

**PROPOSALS
RELATING TO HOMOEOPATHY FOR SETTING UP A
UNIVERSITY FOR AYUSH
IN KERALA**

Submitted to the
**Department of Health & Family Welfare
Govt. of Kerala**

By the
Committee for Homoeopathy
(Constituted vide G.O. (Rt) No. 2981 / 2007 / H & FWD dated 22.08.2007)

On
31st January 2008
at
Thiruvananthapuram

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Report of the Committee on Homoeopathy constituted in
G.O. (Rt) No. 2981 / 2007 / H & FWD dated 22.08.07

January 2008

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1. PREFACE

- 1.1.** The Govt. of Kerala have decided to bring medical education which is now scattered over different Universities in the State under a separate University as is being in vogue in many other States in the country. To give recommendations in the matter, a six member committee was constituted with Dr. B. Ekbal, former Vice Chancellor, University of Kerala as Chairman. The said Committee submitted its report to the Govt. on 7th April 2007. The report held out that the Govt. should consider the establishment of a University for other systems of medicine (Ayurveda, Unani, Sidha and Homoeopathy) either jointly as AYUSH University or separately for each discipline (like Ayurveda University) after consultation with the experts or organizations of these disciplines. As a follow-up action, the Govt. in G.O.(Rt) No. 2981 / 2007 / H & FWD dated 22.08.07 (**Annexure I**) have accorded sanction for the constitution of two Committees-one for Indian Systems of Medicine and the other for Homoeopathy-for studying all the aspects of setting up a University for AYUSH and for submitting proposals to the Govt. within 3 months. The Committee for Indian Systems of Medicine submitted its report to the Govt. on 11.12.07.
- 1.2.** The Committee for Homoeopathy met first on 27.09.07 and decided to seek the views and suggestions regarding the issue from academicians, educationalists, researchers, professionals, planners, professional and service organizations, institutions in the field of medical sciences particularly Homoeopathy and from the public. To begin with the Committee prepared a status paper (**Annexure II**) with the points to be discussed and deliberated for aiding the preparation of the report. This

was made known to all throughout India by sending it to each of them concerned, besides publishing through the Govt. of Kerala web site. The Committee received such views and suggestions from them. After this, the Committee made three sittings in the Homoeopathic Medical Colleges at Kozhikode, Eranakulam and Thiruvananthapuram for facilitating public hearing in the matter. A great deal of valuable suggestions and views could be elicited through these attempts. The Committee has also taken initiative to meet in person several experts and educationalists to extract their suggestions and views in this regard. The Committee expresses its sincere thanks to all professional, service and students' organisations, institutions working in the field of Homoeopathy, other personnel such as academicians, educationalists, teachers, researchers, politicians, students and the public (**Annexure III**) for divulging their divergent views and suggestions on this issue.

- 1.3 The Committee only praise for the Govt. of Kerala, particularly the Hon'ble Minister for Health Smt. P.K. Sreemathi Teacher and the Secretary to Govt. for Health & Family Welfare Shri Vishwas Mehta IAS for having seemingly adopted a stance of patience evidenced in not taking a decision on the reports already submitted by Dr. Ekbal Committee and the Committee for Ayurveda, thus giving an opportunity for Homoeopathic Committee to submit its report for enabling the Govt. to register a picture in totality of the issue. Viewed in this version, the Committee for Homoeopathy maintains that a sound decision can be taken by the Govt. after considering all the reports together.
- 1.4. **As Homoeopathy by itself cannot stake a claim for a separate University of its own, the views, suggestions and recommendations expressed by the Committee in this report may be construed as complementary and supplementary to what has been submitted by the former two Committees. (Dr. Ekbal Committee and Committee on Ayurveda)**

- 1.5. As things have reached such a state, we would like to request the Govt. to expedite action for setting up a University for all the medical sciences with separate entity and governance different from that of the existing set up. The issue is highly emergent and imperative in that it can contribute much to the growth and development of all medical sciences for the good of the people of Kerala.
- 1.6. As some natural delay is anticipated in the setting up of the proposed University, we would like to bring to the notice of the Govt. certain things to be done in the meantime for improving the standard of education and research in homoeopathy in the State by utilizing various gigantic financial assistance through different schemes conceived in the XI Five Year Plan of the Govt. of India. We annexe to this report the details of recommendations intended towards the above end for special consideration and implementation (**Annexure IV**).

