

Ayush Systems



Introduction:

Globally, the landscape for Traditional & Complementary Medicine (T&CM) has been improving and augmenting consistently. Traditional medical systems including Ayush systems are important and often underestimated health resource with many applications, especially in the prevention and management of lifestyle-related chronic diseases, and in meeting the health needs of ageing populations. Given the unique health challenges of the 21st century, interest in Ayush Systems is undergoing a revival.

Ayush systems:

‘Ayush’ connotes the traditional Indian systems of medicine comprising of Ayurveda, Yoga & Naturopathy, Unani, Siddha, Sowa-rigpa and Homoeopathy.

Ayurveda –‘the science of life’ is one of the oldest medical systems which integrally incorporates the concepts of health and disease and aims at achieving homeostasis of the body, mind, and spirit-referred to as the holistic approach. The objectives of Ayurveda are - to maintain the health of the

healthy; and to treat the ailing mankind. Ayurveda primarily guides regarding prevention of disease, promotion and preservation of health through diet, lifestyle rules and other interventions. Therapeutic modalities in the form of herbal / herbo-mineral drugs and detoxification procedures play an important role in restoring health in the ailing mankind.

Yoga is an art and science for healthy living that brings harmony in all walks of life and thus, is known for disease prevention, health promotion and management of many lifestyle related disorders. The practice of Yoga leads to the union of an individual consciousness with the universal consciousness. The eightfold components of Yoga advocate certain restraints and observances which have the potential to improve physical health and induce tranquility of mind. The benefits of this ancient practice go far beyond increased flexibility and muscle tone as the study and practice of Yoga incorporates mindfulness-based practices such as mindful breathing techniques, focused concentration, meditation and self-reflection.

Naturopathy is the science of health and healing. It is a drug-less system of medicine that advocates harmonious living with constructive principles of Nature on physical, mental, moral and spiritual planes. It has health promotive, health restorative, disease preventive as well as curative potential. According to Naturopathy, the primary cause of disease is violation of Nature's laws which lead to decreased vitality, impaired body constituents and accumulation of toxins in the body. Naturopathy believes that the disease is Nature's effort to eliminate the morbid matter from the body to restore the health, hence, we must not try to suppress the symptoms and cooperate with Nature in the process.

Unani system of medicine emphasises the use of naturally occurring substances, mostly herbal medicines and also uses some medicines of animal, marine and mineral origin. This system is based on the humoral theory i.e. the presence of blood, phlegm, yellow bile and black bile in every person. The temperament of a person can accordingly be Sanguine, Phlegmatic, Choleric and Melancholic depending on the presence and combination of the Humors. The treatment consists of four components, namely, Preventive, Promotive, Curative and Rehabilitative. According to Unani theory, the humors and the drugs themselves are assigned temperaments. Any change in quantity and quality of the humors brings about a change in the status of the health of the human body. A proper balance of humors is required in the maintenance of health.

Siddha system of Medicine emphasises on the patient, environment, age, sex, race, habits, mental framework, habitat, diet, appetite, physical condition, the physiological constitution of the diseases

for treatment that is individualistic. Diagnosis of diseases is done through examination of pulse, urine, eyes, study of voice, the colour of body, tongue and status of the digestion of individual patients. The system has a unique treasure for the conversion of metals and minerals as drugs.

Sowa-rigpa meaning ‘knowledge of healing’. Sowa Rigpa mainly emphasises on maintaining a healthy balance on both the physical and mental level. The diagnosis in this system is done by observation, palpation and questioning. The diagnosis is supplemented with pulse examination. The Sowa-rigpa system utilizes various forms of treatment such as medicinal plants, medicinal bath, vein puncturing, moxibustion, and massage depending upon the nature and severity of the ailment.

Homoeopathy is a method of treating diseases by administering drugs which have been experimentally proved to possess the power to produce similar symptoms on healthy human beings. Treatment in Homoeopathy, which is holistic in nature, focuses on an individual’s response to a specific environment. Homoeopathic medicines are prepared mainly from natural substances, such as plant products, minerals and from animal sources, nosodes, sarcodes etc. Homoeopathy is based on the assumption that the causation of a disease mainly depends upon the susceptibility or proneness of an individual to the incidence of the particular disease in addition to the action of external pathogens. The first principle of Homoeopathy ‘*Similia Similibus Curentur*’, says that a medicine which could induce a set of symptoms in healthy human beings would be capable of curing a similar set of symptoms in human beings actually suffering from the disease. The second principle of ‘Single Medicine’ says that one medicine should be administered at a time to a particular patient during the treatment. The third principle of ‘Minimum Dose’ states that the bare minimum dose of a drug which would induce a curative action without any adverse effect should be administered.

