



GOVERNMENT OF KERALA  
KERALA STATE PLANNING BOARD

**THIRTEENTH FIVE-YEAR PLAN  
(2017-2022)**

**WORKING GROUP ON**

**AYUSH**

**REPORT**

SOCIAL SERVICES DIVISION

KERALA STATE PLANNING BOARD  
THIRUVANANTHAPURAM

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## *PREFACE*

In Kerala, the process of a Five-Year Plan is an exercise in people's participation. At the end of September 2016, the Kerala State Planning Board began an effort to conduct the widest possible consultations before formulating the Plan. The Planning Board formed 43 Working Groups, with a total of more than 700 members – scholars, administrators, social and political activists and other experts. Although the Reports do not represent the official position of the Government of Kerala, their content will help in the formulation of the Thirteenth Five-Year Plan document.

This document is the report of the Working Group on AYUSH. The Chairpersons of the Working Group were Dr B. Ashok IAS and Dr Ravi M. Nair. The Member of the Planning Board who coordinated the activities of the Working Group was Dr B. Ekbal. The concerned Chief of Division was Smt. Shila Unnithan.

Member Secretary

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*CHAPTER 1*  
*INTRODUCTION*

1. In many respects, Kerala's health status is almost on par with that of countries with developed economy. Kerala has succeeded in increasing life expectancy as well as reducing infant and maternal mortality. Comparing the achievements in Kerala in health sector with that of other parts of the World, 'Kerala Model of Health' has been highlighted as "Good Health at low cost based upon social justice and equity". Despite Allopathy being the most popular and developed health care system, the role of Ayurveda and Homoeopathy has also contributed to the above claim.
2. Even though the mortality rate has been reduced on the whole, the appalling morbidity rate is challengingly on the ascendant due to the ever increasing environmental pollution particularly owing to the failure in the waste management, consumption of unhealthy and adulterated food, dependence on alcohol and narcotic drugs, unhealthy life styles and habits along with the injudicious use of allopathic drugs thanks to over health consciousness of Keralites. So what is required here is to take steps to develop and popularise such system(s) of medicine which are far from being harmful, affordable and acceptable. In this perspective the relevance of AYUSH systems of medicine cannot be ignored. It is with the sole intension of developing and promoting AYUSH systems that Government of Kerala formed a separate Department of AYUSH in the State in August 2015, following the formation of Ministry of AYUSH at the Centre. This is how a Working Group has been formed by the SPB exclusively for AYUSH for the first time for drafting 13 FYP.
3. There are two sections in the report, one relating to the Indian Systems of Medicine consisting of Ayurveda, Yoga and Naturopathy, Siddha and Unani and the other exclusively for Homoeopathy. Each section deals with its own education, training and research as well as service and drugs with their quality control. Besides the above, a comprehensive detailed exposure containing the outlay and expenditure of 12thFYP, along with the critical gaps in health sector etc. has also been furnished. Abstracts of the proposals/ schemes relating to ISM and Homoeopathy have also been furnished in this report for easy perusal and implementation.
4. In the light of the above revelations, the Working Group has studied the matter in detail and proposes various programmes and schemes to be included for implementation in the 13th Five-Year Plan.

*CHAPTER 2*  
*HEALTH SECTOR (AYUSH) IN KERALA*

5. India possesses an unmatched heritage represented by its ancient systems of medicine which is a treasure house of knowledge for both preventive and curative healthcare. India is already a preferred destination for medical tourism with significant cost advantage, skilled medical professionals and world class hospitals coupled with globally differentiated offerings such as Ayurveda and Yoga. Among the Ayush systems Ayurveda, Yoga and Siddha have originated in India commonly known as Indian Systems of Medicine, while the other systems Naturopathy, Unani and Homoeopathy have emerged in course of time. Now Tibetan traditional system of medicine, Sowa Rigpa is also included in the Ayush group from 2010 onwards.
6. The importance of Traditional, Complementary and Alternative systems of medicine for the universal availability of health care was first placed by World Health Organisation in their Alma Ata Declaration in 1978. Followed by this, a Traditional Medicine Programme of WHO was also introduced for the standardisation of traditional and complementary medicine. India being the custodian of rich tradition in medicine, inspired by WHO, established a separate Department for Indian Systems of Medicines and Homoeopathy under the Ministry of Health and Family Welfare in 1995 to develop these systems as and when required. In March 2003 the ISM and Homoeopathy Department was renamed as Department of AYUSH with a view to providing focused attention to the development of education and research in Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy Systems. In 2014 Central Government formed separate Ministry for AYUSH to give more importance to these systems. In the meantime Government of Kerala started an initiative to form a separate Department for AYUSH and finally on 5th August 2015 launched the Department of AYUSH in Kerala.

*AYUSH Health Policy*

7. Soon after the establishment of Department of AYUSH, Government of Kerala appointed a committee to form a policy on Ayush systems in Kerala. Accordingly in April 2016 Government of Kerala declared an Ayush health policy. The policy aims at improving the performance of the Ayush systems so as to address the emerging challenges in the health sector in view of the majority of them can be efficiently managed by Ayush systems of medicine. The policy recognizes the principles of health care for Ayush systems of medicine and the mainstreaming would involve nurturing the individual systems of medicine through development of infrastructural facilities, setting up of teaching institutions, improving quality control of drugs, capacity building of institutions and professionals, research and public health skills of practical utility and initiating community based AYUSH interventions for preventive, curative and promotive healthcare.

*Health Care Infra Structure in Ayush Sector*

8. The Health infrastructure of the State consists of 2947 institutions with 56009 beds. Besides there are 5403 sub centres (DHS) .Out of the total institutions 44.35%are under Allopathy, 32.07% under Ayurveda and 23.58% under Homoeopathy departments. Medical services are also provided through cooperative and the private sectors

Table 1 *AYUSH infrastructure in government sector, Kerala, 2015-16* in numbers

Sl No.	System of Medicine	Institutions	Beds	Patients Treated	
				IP	OP
1	Ayurveda (ISM)	942	3044	251141	11690486
2	Ayurveda (DAME)	3	1355	10564	460756
3	Homoeopathy	693	975	45667	15543791
4	Homoeopathy Education	2	200	2652	238702
Total		1640	5574	310024	27933735

*National AYUSH Mission*

9. Ministry of AYUSH (Ayurveda, Yoga and Naturopathy, Siddha, Unani and Homoeopathy), Government of India has launched National AYUSH Mission (NAM) under the centrally sponsored schemes. The basic objective of NAM is to promote AYUSH medical systems through cost effective AYUSH services, strengthening of educational systems, facilitating the enforcement of quality control of Ayurveda, Siddha, Unani and Homoeopathy drugs and medicinal plants. Initially the funding pattern was 75:25 by Centre and State (90:10 for medicinal Plants) and now the funding pattern is 60:40.

*CHAPTER 3*  
*12TH FYP (2012-2017) OUTLAY AND EXPENDITURE*

10. During 12th FYP the major objective of the Government has been to provide universal health security, the larger responsibility for which lies on the public health system. During the Plan period, more thrust has been given to equip Government hospitals with advanced medical equipment and implementation of speciality cadre in all health institutions with more than 100 beds. Gender development has also gained special attention through schemes such as Ayurveda in gynaecology, Seethalayam, Women and Children Hospitals etc. Seethalayam is a scheme under the Department of Homoeopathy department aiming to provide aid for suffering women particularly women victims of violence in the society by addressing their mental, physical and social health through Homoeo treatment and counselling. State Institute of Sports Medicine in Ayurveda and Health University received special importance during the 12th FYP. However, the implementation of 12th Plan programmes has resulted significantly in an all-round improvement in the public health system.

*Outlay and Expenditure*

11. The outlay earmarked for the implementation of schemes during 12th FYP was Rs37989.00 lakh (BE) and the amount allotted so far is Rs 33948.83 lakh (RE). The total expenditure reported so far during the Plan period (October 31, 2016) is Rs 22995 lakh (60.53%). For ISM Department, an amount of Rs12622 lakh was provided during the plan period and the expenditure incurred so far was Rs 8718lakh (69.07%). The amount allotted under the Directorate of Ayurveda Medical education was Rs12558 lakh and the expenditure incurred so far was Rs7780 lakh (61.95%). Under Homoeopathy, an amount of Rs8059 lakh was allotted for the implementation of schemes and Rs 3941 (48.91%) was incurred. An amount of Rs 4750 was allotted under Homoeomedical education during 12th Plan. Out of this, the expenditure reported so far is Rs 2555 (53.79%) lakh.

Table 2 *Twelfth Plan outlay and expenditure in rupees lakh*

Sector	2012-13		2013-14		2014-15		2015-16		2016-17	
	Outlay	Exp. (%)	Outlay	Exp. (%)	Outlay	Exp. (%)	Outlay	Exp. (%)	Outlay	Exp. (%)
ISM	1665	1602 (96)	2330	2117 (91)	2545	1989 (78)	2670	2506 (94)	3412	504(1 5)
DAME	1760	1407 (80)	2300	1564 (68)	2567	2159 (84)	2567	2428 (95)	3364	222 (7)
Homoeo	1721	493 (29)	1475	674 (46)	1440	1278 (89)	1440	1314 (91)	1983	182 (9)
Homoeo Medical Education	1070	361 (34)	800	324 (40)	945	922 (98)	945	886 (94)	990	62 (6)
Total	6216	3863 (62)	6905	4678 (68)	7497	6348 (85)	7622	7135 (94)	9749	971 (10)

12. While looking into the major achievements of AYUSH department we should focus on need based development programme as well as a mission based development programme to address the health crises of the State. The need based development is the necessary improvement of infrastructure as well as manpower in terms of service requirements such as providing IPH standards, specialty care facilities etc. Mission based development is the developmental requirements of each system to address the present health crises of the State in a participatory manner in which each system can contribute its effective service in mutual supplementation.



*CHAPTER 4*  
*CRITICAL GAPS IN HEALTH SECTOR*

13. During the past few years, Kerala's health care sector has been facing serious crises. Important among them are:
1. Return of previously eradicated infectious diseases and the emergence of new ones.
  2. Rapid increase in the incidence of non-communicable diseases.
  3. Health problems marginalized to tribal population and fisher folks
  4. Health problems specific to women.
  5. Demographic shift and health problems of the aged
  6. Constraints of government hospitals.
  7. Excessive privatization of health sector.
  8. Rising costs of treatment
  9. Mushrooming of self-financing medical education institutions
  10. Dearth of personnel/human resource in health care sector.
  11. Lack of research in health sciences
  12. Lack of regulations to prevent quacks.
  13. Insufficient drug regulations.
  14. Rising prices of drugs and raw material scarcity.
14. Today, the health institutions lack adequate infrastructure facilities especially for providing curative and preventive services to the changing health needs especially with the advent of communicable and lifestyle diseases. Hence health sector needs sufficient resources-both financial and man power along with better organizational set up. The Central Government must provide funds and other facilities to complement the health projects formulated by the State Government. Currently, expenditure on health by the Central Government is only 1.4 % of GDP. This is not enough to tackle the health issues faced by the nation. Central Government must implement the WHO recommendation of at least 5% of GDP for health care in the current plan period itself.
15. Kerala's achievements in health care are the outcome of peoples' interventions and the implementation of public health provisions by various Governmental agencies. But Kerala is moving away from success to severe crisis in health sector. Comprehensive efforts to tackle these problems must form an integral part of the struggle for a new Kerala Model of Health Care.

## CHAPTER 5

### EXECUTIVE SUMMARY AND RECOMMENDATIONS - INDIAN SYSTEMS OF MEDICINE (ISM)

16. The ISM Dept. is now rendering services of Ayurveda, Siddha, Unani and Nature cure to the people of Kerala through a network of 127 hospitals, 815 dispensaries and 20 sub-centres across the State.
17. Government health institutions under the ISM can be broadly classified into two groups (1) the institutions coming under the Department of Indian Systems of Medicine and (2) the institutions coming under the Directorate of Ayurveda Medical Education (DAME). The latter is attached to the teaching institutions which are able to provide all specialty care. Each group has specific developmental requirements, and requires specific policy approaches.

#### *Ayurveda*

18. Ayurveda is considered as our national traditional system of medicine, practised all over India from time immemorial. It has also spread in the neighbouring countries and now spreading globally. Kerala is known as the 'Land of Ayurveda', as it has been practised here in its purest form and integrated into the daily life of Kerala to yield unparalleled health benefits to the population due to its social and cultural practices. The legitimate academic training for Ayurveda was started in 1889 at Thiruvananthapuram by Sreemoolam Thirunal, the Maharaja of Travancore. It denotes that Ayurveda had been recognized as an organized Health care system even in the 19<sup>th</sup> century and the then rulers also gave due importance for the teaching and training of the traditional medicine through accepted academic system, thereby it is evident that the health Indices of Kerala were better than national average even before the emergence of modern medicine in Kerala. Because of this medical awareness modern medicine has spread very easily with the help of the then existing political support. The British rulers were not in favor of traditional systems of medicine and they enacted appropriate legislations to promote Allopathy in the country. The same approach were followed in the post independent policies as well. By the time the traditional systems were legalised in 1970 through Indian Medicine Central Council Act Modern medicine had gained official acceptance in all health care sectors including primary health care.
19. Along with social and political reasons Ayurveda, the traditional system of medicine also played a significant role in improving the health status of Kerala. The Indigenous Obstetric and neonatal care were common in the society. Specialty health care was prevalent for various ailments such as eye disease, injuries, incidence of poisoning; psychiatric conditions etc. Preventive health care was also practised and physicians were also made available to entire spectrum of society. This Health culture imbibed by Ayurveda spread out a common notion across the society that medical assistance is to be sought in all kinds of health problems as and when illness occurs. The home remedy practices based on Ayurvedic concepts were also prevalent in the State.