Thiruvananthapuram,

31-01-2008

The COMMITTEE FOR HOMOEOPATHY

2. INTRODUCTION

- 2.1. Homoeopathy is a specialized method of drug therapy of curing natural diseases by administration of drugs which have been experimentally proved to possess the power of producing similar artificial symptoms on healthy human beings. Physicians from time immemorial have observed that some substances produce symptoms similar to those that they were used to treat. The basic principle of Homoeopathy - *Similia Similibus Curentur* - propounded by Dr. Christian Friedrich Samuel Hahnemann (1755 - 1843), a German physician, has its firm footing on the medical tenets enunciated by the very Fathers of Medicine, the Rishis of the east and Hippocrates and Paracelsus of the west thousands of years ago. However it was not until towards the fag end of the eighteenth century that Hahnemann examined this observation more thoroughly discovering the fundamental principles of what was to become *Homoeopathy*. Viewed in this perspective homoeopathy is nothing but a natural evolution of the salient tenets proclaimed by Hippocrates to whom allopathic medical science is indebted. It thus goes to the credit of Hahnemann to rediscover the same, give it a form and figure, give its practioners a mandate and a system, a methodology and scientific explanation.
- 2.2. In treatment, homoeopathy gives primary emphasis for strengthening the defensive mechanism of the individual through the holistic approach of individualization. Thus the treatment is directed towards correcting the imbalance in the immune mechanism and restoring health to the sick. Homoeopathic practitioners consider the patient as a whole, both physically and mentally along with his interaction to his environment. They also take into serious study the whole features relating to the

deviations from health in structural, functional and behavioural spheres of the patient. Thus homoeopathy offers a very customized and personalized form of treatment. Often, people suffering from the same disease are treated as absolutely different cases and given different medicines.

2.3. The most outstanding and revolutionary characteristic feature of homoeopathy is that it adopts the dynamic power of drugs in preference to the physico-chemical properties of them. To generate the dynamic power which is a kind of electrical energy, homoeopathy employs a curious method of potentiation of drugs where their physico-chemical (crude) properties are totally eliminated. This is due to the fact that homoeopathic medicines are ultra-diluted and hence they are non-toxic with no side effects, with extended shelf life, non addictive, with negligible weight and volume, low cost and easily administrable. This process fully enables homoeopathy to come up with absolutely safe medicines from even inexorable toxic or poisonous substances and even inert substances, to yield the required energy for creating the curative power in the organism. Thus a homoeopathic medicine is administered in its infinitesimal doses. This dose is more powerful than that of the mass. It approaches more and more the subtle state and from the physical it goes into a dynamic or vital state, and acts vitally. In other words, the action of homoeopathic medicine is more subtle and dynamic. It is this subtle and dynamic characteristics that enable homoeopathic medicines to reach the deepest levels of the organism to find relief or cure even in viral and mental diseases. It is this very same aspect that brings in even correction of constitutional dyscrasia for curing chronic diseases and for stalling the incidence of dreadful diseases like cancer, AIDS, TB, cardiac disease, auto immune disease and hereditary susceptibilities.

2.4. It is striking to note in this context the attempts being made by NASA (USA) to probe into the efficacy of ultra-diluted homoeopathic medicines in managing health problems during lunar missions. It is because the main

line treatments like allopathy have not been having effective cures on such missions. This is ascribed to the limitations of conventional medicines in tackling the problems related to magnetic field, to dispersion, solubility, absorption at tissue level, metabolism and excretion of drugs, including those to recycling and dispersal in extreme environments where there is no gravity.

2.5. Homoeopathic medicines are prepared from natural resources viz. vegetable, animal, metal & mineral, nosodes (disease products), sarcodes (healthy products) imponderabilia (imponderable things) etc. Now within a short span of 200 years homoeopathy can proudly boast of having a good collection of more than 2300 (Govt. of India's pharmacopoeal list) drugs to its credit. The most striking benevolent aspect of these medicines is that they are least harmful with no side effects and most simple in administration apart from being highly affordable and acceptable to all.