Global landscape of Traditional &Complementary Medicines:

Today, as many as 80% of the world’s people depend on traditional medicine for their primary health care needs, according to the World Health Organization (WHO). As per a WHO survey, 107 Member States have a national office for traditional medicine and 75 Member States have a national research institute of traditional medicine. A total of 34 Member States across the six WHO regions include traditional or herbal medicines in their national essential medicines lists. Also, out of nine traditional & complimentary medicine practices surveyed (acupuncture, Ayurvedic medicine, chiropractic, herbal medicine, homeopathy, naturopathy, osteopathy, traditional Chinese medicine, and Unani medicine), more than 110 WHO member states use herbal medicine and more than 90 WHO member states use of Ayurveda; more than 100 use Homoeopathy; more than 82

use Unani {*WHO Global report on Traditional and Complementary Medicine, 2019, WHO (ISBN 978-92-4-151543-6)*} <https://apps.who.int/iris/handle/10665/312342>

WHO has also stated in the “WHO Traditional Medicine Strategy 2014-2023” that “For many millions of people, herbal medicines, traditional treatments, and traditional practitioners are the main source of health care, and sometimes the only source of care. This is care that is close to homes, accessible and affordable. It is also culturally acceptable and trusted by large numbers of people. The affordability of most traditional medicines makes them all the more attractive at a time of soaring health-care costs and nearly universal austerity.” The WHO traditional medicine strategy 2014–2023 was developed and launched in response to the World Health Assembly resolution on traditional medicine (WHA62.13). The strategy aims to support Member States in developing proactive policies and implementing action plans that will strengthen the role traditional medicine plays in keeping populations healthy. Addressing the challenges, responding to the needs identified by Member States and building on the work done under the WHO traditional medicine strategy: 2002–2005, the updated strategy for the period 2014–2023 devotes more attention than its predecessor to prioritizing health services and systems, including traditional and complementary medicine products, practices and practitioners

<https://www.who.int/publications/i/item/9789241506096>

Economic impact of Traditional &Complementary Medicines:

According to the Global Wellness Institute (GWI) report, 2020, the global wellness economy having 11 sectors was valued at \$4.9 trillion in 2019 and continue to be above \$4.4 trillion in 2020 despite of world health crisis. The important sectors those would be directly linked to the proposed committee are Healthy Eating, Nutrition, & Weight Loss (\$946 billion); Physical Activity (\$738 billion); Wellness Tourism (\$436 billion); Traditional & Complementary Medicine (\$413 billion); Public Health, Prevention, & Personalized Medicine (\$375 billion). As per the report, the traditional & complementary medicine (T&CM) services/practitioners represent 54% of the market (\$222 billion in 2020), while T&CM medicines/products represent 46% (\$191 billion). Asia-Pacific is by far the largest regional market for T&CM (\$295 billion in 2020).

Global Centre for Traditional Medicine:

The first ever UN Global outpost in any developing country, the WHO Global Centre for Traditional Medicine (WHO GCTM) is coming up in Gujarat, India. During the ground-breaking ceremony of the GCTM on 19 April 2022, Dr. Tedros Ghebreyesus, Director-General, World

Health Organization (WHO) termed the centre as a truly global project. He said traditional medicines products are abound globally and the centre will go a long way in bringing the promise of the traditional medicine to fruition. The New Centre will focus on data, innovation and sustainability and will optimize the use of traditional medicine, he added. The centres five main areas will be research and leadership, evidence and learning, data and analytics, sustainability and equity and innovation and technology, said Dr. Tedros Ghebreyesus.



Signing of the Host Country Agreement (HCA) between Vaidya Rajesh Koteka, Secretary, Ministry of Ayush, Government of India & Dr. Tedros Ghebreyesus, Director General, WHO for establishment of GCTM at Jamnagar, Gujarat on 25th March, 2022 at WHO Headquarters, Geneva

WHO-GCTM is envisaged to focus on evidence & learning, data & analysis, sustainability & equity, and innovation & technology to maximize the role of traditional medicine in global health

<https://www.who.int/initiatives/who-global-centre-for-traditional-medicine/our-work>



Ground-breaking ceremony of the WHO - GCTM on 19 April 2022 in Jamnagar, Gujarat, India

An overview of the WHO's Global Centre for Traditional Medicine (GCTM) initiative and how the Centre will contribute to WHO's mission and sustainable development goals under the overall guidance of the WHO and India Taskforces for the GCTM can be accessed at

[https://www.who.int/publications/m/item/who-global-centre-for-traditional-medicine\(gctm\)-india](https://www.who.int/publications/m/item/who-global-centre-for-traditional-medicine(gctm)-india)

International Day of Yoga:

Recognising that "Yoga provides a holistic approach to health and well-being", on 11th Dec 2014, the UN General Assembly adopted a resolution declaring June 21 as 'International Day of Yoga'. The resolution had 175 nations joining as co-sponsors, the highest number ever for any General Assembly resolution. The International Day of Yoga (IDY) is now celebrated in 192 UN member countries.