20. *Developing ISM institutions to IPH/KASH standards.* Dispensary, the basic unit of department, responsible for primary Health care owns approved staff pattern of 1 Medical officer, 1 Pharmacist, 1 Attender and 1 Part time Sweeper. The dispensary established at Panchayat level is destined to deliver outpatient services. Despite of the limited man power, many dispensaries now undertake different projects like BALAMUKULAM, RUTHU, etc. to address various health issues of the society. If One Medical officer and One ASSA worker are provided additionally under each dispensary, those works could be carried out efficiently. The National Ayush Mission, Kerala may be approached to fund this venture.
21. *RMO posts in 10 bedded Hospitals.* Severe medical negligence due to unavailability of doctors, round the clock is not a rare phenomenon in ISM hospitals run by single medical officer. It should be remedied by appointing one Resident Medical Officer in each hospital.
22. *Specialty service in district and taluk hospitals.* Ayurveda is the first medical system in the world which introduced specialty health care through ASHTANGA CHIKITSA at the very outset. However the specialty health care in the department of ISM is very poor; specialty clinics are not available in most of hospitals. Hence steps may be taken to introduce all clinical specialties viz Kayachikitsa (General Medicine), Balachikitsa (Paediatrics), Manasaroga chikitsa (Psychiatry), Saalakya chikitsa (ENT and Eye), Salyachikitsa (Surgery including Orthopaedics), Vishachikitsa (Toxicology), Prasootitantra (Obstetrics and Gynaecology), Swasthavrutha (Preventive Medicine), Jarachikitsa (Geriatric care), Vrusha chikitsa (Reproductive medicine) in all district hospitals and selected 3 specialties in 50 bedded Taluk hospitals.
23. *Upgrading agadatantra speciality hospitals into toxicity expert management centres.* Agadatantra, one of the Ashtanga specialties in Ayurveda for addressing toxins is now getting more importance in the emerging health issues. The major reason for rising incidence of deadly disease cancer and various allergic manifestations is toxins. The environmental pollution and usage of pesticides are in alarming situation. Ayurveda has simple and effective management system for detoxification and many indigenous practices similar to those for snake venoms. Kerala being the abode many such traditional practices in the management of Toxins shall be a forerunner to spread these techniques across the country. Hence 10 Visha Dispensaries and One Visha Hospital under the Department of ISM may be upgraded to detoxification centres and specialty hospital respectively.
24. *Developing Kottakkal Mental Health Research Institute into Centre of Excellence.* Treatment for mental diseases in Ayurveda is one of the rare but very potent specialties. The mental health research institute, Kottakkal under the Department of ISM is only one of its kinds in the country and facilitates training to graduate and post graduate students in Ayurveda. However the institute is far behind in its infrastructure and manpower to meet the rising demand of the society and the scope of Ayurveda in the management of stress, depression, behavioural disorders, drug dependency and other complications. The central assistance may

be sought for to develop a centre of excellence in the specialty, thereby the training to doctors from other States also can be made possible.

25. *Developing one eye specialty hospital in Kerala.* Nethra chikitsa is one of the Kerala specialties of Ayurveda with more momentum in the private sector than the public sector. Certain exclusive eye hospitals in private sector, very often managed by single specialist doctor, but adorns high acclaim, shall be an eye opener to start ISM hospitals in this branch of Ayurveda. The appreciation received for the 'drushti' project of the department to address the vision problems in children shall be a morale booster for this venture.
26. *ISM service training institute.* Health services need regular updating in professional and operational levels. The periodic training shall be given to doctors and paramedics for the effective delivery of the healthcare. Unfortunately the training programmes conducted by IMG in this regard hardly satisfy the actual need of the department. Hence a Service Training Institute shall be set up in the State to strengthen to utilize the manpower effectively.

*Education: Government Ayurveda College Hospitals*

27. *Developing Kerala to be a model State for Ayurveda Education.* Kerala is considered as the land of Ayurveda due to its excellence in treatment and the availability of Ayurveda health care in each and every corner of the State. The state is also well known for its genuineness in drug application as well as indigenous treatment methods in PANCHAKARMA. Some of the ASHTANGA SPECIALTIES like Manasaroga chikitsa and Visha Chikitsa exist only in Kerala. Also there exists a high global demand for Kerala trained professionals. The current state of Ayurveda education of Kerala compared to that of the other States is not promising, the numbers of UG and PG seats and facilities thereon. So all Government and aided colleges are to be upgraded to the level of model colleges with all courses including post-doctoral studies every discipline so that the influx of students to neighbouring states can also be checked. In the meantime stringent steps should be taken to maintain the quality of education in the private sector.
28. *Manpower development in collegiate hospitals.* There are 3 Government and 2 aided colleges in the state. Out of these Government Ayurveda College, Thiruvananthapuram is the oldest one having 125 years of history and the second oldest one being at Thrrippunithura, started in 1927. But all these colleges have regulatory insufficiencies both in infrastructure and manpower. Even though the collegiate hospitals are the tertiary care centres in Ayurveda, they struggle much to deliver the expected levels of specialty care. In 2012 the Central Council of Indian Medicine (CCIM) declared a Minimum Standards Requirement Regulations for UG colleges which is the bare minimum standards to start new colleges. The declared MSR is too inadequate in terms of manpower and other requirements for teaching and hospital services which are better suited for the self-financing colleges for functioning with minimum manpower and patient load. But our Government colleges are PG colleges with more patient load than the declared requirement so that the declared MSR is not

suitable for our requirements. The major paradox is that the Governments are moving with the declared MSR and deploying the so called excess staff as per the MSR, also not sanctioning essential new posts as per MSR due to lack of consideration. While reducing the number of teaching faculty, the CCIM introduced 7 posts of Medical Officer for 60 bedded Hospital and additional 2 posts of Medical Officer for the above 60 beds to ensure patient care. But no such posts have so far been sanctioned. In the matter of other categories of staff there is dearth of adequacy. Now the colleges are facing a deadline to fulfil the MSR by December 2016 and also to obtain NABH and NAAC accreditations within 2 years While doing so we have to assess and provide the absolute requirements of each institution in terms of regulatory as well as local needs.

29. *The regulatory requirements of Ayurveda colleges.* Even though the declared MSR has been made mandatory, it is insufficient for the smooth functioning, and almost all colleges are yet to fulfil the same. Thus there is acute shortage of manpower in many categories including teaching and other supportive staff. Training in Surgery and Gynaecology is another major hurdle. Apart from these NABH and NAAC standards are to be attained. So enough funds may be given to Director of Ayurveda Medical Education to take immediate steps to ensure the necessary requirements within the stipulated time.
30. *Optimum eligible seats in UG and PG courses.* Both UG and PG seats are highly demanding in Ayurveda. The self-financing colleges utilize this situation and increase their admission strength to the maximum. In spite of well experienced faculty and good patient load the admission capacity of all government colleges is bare minimum. As per the MSR, there are two slabs (upto 60 and 100) for UG admission requirements. At present the Government colleges at Trivandrum, Trippunithura and Kannur provide admission for 70,50 and 40 students respectively. Hence as per the MSR norms, the total admission strength in UG course can be enhanced to 220 from the existing 160(70+50+40) upon minor increase in physical infrastructure but no manpower.
31. *Post diploma courses for specialty development.* The major crisis in Ayurveda practice is the abundance of general practitioners, making the specialty services to be vanished from the profession. Along with the service sector in Ayurveda the drug industry too attracts huge turnover. So also the hospitality industry, cosmetology, dietetics, wellness industry etc. Many specialty care services are marketed bypassing doctors by the industry, meanwhile the doctors are moving around stereotype practice. In Kerala there is a tradition of specialty practice from disease to system. Balachikitsa, Nethra chikitsa, Vishachikitsa, Marmachikitsa, Twagroga chikitsa area few among them. To propagate specialty practice the CCIM introduced 16 post diploma courses which can be started in the PG colleges under the respective disciplines. No additional staff is required if the seats are limited to two for each PG diploma course. The doctors of Dept. of ISM/DAME may be sanctioned deputation to undergo PG diploma courses so that the specialty cadre could be stabilized with a two years course instead of a 3 years PG degree course.
32. *Government Ayurveda college hospitals as tertiary specialty care centres.* The college hospitals are now working with high patient load beyond its capacity. It should be raised to the status of a

referral hospital with much better facility compared to a district hospital of dept. of ISM, as both having almost same standard of service at the moment, except in a few specialty. For example, in developmental disorder treatment the service of occupational therapist, speech therapist, psychologist, physiotherapist, and Yoga expert should be incorporated along with the Ayurveda care under the guidance of Ayurveda specialist. Similarly the stroke management, post trauma management, etc., can also be done very efficiently at tertiary care level.

33. *Disease oriented specialty care under existing specialties.* Being the first system of medicine which introduced specialty care viz Ashtanga (eight specialty), Ayurveda should have been entered into the era of super specialty by this time. Unfortunately while Allopathy advanced to super specialty Ayurveda has been found to be unsuccessful to land on this segment of healthcare. Many private practitioners explore the potential of Ayurveda in cancer, infertility, skin diseases etc. Even though Ayurveda has been proved very effective in many areas like Rheumatology, Stroke management, the disease specific studies are yet to be started in Ayurveda colleges. As the existing regulatory body of Ayurveda does not promote a protocol based disease oriented management system, disease specific specialty care shall be initiated through project based programme in Rheumatology, Developmental Disorders, Autism, Cancer Care, Sports Medicine, Allergic Disorders, Infertility, etc.
34. *New 50 bedded mental health hospital under Directorate of Ayurveda Medical Education.* A big lacuna of an exclusive Mental Health Institute for teaching, training and research is clearly visible especially when the potential is well established through a small ISM hospital at Kottakkal. Considering the strength of Ayurveda in this area and also the rising demand of the society, an exclusive facility with 50 bedded hospital under DAME is urgently needed, particularly to impart adequate training for UG and PG students in the States and doctors from outside.
35. *Traditional Knowledge Innovation Kerala (TKIK).* Many of our indigenous health traditions are yet to be unearthed and hence a comprehensive literary research is much essential for fuelling the fundamental, Pharmaceutical and clinical research in Ayurveda. The TKIK is an initiative for protecting and preserving our rich traditional knowledge. The major aim of the Programme is to attribute IPR protection to Ayurvedic concepts by collection, preservation, digitization, database building and publishing of ancient documents including Palmleaf Manuscripts and others They undertake drug development based on our ancient unpublished knowledge as per international protocol which ultimately is a source of revenue to the State. As part of upholding the values of our traditional heritage, an international museum similar to one in Israel is seemed to be very essential. Being a programme of immense scope for the protection and development of Ayurvedic concepts, the TKIK shall be brought up as a separate establishment rather than confining it under DAME in Arogyabhavan, Tvm.
36. *New Ayurveda colleges.* The Government sector has been outclassed by the private sector in number of UG seats in Ayurveda. As the Government is destined to maintain quality education and with its conventional limitation in private sector, it is well appreciated to have more or at the minimum equal UG seats in Government sector in par with private sector.

Hence taking into consideration of geographical representation of institutions, three new Government Ayurveda colleges in Alappuzha, Idukki and Wayward districts are to be set up in a phased manner. In this regard cooperative sector participation can also be exploited.

37. *Paramedical training.* Ayurveda Healthcare services and wellness industry are in great need for quality paramedics. Unfortunately there exists shortage for qualified/recognised paramedics in Therapy, Pharmacy and Nursing in Ayurveda. This hampers the efforts for standardizing hospitals treatment centres. The Government is yet to enforce a proper monitoring mechanism for checking mushrooming Ayurveda wellness Centres and private therapy training courses. At the same time the existing norms for paramedical training centres are not seemed to be feasible for even recognized and established private institutions further making crevasses to already fragile sector. Hence appropriate measures shall be derived to recognize existing training centres and regular paramedical courses shall be started in all colleges including potential private ones.
38. The traditionally trained people from traditional vaidya families may be utilized in pharmaceutical industry as per their expertise and qualification simply on humanitarian consideration, as their prolonged claim for registration as medical practitioner is no longer valid in the existing regulations.
39. *Academic staff training institute for Ayurveda.* The medical education is expanding leaps and bounds and hence the emerging doctors shall be well versed in all segment of medicine, generally. Though the best post graduates are being brought to medical education, they need to be trained in the art of teaching. Hence an academic training institute is inevitable to mould our faculty. It may be started in KUHS campus in Thripunithura.
40. *Playground and a centre for sports medicine in Ayurveda College Thiruvananthapuram.* The complimentary coherence of Physical activity and intellectual output is well known. All the Ayurveda colleges except the biggest one in Trivandrum have playgrounds attached. Hence a suitable place shall be identified for the playground for Government College, Thiruvananthapuram where a centre for sports medicine can also be initiated.

#### *Suggestions of Projects Which can be Undertaken During the 13th Five-Year Plan*

41. At present 15 different projects have been undertaken in the department of ISM for addressing special health issues. They are well appreciated among beneficiaries and demand for such programmes is increasing. Till now these projects are implemented in a few institutions. Hence it should be made mandatory to implement the project at least one in each dispensary and two or three in Taluk and District Hospitals.
42. *Spandanam (treatment for learning disabilities).* This project is aimed to give treatment support to the children having learning disabilities. This project had been implemented in Kozhikode district for the last 5 years and it has become effective in mainstreaming these children to

the public education system. It also helps them to develop their special skills and eventually to a normal personality.