2.6. Within this short span of 200 years, homoeopathy has proved itself to be of great scope in treating all diseases, both acute and chronic. It is also capable of effectively and efficaciously preventing and curing communicable and infectious diseases. It can also successfully manage gynaecological and obstetrical cases. It is also successful in the management of paediatric and geriatric ailments. Almost all kinds of behavioural disorders, neurological problems, metabolic diseases are also within its effective curability. Many surgical conditions relating to peptic ulcer, tonsillitis, goitre, kidney, urinary bladder, gall bladder, pancreas etc. can be safely dealt with through homoeopathic medicine. Tendencies leading to surgical intervention can well be avoided if early diagnosis is made and prompt homoeopathic treatment is done. Its role in primary health care is also highly rewarding, especially in a developing country like India. Homoeopathy has a ready and effective answer to the menace of addiction to drugs, tobacco and alcohol and is highly efficacious in ridding the addicts of their craving for these noxious substances.

- 2.7. In a world scenario where lifestyle aberrations, environmental pollution, unbridled growth of population, urbanization and industrialisation, increased social and political tensions etc. lead to the emergence of hitherto unheard of diseases, a treatment mode which is directed not just against external factors but is based on correcting the internal dyscrasia is of great relevance and significance. And homoeopathy offers just that.
- 2.8. For controlling and containing epidemics such as malaria, meningitis, cholera, chickenpox, chikungunya, dengue etc., the homoeopathic approach is to pin down the correct simillimum. This will be the genus epidemicus which acts both as the single most effective curative and prophylactic medicine against the prevailing epidemic in that area. This has proved to be the most feasible, scientific approach time and again in combating epidemics worldwide.
- 2.9. **Despite this fact, homoeopathy is also not without limitations as in the case of other systems of medicine. Each system has its own merits and demerits and its scope is limited to certain areas or fields of medicine. More and deeper studies are required in homoeopathy to reiterate and thrust its substantial merits to find out its areas where its medicines are effective and to sort out its limitations with a view to overcoming them.**
- 2.10. Homoeopathy is in dire need of scientific studies to make it more developed and acceptable through recognition of its many claims put forward. Similarly the unique tenets, laws and techniques of this system, as they are difficult to be understood and comprehended in their full merits by the present scientific world, have to be convincingly and scientifically interpreted and explained to suit the spirit of the modern quest.
- 2.11. Man is today in the midst of a deep crisis on the health front with scores of new viruses and bacteria causing a variety of diseases unheard of during centuries of human existence. A multitude of medical systems are also in vogue with varying characteristic features, striving to grapple with the

new and emerging diseases. Each system has its own intricate, individual and intrinsic nature. All systems, regardless of their conspicuous differences in approach, profess and vouchsafe to be existing for the good of the humanity. The merits or demerits of a medical system are to be assessed relatively. When we endeavour to make such an attempt, three systems of medicine which come out prominently are allopathy, ayurveda and homoeopathy as they stand at present in their relative order of development in India, particularly in Kerala.

2.12. The origin of allopathy and ayurveda can be traced back to thousands of years. They have to their credit a rich heritage of centuries to boast of whereas homoeopathy has only a past of 200 years. Of these, allopathy is better blessed because of umpteen reasons. All the scientific developments in the fast developing modern world have been made available to the allopathic system. Born in Greece, the allopathic system was brought up and developed all over the world by the un-questioned patronage of the British imperialism. Such facilities and opportunities have never been made available to any other medical science, even to ayurveda which is perhaps older than allopathy. Thus it may be seen that the astounding progress, development and sophistication that the allopathic medical science has been able to claim are convincingly attributable to its unique favourable position leading it to be called as a system of 'Modern Medicine'. Viewed against this background, we cannot find fault with the tardiness of the other systems of medicine like the ayurveda and homoeopathy in their development and sophistication with that of allopathy.

2.13. The new trends and concepts to which 'modern medicine' has, of late, turned to are worthwhile to be examined as it strikes a resemblance to the basic concepts enunciated by homoeopathy from its very beginning. The concept of psychosomatic diseases, holistic concept in medicine and the concept of assessing an individual's probability of developing various diseases do certainly lead to the predictive, preventive, and personalised

health programme, which is the goal of Systems Biology and Genomics. These are the features pointed out by the modern medicine as the 'Medicine of the Future'. Again the concept of Nanomedicine which is an offspring of the latest scientific development is also very proximate to that of homoeopathy in that the former extols the minimum dose of drugs in treatment. What all this portends is that the basic tenets of homoeopathy are going to be adequately elucidated and accepted in scientific terms in the coming days.