Shri Narendra Modi, Hon'ble Prime Minister of India addressing the United Nations General Assembly on 11th December 2014

Global recognition of Ayush systems:

Ayurveda is recognized as System of Medicine in Nepal, Sri Lanka, Pakistan, Bangladesh, UAE, Oman, Saudi Arabia, Bahrain, Malaysia, Mauritius, Hungary, Serbia, Tanzania, Switzerland, Cuba and Brazil. Romania, Hungary, Latvia, Serbia and Slovenia are 5 countries of European Union (EU), where Ayurvedic Practices is regulated. Unani system is recognized in Bangladesh, Sri Lanka, Malaysia, Pakistan, Bahrain, UAE and Tanzania. Siddha system is recognized in Sri

Lanka and Malaysia. Sowa Rigpa system is recognized in Bhutan and Mongolia. Homoeopathy system is recognized in Sri Lanka, Bangladesh, Pakistan, Oman, UAE, Russia and Tanzania. It is well regulated in Ghana, Chile, Colombia, Romania, Turkey, Ontario (Canada) and is integrated into National Health Policy in UK <https://apps.who.int/iris/handle/10665/312342>

Sowa rigpa also known as Tibetan, Mongolian, Bhutanese, and Himalayan Amchi medicine, is officially integrated into the National health care system of India, China, Mongolia, and Bhutan apart from being practiced in Nepal, Russia, Poland and Austria. In 2017, the Sowa rigpa pharmaceuticals industry in Asia had an annual sales value of 677.5 million USD. <https://www.sciencedirect.com/science/article/pii/S0277953619306124>

Similarly, Siddha system of Medicine is practiced in India, Sri Lanka, Malaysia and Singapore. Malaysian Government regulates Siddha practice by registering the practitioners under Traditional and Complementary Medicine (TCM) division.

Global presence of Ayush systems:

As per WHO survey, one or more among the Ayush systems are practiced in majority of the WHO member states.

S.No.	Member Country (participated in the WHO surveys regarding T&CM)	Presence of AYUSH systems (one or more out of Ayurveda- Yoga & Naturopathy- Unani- Siddha- Sowa rigpa- Homeopathy)
WHO AFRICAN REGION		
1.	Benin	✓
2.	Burkina Faso	✓
3.	Burundi	✓
4.	Cameroon	✓
5.	Central African Republic	
6.	Chad	
7.	Comoros	✓
8.	Congo	✓
9.	Cote d Ivoire	✓
10.	Democratic Republic of the Congo	
11.	Equatorial Guinea	
12.	Eritrea	
13.	Ethiopia	
14.	Gabon	✓
15.	Gambia	✓
16.	Ghana	✓
17.	Guinea-Bissau	✓
18.	Liberia	✓

19.	Madagascar	✓
20.	Mali	✓
21.	Mozambique	✓
22.	Namibia	✓
23.	Niger	
24.	Sao Tome and Principe	✓
25.	Senegal	✓
26.	South Africa	✓
27.	Uganda	✓
28.	United Republic of Tanzania	✓

WHO REGION OF AMERICAS

29.	Argentina	
30.	Bahamas	
31.	Barbados	
32.	Belize	
33.	Bolivia (Plurinational State of)	✓
34.	Brazil	✓
35.	Canada	✓
36.	Chile	✓
37.	Colombia	✓
38.	Costa Rica	✓
39.	Cuba	✓
40.	Ecuador	✓
41.	El Salvador	✓
42.	Grenada	
43.	Guatemala	
44.	Guyana	
45.	Haiti	
46.	Honduras	
47.	Mexico	✓
48.	Nicaragua	
49.	Panama	
50.	Paraguay	✓
51.	Peru	✓
52.	Saint Lucia	
53.	Saint Vincent and the Grenadines	✓
54.	Trinidad and Tobago	✓
55.	United States of America	
56.	Uruguay	

EASTERN MEDITERRANEAN REGION

57.	Afghanistan	✓
58.	Bahrain	✓
59.	Iran (Islamic Republic of)	✓
60.	Iraq	
61.	Jordan	
62.	Kuwait	✓
63.	Lebanon	
64.	Morocco	

65.	Oman	✓
66.	Pakistan	✓
67.	Qatar	
68.	Saudi Arabia	
69.	Somalia	
70.	Sudan	
71.	Syrian Arab Republic	✓
72.	Tunisia	✓
73.	United Arab Emirates	✓
74.	Yemen	
WHO EUROPEAN REGION		
75.	Albania	
76.	Andora	
77.	Armenia	✓
78.	Austria	✓
79.	Azerbaijan	✓
80.	Belarus	
81.	Belgium	✓
82.	Bosnia and Herzegovina	
83.	Croatia	
84.	Cyprus	✓
85.	Czech Republic	
86.	Denmark	✓
87.	Estonia	✓
88.	Finland	✓
89.	Germany	✓
90.	Hungary	✓
91.	Iceland	
92.	Ireland	✓
93.	Israel	✓
94.	Lithuania	
95.	Malta	
96.	Montenegro	
97.	Netherlands	✓
98.	Norway	✓
99.	Poland	✓
100.	Portugal	✓
101.	Republic of Moldova	✓
102.	Romania	
103.	Serbia	✓
104.	Slovakia	✓
105.	Slovenia	✓
106.	Spain	
107.	Sweden	✓
108.	Switzerland	✓
109.	Turkey	✓
110.	Ukraine	