43. *Vayosukrutham (skill development programme for old age care)*. This project is aimed at giving awareness to the care takers of old age home on Ayurveda treatment to the elderly people and also train them to perform first hand treatment for the wellness of old age people. By this project these people will be able to provide better care as well as to get access to the available treatment facilities in the nearby Ayurveda hospital.
44. *Vayo Amrutham (old age care programme)*. This project is aimed at giving free Ayurveda treatment to the inmates of old age home maintained by the Social Justice Department of the Government
45. *Ruthu (adolescent health care programme)*. The incidents of infertility and uterine disorders are alarmingly increasing in our society. Many of these issues are triggered by our changing food habits and life style patterns. An early intervention may reduce the disease burden. Ayurveda can play a vital role in this regard. RUTHU project is aimed for adolescent girls to address their menstrual issues, providing treatment for rising incidence of poly cystic ovary syndrome as well as health education and counselling. At present this project is implemented in 2 schools of each district in Kerala, attracting wide appreciation.
46. *Jeevani (type 2 diabetes treatment programme)*. Diabetes is becoming a major life style disorder leading to various health issues including heart disease, renal failure, visual defects, rheumatic complaints, neurological problems etc: Ayurveda has time tested multi-level management programmes in diabetes and its complications. Early intervention, prevention of disease progression, life quality improvement, and complication management is possible with Ayurveda. JEEVANI envisaged for the treatment of type 2 diabetes with the above concept. The project has been implemented in Thiruvananthapuram, Kollam and Ernakulum district hospitals with 100 beneficiaries in each. Considering the rising diabetic population this project need also to be extended to all other districts.
47. *Mathruvandanam (ante-natal and post-natal care programme)*. Kerala has a rich tradition of Ante-natal and Post - natal regimes based on Ayurvedic understanding. It includes care of pregnant woman, delivery management, post - natal care for women and new born. It ensures health of the individual as well as a problem free delivery. These are time tested and well adopted by the community. This project is undergoing in Idukki district with the support of conventional delivery practices. The increasing number of caesarean sections and developmental disorders in the new born need special attention. This is one of the main areas where Ayurveda can be integrated with the conventional medicine to reduce the risk factors. The social acceptance is the key factor in this issue.
48. *Punarnava (stroke management programme)*. Stroke management (Pakshakhatha Chikitsa) is one core area of Ayurveda. Nowadays acute stroke management is usually done in modern hospitals thereafter many are living with different disabilities where Ayurveda can intervene



effectively. In these cases Ayurveda can speed up the recovery or minimise the disabilities or improve the quality of life. This is one of the areas where Ayurveda can be integrated with the conventional management. This project is implemented in two districts but need to be developed.

49. *Kaumara Stoulyam (adolescent obesity programme)*. Adolescent obesity is one of the upcoming issues in urban area which need an early intervention to reduce the lifestyle disorders. The beneficiaries enrolled in this programme will be monitored with modification of food and suggest exercise and suitable medication to maintain proper weight. Necessary parent counselling also be included in this programme.
50. *Snehadhara (palliative care programme)*. The rising morbidity with fatal diseases attracts increasing number of bedridden population. One of the main objectives of palliative care is to improve the quality of life. Ayurvedic measures are well suited in this area and can be clubbed with the conventional therapies.
51. *Kshemajanani*. This project is designed to reduce infant mortality prevalent in tribal area of Attappadi. There are observations that the anemia and related malnutrition problems are caused by the mal-absorption of nutrients which is well responded with Ayurveda medicines. Hence it can be implemented in the similar folks like fishermen and other working groups.
52. *Karalrogamukthi*. Ayurveda is well known in management of liver disorders. Alcohol is considered as a social evil as it imparts its evil effects in almost all aspects of social and personal life. This project is aimed at managing hepatic problems in alcoholics and shall be implemented in all districts.
53. *Drishhti*. Many school going children are having vision problems which affects their education at large. In many conditions Ayurveda management responds well and it can be utilized for the prevention of such disorders. This project is aimed at giving eye care for the age group of 7-15 and is managed by the Eye specialists in the department of ISM.
54. *Prasadam*. Anaemia is one of the major problems in school children especially in girls. Ayurveda has good management system for addressing anaemia. PRASADAM is aimed at 6-15 of age group and is now implemented in 4 districts in Kerala.
55. *Sports Ayurveda*. Ayurveda is well known for the maintenance of physical health. Ayurveda concepts are well suited for the needs of Sports Medicine. There are safe measures for maintaining physical fitness, endurance development, injury prevention and management in Ayurveda. These are well appreciated by the sports community. Two hospitals at Thrissur and Thodupuzha are having exclusive facilities for sports medicine. There are also many District and Taluk hospitals providing sports medicine in limited levels.
56. *Ayursevana*. This project is aimed at developing special skills for the care takers working in psychosocial rehabilitation centres for mentally ill persons. The training includes the

Ayurvedic management for handling emergencies as well as measures for maintaining good health.

### *Strengthening Health Service Administration*

57. *State level project management/evaluation system.* The above 15 (1.3.1- 1.3.15) different projects are implemented in various centres and the reports are coming to the directorate frequently. But there is no system for monitoring these projects and no evaluation data is available with the department. Hence many prestigious projects are still working in hypothetical level without data analysis. So a State level project management system with sufficient technical staff and facilities should be made available in the department of ISM.
58. *District medical office development.* The DMOs are the direct controlling office of the rural network. The public health activities can be coordinated from this office very effectively. A Deputy DMO can do this work; to begin with senior chief medical officer shall be given the charge of Dy DMO.
59. *One additional medical officer in each dispensary.* The rising non communicable disease burden needs to be addressed with effective preventive health care. The time tested Ayurvedic preventive and promotive health cares are culturally integrated with our society. With less effort it will be accepted if propagated. The present manpower in the dispensary is too inadequate to undertake these public health activities. If one Additional Medical officer is given under each dispensary, he can coordinate the programme with the help of ASHA workers
60. *Utilization of centrally sponsored scheme, NAM.NRHM* was implemented to filling the gap in the present health care delivery system with the help of Central funding. Even though the central support is decreasing there is lot of possibilities for strengthening our system. These resources may be explored very well for the development of AYUSH sector in the State.
61. *Health insurance programme of Government is extended to AYUSH Departments.* The Central Government introduced RSBY to enable poor people to get all sorts of health care but AYUSH systems were excluded from the programme. In tune with RSBY Government of Kerala also introduced a Comprehensive Health Insurance Scheme (CHIS) in which AYUSH systems are also excluded. It's a serious discrimination which eventually hindering the public to use these systems for their health care needs. So all legitimate medical systems shall be accepted for the existing health insurance schemes in the country.
62. *Necessity of amendments in the Central Clinical Establishment Act.* The Regulations to register clinical establishments are necessary to maintain quality of service as well as monitoring the system. It will also check quackery in this field. The State Clinical Establishment (Registration and Regulation) Act has been drafted suiting to Allopathy only. So a separate standard for AYUSH systems are to be included in the above draft.

63. *Programme for prevention, early detection and management of lifestyle diseases.* A State-wide programme for the prevention and early detection and intervention is suggesting at the primary health care level. It includes awareness programmes, survey and exclusive OP to propagate healthy life style, good food, exercise promotion and Yoga training, home remedies and counselling. According to Ayurveda there is scope of secondary prevention that is breaking the disease process by early intervention. In which those are prone to disease can be categorized and managed separately. These programmes can be implemented with the cooperation of AYUSH Department, LSGIs, Public Health Protection Agency, Kudumbasree, professional organizations like Ayurveda Medical Association of India etc. The secondary and tertiary level management can be given at District and Collegiate hospitals with the support of specialists concerned.
64. *Methodology to meet the health needs of scheduled women, tribals, fishermen, elderly and the physically and mentally challenged persons.* The projects like Vayosukrutham and Vayoamrutham are designed for providing better health care to the elderly persons. 'Kshema janani' is exclusively for reducing the infant mortality in tribal area. 'Ayursevana' is designed for the care of mentally challenged persons. The projects like HARIKIRANAM and JEEVENEYYAM are addressing the health issues of scheduled cast population. These programmes can be replicated to the concerned areas.
65. *Universalization of palliative care.* The rising population of elderly people as well as increasing morbidity leaving the society the responsibility of providing proper care for bedridden persons. Ayurveda has many advantages in improving quality of life which is very much important in palliative care. The project 'Snehadhara' is designed accordingly.
66. *Low cost medical and allied facilities in association with cooperative sector and philanthropic organisations.* The rising cost of health care demands the availability of low cost health care for the poor and needy people in the society. A cooperative hospital network can be established throughout Kerala in association with the existing cooperative institutions in the State in this regard.
67. *Improvement of quality of health education with the changing dynamics of public health, health policy and health demographics.* The relevance of public health is now becoming very important in the management of healthcare delivery system. The total system of health care is going behind the curative medicine and the burden of health care is growing day by day. The role of public health is to maintain the health of the people which is given least importance in the present medical education. As a result the primary health centres are also working as curative centres rather than preventive centres. In this line of approach, the UG students shall be got acquainted with group projects in preventive health care as part of their curriculum.
68. *State Research Institute for revalidating Ayurveda to evidence based medicine.* There are many areas in Ayurveda where research and scientific validation are required. For many ailments Ayurveda management is safer and cost effective but in many occasions an evidence based protocol is not available. Results are individualized so that duplication is not possible. To change this

scenario evidence based research is inevitable to place Ayurveda in the appropriate level. For that an interdisciplinary research centre with international standards would be established in Kerala. A drug research unit shall be attached to this centre to revalidate the classical products and development of new products. Research on nanotechnology and allied researches can also be carried out in that institute.

69. *e-health programme in line with DHS and DME.* E-health programme is a novel idea for data generation. But the requirements for Ayurveda are different from Allopathy. System of diagnosis and management in Ayurveda should be scientifically incorporated with this. This will compensate the drawback of having less documentation in the field.
70. *Gynaecology and infertility treatment using Ayurveda.* Kerala's traditional practices of Ante- natal and Post - natal regimes are based on Ayurveda. It includes care of pregnant woman, delivery management, post - natal care for women and new born. It ensures health of the individual as well as a problem free delivery. These are time tested and well adopted by the community. The increasing number of caesarean section and developmental disorders essentially need special attention. This is one of the main areas where Ayurveda can be integrated with the conventional medicine to reduce the risk factors. Apart from this issues of infertility and uterine disorders are also increasing in our society. Many of these issues are triggered by the changing food habits and life style. An early intervention may reduce the disease burden. Ayurveda can play a vital role in this regard. Many of our traditional practices and treatment are proven its efficacy in this area. Ayurveda care for menstrual issues and poly cystic ovary syndrome can be done at dispensary level. Treatment for infertility is now carried out in hospitals in specialty level.

#### *Drugs*

71. *Ayurveda drug industry.* It is one of the areas identified as the core competency of Kerala economy. There are about 850 Ayurveda medicine manufacturing units of which 7 have turnover above 50 crore per annum while major Indian companies are having turnover above 1000 crore. The export sector is facing a lot of regulatory and certification issues.
72. *Strengthening of CARE Keralam.* In view of this CARE Keralam, an industrial consortium was formed with the support of KINFRA at Thrissur. Well-equipped laboratory system for standardisation of drugs is now available with this unit. The existing facility of CARE Keralam can be utilized for new research projects and programs by Government of Kerala. The present system of sending drugs outside the State for lab testing can be diverted to CARE Keralam, thereby the State sponsored unit will be benefitted. CARE Keralam lab facility can be utilized for the various requirements of State Government to test drugs, food products, pesticide residues in vegetables, heavy metal detection etc. CARE Keralam need further support from the Government to upgrade appropriate technology and facilities for R&D, QA / QC, GMP, expansion of operations, market development and strengthening infrastructure.

73. *Co-operative Sector in Drug Industry.* The cooperative sector is one of the ground level organizational systems to mobilize participatory investment for the development of the society. In Kerala cooperative sector is well established in many areas like Agriculture, Small scale industry, Milk marketing etc. There are four Ayurveda drug manufacturing units now successfully working in this sector which are to be strengthened. These units are maintaining good standards as they are run by doctor's participation and the products are intended for their own use. The OUSHADHI is the only firm to supply medicines to Government institutions. Many times they fail to meet the actual needs. In such circumstances cooperative sector may be utilised to meet the supply shortcomings of Oushadhi. The other area is the scope of Cooperative hospitals to provide low cost medical care to the poor. Many related areas like buy back arrangements for medicinal plant products, propagation of medicinal plant cultivation and propagation of home remedies etc. can be organized through this sector.
74. *Pharmacy courses in Oushadhi.* It is the only Ayurveda manufacturing institution in the Government sector in India. The objective of Oushadhi is to provide quality Ayurveda medicine to public and Government hospitals. There is vast scope in developing new manufacturing techniques as well as developing new simple medicines for hospital pharmacopeia. Drug manufacturing shall be demarcated for their core competency rather than diverting to treatment centres. There is acute shortage of qualified pharmacists in the State. Oushadhi can start D Pharm and B Pharm courses with their existing facilities which will be a good move to support the industry and State as a whole.
75. *Strengthening the drug control department.* The Ayurveda drug industry in Kerala is one of the established sectors and is having about 1000 crore turnover per annum. About 650 live units are functioning in which 200 are major players. If suitably planned this sector can be utilised one of the potential areas to strengthen the economy of the State. Due to serious regulatory lapses the quality and safety of the products are suspected. In the meantime the regulatory mechanism is not industrial friendly so that many manufacturers are moving out side for their expansion programmes. The major insufficiency in the department is the scarcity of drug inspectors with respect to the number of units. Annual inspection is not possible with existing manpower. Only 7 Inspector posts are sanctioned in which four are vacant. Department of Ayush, Government of India suggested a ratio of 30:1 Inspectors in the recent draft however the department is demanding 50:1 posts in Inspector cadre.
76. Another issue in the ASU section is posting of Deputy Drug Controller in which persons from Ayurveda Colleges are deputed. A person having no experience in a regulatory department is coming as Controlling Officer usually slows the growth and development of the system. It was started when there was lack of qualified candidates for the post in the department. Now things have been changed and enough candidates are available. The technical personnel in the lower cadre shall be given provision for deputation for acquiring required qualification for the post of Deputy Drugs Controller (ASU).
77. *Medical shop licensing.* Another issue is lack of licensing system for medical shops. This is the main source of quackery and misuse of medicines. At present anyone can sell Ayurvedic

medicine without any qualification anywhere without a license from a competent authority. A license of local body though they are not technically qualified to grant such licenses is required to start an Ayurveda medical shop. The main hurdle in implementing sale license is lack of Central law. So immediate steps should be taken for proper licensing mechanism of medical shops. In the meantime State should initiate to keep a registry of sale out-lets which will bring some sort of control over them.