3. HOMOEOPATHY - ITS PRESENT STATUS

- 3.1. In the wake of setting up a university for medical sciences including homoeopathy, it would be better to have an account of its present status in the world in brief especially in India and in the State of Kerala.
- 3.2. Homoeopathy is currently prevailing in practice over eighty countries in the world. The development of homoeopathy in the recent past across the globe has been quite impressive. The public acceptance of this system is growing very fast. It has been very recently assessed that homoeopathy is set to grow in India at 25-30 percent over the next three years to become a Rs. 2600 crore industry (which is estimated to be Rs. 1250 crores currently) driven largely by increasing interest and the inclination of the people towards this alternative system of medicine. The new market research findings of A C Neilson recently published in a newspaper under the heading "Homoeopathy has bright future" reveal that by 2017 AD, world market for homoeopathy will be Rs. 5,200 bn. (US \$ 130 bn.)
- 3.3. The practice of homoeopathy is widespread in Europe, the United Kingdom, India, Pakistan, Srilanka, Malaysia, South Africa, Nigeria, Russia, South and North America, New Zealand and the South Pacific. Homoeopathy has been integrated into the National Health Care Systems of many countries including India, Mexico, Pakistan, Srilanka and the United Kingdom. It is being introduced in the health care system of a few countries from where it was wiped out. The forward march of homoeopathy is steady and impressive. The World Health Organisation (WHO) states that homoeopathy is the second most used medical system internationally.

- 3.4. India:** The history of homoeopathy taking its roots in India is full of curious events. Its beginning in this country can be traced back to a group of missionaries who practised homoeopathy in Kolkata. It got an official acceptance when Dr. John Martin Honingborger, a direct disciple of Hahnemann and a great traveller happened to treat the Maharaja Ranjith Singh of Lahore in 1839. Ever since the event, homoeopathy has progressed steadily and has been able to win a large number of people in almost all parts of the country.
- 3.5.** Within a short period, veteran allopathic doctors were convinced of the scientificity and efficacy of homoeopathy and they voluntarily switched over to this new system only to become sincere and devoted advocates and apostles of homoeopathy in India. A shining example is provided by Dr. Mahendra Lal Sircar (Kolkata) who was the first qualified physician in modern medicine from amongst its fold to embrace homoeopathic practice being sincerely thrilled and attracted by its relative merits. And he was instrumental in spreading the prestige and fame of homoeopathy far and wide in India. Homoeopathy was found to be conducive to the Indian soil and the Indian temperament since its philosophy was found to conform with the Indian thoughts and beliefs. It also did not take much time to draw the attention of the Indian multitude especially our great national leaders viz. Mahatma Gandhi, Rabindranath Tagore, Swamy Sree Ramkrishna Paramahansa, Swamy Vivekananda, Sree Arabindo, Dr. S. Radhakrishnan, V.V. Giri and a galaxy of other luminaries. Homoeopathy got its first impetus towards its recognition in 1937 when Mr. Ghias-ud-idin, moved a resolution in the legislative assembly for the recognition of homoeopathy. Later in 1943 a resolution was moved in the constituent assembly of India for recognition and establishment of a General Council and a State Faculty for homoeopathy.
- 3.6.** The first Central Govt. after India's independence appointed in 1948, a Homoeopathic Enquiry Committee consisting of renowned homoeopaths and allopaths and it submitted its report to the Govt. in 1949

recommending for establishing a separate educational system, a statutory council etc. as in the case of allopathic medicine. Accordingly, the Indian parliament enacted the Homoeopathy Central Council Act in the year 1973 and the Central Council of Homoeopathy came into being in December 1974. This statutory body is the paramount authority to control and regulate the education and practice of homoeopathy in India. In 1974 homoeopathy was included in the National Health Scheme along with allopathy and ayurveda.