111.	United Kingdom of Great Britain and Northern Ireland	✓
WHO SOUTH – EAST ASIA REGION		
112.	Bangladesh	✓
113.	Bhutan	
114.	Democratic People's Republic of Korea	
115.	India	✓
116.	Indonesia	✓
117.	Maldives	✓
118.	Myanmar	
119.	Nepal	✓
120.	Sri Lanka	✓
121.	Thailand	✓
122.	Timor-Leste	
WHO WESTERN PACIFIC REGION		
123.	Australia	✓
124.	Brunei Darussalam	✓
125.	Cambodia	✓
126.	China	
127.	Cook Islands	
128.	Fiji	
129.	Japan	
130.	Kiribati	
131.	Lao People's Democratic Republic	✓
132.	Malaysia	✓
133.	Marshall Islands	
134.	Micronesia (Federated States of)	
135.	Mongolia	✓
136.	Nauru	
137.	New Zealand	
138.	Niue	
139.	Palau	✓
140.	Papua New Guinea	
141.	Phillipines	✓
142.	Republic of Korea	
143.	Samoa	
144.	Singapore	
145.	Solomon Islands	
146.	Tonga	
147.	Tuvalu	
148.	Vanuatu	
149.	Vietnam	

Universal Health Coverage – SDG 3:

As a strategic priority, WHO's 13th General Programme of Work (GPW13) for 2019–2023 sets an overarching goal of reaching 3 billion more people, to move towards Sustainable Development

Goal 3 (SDG 3) – ensuring healthy lives and promoting well-being for all at all ages – by achieving universal health coverage (UHC), addressing health emergencies and promoting healthier populations. Traditional and complementary medicine (T&CM) which includes Ayush Systems can make a significant contribution to the goal of UHC by being included in the provision of essential health services. The WHO's Declaration of Astana, adopted at the Global Conference on Primary Health Care in October 2018, made clear that the success of primary health care will be driven by applying scientific as well as traditional knowledge, and extending access to a range of health care services, which include traditional medicines.

As per the WHO global (updated) survey on T&CM during 2016 - 2018, 88% Member States have acknowledged their use of T&CM which corresponds to 170 Member States. These are the countries that have, for example, formally developed policies, laws, regulations, programmes and offices for T&CM, and the actual number of countries using T&CM is likely to be even higher. Out of total 194 member states, 179 member states participated in the survey. A gist of the survey is recapitulated as follows:

S. No.	WHO region	Attribute of Traditional and Complimentary Medicine (T&CM)	Number of Member States with Affirmative Response
1	African region (47 countries) Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cabo Verde, Central African Republic, Chad, Comoros, Congo, Cote d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Eritrea, Eswatini, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius,	National Policy	40
		Regulations on T&CM	39
		National Programme	34
		National Office	39
		Expert Committee	34
		National Research Institute	29
		Regulation of Herbal medicines	20
		Registration of herbal medicines	23
		% population using T&CM	87

	Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, South Africa, South Sudan, Togo, Uganda, United Republic of Tanzania, Zambia, Zimbabwe.		
2	Region of the Americas (35 countries) Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia (Plurinational State of), Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, United States of America, Uruguay, Venezuela (Bolivarian Republic of)	National Policy	11
		Regulations on T&CM	15
		National Programme	13
		National Office	17
		Expert Committee	12
		National Research Institute	9
		Regulation of Herbal medicines	18
		Registration of herbal medicines	19
		% population using T&CM	80
3	Eastern Mediterranean region (21 countries) Afghanistan, Bahrain, Djibouti, Egypt, Iran (Islamic Republic of), Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Pakistan, Qatar, Saudi	National Policy	9
		Regulations on T&CM	12
		National Programme	4
		National Office	13
		Expert Committee	11
		National Research Institute	10
		Regulation of Herbal medicines	18
		Registration of herbal medicines	17
		% population using T&CM	90

	Arabia, Somalia, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates, Yemen		
4	European region (53 countries) Albania, Andorra, Armenia, Austria, Azerbaijan, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Georgia, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Luxembourg, Malta, Monaco, Montenegro, Netherlands, Norway, Poland, Portugal, Republic of Moldova, Republic of North Macedonia, Romania, Russian Federation, San Marino, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Tajikistan, Turkey, Turkmenistan, Ukraine, United Kingdom of Great Britain and Northern Ireland, Uzbekistan	National Policy	11
		Regulations on T&CM	21
		National Programme	7
		National Office	15
		Expert Committee	15
		National Research Institute	11
		Regulation of Herbal medicines	45
		Registration of herbal medicines	45
		% population using T&CM	89
5	South-East Asia region (11 countries) Bangladesh, Bhutan, Democratic People's Republic of Korea, India, Indonesia, Maldives, Myanmar	National Policy	10
		Regulations on T&CM	9
		National Programme	10
		National Office	10
		Expert Committee	10
		National Research Institute	7
		Regulation of Herbal medicines	10
		Registration of herbal medicines	10
		% population using T&CM	91

	Nepal, Sri Lanka, Thailand, Timor-Leste		
6	Western Pacific region (27 countries) Australia, Brunei Darussalam, Cambodia, China, Cook Islands, Fiji, Japan, Kiribati, Lao People's Democratic Republic, Malaysia, Marshall Islands, Micronesia (Federated States of), Mongolia, Nauru, New Zealand, Niue, Palau, Papua New Guinea, Philippines, Republic of Korea, Samoa, Singapore, Solomon Islands, Tonga, Tuvalu, Vanuatu, Viet Nam	National Policy	17
		Regulations on T&CM	13
		National Programme	11
		National Office	13
		Expert Committee	11
		National Research Institute	9
		Regulation of Herbal medicines	13
		Registration of herbal medicines	11
		% population using T&CM	93

It is the need of the hour to move towards Sustainable Development Goal 3 (SDG 3) – *ensuring healthy lives and promoting well-being for all at all ages* – by achieving universal health coverage (UHC), addressing health emergencies and promoting healthier populations. Ayush systems can make a significant contribution to the goal of UHC by being included in the provision of essential health services.

International co-operation in Ayush systems:

Several countries across the world have entered into MoUs with the Ministry of Ayush, Government of India for carrying out collaborative research on Ayush systems. To have an access to authentic information regarding Ayush systems, several countries have set up Ayush Chair in their reputed Universities. Students and researchers from across the globe come to study Ayush systems in India and avail the scholarships/ fellowships made available by the Government of India. A gist of the international activities pertaining to Ayush systems is recapitulated as follows:

The following countries/ organizations have entered into MoU with one or more countries for promotion of Ayush systems and mutual cooperation in the field of traditional medicine:

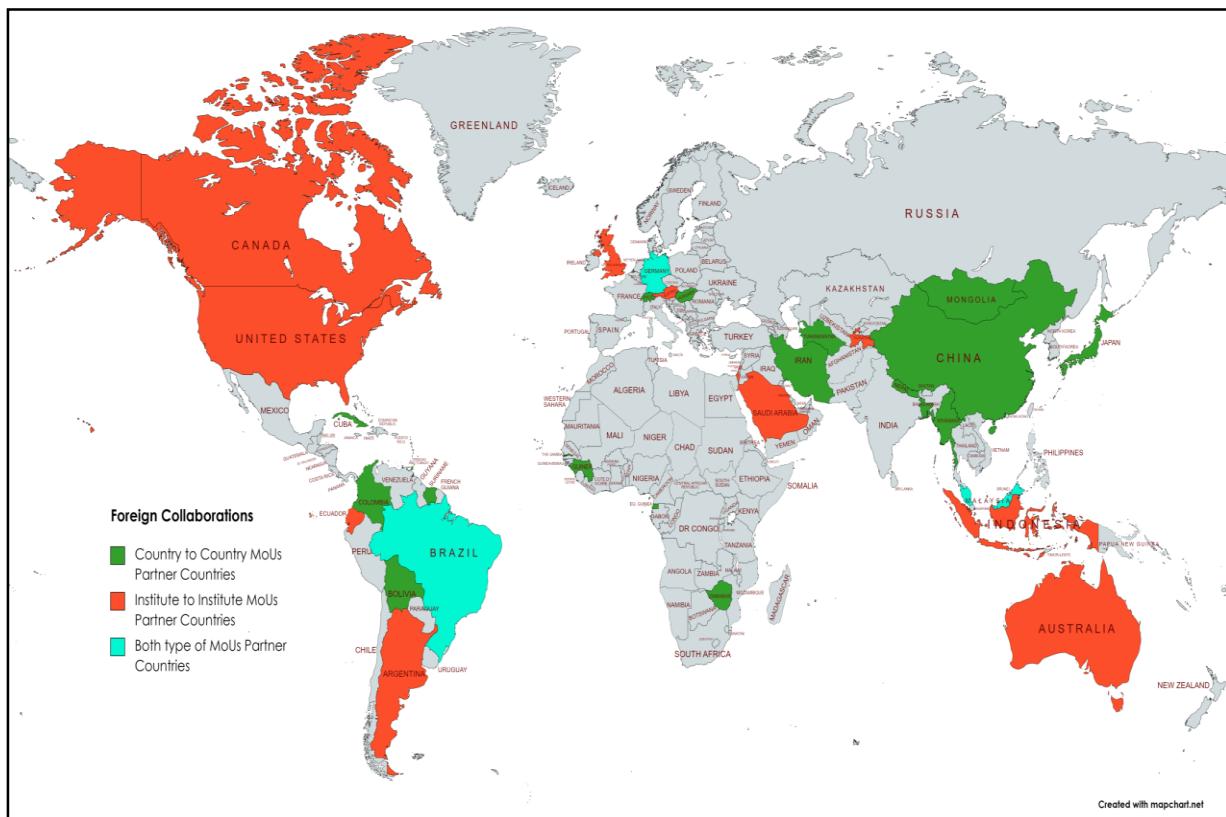
- | | | |
|---------------|-------------|----------------------|
| 1. Nepal | 5. China | 8. Equatorial Guinea |
| 2. Bangladesh | 6. Colombia | 9. Gambia |
| 3. Bolivia | 7. Cuba | 10. Germany |
| 4. Brazil | | |