78. *Strengthening of regional offices.* The renewal of the license is now in 5 yearly basis but the related excise licenses are to be renewed in yearly basis. It is a complicated process attracts lot of unnecessary clerical works. So the excise license may be extended to 5 years at a stretch and a single window system may be introduced for renewal. Post of one Assistant Drug Controller (ADC) may be sanctioned in the regional offices and the renewal can be decentralized under ADC. It will reduce the burden in the State office and also strengthen effective monitoring of the units.
1. The number of Drug Inspectors should be increased to 50:1 to ensure quarterly inspection to each unit in detail.
  2. Controlling Officer should be selected from within the Department by promoting qualified candidate.
  3. Excise Licenses renewal should be in 5 yearly basis.
  4. Renewal shall be decentralized to the regional offices.
  5. 3 ADC posts in regional offices and one for State office should be created.
  6. Medical shop license shall be introduced till then a shop registry may be maintained.
  7. Single window licensing system shall be introduced.
  8. A central drug testing laboratory facility shall be provided under the drug control department.
  9. Financial autonomy should be given to the ASU wing.
  10. Online application system and SOP for licensing shall be introduced to maintain transparency and avoiding delay in process.

#### *Medicinal Plant Cultivation*

79. The scarcity of raw material is the major cause for increasing drug price and it is closely related to deforestation and environmental issues. Proper cultivation and sustainable harvesting should be promoted to preserve the plant wealth. The existing National Rural Employment Guarantee Scheme (Thozhilurappu) is done very unscientifically by destroying valuable medicinal plants in our surroundings. The same workforce can be utilized to collect and cultivate the valuable plants which will again support their income as well as the industry. The medicinal plant cultivation shall be expanded through the local cooperative societies.
80. *Integrated approach in medicinal plant cultivation.* An integrated system may be formed to promote the cultivation of useful medicinal plants in the available Government land in association with Agriculture department, Bio Diversity Board and organization like State Medicinal

Plant Board. Many medicinal plants can be grown along with the other crops. All these possibilities shall be tapped.

81. New technique like terrestrial farming and tubular farming may be propagated in medicinal plant cultivation.
82. *Tribal societies for collection and distribution of forest products.* The collection of forest products is one of the areas to be streamlined to protect the existing forest resources. Many unscientific practices are there to exploit these resources. To prevent exploitation and maintain sustainable harvesting a fool proof system should be introduced. Tribal societies can be formed to collect these products and those can be stored in the local collection centres. A Central Store is to be formed with all modern facilities for storing and preservation. OUSHADHI may be considered as the nodal agency to run this system.

#### *Health Service in Private Sector*

83. The health service in private sector is playing a vital role in providing Ayurveda care to the society. It ranges from small vaidyasala to big hospitals. The major problem in this field is the presence of quacks and objectionable advertisements. Stringent action should be taken to streamline the medical profession by preventing quacks and advertisements.
84. *Start-up support for Rural Hospitals.* Scheme for financial support to start hospitals in the rural areas shall be given to young doctors in association with financial organizations. There are a lot of job opportunities in this area. A five bedded hospital can generate minimum 12 job opportunities including 2-3 doctors. It will increase the low cost treatment facility in rural areas.
85. *Ayurveda tourism consortium to tap tourism potency of Ayurveda.* Ayurveda tourism is growing in Kerala and is identified as one of the areas to contribute the State economy. Among the tourists many are coming for curative Ayurveda for various illnesses will be routed to wellness centres where scientific treatment facilities might not be available. In this area those who are in lime light only get promoted so that many authentic treatment centres and hospitals are left behind. For the sustainable development of the industry the authentic centres should be promoted by the Government. To address this issue a Tourism Consortium of Ayurveda hospitals shall be formed in line with the CARE Keralam through which small hospitals can participate in the travel marts and promote themselves.
86. *International wellness centre in ayurveda.* The importance of Ayurveda in wellness medicine is well appreciated and attracting foreign money to the State. A model centre is required to standardize the treatment protocol and providing comprehensive health care using Ayurveda and Yoga. There is 100 acres of land is available near Neyyadam in Thiruvananthapuram district where this Centre can be established along with medicinal plant cultivation and eco-tourism.

86. *Occupational health care.* Ayurveda is well known for health maintenance. It should be the key strategy in the occupational health care. Now it focuses on curative care rather than maintenance. We know the rising morbidity reducing the working days and it again increases the health expenditure of the State. So many countries are now concentrating on mandatory health maintenance programme. We have a time tested system of health maintenance in Ayurveda which is now attracting a lot of people all over the world to Kerala. So the strategy of curative health care should be changed to wellness health care in the field of Occupational Health Care such as ESI and similar programmes.
87. *Strengthening of insurance medical service.* Ayurveda is very effectively co located with ESI medical service and thousands of people are benefited. In few districts Idukki, Pathananthitta, Malappuram, Wayanad and Kasargode this facility is not available. High priority should be given to provide Ayurveda health care in these districts. Steps should be taken to avoid operational hurdles to start the allotted dispensaries in Thodupuzha and Chavara.
88. *Start one Ayurveda hospital in ESI north zone.* There is no hospital facility for Ayurveda in ESI at North zone. In Farook ESI hospital about 50% of beds are always kept vacant. So it may be considered to provide hospital facility for Ayurveda in that hospital.

#### *Yoga and Naturopathy*

89. Alphabetically Yoga and Naturopathy is placed second in the AYUSH groups in which Yoga is purely of Indian origin and Naturopathy is of foreign in origin. Yoga is closely associated with Sankhya philosophy which is also the back bone of Ayurveda. Naturopathy is a non-invasive system of medicine propagated by Dr Benedict Lust who is known as the father of modern-day Naturopathy as it is he who introduced and spread the knowledge of Naturopathy in the US in 1892. In India these two systems are combined forming a separate component in Ayush systems of medicine. However, these two systems are well integrated with Ayurveda curriculum from the beginning itself.

#### *Recommendations*

90. *Upgrade the existing 50 bedded hospital at Varkala to a BNYS college and Centre of Excellence.* There is no college for the study of Yoga and Naturopathy in the State. The existing hospital at Varkala is having 50 bedded which is going to be developed to a 100 bedded hospital can be converted to a degree college to promote the study of this system which is now having global acceptance as a non-invasive system of medicine.
91. *Start district hospitals with 20 bedded capacity.* At present only 7 institutions are working in the State. In the light of the increasing demand for this system 20 bedded Hospital may be started in all Districts with two Medical Officers

#### *Unani*



92. It is a form of traditional medicine widely practiced in South Asia. It is one of the eminent branches of alternative medical science in India. Unani is based on the Hippocratic theory of humours and on the six factors that are responsible for prevention of disease and maintenance of health. Unani has been appreciated in certain areas in Kerala.

*Recommendations*

93. The existing hospital and dispensaries should be developed according to the KASH/IPH standards.
94. More dispensaries shall be started in the area where appreciation for this system existing.
95. Hijama shall be utilized in sports injury.

*Siddha*

96. It is a traditional Dravidiansystem of medicine having a comprehensive approach on the body, mind and the soul appreciated in the southern part of Kerala close to Tami Nadu. Siddha medicines are manufactured from herbal plants, processed metals, minerals and animal products.

*Recommendations*

97. *Taluk Siddha Dispensary.* To increase the representation of Siddha dispensaries one dispensary in each Taluk shall be started where good appreciation for Siddha medicine.
98. *Varma specialty should be started in existing Siddha Hospital.* Varma is one of the widely accepted specialty of Siddha. This specialty should be started in the existing Siddha hospital at Vallakkadavu, Thiruvananthapuram. This hospital should be upgraded to 50 bedded one.
99. The Avanavancheri Dispensary at Attingal and Mannancheri of Alappuzha should be upgraded to 20 bedded hospital.
100. *The Siddha medicine should be included in preventive health care.* Many useful medicines are available in Siddha which can be used in public health. For example Venkarapowder can be used for water purification.
101. *Nilaveppu kudineer should be promoted for preventing viral fever.* Nilaveppu kudineer is now popular in Tamil Nadu for the prevention of viral fever. All PHCs in Tamil Nadu are provided with this medicine.

102. *Oushadhi should start manufacturing of Siddha medicine.* There is no Siddha manufacturing units in Kerala. Oushadhi can manufacture Siddha Medicines also with existing infrastructure and can be marketed all over India.
103. *Government should take the membership of IMPCOPS to get medicine in subsidized price.* At present Kerala Government is purchasing Siddha medicines from IMPCOPS through Oushadhi. IMPCOPS is providing 25 per cent additional discount for members This facility can be utilized by the Government and get more medicine with same amount in the budget.

CHAPTER 6  
HOMOEOPATHY

*Introduction*

104. Homoeopathy which has completed only 200 years now occupies the status of second largest system of medicine used by the World population as assessed by the WHO. It has been made legalised medicine in 42 countries including India and enjoying the status of Complementary and Alternative Medicine (CAM) in 28 countries. It is still spreading in greater number of nations in the world. The prime reason for this fast spreading acceptance can be reasonably attributed to its salient features in being “safe, simple, scientific, economic and effective medicine for all”.
105. Though its origin may be traced back to Germany its growth and development is ostensibly found out in India. It is now 150 years when it became rooted in India. But it got the required deserving recognition as a system of medicine only after the dawn of independence. Within this short span of the years it has been enviously able to vie with the modern medicine which has got world patronage and ruling the roost of the firmament of traditionally blessed Ayurveda. Today India has become the “Super Power of Homoeopathy” in the World.
106. Even though Kolkata stands to get the credit of the “Cradle of Homoeopathy in India” Kerala is at its “pinnacle of prosperity.” since the last 30 years or so. It is worth to be noted here that a study conducted by the SPB in the year 2011 reveals that almost 25% of the people of Kerala fall back upon Homoeopathy for their health care needs. In Kerala Homoeopathy has begun to rule its roost in the erstwhile Travancore State during the reign of Sree Moolam Thirunal Maharajah. A resolution was got passed in the Sree Moolam Assembly in 1928 which it was that marked the first State to recognise Homoeopathy as a system of medicine in India. Its Centenary Celebrations falls due in the year 2027. Despite all these things, the first Government owned Homoeo Dispensary was established in Thiruvananthapuram, the capital city of erstwhile State of Travancore as well as Kerala in 1957. And it was the first Government owned Homoeopathy dispensary in India too. It is quite striking to note that the “Vajira Jubilee of Kerala does also synchronize with the “Vajra Jubilee” of the first public sector dispensary in Homoeopathy and ‘Navathy Celebrations’ of the first official recognition of Homoeopathy in India. The State of Kerala is set out to become 100% Homoeopathic State by providing Homoeopathic treatment facility in all LSGIs along with that of Ayurveda. Besides Kerala is already in the forefront in the case of recognition and acceptance of Homoeopathy in health care including the preventive medicine, education, research, medicine manufacturing, Homoeopathy in Veterinary and Plant Medicine etc. Kerala thus stands first in every aspect of Homoeopathy and the contributions of the State of Kerala are individually its own quite far from other systems of medicine. In this way, it may be seen that the celebrations of the “Vajra Jubilee of Kerala” serve to show that Homoeopathy has a significant role in the development of the State.

107. Our State has already formulated a 'Perspective Plan by 2030' for developing Kerala as a "World Hub of Education and Health". It is perhaps with this view in mind the ruling State Government has visualised and launched an innovative scheme with 'Sustainable Development Goals' (SDGs) - "Nava Kerala Mission", emphasising education and health also. Homoeopathy has a predominant role in being included in the health care particularly when the system relatively safe, simple, affordable and acceptable medicine for all. It causes no drain to the exchequer and less out of pocket (OOP) expenditure on the part of the people, besides guarding against harmful side effects of medicine. It is thus the imperative purpose on the part of the scheme makers to give optimum utilisation of Homoeopathy wherever it is found desirable and rewarding. It should be in this perspective the 13 FYP need to be designed and addressed in Homoeopathy.

#### *Health Care Services*

108. The Department of Homoeopathy, Kerala is currently setting a model for other States in India. Separate department which was formed in the year 1973 has been presently delivering the service of Homoeopathy for curative, preventive and palliative health care to the people.

#### *Dispensaries*

109. There are 659 regular dispensaries, 416 NRHM dispensaries and 29 temporary dispensaries in scheduled caste dominant areas in the State. Over and above all these, there are 3 floating dispensaries functioning regularly in Alappuzha District. Apart from these 4 mobile dispensaries (1 each in the districts of Wayanad, Palakkad and Idukki and one more in Idukki district under NAM) are also functioning.

110. In order to attain 100% Homoeopathic treatment facilities provided under public sector, an additional 49 dispensaries may be opened in the remaining LSGIs. Though this requirement is known to have been included in current year, it is yet to be seen how far it will be met in this year itself. If it cannot be met this year it may be ensured that this will be done in the next financial year.

111. All the NRHM dispensaries are temporary in nature running on the 60% financial assistance from the Central Government. This assistance is liable to be reduced during the coming years. If the State does not regularize these dispensaries their future stake will be in peril. This warrant, urgent steps on the part of the State Government to regularize these dispensaries before the end of 13 FYP.

#### *Hospitals*

112. There are 34 hospitals with a total bed strength of 985. There is one district hospital each in all fourteen districts provided with 25 - 100 beds. There are 17 Taluk hospitals under Block Panchayats, 16 of them having a bed strength of 25-35, and the remaining one at Pallam block (Kottayam district) being titled "Homoeopathic Medical College Government

Hospital” at Kurichi with 125 beds. In addition to that one speciality hospital for pain and palliative care for cancer patients with 10 beds at Vandoor (Malappuram district) under Dist: Panchayat. Over and above these, there are two 10 bedded hospitals under Grama Panchyats.

113. The rest 46 Taluks have yet to be provided with hospitals during the 13 and 14 FYPs period themselves at least with 10 beds each.

114. Pay wards, Clinical labs, Medicine pharmacy etc. shall be streamlined in all district hospitals under the KHRWs as in the case of Allopathic hospitals. All the district hospitals may be developed and elated to attract NABH accreditation and this should be taken up as a phased programme in 13FYP.

#### *Standardization of Existing Institutions*

115. The deficiencies detected in the effective functioning of the above health care institutions though came into light for remedial action even during the XI FYP have not been attended to, except 83 dispensaries being raised as model ones. This does not mean that there are some achievements in the last FYPs under the Central assistance. But most of the gaps detected still remain to be rectified in the majority of institutions.

#### *Physical Infrastructure*

116. The institutions are deprived of necessary suitable buildings as per requirements for proper functioning along with other facilities, required manpower etc.

117. Out of the 14 District hospitals permanent buildings are available only in 11 while the remaining 3 are under construction. All the existing Taluk hospitals have their own buildings.

118. A number of 134 dispensaries are functioning in rented buildings out of the total 659.

#### *Diagnostic and Accessory Management Facilities*

119. The hospitals themselves are not fully equipped. There are facilities like Clinical lab and USS in the hospitals numbering about 23 and 5 respectively. ECG facilities are available only in certain institutions. Full time Lab technician post is available only in 14 hospitals. Inadequacy in staff and equipment in the above existing facilities and in institutions which are lacking in the above basic diagnostic facilities may be rectified during the 13 FYP.

120. A phased programme need to be prepared for making available these infrastructural facilities in all the hospitals and dispensaries in the State. To begin with necessary uniform model plan /sketch of the buildings along with the required landed area have to be finalized. Immediate follow up action for acquiring land from the LSGI concerned, the required funds

for building construction from the Government through NAM and such other resources may be attempted. All necessary steps may be initiated in this direction urgently.

#### *Uniform Staff Pattern*

121. There are 25 to 100 beds are in each of the District hospitals, while there are 25-35 beds in the 16 Taluk hospitals. The medical staff pattern provided in the hospitals with 50 to 125 beds is one and the same. Similarly the medical staff pattern of 25 - 35 beds hospitals is also one and the same. The 10 bedded hospitals have posts of CMO, MO and RMO one each.

122. So far a uniform staff pattern could not be provided invariably in all regular dispensaries. The staff pattern taken for granted at present for each dispensary is one MO, one Pharmacist, one Attender and one PTS. This staff pattern is also not seen provided in 96 dispensaries. This is a set-back which is to be rectified at the earliest.

#### *Nurses*

123. The Nurses and Nursing Assistants in the Homoeopathic hospitals are now doing 12 hours' duty every day while their counterparts in other systems of medicine are doing 8 hours only. In Homoeopathy Nursing staff has to do their duty in 2 shifts whereas in other depts. they are doing it in 3 shifts. When viewed against humanitarian consideration and with the relations of other depts. these Nursing staff deserved to be regarded in parity in their duty hours

#### *Formation of Kerala Public Health Standards (KPHS)*

124. A uniform staff pattern has to be evolved for the smooth and effective functioning of the health care institutions. All these activities have to be codified in the analogy of the IPHS with particular reference to Kerala's features / situation. Thus a KPHS may be formulated for implementation. It should contain the features mentioned in the IPHS like functions, essential services, physical infrastructure, manpower, equipment, diagnostic services, list of drugs, capacity building, quality assurance in services, hospital management committee, citizen's charter etc. All the health institutions need to be developed following the KPHS norms. Then only, Kerala can be made the "World Hub of Health" as conceived in 'Perspective Plan 2030' by the Government for achieving its 'Sustaining Development Goals' (SDGs) for affordable and quality health care delivery for all.

#### *Specialty Clinics*

125. Specialty Clinics/Centres have been developed with special reference to the potentialities of Homoeopathy in different fields of health care. As these activities have been found to be very effective and efficacious because of the unique features Homoeopathy being safe, simple, affordable and acceptable system of medicine. Such activities are being spread over more and more places. A detailed status as on date of these centres is furnished below.

Table 3 *Specialty clinics in Kerala* in numbers

Sl. No.	Specialty	No. of Units	Commenced Year	Remarks
1	Seethalayam	14	2010	Functioning only in District Hospitals
2	Thyroid Clinic	05	2010	„
3	Mother and Child and Fertility Care Centre	04	2012	„
4	Sadgamaya	14	2012	„
5	Ayushman Bhava	07	2012	„
6	Geriatric Care	03	2013	„
7	Pain and Palliative Care	14	2013	„

126. The manpower employed in these centres does not belong to any speciality cadre. No separate course of study has been set up for moulding speciality medical manpower in Homoeopathy in the country except in Paediatrics and Psychiatry. The human resource working in the speciality clinics was selected with reference to their experience, interest and dedication in work. They are also drafted from regular service. Such being the case, this is additional service to them, without any additional benefits.

127. Because of dearth of staff, speciality clinics are conducted once in a week or in a fortnight. Some of the incumbents have to attend the speciality clinics at their own expense travelling from their far away parent institutions. On most occasions this has become inconvenient even going to the extent of dislocation of work in their regular duties. If it is to be corrected, separate manpower need to be created at the earliest. They need to be imparted training in Specialty concerned. The activities of speciality clinics should be assessed periodically to make necessary changes in functioning from time to time. Similarly newer and newer areas where Homoeopathy has its potential may be found out to arrange such speciality clinics also. These works may be entrusted with the R&D division of the proposed State Institute of Homoeopathy (SIH). In order to share the research and impressions of these works by the professionals and public, necessary effective dissemination of such things through IEC division of the SIH may also be caused to be arranged.

128. The speciality clinics are now being conducted in district hospitals, at the behest of district Panchayat Administration. Such clinics can be conducted in the institutions under Block Panchayats even in Grama Panchayats according as the need felt by such Panchayats. But it is up to them to bear the expenditure after providing necessary facilities thereof.

#### *Pain and Palliative Clinic*

129. A ten-bedded hospital was sanctioned in Vandoor, Malappuram district in the year 2013 for providing pain and palliative care of the cancer patients titled 'Chethana Clinic'. It is running exceptionally a good condition as more and more patients are attracted to this hospital. The

necessity for developing it further was felt strongly. This matter may be studied in detail and all necessary developmental activities including the increase in bed strength with additional manpower need to be taken up urgently.

#### *Infertility Clinics*

130. It has been proved beyond doubt that Homoeopathy has better scope and results in infertility cases. It was first started in district Homoeo hospital, Kannur and its results are found to be rewarding. Hence such speciality clinics have been introduced in Kozhikode, Kottayam and Thiruvananthapuram. As the clinic has been found to be very successful, to develop it further a landed area of 7.5 cents has been transferred to the dept. for constructing a speciality hospital at Kannur. The necessary buildings may be constructed at the earliest and all other required facilities with manpower may be deployed there.

#### *School Health Programme*

131. School Health programme titled 'Jyothirgamaya' was introduced in the State in 2005. It was found to be rewarding in results, following which it was introduced in 28 schools scattered all over the State. It is understood that this programme is not conducted regularly in selected schools. Now every year 2 new schools are selected in each district for conducting this programme. This will not fetch the expected results from this programme. Allopathy and Ayurveda have also been conducting such programmes in schools. As at present varied systems of medicine conducts such programmes for the same students, it has sparked a confusion as to which system of medicine should be followed on the part of the students, parents and teachers. Instead of separate school health programmes for each system of medicine as is done today, it may be done by integrating Allopathy and AYUSH systems of medicine considering the scope and potentialities of each system. Homoeopathy has proved itself to be efficacious in correcting and containing behavioural disorders, learning disabilities, prevention of substance abuse particularly tobacco, alcohol, drugs etc., besides minimizing the morbidity. As an effective compliment, Yoga practice is also recommended in this programme. If these things are done in an integrated manner one can easily look forward to forming a healthy generation.

#### *Homoeopathy in Anganwadi Programme*

132. Homoeopathy will find its best in Anganwadi where pre-school children and pregnant and breast feeding women are dealt with. It can render significance service in dealing with the complaints of recurrent attacks of URT infections, allergic manifestations, otitis media, tonsillitis, adenoids, diarrhoea, marasmus etc., ridding the tendency to such ailments in both preventive and curative spheres in children. It may not be lost sight of that Homoeopathy has also its significant role in anti-natal and post-natal care. It may also be noted that the care being given to the mother will definitely reflect favourably in children in their foetal and breast feeding stages by minimizing the internal dyscrasia. A special programme may be chalked out through conducting necessary workshops with experts for evolving a treatment



protocol. It may also be propagated through IEC programme of the proposed SIH. In this way to be dream of moulding a healthy generation can be realized.

#### *Prevention of both CDs and NCDs*

133. Homoeopathy has already proved its efficaciousness in preventing communicable diseases especially of viral origin. Hectic efforts are continuously for the last 2 decades under the Dept. of Homoeopathy. The CCRH (GoI) also has conducted several preventive programmes and studies in this regard. It should be made standardised. Its whole success lies in finding out the genus epidemicus when epidemics breakout in the State. This can be scientifically and precisely done if the above task is delegated to the CRIH, Kottayam where there is a skilled team of researchers in Homoeopathy. What is more, it will be getting recognition, credibility and acceptability from all since it is an institution under the Research Council of Homoeopathy, Government of India. As it is handled by a particular team in a particular place regularly, it will naturally gain perfection in its results. Steps should also be taken to prepare the preventive medicines in blister/strip-packing through HOMCO, Alappuzha. These medicines can be distributed to the epidemic-hit areas through Government institutions or other agencies. An arrangement to study and evaluate the efficacy and result of the above epidemic control programme should also be made in the University of Health Sciences / R&D division of the proposed SIH.

134. If the entire venture as mooted above is to become successful in a standardised way, the 4 agencies viz. CRIH, HOMCO, Hospitals and dispensaries and the Health University/SIH should work in tandem with each other in a co-relating and co-ordinating manner to contribute their whole mite.

135. In the case of NCDs one programme is being conducted under the title 'Ayushman Bhava' (in 7 districts). Now this is conducted involving AYUSH systems of medicine by giving using Homoeopathic medicines too. But there is no clarity as to the extent and involvement of Homoeopathic medicines. The system followed at national level integrating Yoga, a non-medical management with Homoeopathy may be adopted here also.

#### *Homoeopathy in 'Vimukthi'*

136. Now the State Government is all set out to launch a programme to rid the people of addiction to smoking, alcohol and drugs (SAD) titled 'Vimukthi'. Homoeopathy has an envious role in this programme. Now a de-addiction programme is co-linked with the 'Seethalayam' project being run in district hospitals. To make it cover the programme exhaustively in detail an independent stature need to be given and taken up accordingly being included in the proposed 'Vimukthi' programme. A scientific protocol may be developed after conducting a workshop with the professionals who are experienced in this field and other concerned experts (R&D of SIH). This deserves to be taken up as one of the major programmes in 13 FYP.

### *Comprehensive Primary Health Care (CPHC) programme*

137. The present Government aims at the State to set the Sustainable Development Goals (SDGs) on various health sectors by 2020 through “Ardram” initiative as part of “Nava Kerala Mission”. What this “Ardram” highlights is a Comprehensive Primary Health Care Programme (CPHCP) by changing the existing PHCs in Allopathy to Family Health Centres (FHCs). The programme will cover preventive, promotive and rehabilitative care apart from the curative. The PHCs will be restructured and its functions redefined with better infrastructure, trained health personnel, equipment and medicines, standard treatment guidelines and referral protocols will be developed for the essential care package that a FHC would have to deliver.
138. The concept of ‘Comprehensive Health Care’ does clearly involved the ploy of different systems of medicine hand in hand for all the health care needs of the people in an affordable and qualitative manner. It is here that the term medical pluralism strikes relevance. It is duly realizing this fact that the WHO has strongly endorsed this view, as a follow up of which the Central Government has adopted it in their national health policy. What is required when medical pluralism prevails is not merely the integration of systems of medicine but providing integrated facilities, by co-location of AYUSH with modern medicine, which provides people with option to avail treatments of their choice and help bridging the gaps in health care. This aspect should attract the serious attention of the Government to include AYUSH systems of medicine in the CPHCP and necessary action to this direction may also be initiated.
139. It is learnt that 170 PHCs are going to be converted into FHCs in the initial stage by providing with an additional infrastructural facilities and manpower. For co locating AYUSH services, what is required is an extra OPD facilities with an additional manpower i.e. one medical officer each in Ayurveda and Homoeopathy since it is these two systems of medicine that are seen more prevalent throughout the State. Siddha or Unani may also be provided along with theses if they are found to be more prevalent in such areas. Ayush OPD may be arranged in one and the same room on alternate days for Ayurveda and Homoeopathy (3 days in a week for each system). The Medical Officers will have to do field works such as School Health Programme, Anganwadi programme, medical / preventive camps, health awareness programmes etc on other days as scheduled in LSGI concerned. Only one Pharmacist is necessary for dispensing both systems of medicine as prevailing in the State of Tamil Nadu, as he has got training for dispensing in both systems of medicine. Separate room for storing and dispensing homoeo medicines is essential because they should not come in to contact with odour of other medicines. If this is followed the integrated school health programme suggested in Para 2.4.3 of this report can also be done effectively without any extra expenditure. The above manpower can be drafted from the dispensaries of the concerned system of medicine in that LSGI.

### *e-Health*

140. Homoeopathy should also be included in the ongoing e-health programme under the Dept. of Health Services.

### *Service of ASHA Workers*

141. At present ASHA workers are confined to only services rendered by the Directorate of Health Services. Their services should also be escalated and extended to the AYUSH systems of medicine.

### *Drugs*

#### *Development of HOMCO*

142. HOMCO (Alappuzha) is understood to be working profitably and so it should be developed as a full-fledged one, so as to comply with the requirements of private practitioners besides the needs of the Government institutions by providing quality medicines at reasonable cost. It is desirable to open outlet medical stores at different parts of the State to enable the distribution of quality medicines and sundries to private practitioners and the public.

143. This being the lone public sector undertaking in this field in India, it would be better to make it more serviceable to institutions of other States and Central Governments. including Railways, ESI Corporation etc. by enlarging its network with the intention of augmenting its production. There is better prospect for exporting the quality medicines to foreign countries also, in the wake of increasing demand for Homoeopathic medicine in the World at present. This will feature an endeavour which would result in the capability of giving more employment thereby increasing the income of the State including the foreign exchange.

144. There were 2 developmental proposals in the 12 FYP, one at Alappuzha and other at Thiruvananthapuram. But nothing did take place apart from laying the foundation stones for the above proposed projects. Urgent steps may be taken to expedite the development activities by ear-marking sufficient funds in the State Budget. There are schemes for getting financial assistance from the Central Government too in this regard. Steps may also be taken to utilize this urgently.

#### *Drug Testing Lab in Homoeopathy (DTL-H)*

145. The only DTL-H in India is situated at Ghasiyabad in UP under the Central Government. As it is far off at north the southern part of the country feels it very difficult to get the drugs tested because of the remoteness. It is, therefore, very urgent to see that a lab is setup in Kerala under the initiative of the State Government. The most appropriate location is near to HOMCO in Alappuzha district. Central assistance can also be sought for.

### *Drug Standardization Unit (DSU)*

146. A great number of new drugs can be developed from sources like plants, animals, minerals, metals etc. in Homoeopathy. Many sources of such drugs plentifully available in Kerala have not been tapped up so far. The setting up of a DSU closed to the HOMCO Pharmacy and proposed DTL-H would go a long way in their mutual benefit and convenience. Steps should also be taken to establish DSU, for this also feasibility of Central assistance can be attempted.

### *Homoeo Medical Stores*

147. There are at present Homoeo Medical Stores under the Dept. of Homoeopathy at Thiruvananthapuram, Kottayam, Kozhikode and Kannur. They may be strengthened in complying with all requirements of the medicines for the Government institutions.

### *Drug Control Wing for Homoeopathy*

148. As in the case of Ayurveda, a separate Drug Control Wing for Homoeopathy may be established under the State Dept. of Drug Control or it would be even better to have a separate Drug Control Dept. for AYUSH systems of medicine as a whole.

## *Education and Training*

### *UG Education*

149. It was noticed that the annual intake for graduates for Ayurveda and Allopathy has increased manifold after 2002 whereas the UG seats for Homoeopathy have remained static at 250 per year in all the two government and three aided HMCs in the State. It was also noticed that the registration for Homoeopathic UGs passing out from outside States was almost equal to the registration by UGs passing from within the State every year and hence the intake capacity in the State may be increased considering the increasing popularity of Homoeopathy and the massive increase in the number of practitioners in Ayurveda and Allopathy as follows:

### *Enhancement of UG seats*

150. It may here be considered that there is a feasibility of enhancing the existing 50 seats to 100 as per the MSR Regulations 2013 without any additional staff or extra hospital facilities. Hence necessary action may be initiated by April, 2017 itself to increase the UG seats to 100 for the academic year 2018-19 in both Government and aided colleges with judicious changes in the infrastructure, if required, with the consent of affiliation of the KUHS for obtaining the letter of permission (LoP) from the Ministry of AYUSH, GoI.

151. A new college may be started as Constituent College of the University in KUHS campus at Thrissur as recommended in the report of the Homoeopathic Committee for the formation of the Health University.
152. Considering the huge popularity of Homoeopathy in the Malabar area and the large number of students migrating to other States like Karnataka, TamilNadu, etc., for pursuing Homoeopathic education, a new HMC may be established in Kannur, taking the total number of HMCs in the State to 7 in place of the existing 5 -making 3 in government sector, 3 in aided sector and 1 in the University.

*Ensuring the continuity of the existing courses*

153. The Ayush Ministry has issued strict instructions for obtaining continuous permission for existing UG seats from 2017-18 onwards as per the MSR Regulations 2013, under which a functional operation theatre and labour room should be made available in the HMCs for teaching surgery and OBG. The last CCH inspection has pointed out along with certain minor deficiencies that in the GHMCs no functional operation theatres/labour rooms are available. This matter may be taken note of and urgent remedial action be taken before 31 December 2016.
154. Ministry of Ayush has also issued instructions that NABH accreditation for the collegiate hospital within one year and NAAC accreditation for the college within two years may be obtained for conducting UG/PG courses in all HMCs. Necessary action for complying with these instructions may be taken by both Government and private HMCs urgently.
155. The State special rules for recruitment of teachers in HMCs are not in conformity with the existing amended MSR Regulations of the CCH and hence no recruitment of teachers has been taking place in GHMCs since 2006. This has resulted in crisis for starting new courses and for continuing existing courses which even may lead to closure of GHMCs in the near future. This issue may be taken up seriously to amend the special rules suitably at the earliest to start the recruiting process without delay.

*PG Education*

156. It was noted that even though 4 new specialities were introduced in PG courses in 2001 Regulations, none of them could be started regularly in Kerala due to various reasons and at present there are only 3 existing specialities. It was also noted that the students of Kerala are compelled to go to outside colleges for PG courses. Hence it is felt desirable initial action may be completed by April 2017 itself for introducing PG courses in the new 4 specialities from 2018-19 onwards in the State.
157. For the new subject Psychiatry the best institution would be the newly established 'National Homoeopathy Research Institute in Mental Health' at CRIH (GoI), Kottayam where it is

that the only mental hospital in Homoeopathy is functioning not only in the State but in the National level.

158. MD (Hom) in the subject of Pharmacy can be started either in the aided college in Kurichi, Kottayam or in the proposed 'Institute of Paramedics in Homoeopathy' at Kurichi, Kottayam, considering the proximity of HOMCO, whose facilities could be utilised for the purpose.
159. For the new specialities of Practice of Medicine and Paediatrics, which are in great demand, action may be initiated by April 2017 itself to start them in the 2 GHMCs from 2018-19 onwards by upgrading their infrastructural facilities including faculty.

#### *Development of Collegiate Hospital*

160. There are two GHMCs in the State with 100 bedded hospital in each. For providing more beds up to 200 to 250, necessary buildings have already been constructed in both colleges. It is in the absence of the academic complex in full shape, the buildings constructed for the hospital are being put into use for academic activities. In both these colleges there are sufficient paid medical manpower (42 faculties, 54 PG students and about 30 – 40 interns in each college) which are now really underused. If their services are properly used in the Peripheral Health Centres more and more patients can be made to frequent the collegiate hospital for clinical studies. All the Maternity and Child Health (MCH) Centres under the City Corporation can be clubbed together under a tie-up programme for the PHCs. If this manpower is properly put into use, several speciality clinics, research programmes can also be undertaken besides the above PHCs.
161. *Government Homoeopathic Medical College, Thiruvananthapuram (GHMCT)*. At present most of the academic activities are being conducted in the buildings constructed for accommodating 250 bedded hospital. The bed strength of the hospital has to be enhanced to 150 at least from the existing 100 for introducing newer PG courses and PhD programmes during 13 FYP. This demands the construction of a well-planned academic complex required for NAAC accreditation. This construction can be better made on the top of the existing hospital buildings. Necessary steps for the above may be urgently taken.
162. The existing academic and clinical facilities have necessarily to be broadened and enhanced when viewed against the new situation requiring the enhancement of 50 UG seats to 100, adequate tertiary care level hospital with more beds befitting the NABH accreditation, concomitant installation of students' hostels, RMO quarters, Nurses quarters, Central Research Lab, Information and documentation Centre, Clinical and Communication Skills Development Centre, and associated infrastructural development for gaining NACC accreditation need to be accommodated in the present campus lying in 3 adjacent pieces of land at Iranimuttom.

163. *Utilization of additional acquired land.* It is in the newly acquired 5 ½ acres land foundation stones have already been laid for constructing “Homoeo Bhawan” for housing the Departments of Services and Education and for starting other unit of HOMCO, a medicine manufacturing unit. Again a proposal for establishing a Pharmacy College in that campus is also underway. Apart from the above, the proposed State Institute of Homoeopathy having Training division, R&D division, IEC division etc. has also to be provided here. For achieving the above goal, a strategy has to be evolved for utilizing the optimum level of available land. This necessitates the preparation of a master plan with a suitable landscape of the existing land initiating side by side necessary prudent action to acquire bits of land lying there in between the old and new campus. Necessary DPR may be urgently caused to be prepared leading to budgetary allotment in the 13 FYP itself.
164. There is at present a total landed area of almost 11 acres in GHMCT, which is the pivotal area in the capital city that can be made use of for the purpose of development of GHMCT into a “National Centre of Excellence in Education and Research in Homoeopathy” The chances of getting Central assistance are also brighter.
165. *Government Homoeopathic Medical College, Kozhikode (GHMCK).* All the essential requirements required in respect of GHMCT have to be afforded to the GHMC, Kozhikode also especially when NABH and NAAC accreditation for the hospital and the College respectively as mandatory for the continuance of existing courses and proposed higher courses. These developments have to be confined to within the 3 ½ acres of landed area left for the said developments. A new academic complex is under construction at a cost of 7 crore in the same campus. When the academic activities are shifted to the newly built academic complex, there is a scope for increasing the bed strength to 150 from the existing 100 as in the GHMCT during the 13 FYP. All the possibilities for developing this college need to be probed into with a view to making the college befitting the above accreditations. Necessary action directed towards making available the required fund may be taken urgently. Attempts should also be made to ascertain the availability of suitable land to accommodate men’s hostel, staff quarters, play grounds etc. in the nearby site.

#### *Paramedics in Homoeopathy*

166. At present there are only 2 GHMCs for training the paramedics for filling up the posts of Pharmacists / Dispensers and Nurses in government institutions –earlier there was Nurse-cum-Pharmacist course (NCP). At present Homoeopathic orientation course is provided to the Nurses having General Nursing certificates and for Pharmacists/Dispensers Certificate Course in Pharmacy (CCP) training is imparted in 2 GHMCs. However, they are not able to train sufficient numbers and provide effective training due to lack of hospital facilities and pharmacy (medicine manufacturing unit). The government had contemplated setting up a new Pharmacy College for this purpose at Thiruvananthapuram and even allocated funds, but it did not make much progress.

167. *Institute of Paramedics in Homoeopathy*. It is noted that Kurichi, Kottayam has got proximity to HOMCO, a medicine manufacturing unit under public sector, and a good number of hospitals - the 125 bedded Government hospital at Kurichi, 100 bedded CRIH hospital and 25 bedded ANSS HMC hospital nearby would be very helpful in providing training to the Pharmacists/Dispensers and Nurses in Homoeopathy. It was further noted that about 3 acres of land is available in the GHH campus, Kurichi. What this shows is that all these positive prospectus if taken together will certainly pave way for the establishment of a 'Paramedical Institute in Homoeopathy' at Kurichy which may be better than the one already under proposal for construction at GHMCT campus. It will be therefore be prudent if that fund is reallocated to the above proposed institute of Paramedics at Kurichi. The necessary DPR for the above Institute may be prepared and other follow up action to set up the Institute maybe initiated immediately if, in-principle, approval is accorded by the Government. The institute could be temporarily located in the GHH buildings, Kurichi to start with and could commence functioning from 2017-18 onwards with the approval of the Government. For the time being, the services of the suitable staff of the Government hospital and nearby aided HMC can also be utilized. Availability of Central funds through NAM could also be explored for further development at appropriate time.

#### *Training*

168. Training for the Human Resources in Homoeopathy (HRH) viz, teachers, medical officers, private practitioners, paramedics, etc. is highly essential for ensuring their efficiency in service by updating them in their respective spheres. It is highly relevant today in as much as no such regular institution in training is in vogue anywhere in the country. It is only through such an established institution with necessary paraphernalia that the imparting of systematic and monitored training could be expected. This is the spirit which is displayed in the present Government's election manifesto behind the proposal for establishing an SIH.

169. *State Institute of Homoeopathy*. It may be set up in the GHMC campus at Thiruvananthapuram. The said Institute could have three divisions – training, research and development and IEC. Necessary action for the preparation of DPR, budgetary provisions, etc. for establishing the above Institute may be initiated urgently so that the Institute could be set up in the 13th FYP itself. The Ministry of AYUSH (GoI) provides lot of funds for training and efforts could be made to make available such funds for the project. If the Government approves, the proposed "State Institute of Homoeopathy" could be temporarily located on the vacant floor of the GHMCT till necessary infrastructure is put in place.

#### *Directorate of Homoeopathic Medical Education (DHME)*

170. At present there is the Directorate of Homoeopathy in the State to look after the entire affairs of Homoeopathy except education. Homoeopathic education was separated from the Directorate in 1982. At that time there was only one college at Kozhikode. There after another Government college was established at Thiruvananthapuram in 1983. Subsequently in both the colleges PG courses in 3 disciplines were started. Later on 3 private colleges



were brought under direct payment. Then the activities increased manifold – new courses were introduced, research work started, speciality clinics established etc. All issues related to Homoeopathic education are being handled by the Principal and Controlling Officer (PCO) of GHMCT. He has to attend to all matters relating to medical education in Homoeopathy; all court cases and departmental cases are to be dealt by him; PCO is involved in preparation of all schemes including research proposals, schemes under NAM, etc; all queries on medical education in Homoeopathy are to be answered by him. It may be seen that over the last 16-17 years not much progress has been made in medical education – no progress on introduction of new PG courses as in other States, no efforts to increase the UG seats in government colleges, no enhancement of bed strength of collegiate hospital, no participation in the central sector schemes, etc, to mention a few. Ayurveda has made considerable development in all fields, but no efforts have been made to bring improvement in Homoeopathic medical education which is clearly due to lack of effective leadership and supervision. In view of the almost stagnant situation in the education front, there is urgent need to set up a separate Directorate of Medical Education in Homoeopathy. Necessary proposals were submitted to the Government by Homoeopathy and Ayurveda for setting up separate Directorates of Medical Education in respective systems as far back as 1997. But the Directorate of Education was set up for Ayurveda only and the requirement of Homoeopathy was overlooked. This necessity was strongly felt years ago especially during the time when the direct payment system was introduced in all the three HMCs under private sector. This was again brought to the notice of the Government through SPB in the XI Plan proposals. But this was left unattended to so far. In view of the increasing activities in the Medical Education sector of Homoeopathy, the PCO is not able to effectively attend to all the institutional responsibilities in the GHMCT or provide effective supervision for Medical Education in Homoeopathy as his additional charge. As such there is urgent need of having a separate Directorate of Medical Education in Homoeopathy to attend to all matters related to medical education.

171. The proposed State Institute of Homoeopathy also could be brought under the supervisory responsibility of this Directorate. The proposed Directorate could be housed in the building being constructed in the GHMC campus at Thiruvananthapuram for Homoeo Bhavan where the Directorate of Homoeopathy would be housed, as has been done in the case of Ayurveda. Till that building is completed, the office could be housed in the GHMCT buildings and made operational with minimum support staff by upgrading some of the existing supervisory posts and within existing infrastructure of that college. If it is approved, necessary proposal with the DPR, budgetary and other related matters could be moved to the Government immediately.

### *Research*

172. Research and advanced studies are the basic things on which all medical sciences are veering round for the full and optimum development of them. This being the case necessary competent research activities need to be initiated. In the wake of PG courses being conducted in GHMCs and attempts are afoot for introducing PhD programmes in

Homoeopathy, the relevance of starting research activities has to be recognized without any loss of time.

173. The ideal most place for conducting research activities especially clinical research is collegiate hospitals themselves. All the research facilities such as hospital, labs and category wise human resources in medical, paramedical and technical sections are already available in collegiate hospitals. It may be noted that the Ministry of AYUSH, GoI has directed all the collegiate hospitals to ensure NABH accreditation within a period of one year for continuing their courses.
174. The Central Ministry has again a Central sector scheme titled 'Extra Mural Research' earmarking Rs 70 lakh for a period of 3 years for a project. This situation has to be fully utilized by the teaching faculty of our colleges. Necessary effective steps to this direction may be taken urgently.
175. The SIH especially the R&D division should also seize this opportunity to conduct research activities in the departmental hospitals by deploying the above Central sector scheme of EMR to the maximum optimum level.
176. The R&D division of the SIH should take diligent action to issue necessary guidance to the dept. staff after assessing the quality of their routine work including related to speciality projects. Necessary improvement / modifications should also be made in the existing formats, registers etc. as and when required as per the assessment made from time to time.

#### *Miscellaneous*

##### *Strengthening of Administration*

177. In view of the increase in the number of institutions and activities, the existing Directorate and District offices of Homoeopathy need to be strengthened with additional man power and other attendant facilities resorting to modern technology like office automation etc.. There is imperative necessity in creating certain administrative posts such as those of Joint Director, Finance Officer, Law Officer at the Directorate. District offices need also to be developed as per requirements.

##### *State Public Health Cadre (SPHC)*

178. Homoeopathy has proved its stake in health promotion and disease prevention. An SPHC may be formed in an integrated manner with members drawn from all the systems of medicine including Homoeopathy. Accordingly the Kerala State Public Health Act may be enacted unifying the existing Acts viz. Madras Public Health Act 1939 and the TC Public Health Act 1955. This has been referred to in the Working Group report of SPB on 'Medical and Public Health' for 12 FYP. It is understood that several discussions and deliberations have since been made towards this end. Stress may be taken to bring in the unified Act in the legislature and establish SPHC at the earliest.

### *Comprehensive State Medical Practitioners' Act (CSMPA)*

179. The prevalence of quacks in medical profession is on an appalling increase in the State and it is high time to curb them by enacting a CSMPA in lieu of TCMP Act 1953. The inevitability of this Act was also mentioned in the election manifesto of the ruling Government. Immediate steps should be taken to formulate a comprehensive State Act on the basis of the Central Acts which are already enforced in the State in respect of all systems of medicine. While bringing the said comprehensive Act, it is better to include a provision for renewal of registration of medical practitioners once in every five year with insistence on having undergone a minimum of 50 hrs CME programmes with a view to updating their knowledge on the trendy changes in medicine.

### *Clinical Establishment Act*

180. With a view to maintaining standardization in medical practice, clinical establishments under both public and private sectors, a State Clinical Establishment Act may be enacted in the analogy of Central Clinical Establishment Act 2010. While formulating the above Act particular requirements/features of Homoeopathy should also be considered.

### *World Homoeopathy Day' Celebrations (WHDC)*

181. It is to be observed in the analogy of other systems of medicine like Ayurveda, by conducting medical camps, medical exhibitions, seminars, conferences etc., giving awards to the best doctors in various spheres of Homoeopathy, releasing of books and other publications, starting of new projects for popularizing the salient features of Homoeopathy to the common man, regularly on Dr. Hahnemann's Birthday (April 10) known otherwise as 'World Homoeopathy Day'. Now this day is not properly observed except in 2015. State Government should therefore look in to the matter and see that it is conducted regularly. The category of research has not been included in the Best Doctor Award instituted by the State Government. It should also be find a place in the State awards after making judicious amendments in the Rules concerned.

### *State Journal Publishing*

182. With a view to making optimum propaganda and maximum publicity highlighting the salient features of Homoeopathy among the public and others, attempts should be made in Government level to utilize the social media in all its vigour and force. To keep the people and professionals abreast of all the trendy developments of Homoeopathy an official journal may also be brought in under the proposed SIH.

ANNEXURE 1  
Ayurveda Projects for Implementation - Abstract

Title of the Project	Brief Outline.	Expected outcome	Expected investment.		Manpower required.		Time-frame for completion/ implementation	Remarks.
			Capita l	Recurr ing	Core staff	Out source		
1	2	3	4	5	6	7	8	9
<b>1. Enhancing quantity and quality of (Ayurveda)services</b>								
1.1. Introducing speciality services in Government Ayurveda district Hospitals.	The 14 district Hospitals shall be chosen for phased speciality services and a minimum of two speciality services introduced in each district Hospital during 2017-2021.The speciality clinic shall be supplied with two Specialized Doctors contractually recruited through National Ayush Mission and adequate support staff. Speciality equipment and medicine shall also be adequately supplied.	All district Government Ayurveda Hospitals conduct two Speciality OP and inpatient clinics for at least three days in a week and with due publicity so that specialities geriatric care, reproductive medicine, and ENT and eye care are available for patients.	Rs1 crore per district Hospital to be provided for organizing two Speciality clinics each in chosen specialisms for essential infrastr		14x2=28 Specialist Doctors	Supporting staff 14x2+28.	Three Districts to be taken up per financial year.	Highly essential projects which can be later developed as regular speciality cadre within the DISM.

			ucture and equipm ent.					
1.2.	Introduction of detoxification clinics in five Urban district Hospitals in five cities in Kerala.	Principled on Agadatantra, five detoxification clinics would be developed in district Or Taluk Hospitals located in Trivandrum, Kollam, Kochi, Thrissur, and Kozhikode to develop and implement detoxification protocols especially in cases where substance abuse or pre-cancerous stages are detected. These centres could also be used to develop the Science of Agadatantra by developing PG Diploma programmes around the practice.	Scientific management of substance abuse, drug dependency and toxicities leading to lifestyle diseases including cancer.	Rs1 crore per clinic towards equipments and medicines.	1 Specialist per selected urban/district/taluk hospital.	1 multipurpose Assistant.	Three years	Highly essential project to tackle high rates of substance abuse and toxigenous cancers which are increasing in the State.
1.3.	Development of Centre of Excellence in Mental Health at Kottakkal Mental Health Research Institute.	Management of Mental Health issues is a rare speciality practiced in Kerala and very well developed especially in Kottakkal Mental Health Research Institute. At present the facilities also used to train Postgraduate students. As mental health incidents are increasing in the State of Kerala with urbanization and fast life style, investment in the management of mental health through non-invasive methods is a top priority.	Development of the present Kottakkal mental research institute as a Centre of excellence by instituting additional core staffing and developing physical infrastructure in tune with national level requirement to achieve NABH accreditation and also commencement of PG diploma programmes in mental health affiliated to the Health University.	Rs10 crore in five years	3 additional Specialists including one Director of the Institute.	5 multipurpose Assistants and Pharmacists.	5 years	Highly essential project as it builds on present competency and prospect of central funding is very high over and above the State share.
1.4	Developing	After the organization of the	Organization of	Rs10	6	6	5 years	

integrated headquarters for managing Ayush services – Commissioner of Ayush.	Ayush Department, it is observed that the various constituent departments and units such as the Department of ISM, department of Homoeopathy, Dept. of Ayurveda Medical Education and the Controlling Officer for Homoeopathy Medical Education, Deputy Drugs Controller, Ayurveda, CEO, State Medicinal Plant Board and State project Director, NAM need to be integrated for strengthening and shared use of manpower base and provisioning of common additional services such as public health and speciality cadre, mass media and social media division, common training facility, common MIS and integration of facilities created under the National Health Mission and National Ayush Mission.	integrated headquarters under a new office of Commissioner of Ayush with shared manpower and creation of complimentary positions.	crore in addition to the Rs4 crore available to provide for headquarters for NAM availed from Central Government		thematic specialists including the Commissioner of Ayush from the All India Service Cadre supported by Media Specialist, Training Specialist, HR Specialist and Financial Management Specialist.	multipurpose Assistants.
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## 2. Development of Education and Research.

2.1. Implementation of CCIM/CCH regulation in Ayurveda and Homoeopathy colleges in Kerala.	Although CCIM/CCH regulations have been implemented in Kerala, various gaps persist with respect to essential infrastructure such as compulsory requirement of operation theatres, gynaecology facility, etc. They will be developed on a gap filling basis in	Full compliance to national regulations in Ayush sector in the State.	Rs10 crore per Ayurveda/Homoeopathy college =	TBD	TBD	TBD	5 years
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	all the Government Ayurveda/Homoeo colleges in the State and essential additional staffing provided as per extant regulations.		Rs50 crore.					
2.2	Implementation of NABH standards in all Government Ayurveda/Medical College Hospitals.	NABH has developed national guidelines for Ayush systems and the same needs to be applied for hospitals used for instruction in Ayurveda/Homoeopathy, etc. for bench-marking services at national level and also enhancing patient care.	Implementation of NABH standards in the three Ayurveda and two Homoeopathy teaching medical colleges in the Government sector in Kerala.	Rs2 crore per institution, i.e. Rs10 crore in 5 years	TBD	TBD	TBD	5 years
2.3	Enhancing graduate seats, PG seats and introducing PG Diplomas in Ayurveda Colleges.	During the 13th Five Year Plan, all Government Ayurveda colleges will enhance the graduate seats to their full possible potential with present sanctioned posts and once that is achieved, they will be encouraged to enhance 100 seats per college with provisioning of additional staff. Also postgraduate instructions will be commenced in all available disciplines and all PG diplomas permitted by CCIM (16) commenced in all Government Colleges.	Enhancement of graduate seats per 100 to college, commencement of all PG disciplines in all Government colleges and commencement of all permitted PG diplomas in all Government colleges.	Rs10 crore per college i.e., Rs50 crore.	TBD	TBD	TBD	5 years
2.4	Commencement of para-medical training courses in all willing Ayush educationa	There is severe shortage of qualified paramedical staff in all disciplines of Ayush especially Ayurveda and there is no single window system to commence or	Maintaining adequate supply of qualified paramedical staff such as Physiotherapists, Pharmacists, technicians,	Rs1 crore for participating	TBD	TBD		5 years

1 institutions in Kerala.	monitor the quality of para-medical education. Under the Commissioner of Ayush, a Council for para-medical training be established and approved training programmes below one year of duration organized in all required disciplines in a participatory basis.	etc. for deployment in service institutions.	institutions, i.e., Rs10 crore in 5 years
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### 3. Development of new critical institutions

3.1. Development of Centre of excellence in Ayurvedic Research and Biotechnology.	In order to validate the time-tested principles of Ayurveda using modern bio-technology Government have decided to invest in a centre of excellence in the budget year 2016-17 with a provision of Rs50 lakh. The processing of identifying suitable land and a turn-key design agency is underway in the Ayush Department. The Department has designated National Ayush Mission as the Nodal Agency for implementation and an Expert Committee has been constituted to guide the project.	Establishment of the Centre of Excellence in the chosen location within 4 years	Rs300 crore.	20 core staff	50 Supporting staff.	10 years
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<p>3.2. Formation of integrated regulator for Ayush products and services by developing the present Deputy Drugs Controller of Ayurveda as a multi member regulatory authority.</p>	<p>At present the Ayurvedic Drugs control is addressed along with Allopathic drugs control service and in the interest of integrated management and to fulfill the regulatory requirement, a multi member regulator for Ayush services and products may be legislated and the Controller of Ayurvedic drugs made part of the regulator.</p>	<p>Integrated norm based regulation of Ayush services and products.</p>	<p>TBD</p>	<p>TBD</p>	<p>TBD</p>	<p>TBD</p>	<p>5 years</p>	
<p>3.3 Development of Naturopathy hospital, Warkala, under the ISM Department as State Institute of Naturopathy and commence Bachelor of Yoga and Naturopathy Science at State Institute of Naturopathy, Warkala.</p>	<p>The present Naturopathy Hospital in Warkala may be developed as a State Institute of Naturopathy and necessary facility for commencing Bachelor course in Naturopathy and Yoga commenced with the approval of the Kerala University of Health Sciences.</p>	<p>Enhancement of Faculty strength and commencement of the first Graduate programme in Yoga and Naturopathy in Kerala.</p>	<p>Rs30 crore in five years</p>	<p>TBD</p>	<p>TBD</p>	<p>TBD</p>	<p>5 years</p>	<p>Naturopathy is gaining currency as a non-invasive drugless method of treatment especially of lifestyle disorders the development of a comprehensive institute may be considered on high priority.</p>

3.4	Development of children and adolescence care institute at Purakkattiry, Calicut.	The present unit for offering child and adolescent care along with district Hospital, Calicut may be enhanced with additional staffing and a dedicated Director to develop as a Centre of Excellence in Ayurvedic care of children of adolescence with learning and developmental disabilities.	Development of Purakkattiry child and adolescent hospital as a State centre of excellence with additional staffing and dedicated Director with a study centre for ayurvedic care of development and learning disabilities.	Rs20 crore.	TBD	TBD	TBD	5 years	Development of a specialized centre for development and learning disability is high priority and would be a first in the whole country.
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ANNEXURE 2  
Homoeopathy Projects for Implementation - Abstract

Sl No	Title of the Project	Item No	Expected outcome	Expected Investment		Manpower required		Time frame completion	Remarks
				Capital	Recurring	Core Staff	Out sourced		
1	2	3	4	5	6	7	8	9	10
<b>1.</b>	<b>Enhancing quantity of Homoeopathy Services</b>								
1.1.A	Opening of Dispensaries	2.1	Ensuring Homoeopathy treatment facilities at all LSGIS	met by LSGI	5.4 cros.	3/ unit	1/ unit	2017-18	
1.1.B	Regularisation of NRHM dispensaries	2.1	Temporary dispensaries get regularised	met by LSGI	18 cros.	3/ unit	1/ unit	2017-2022(100 dispensaries / year)	Need to be regularised as central assistance is tapering down
1.2	Establishing Taluk Hospitals	2.2	10 bedded hospitals in 23 Taluks	met by LSGI	3 cros.	12/ unit	2/ unit	2017-2022 (5 hospitals / year)	23 Taluks remained to be provided with hospitals
<b>2.</b>	<b>Enhancing quality of Homoeopathy Services</b>								
2.1	Standardization of existing institutions	2.3	Providing physical infrastructure including diagnostic and accessory management facilities, uniform staff pattern etc.	Can be furnished only after finalizing DPR				2017-2022	
2.2	Specialty clinics	2.4	Providing treatment facilities in specialized areas of health care						Optimum utilization of Homoeopathy with research oriented approach
<b>3.</b>	<b>Preventive and Promotive health care services</b>								
3.1	School health programmes	2.4.3	Minimizing morbidity rate, correction of learning disabilities and behavioural disorders	These programmes do not require any additional manpower as they are part and parcel of CHCP vide item No. 2.4.7				2017-2022	Generating healthy society
3.2	Anganawadi	2.4.4	Do	TBD				2017-2022	Creating healthy

Health programme									generation
1	2	3	4	5	6	7	8	9	10
3.3	Prevention of communicable diseases	2.4.5	Standardization of prophylactics in CDs	No extra manpower or expenditure is required			TBD	2017 - 2022	Controlling and containing epidemics on massive scale with safe, simple and scientific medicines at affordable costs
3.4	Prevention of Non communicable diseases	2.4.5	To minimize incidence of life style diseases	This requires development of speciality cadre with diagnostic facilities. This has to be specially worked out.			TBD		Early detection of life style diseases and management through correcting constitutional dyscrasia along with life style modification
3.5	Comprehensive primary health care programme	2.4.7	Conversion of Existing PHCs to FHCs through improving infrastructure and functions along with the co-location of AYUSH systems		.	3 per FHC	TBD		Providing Holistic health care facilities with proper cross reference
<b>4. Development of Education and Research</b>									
4.1	U.G Education-Enhancement of No. of seats	4.1.1.	The existing 250 UG seats enhanced to 600				TBD	2017-2022	The strength of basic Homoeopathic Medical graduates can be raised in a proportionate parity with those of Allopathy and Ayurveda to a certain

										extent
1	2	3	4	5	6	7	8	9	10	
4.2	P.G Education- Enhancement of Seats	4.2	PG courses in 4 more disciplines will be introduced		2 cros.	6 per colleg e		2017-2020	All PG courses in Homoeopathy at National level existing years back can be introduced in Kerala	
4.3	Development of Collegiate Hospitals	4.3	Bed strength increased from the existing 100 to 150 along with upgrading facilities for tertiary care and NABH accreditation	1cros.	1 cros.	8 per hospl.	2 per hospl.	2017-2020	Tertiary care level hospitals in Homoeopathy can be established in the State	
<b>5. Development of Critical Institutions</b>										
5.1	Institute of Para medics in Homoeopathy	4.4.1	An institute meant for imparting systematic education / training to the Nurses and Pharmacists/Dispensers in Homoeopathy can be had	Can be furnished only after finalizing DPR				2017-2020	Once it is established, financial assistance from the Central Government through NAM is feasible for its development	
5.2	State Institute of Homoeopathy	4.5.1	To develop Human Resource in Homoeopathy in a scientific manner in all spheres of Homoeopathy, to evaluate and update Health care activities in a research oriented way and propagate salient features of Homoeopathy among public	Can be furnished only after finalizing DPR				2017-2020	To set up an institute in Homoeopathy in the analogy ofSHSRC in Allopathy	
<b>5.3</b>										
5.3	Directorate of Homoeopathic	4.6	Formation of an Independent Dept. capable					TBD	2017-2018	Just to create a parity in development with ISM

	Medical Education		of concentrating education and research in Homoeopathy through which optimum development in those areas may be ensued				and Allopathy
5.4	Drug Control Wing for Homoeopathy	3.5	To have an effective machinery for controlling pharmacies and manufacturing units in Homoeopathy	Can be furnished only after finalizing DPR	TBD	2018-2019	It is an attempt towards gaining parity with other systems of medicine for instituting effective control
5.5	Expansion of HOMCO	3.1	Medicines can be supplied as per requirements to Government Institutions and Pvt. Practitioners besides exporting them to other countries	Can be furnished only after finalizing DPR	TBD	2017-2020	

**PROCEEDINGS OF THE MEMBER SECRETARY  
STATE PLANNING BOARD**

**(Present: Sri. V.S. Senthil IAS)**

Sub: Formulation of Thirteenth Five Year Plan (2017-2022) – Constitution of Working Group on **AYUSH** -Orders issued.

Ref: - Note 260/2016/PCD/SPB dated 6/9/2016 of Chief, PCD

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**No. 298/2016/SS (W6)/SPB Dated: 19/09/2016**

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As part of the formulation of Thirteenth Five Year Plan it is decided to constitute 14 Working Groups under Social Services Division. Accordingly Working Group on **AYUSH** is hereby constituted with the following Co-Chairpersons and Members

**Co-Chairpersons**

1. Dr. B Ashok IAS, Secretary to Government, AYUSH Department, Government Secretariat, Tvm. - Ph: 9446366777
2. Dr. Ravi M. Nair, Aramam, HSRA E – 25, Kalady, Karamana, Thiruvananthapuram - Ph: 9446344344 - [drravimnair@gmail.com](mailto:drravimnair@gmail.com)

**Members**

1. Dr. Anitha Jacob, Director, Directorate of ISM, Puthenchantha, Thiruvananthapuram - Ph: 9447132262
2. Dr. P. K. Asok, Director, Directorate of Ayurveda Medical Education, Puthenchantha, Thiruvananthapuram - PH: 9847694965
3. Dr. K. Jamuna, Director, Directorate of Homoeopathy, East Fort, Thiruvananthapuram - PH: 9447170342 - *E-mail:directorhomoeokerala@gmail.com*
4. Dr. Nisha Paul E., Principal and Controlling Officer, Government Homoeo Medical College, Iranimuttom, Manacaud P. O., Thiruvananthapuram - Ph: 9447068986
5. Dr. Sunil Raj, Professor, Government Homoeo College, Thiruvananthapuram, PH: 9447383745 - [drsunilraj.94@gmail.com](mailto:drsunilraj.94@gmail.com)
6. Dr. Anil S.K., Medical Officer, Government Homoeo Dispensary, Vembayam, Tvm. - Ph: 9400050580
7. Dr. Durgaprasad S. MD (Ay.), Senior Medical Officer (NC), Government Ayurveda Hospital, Ayoor, Kollam-691533, Ph: 9447645600 - [drdurgasivaraman@gmail.com](mailto:drdurgasivaraman@gmail.com)
8. Dr. Shine S., M D (Ay.), Senior Medical Officer, Government Ayurveda Dispensaries, Ericholloor - Ph: 9447281344 - [drshines@gmail.com](mailto:drshines@gmail.com)
9. Dr. Parthasarathi, DMO Homoeo (Rtd.), Vaishak , T.C. 17/881(1), Poojappura PO, Thiruvananthapuram – 12 - Ph: 9447404400
10. Dr. Jyothilal, (Rtd. Professor, Ayurveda Medical Education), Sevasadanam, Parottukonam, Nalanchira PO, Tvm.-15 -PH: 9387805568

11. Dr. K. G. Vidyasagar, (Rtd. Professor, Vaidyaratnam P. S. Varier Ayurveda College, Kottakkal), Professor, PNNM Ayurveda College, Shornur - Ph:9447141022

### **Convener**

Smt. Shila Unnithan, Chief, Social Services Division, State Planning Board -  
Thiruvananthapuram

### **Co-convener**

Sri. Saji V., Research Officer, State Planning Board, Tvm.

### **Terms of Reference**

1. To review the development of the sector with emphasis as to progress, achievements, present status and problems under its jurisdiction during the 11th and 12th Five Year Plan periods.
2. To suggest various measures to improve the functioning of the Government health institutions
3. To evaluate achievements with regard to the plan projects launched in the sector, both by the State Government and by the Central Government in the State during these plan periods.
4. To list the different sources of data in each sector and provide a critical evaluation of these data sources, including measures for improvement.
5. To identify and formulate a set of output and outcome indicators (preferably measurable) for each sector and base the analysis of the previous plans on these indicators
6. To outline special problems pertaining to the health sector.
7. To suggest, in particular, a set of projects which can be undertaken during the Thirteenth Five Year Plan period.
8. To get suggestions on extending health insurance programme of Government in AYUSH Departments.
9. To get suggestions on systematic and scientific human resource planning in AYUSH both in specialty cadre and administrative cadre.
10. To suggest a sustainable infrastructure development plan in AYUSH Departments with a long term vision.
11. To examine the pros and cons of adopting Clinical Establishments (Registration and Regulation) Act approved by the Central Government and to suggest amendments if any.
12. To make recommendations on prevention, early detection and management of lifestyle diseases with the co-operation of AYUSH Department, LSGs, Public Health Protection Agency, Kudumbashree, etc.
13. To suggest a methodology to meet the health needs of scheduled women, tribals, fishermen, elderly and the physically and mentally challenged persons.
14. To suggest measures for the universalisation of Palliative Care.
15. To examine the chances of low cost medical and allied facilities in association with Co-operative sector and philanthropic organizations.
16. Suggestions to improve the quality of health education with the changing dynamics of public health, health policy and health demographics.



17. Suggest measures to promote medical research and systematic clinical trials in Ayurveda and Homoeo Departments for developing evidence based medicine, standardized treatment protocols and other innovation in health care delivery and management.
18. Suggestions to promote AYUSH system in health care and prevention of diseases.
19. Suggestions for introducing the scheme 'e-health programme' in line with DHS and DME as a comprehensive scheme for quality health services using electronic health record, evidence based policy formulation, planning, decision making and medical research in future.
20. To get suggestions to promote gynecology and infertility treatment using AYUSH medicines.
21. The Co-Chairpersons are authorised to modify terms of reference with approval of State Planning Board and are also authorised to invite, on behalf of the Working Group, experts to advise the Group on its subject matter. These invitees are eligible for TA and DA as appropriate.
22. The Co-Chairpersons are authorized to co-opt additional members, if necessary.
23. Report Drafting Committee may be constituted by the Co-Chairperson for the timely submission of the report.
24. The working group will submit its draft report by 1<sup>st</sup> December 2016. to the State Planning Board.

The non-official members of the Working Group will be entitled to Travelling Allowances and Daily Allowances as applicable to Class I Officers of the Government of Kerala. The Class I Officers of Government of India will be entitled to travelling allowances and Daily Allowances as per rules if reimbursement is not allowed from departments.

***Sd/-***

**V.S. Senthil IAS Member Secretary**

To

The person concerned  
The Sub Treasury Officer, Vellayambalam

Copy to:

The Accountant General, Kerala (A&E) with C/L  
All Divisions, State Planning Board  
P.S. to Vice Chairman, State Planning Board  
C.A. to Members, P.A. to Member Secretary  
C.A. to Sr. Administrative Officer  
Finance Officer, P.P.O, Publication Officer,  
Computer Section, Accounts Sections, Stock File

*Forwarded/ By Order*

*Sd/-*

*Chief, Social Services Division  
State Planning Board*

ANNEXURE 4

**PROCEEDINGS OF THE MEMBER SECRETARY**  
**STATE PLANNING BOARD, THIRUVANANTHAPURAM**  
**(Present: Sri. V S Senthil IAS)**

Sub: Formulation of Thirteenth Five Year Plan (2017-2022) – Constitution of Working Group on **AYUSH** -Orders issued.

Ref: - 1. Note 260/2016/PCD/SPB dated 6/9/2016 of Chief, PCD  
2. Proceedings No.298/2016/SS (W6)/SPB Dated: 19/09/2016

---

**No. 298/2016/SS (W6)/SPB**

**Dated: 26/09/2016**

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The following Members are also included in the Working Group of AYUSH constituted vide referenced 2<sup>nd</sup> cited.

- |  |        |
|--|--------|
| 1. Dr. Viswanathan KG<br>Principal,<br>Vaidyaratnam Ayurveda College<br>Thaicattusseri, Olloor, Thrissur<br>PH: 9495926137       | Member |
| 2. Dr. V G Udayakumar<br>Executive Member (CCIM),<br>Aaarabhi, Areekkal PO, Edarikkode,<br>Malappuram – 676501<br>PH: 9447497007 | Member |

Sd/-  
**V.S. Senthil IAS**  
Member Secretary

**Forwarded / By Order**

**Chief (SS)**  
**Social Services Division**  
**State Planning Board**

To

1. The person concerned

2. The Sub Treasury Officer, Vellayambalam

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All Divisions, State Planning Board  
P.S. to Vice Chairman, State Planning Board  
C.A. to Members  
P.A. to Member Secretary  
C.A. to Sr. Administrative Officer  
Finance Officer, P.P.O, Publication Officer,  
Computer Section, Accounts Sections  
Stock File

**PROCEEDINGS OF THE MEMBER SECRETARY**  
**STATE PLANNING BOARD, THIRUVANANTHAPURAM**  
**(Present: Sri. V S Senthil IAS)**

Sub: Formulation of Thirteenth Five Year Plan (2017-2022) – Constitution of Working Group on **AYUSH** -Orders issued.

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2. Proceedings No.298/2016/SS (W6)/SPB Dated: 19/09/2016  
3. Proceedings No.298/2016/SS (W6)/SPB Dated: 26/09/2016

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**No. 298/2016/SS (W6)/SPB**

**Dated: 04/10/2016**

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The following Member is also included in the Working Group of AYUSH constituted vide referenced 2<sup>nd</sup> cited.

1. Keshvendra Kumar IAS  
State Programme Officer  
National Ayush Mission  
ISM Directorate, Puthenchanda,  
Thiruvananthapuram. Member

**Sd/-**  
**V.S. Senthil IAS**  
**Member Secretary**

Forwarded / By Order

Chief (SS)  
Social Services Division  
State Planning Board

To

1. The person concerned
2. The Sub Treasury Officer, Vellayambalam

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