3.7. Following this, attempts were made to standardise and unify the different educational courses in vogue in different States at that time. Necessary education regulations were formulated in 1983 for an interim course of 4 years' diploma (DHMS), 5 ½ years' degree course (BHMS) and a 2 years' graded degree course to enhance the diploma qualification to that of degree and Minimum Standards of Education in Homoeopathy. Regulations for post-graduate course of 3 years duration (M.D. (Hom.)) in the basic subjects of homoeopathy viz. Organon of Medicine, Materia Medica and Repertory were also formulated and introduced in 1989. The interim diploma course was wound up in the year 1999. Four more subjects viz. Practice of Medicine, Homoeopathic Pharmacy, Psychiatry and Paediatrics were added to the P.G. programme in the year 2000. Thus there are now only 5 ½ years' BHMS and 3 years' M.D. (Hom.) courses in seven disciplines. At present the country has 183 homoeopathy medical colleges imparting education at degree and post-graduate degree levels as per the above Regulations. The total intake per year for BHMS is 12630 while that of the M.D. (Hom.) is 1031. There are departments / faculties / board of studies in 49 universities for the proper conduct of the above courses.

3.8. The eligibility criteria, mode of selection, duration of course, nature of education and training, mode of examination etc. of the BHMS are almost the same with those of the basic degree courses in allopathy and Indian systems of medicine. But unlike in the case of Indian systems of medicine, in homoeopathic degree course, 8 out of 12 subjects with their text books,

60% of the content of syllabus and medium of instruction are of those of the MBBS in allopathy. It has been quite relevant to this aspect that almost all the teachers and examiners were drafted from the allopathic fraternity in the earlier period of homoeopathic education and this practice is still discernible in the case of P.G. courses of homoeopathy also.

- 3.9.** With a view to introduce a Pharmacy course in homoeopathy, steps have already been taken by the Govt. of India to enact necessary Pharmacy Council Act in the parliament soon. A Central Pharmacy Council of Homoeopathy is thus in the offing. Then registration of pharmacists / dispensers will become mandatory. Until the setting up of the above Council, as a make shift arrangement, the Central Govt. has proposed a 3 year diploma course in pharmacy. The Nursing Council of India has also agreed in principle to conduct short term course of less than a year in homoeopathy. State Governments can run this courses adopting the syllabus framed by the Department of AYUSH (Ayurveda, Yoga and Naturopathy, Unani, Sidha & Homoeopathy), Ministry of Health & Family Welfare Govt. of India while enjoying the grant-in-aid made available in the XI Five Year Plan.
- 3.10.** To streamline research in homoeopathy, a need of planned and organised effort was strongly felt as early as in 1969 by the Govt. of India. Homoeopathy was then included in the Central Council for Research in Indian Medicines & Homoeopathy (CCRIMH). In 1978 the Central Council for Research in Homoeopathy (CCRH) was set up separately for homoeopathy with a governing council chaired by the central health minister.
- 3.11.** The Council currently has 33 institutes / units all over India conducting research on various aspects of homoeopathy viz. clinical research, drug proving, clinical verification of homoeopathic drugs, standardisation studies of homoeopathic preparations, survey, collection and cultivation of medicinal plants etc. The Council has published 28 priced and 9 non-priced publications for the benefit of homoeopathic professionals.

Pamphlets on 24 disease conditions have also been published for general public interest. Council has made remarkable achievements in various dimensions. The proving of 71 drugs and clinical verification of 52 lesser known and indigenous homoeopathic drugs have been completed. Clinical studies of various diseases like HIV / AIDS, filariasis, behavioural disorders, bronchial asthma, epilepsy, upper respiratory tract infections, amoebic dysentery, menorrhagia, osteoarthritis, etc. have affirmed the positive action of homoeopathic therapy in these diseases.

- 3.12.** The CCRH has collaborative programmes with other reputed institutes, in-order to avail itself of their infrastructure for scientific validation of homoeopathy. Some of these institutes with whom the Council has taken collaborative studies are: (i) Defence Institute of Physiology and Allied Sciences (DIPAS), New Delhi (ii) Bhabha Atomic Research Centre (BARC), Trombay, Mumbai (iii) Department of Medical Elementary and Toxicology, Jamia Hamdard, New Delhi (iv) Jawahar Lal Institute of Post-Graduate Medical Education and Research (JIPMER), Puthuchery (v) Department of Zoology, Osmania University, Hyderabad (vi) School of Tropical Medicine, Kolkata (vii) Central Institute of Psychiatry, Ranchi (viii) Central Institute of Medicinal and Aromatic Plants, Lucknow (ix) International Collaboration with University of California, Los Angeles (UCLA), USA
- 3.13.** