AYUSH Paramedical staff has been recorded by this time. Uttar Pradesh ranked top (1829 appointments) in the contractual appointment of AYUSH Doctors followed by states of Bihar and Odisha that accounts for 1384 and 1316 appointments, respectively. Likewise, 5419 contractual appointments of AYUSH Paramedical Staffs were recorded by March 31, 2014. Maximum 1584 paramedical staffs were appointed in the state of Andhra Pradesh, followed by Uttar Pradesh, Madhya Pradesh, Tamil Nadu, Uttarakhand, and Rajasthan that appointed 733, 526, 475, 413, and 401 paramedical staffs, respectively. Arunachal Pradesh, Delhi, Goa, Madhya Pradesh, West Bengal, and Daman and Diu are the only five States and Union Territories (UTs) where there are no contractual appointments of AYUSH Doctor. There were 11 States and UTs where no AYUSH Paramedical staffs were appointed on contractual base as on March 31, 2014, that includes Arunachal Pradesh, Assam, Bihar, Delhi, Gujarat, Himachal Pradesh, Mizoram, Nagaland, West Bengal, D & N Haveli, and Daman and Diu.<sup>[5]</sup> Figures 1 and 2 show the percentage of contractual appointment of AYUSH doctors and AYUSH paramedical staffs, respectively, by March 31, 2014, in different Indian states.<sup>[5]</sup>

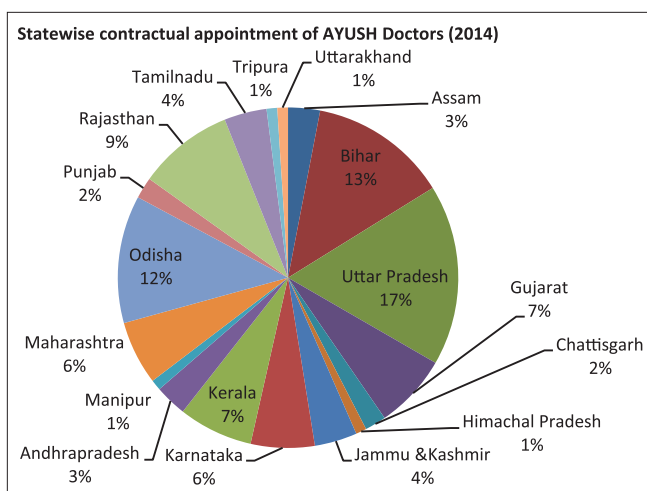
### Assessment of AYUSH Health System through Five-year Plans

In the year 1951, the planning commission was set up, and subsequently, the 1<sup>st</sup> Five-year Plan was formulated. At the time of 1<sup>st</sup> Five-year Plan, a great deal of uncertainty was prevailing regarding the position and future course of development of indigenous system of medicine. Planning pertaining to indigenous system of medicine took place from its nascent stage owing to its very raw status during that period. However, it was felt that the controversy with regard to the truths and merits of any particular system of medicine could only be settled on the benchmark of research.

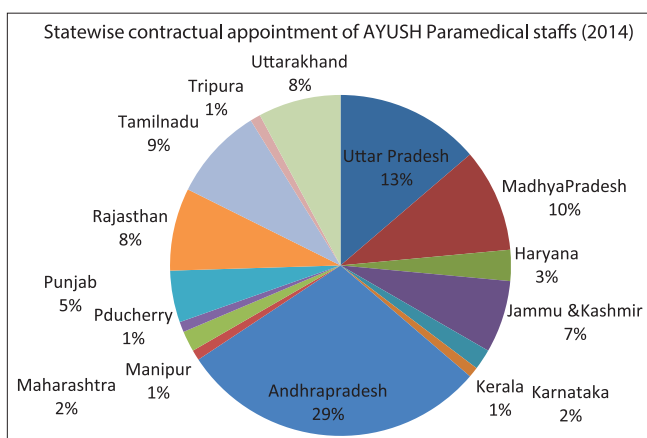
**Table 1: Current status of AYUSH in India as on March 31, 2014**

Particulars	Ayurveda	Yoga and naturopathy	Unani	Siddha	Homoeopathy	Total
Number of practitioners	399,400	1764	47,683	8173	27,9518	736,538
AYUSH hospitals	2838	42 (7+35)	257	265	213	3615
Bed strength	43,170	1107 (85+1022)	3379	2305	6834	56,805
Dispensaries	15,153	214 (138+76)	1289	845	7199	24,700
UG colleges	260	18	41	8	186	513
PG colleges	100	-	9	3	39	151

\*Source: Ministry of AYUSH, Government of India. AYUSH: Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy



**Figure 1:** Percentage of contractual appointment of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy doctors by March 31, 2014



**Figure 2:** Percentage of contractual appointment of Ayurveda, Yoga and Naturopathy, Unani, Siddha, and Homoeopathy paramedical staffs by March 31, 2014

Scientifically designed investigations will, in due course, decide the value and validity of different techniques and those who can validate their existence will necessarily become the part of the integrated system of medicine.<sup>[7]</sup>

In the 1<sup>st</sup> Five-year Plan, a provision of 1.06 crore had been made for the hospitals and dispensaries in various systems of Indian medicine by the states. Uttar Pradesh and Hyderabad had provided maximum for hospitals and dispensaries.<sup>[7]</sup> Whereas in the 2<sup>nd</sup> Five-year Plan, provisions were made for starting of 1100 ayurvedic dispensaries, herbaria, *Ausadhalaya*, and improvement of 255 existing dispensaries. These were envisaged to bring standards in the field of indigenous system of medicine and take up research programs.<sup>[8]</sup> A sum of 9.8 crore has been provided during the 3<sup>rd</sup> Five-year Plan for the development of indigenous system of medicine that included opening of five new colleges, extension of 31 existing colleges, clinical research in therapeutics, opening and upgrading 1800 dispensaries and hospitals.<sup>[9]</sup>

As the first National Health Policy (NHP) was promulgated in 1983, hence some important roles were assigned to ISM&H following the NHP-1983. An analysis of 8<sup>th</sup> Five-year Plan revealed that there were 200 colleges of AYUSH during the 8<sup>th</sup> Five-year Plan. One of the important tasks during this plan was to provide adequate facilities for training in those colleges so that the graduates emerging from those colleges acquire the desired knowledge and skills necessary for patient care. Postgraduate programs required strengthening for the purpose of manpower development for teaching and research in AYUSH.<sup>[10]</sup>

The plan proposed that to integrate the practitioners of AYUSH in the mainstream health-care delivery system, the graduate curriculum of these systems need to be suitability oriented to make them conversant with the national health problems, policies, and programs. Refresher courses were also organized for the in-service practitioners of AYUSH toward the same objective. There were more than 5000 pharmaceutical units, engaged in the production of drugs of these systems of medicine. Suitable steps were planned during 8<sup>th</sup> Five-year Plan to enforce the implementation of drugs and cosmetics act to maintain the quality of products of AYUSH produced in the country. Research and development for the production and standardization of drugs of AYUSH were supported during the plan. The existing research institutions were strengthened for that purpose. The cultivation, conservation, and regeneration of medicinal plants were supported in state/joint sector farms. Separate departments, directorates, and drug control organizations at the center and state Government level were established, wherever they existed during that time. Central councils of research on AYUSH continued to receive support during the plan to discharge the responsibilities efficiently.<sup>[10]</sup>

During the 9<sup>th</sup> Five-year Plan, different levels of health care were properly spelt out. Pretty before the 9<sup>th</sup> Plan, it was felt that the practitioners of AYUSH are very much instrumental in delivering the health-care services in remote rural areas and urban slums. Hence, a detailed policy prescription was made regarding the integration of AYUSH at different levels of health care. It was found that in some states AYUSH practitioners are the only service provider in PHCs such as West Bengal and Gujarat, whereas in some states service at PHC level is being provided by both the AYUSH practitioners and the physicians of modern medicine such as Kerala. During 9<sup>th</sup> Five-year Plan, emphasis was laid on the increasing utilization of AYSUH practitioners working in Government, voluntary and private sector in improving primary health-care services. Regarding the secondary care, it was found that majority of AYSUH facilities during that time were functioning as an isolated institutions without any linkage neither with primary AYUSH institutions nor with the secondary level institutions of modern medicine coupled with inadequate diagnostic and infrastructure facilities. During the 9<sup>th</sup> Five-year Plan, feasibility regarding the utilization of AYSUH practitioners in DH was thought

to explore on a pilot basis. During this plan, efforts were also made to improve the tertiary level institutions of AYUSH, especially those attached with AYUSH Colleges and National Institutes so that a simultaneous improvement in teaching, training, research and development, and patient care can be made.<sup>[11]</sup>

The 10<sup>th</sup> Five-year Plan also reiterated the same concerns for ISM health systems at different levels of health care and came up with certain strategies for all the levels of health care. Till 10<sup>th</sup> Five-year Plan, a vast infrastructure could be created in India that includes 3005 hospitals, 60681 beds, and 23028 dispensaries. The major problem during the 10<sup>th</sup> Plan was lack of organized referral system, provision of health care only to those who access the service; centers were isolated and not linked with other institutions. There was no linkage with existing modern institutions too, hence unable to access modern diagnostic facilities. As far as tertiary care was concerned AYUSH facilities were found with tertiary care institutions; such as one Unani unit with Ram Manohar Lohia Hospital, one Ayurvedic and Homoeopathic unit with Safdarjung Hospital, and a specialty clinic at National Institute of Mental Health and Neuro Sciences, Bangalore, and were getting good response during that time and even today.<sup>[12]</sup>

Several strategies have been put forward during the 10<sup>th</sup> Five-year Plan which proposed that the AYUSH clinics be located in the primary, secondary, and tertiary care institutions in modern medicine and should be funded by the funds provided to them. It focused on research of AYUSH interventions that proves beneficial for those diseases, for which there is no effective treatment available in modern medicine. It proposed that the AYUSH doctors working at different sectors should take part in information, education, communication (IEC), and counseling services for national disease control and family planning programs and linkages be maintained among the three levels of institutions such as primary, secondary, and tertiary. In addition, it also proposed that the tertiary care institutions be strengthened for improved patient care, teaching, training and research and development. Finally, the plan proposed that there should be monitoring for these systems of medicine regarding the patient response and assessment regarding the pros and cons of providing complementary system of health care and thereby effecting mid-course correction.<sup>[12]</sup>

Much of the reiteration from the 9<sup>th</sup> Five-year Plan is found during 10<sup>th</sup> and 11<sup>th</sup> Five-year Plans. During the 11<sup>th</sup> Five-year Planning process, it was observed that AYUSH systems of medicine are mainly providing health-care services at primary level through a network of 3203 hospitals and 21351 dispensaries. While in the private and not-for-profit sector, there were several thousands of AYUSH clinics and around 250 hospitals and nursing homes for inpatient care and specialized therapies-like *Panchkarma* (Five specialized therapies uniquely found in ayurvedic system of medicine).<sup>[13]</sup>

Furthermore, there are anecdotal reports regarding the utilization of AYUSH services for the management of communicable and non-communicable disease in nursing homes and private hospitals. However, countrywide macro data regarding the utilization of AYUSH services at the level of secondary and tertiary care are not available. Hence, a major challenge during 11<sup>th</sup> Five-year Plan was to identify reputed clinical centers and support upgradation of their facilities through Public-private partnership schemes. This would eventually help in creating a national network of high-quality clinical facilities developed for rendering specialized health care in strength areas of AYUSH.<sup>[13]</sup>

In addition, adequate budgetary provisions were made for “Systems Strengthening.” The concept of system strengthening was introduced in 11<sup>th</sup> Five-year Plan. This scheme includes strengthening the Department of AYUSH, statutory institutions, hospitals, and dispensaries. This scheme also includes strengthening of pharmacopeial laboratories, IEC, and other programs.<sup>[13]</sup>

The important strategies adopted during the 12<sup>th</sup> Five-year Plan for the AYUSH sector are very ambitious. The strategies include ensuring the availability of AYUSH services in 100% of districts through NABH (National Accreditation Board of Hospitals) accredited hospitals. The strategies also include striving visions for the education sector that include improvement of quality of education and training and development of centers of excellence in government and private sectors. The research and development strategies in the AYUSH sector in 12<sup>th</sup> Five-year Plan include promotion of quality research to validate the efficacy and safety of AYUSH remedies, ensuring availability and conservation of medicinal plants, accelerating pharmacopeial work, ensuring availability of quality drugs, positioning AYUSH national institutes as leaders in SAARC (South Asia Association for Regional Cooperation) region and propagation of AYUSH for global acceptance as the systems of medicine.<sup>[14]</sup>

Furthermore, the co-location of AYUSH system within the biomedical system during 11<sup>th</sup> and 12<sup>th</sup> Plan yielded substantial results in mainstreaming. However, the involvement of AYUSH doctors in field related public health activities compromised their contribution in core practices of specialized AYUSH services.<sup>[15-17]</sup> In addition, government strategized certain principles to integrate folk and indigenous medicines for the betterment of rural population during recent plan periods.<sup>[18]</sup> The percolations of policy level interventions were also observed at the state, district, and sub-district levels.<sup>[19]</sup> On the other hand, a study conducted by the Planning Commission, Government of India, in four Indian states - Andhra Pradesh, Uttar Pradesh, Bihar, and Rajasthan revealed that despite the availability of guidelines for improvement of AYUSH services, there is shortage of infrastructure at district and sub-district level.<sup>[20]</sup>

## CONCLUSION

Traditional and complementary medicine is progressively getting global acceptance, and some countries have very developed traditional system of medicine like China. The AYUSH system in India can also be improved in better way by taking examples from countries like China and other countries where traditional system of medicine is functioning very well. A very strong optimistic approach in spreading our own medical heritage is the need of the hour. The efforts are neither completely insufficient nor sufficient enough; hence, a continuous endeavor for the revival and dissemination of our own medical inheritance for the welfare of the society at large is highly desirable.

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