11. Guinea, Republic of	17. Mauritius	22. Suriname
12. Hungary	18. Mongolia	23. Trinidad &
13. India	19. Myanmar	Tobago
14. Iran	20. Sao Tome &	24. Turkmenistan
15. Japan	Príncipe	25. Zimbabwe
16. Malaysia	21. St. Vincent & The Grenadines	

The following institutes have entered into collaborative arrangements for conducting research in and promotion of Ayush systems:

1. National Centre for Natural Product Research (NCNPR), University of Mississippi, USA
2. Royal London Hospital for Integrated Medicine, United Kingdom.
3. College of Homoeopathy (COH), Ontario
4. United States Pharmacopoeia Convention.
5. University of Maimonides, Argentina.
6. Health Sciences Fund of the Tel Aviv Sourasky Medical Center (TASMC), Israel.
7. University of Alberta, Canada
8. Universiti Tunku Abdul Rahman, Kaula Lumpur, Malaysia
9. Homoeopathic Pharmacopoeia Convention of the United States (HPCUS)
10. Scientific Society for Homoeopathy (WissHom), Germany
11. Federal University of Rio De Janerio (FURJ), Brazil
12. European Academy of Ayurveda (Birstein), (REAA) Germany
13. Centre for Integrative Complementary Medicine, ShaareZedek Medical Center, Jerusalem, Israel
14. National Institute of Integrative Medicine (NIIM), Australia
15. College of Medicine, United Kingdom
16. Medical University of Graz, Graz Austria
17. State Educational Establishment “Tajik State Medical University named Abualilbn Sino”.
18. Spaulding Rehabilitation Hospital, USA
19. Department of Neurology and Complementary Medicine, Lutheran, Hospital Hattingen, Germany
20. National Cancer Institute, NIH, Dept. of Health & Human Services, Government of the USA
21. Leaders Development Institute (LDI), Ministry of Sports, Saudi Arabia for Cooperation in the field of Yoga.
22. Western Sydney University Australia.

23. Divine Values School, Ecuador (DVSE) on establishment of an Academic Collaboration in Yoga.
24. Frankfurter Innovationszentrum Biotechnologie GmbH FIZ, Germany.
25. The London School of Hygiene and Tropical Medicine (LSHTM), United Kingdom.
26. Shimane University, Japan
27. Universitas Hindu (UNHI), Indonesia.
28. Centre Hospitalier Universitaire Felix Guyon, Reunion Island, France.
29. Harvard Medical School, Boston.
30. Future Vision Institute and University of Sao Paulo, Brazil.
31. American Herbal Pharmacopoeia.
32. Ministry of Ayush, Government of India



The following universities/ institutes across various countries have set up Ayush Academic Chairs to augment academic partnership and disseminate authentic knowledge about Ayush systems:

1. University of Debrecen, Hungary (Ayurveda Chair)
2. University of the West Indies, Trinidad & Tobago (Ayurveda Chair)
3. University of the Western Cape, South Africa (Unani Chair)

4. Rangsit University, Thailand (Ayurveda Chair)
5. Peoples' Friendship University, Russia (Ayurveda Chair)
6. Udayana University, Indonesia (Ayurveda Chair)
7. University of Primorska, Slovenia (Ayurveda Chair)
8. Yerevan State Medical University (YSMU), Armenia (Homoeopathy Chair)
9. University of Latvia, Latvia (Ayurveda Chair)
10. The Government of *Instituto Universitario del Gran Rosario* and The Government of *Fundacion de Salud Ayurveda Prema*, Argentina
11. University Tunku Abdul Rahman (UTAR), Malaysia.
12. Hamdard University Bangladesh, Bangladesh (Unani Chair)
13. University of Mauritius, Ministry of Education and Human resource (Ayurveda chair)
14. Western Sydney University, Australia

World Health Organization (WHO) has published several documents and undertaken many collaborative projects for disseminating authentic information on Ayush systems including:

- cooperation on promoting the quality, safety and effectiveness of traditional and complementary medicine;
- cooperation on integration of traditional and complementary medicine into health care system;
- publication on standard terminology in Ayurveda, Unani, and Siddha;
- agreement towards developing the 2nd module in the Traditional Medicine (TM) Chapter of the International Classification of Diseases -11 (ICD-11) Revision;
- deputation of an Ayush expert for WHO's regional traditional medicine programme in World Health Organization South East Asia Regional Office (WHO SEARO);
- conducting the research Project/study entitled “Assessment of integration of AYUSH into the public health system for combating COVID-19”;
- developing M-Yoga- app, a Health Program for Yoga;
- establishment of the first WHO Global Centre for Traditional Medicine (GCTM) in India.

The global interest in Ayush systems is evident by virtue of these systems being discussed across several multi-lateral International Forums including BRICS, IBSA, ASEAN, CICA, BIMSTEC, SCO, etc.:

❖ **BRICS (comprising of 05 member states including Brazil, Russia, India, China and South Africa)**

- a BRICS Wellness Workshop and exhibition in Bengaluru, India during 10-11 Sept, 2016 to deliberate on the shared concerns in the domain of traditional medicine and wellness;
- a BRICS High Level Meeting on Traditional Medicinal Knowledge on 16 Dec 2016 in New Delhi as part of the 6th BRICS Health Minister's Meeting;
- a BRICS Health Minister's Meeting and High-Level Meeting on Traditional Medicine and BRICS Senior Health Official Meeting held in Tianjin, China during 6-7 July, 2017;
- the first meeting of BRICS Sherpas held on 24-26 February 2021 in New Delhi, India for constitution of BRICS Forum on Traditional Medicine (BFTM) and MoU on BRICS co-operation in Traditional Medicines;
- a meeting of the BRICS Experts in Traditional Medicines held on 25th March 2021;
- a Webinar on Harmonization of Regulation of Standardization of Traditional Medicinal Products of BRICS Countries on 28th May 2021; and
- BRICS Senior Officials Meeting (SOM) on Health on 26th- 27th July, 2021 to discuss Traditional medicine.

❖ **IBSA (comprising of 03-member states including India, Brazil and South Africa)**

- a tripartite MoU on mutual co-operation for promotion of Health including Traditional Medicine has been signed between the member states;
- a joint working group has been formed for sharing information on the subject; and
- role of Ayush systems in tackling with the CoVID-19 Pandemic was discussed during a Webinar organized by IBSA partners in October, 2020;

❖ **ASEAN (The Association of Southeast Asian Nations comprising of 10 member states including Brunei; Cambodia; Indonesia; Laos; Malaysia; Myanmar; Philippines; Singapore; Thailand; and Vietnam)**

- ASEAN Secretariat on 2nd September, 2021 held discussion to explore possibilities of mutual cooperation in Traditional Medicine;
- ASEAN Secretariat on 9th September, 2021 held discussion to consider the roadmap for mutual cooperation in Traditional Medicine

❖ **CICA (The Conference on Interaction and Confidence-Building Measures in Asia comprising of 27 member states including Afghanistan; Azerbaijan; Bahrain; Bangladesh; Cambodia; China; Egypt; India; Iran; Iraq; Israel; Jordan; Kazakhstan; Kyrgyzstan;**

Mongolia; Pakistan; Palestine; Qatar; Russia; South Korea; Sri Lanka; Tajikistan; Thailand; Turkey; United Arab Emirates; Uzbekistan; and Vietnam)

- a Workshop on Ayush systems is envisaged under the framework of CICA in 2022

❖ **BIMSTEC** (The Bay of Bengal Initiative for Multi-Sectoral Technical and Economic Cooperation comprising of 07 member states including Bangladesh; Bhutan; India; Myanmar; Nepal; Sri Lanka; and Thailand)

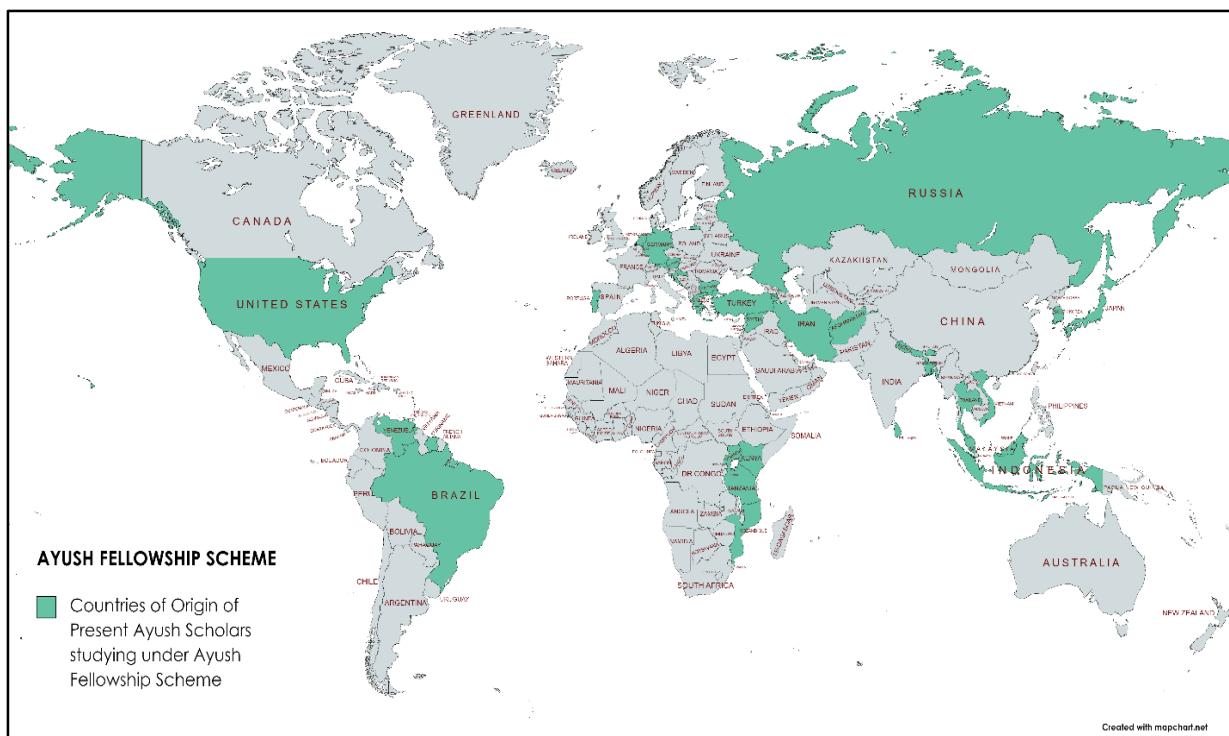
- BIMSEC Task Force on Traditional Medicine held meetings in October 2017 in New Delhi, Myanmar in January, 2018 and Nepal in February, 2019; and
- as a follow up to the meeting of the BIMSTEC Network of National Centers of Coordination in Traditional Medicine held in Nonthaburi, Thailand from 20-22 July 2015, the BIMSTEC secretariat published a report including a chapter on Ayush systems

