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WHO global centre for traditional medicine

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Wednesday, November 30, 2022, 08:00 Hrs [IST]

The World Health Organization (WHO) global centre for traditional medicine has been dedicated to humanity for possible utility of traditional medicine in the healthcare system. The establishment seems to be having impetus on research and development in Ayush systems of medicine. Traditional medicine, definitely, has not lived to its potential despite revision of WHO policy and conduction of countless summits and conventions at global level. India despite being one of the biggest players in traditional medicine has not been able to set a benchmark at global level. China no doubt, has been the perfect player in establishing benchmark in global sales of Traditional Chinese medicines (TCM).

Pharmacopoeia and formulary is the mainstay in establishing mechanism of any system of medicine. Ayurvedic Pharmacopoeia of India needs proper utilization by industry and revised editions are required as far standardization at global levels is concerned. Ayurvedic Pharmacopoeia of India has remained underutilized publication as far as manufacturing units are concerned. Similarly, pre-clinical and clinical findings, based on authentic animal and human studies, should be part of Ayurvedic Formulary of India.

In fact, traditional medicine has never been first line of treatment in urban areas. In rural areas, due to lack of medical services, the people have to depend on the flora and fauna as primary healthcare system. Probably, lack of implementation of policies formulated by World Health Organization (at global level) and Ministry of Ayush (at domestic level) are the factors of underutilization of traditional medicine. Definition of traditional medicine, as mentioned on CDSCO may be considered as benchmark definition for global purposes.

Globalization of traditional medicine is heavily dependent on standardization (biological, chemical or physical). Increasing the sales at global levels is an uphill task in view of stringent regulatory requirements. Monographs of herbal drugs developed by Indian Pharmacopoeial Commission (IPC) and medicinal plant unit of Indian Council of Medical Research (ICMR) should be adopted for meeting the regulatory requirements and evidence-based approach. Similarly, Ayurvedic Pharmacopoeia of India and Ayurvedic Formulary of India (AFI) should be adopted for meeting the regulatory requirements for traditional approach.

Globalization of traditional medicine particularly Ayurveda needs radical changes. Despite setting right the Ayurvedic Pharmacopoeia of India and Ayurvedic Formulary of India, functioning of Ayurvedic, Siddha and Unani Drugs Technical Advisory Board, Ayurveda, Siddha and Unani Drugs Consultative Committee held (ASUDCC) and state licensing authorities need urgent attention. Recently, Ayurvedic, Siddha and Unani Drugs Technical Advisory Board has been reconstituted by Ministry of Ayush after a gap of seven years.

Evidence based approach for traditional medicine has been advocated for many years. The WHO global centre for traditional medicine is expected to serve as landmark institution in upcoming years. In fact, the welcome initiative should not be restricted to Gujarat Ayurvedic University and sister concerns should be opened up in All India Institute of Ayurveda, National Institute of Ayurveda, Uttaranchal Ayurvedic University, Guru Ravi Das Ayurvedic University and Shri Krishna Ayush University.

The WHO global centre for traditional medicine has been initiated at very critical juncture. Students are brand ambassadors of Ayush beyond doubt and the mandate of the education should be crating sufficient career opportunities. Ayush institutions should be linked with WHO global centre for traditional medicine. It is a matter of fact that majority of Ayush students have vague idea about traditional medicine and even apex bodies. Further, it is more shocking that recently employed teachers are not aware about MSR for running institute and attached hospital.

National Health Policies repeatedly stressed on amalgamating traditional medicine in healthcare system. Department of Health Research has invited expression of interest for establishing mechanism for recognition of alternative medicine in India. Recently, Planning Commission of India has issued a white paper on integrative medicine. The WHO global centre for traditional medicine must have a chapter dedicated to Ayush education.

In fact, credit goes to National Institute of Pharmaceutical Education and Research, Mohali in pioneering a unique course on traditional medicine in 2007. Institute of Traditional Medicine under the aegis of Indian Council for Medical Research (ICMR) is instrumental in proving scientific platform to various branches of traditional medicine. Efforts of NIPER and Institute of Traditional Medicine must be recognized as evidence based approach for traditional medicine has been highlighted and paved the way for establishment of The WHO global centre for traditional medicine.

International business with traditional medicines has always posed a stiff challenge not only to manufacturers but policy makers. Registration of traditional medicine products with regulatory bodies like US FDA, Health Canada, and TGA extra is very challenging for manufacturers targeting formulations based on traditional medicines. The procedure for license application and product registration and marketing may be easy in India probably due to simplified regulatory norms. Recent times have witnessed manufacturers shifting from Ayush to FSSAI due to simplified and scientific norms as based on this model it is easy to register product as dietary supplement or food. With phytopharmaceuticals offering another option, manufacturers may adopt due to evidence based approach.

Establishment of The WHO global centre for traditional medicine in India is definitely a critical and ambitious step to achieve success like Traditional Chinese Medicine. Traditional Chinese Medicine, the ethno medicine of China is very much accepted by masses in China itself as a primary healthcare. At global level, Traditional Chinese Medicine is far ahead than Ayush systems of medicine in terms of the herbal market share and annual turnover. Ayush systems of medicine have recently gained immense popularity at national level probably due to government willingness. At global level, Ayush systems of medicine are still in infancy state and without evidence based approach, penetration in the market is an early morning dream only.

Even if Ayush systems of medicine are compared with herbal medicine (phytomedicine or botanical medicine), herbal extracts are used in both systems but market of extracts based on medicinal plants used in herbal medicine is far ahead as compared to extracts based on medicinal plants



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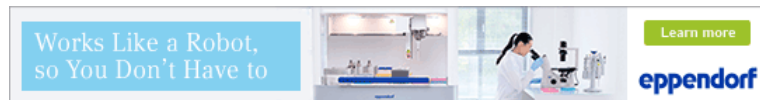
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used in Ayush. No promotion or rebuking of any system of medicine is not the aim but exact prevailing market circumstances must be screen and solved.

The WHO global centre for traditional medicine is expected to boost Indian economy and play a major role in improving India's position in the international herbal market as far as annual turnover is concerned. Time has come to keep a side tussle between modern medicine and Ayurveda, pure and evidence based approaches, Ayush versus FSSAI model and Ayush versus phytopharmaceuticals model. The tug of above wars has only blocked growth of Ayush systems of medicine in India itself and achieving a status in the global market remains an uphill task.


The WHO global centre for traditional medicine and Ayush Export Promotion Council (AEPC) are critical steps in setting up a speedy framework for globalization of Indian traditional medicines. With ray of hope of initiating research and development in Ayush sector emerging, Indian manufacturers can have possible solutions to long pending issues as far as international business is concerned. Needless to say, Ministry of Ayush has given full attention to pending issues of Ayush education, practice and business, but road leading to practical global acceptance for traditional Indian medicines is still changeling but achievable.

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