❖ **SCO** (The Shanghai Cooperation Organization comprising of 08 member states including China; India; Kazakhstan; Kyrgyzstan; Pakistan; Russia; Tajikistan; and Uzbekistan)

- SCO member states are discussing modalities for imparting training to the Yoga Teachers;
- a Webinar on Traditional Medicine was held on 22 September, 2020

Ayush Information Cells are functioning in the following countries to take up awareness building and disseminating authentic information about these systems:

- | | | |
|---------------|----------------|-----------------|
| 1. Argentina | 13. Israel | 24. Serbia |
| 2. Australia | 14. Kuwait | 25. Slovenia |
| 3. China | 15. Kyrgyzstan | 26. Sweden |
| 4. Cuba | n | 27. Switzerland |
| 5. Croatia | 16. London | d |
| 6. Dubai | 17. Malaysia | 28. Taiwan |
| 7. Egypt | 18. Mauritius | 29. Tajikistan |
| 8. Finland | 19. Mexico | 30. Tanzania |
| 9. Hungary | 20. Mongolia | 31. Trinidad & |
| 10. India | 21. Peru | Tobago |
| 11. Indonesia | 22. Romania | 32. Venezuela |
| 12. Italy | 23. Russia | |



Need for ISO standards in Ayush systems:

Ayush products are being traded into more than 100 countries either as Medicine or as Food Supplement. With a view to promote the safety, quality and effectiveness of Ayush systems, it is envisaged to formulate International Standards. Such an endeavour is poised to not only augment the International trade but also building confidence among the consumers.

Presently, the International Standards related to few domains of Traditional Medicine are being taken care of in a scattered manner in the ISO through ISO/TC 54 'Essential oils'; ISO/TC 215 (WG 10) Health Informatics (Traditional Medicine); and ISO/TC 249 'Traditional Chinese Medicine'. The scope of ISO TC 54 is confined to standardization of methods of analysis and specifications for essential oils.

Since, ISO TC 249 exclusively deals with Traditional Chinese Medicine and ISO TC 215 exclusively deals with the subject of 'Health Informatics', Bureau of Indian Standards, the National Standards Body of India, has submitted a proposal to ISO for the establishment of a new ISO Technical Committee on '**Ayush Systems**' with the following scope:

'Standardization in the field of Ayush systems including Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa rigpa and Homoeopathy. Both traditional and modern aspects of products and services of these systems are covered'.

Excluded from its scope are products and services covered by ISO/TC 54 'Essential oils', ISO/TC 215 Health Informatics, and ISO/TC 249 'Traditional Chinese Medicine'.

The proposed TC on ‘Ayush Systems’ aims to cater to the subjects including, but not limited to Terminology in Ayush systems; Quality and Safety of raw herbs and extracts, herbo-mineral products, medicinal products and dietary supplements used in Ayush; Health and Wellness service requirements in Ayush sector; Processing of medicinal ingredients and products in Ayush systems; Diagnostic and therapeutic procedures and practices used in Ayush systems; Panchakarma (Ayurvedic way of rejuvenation by detoxification) equipment and Yoga accessories like Yoga Mats, Yoga props, Yoga attire specific to Ayush systems; Yoga postures and practices, etc.

As per directives, ISO has launched a 12-week member body vote for member body consultation with reference number ISO/ TS/ P 306 on 31st August 2022. The ballot will be open until 23rd Nov 2022.

For any queries, please contact:

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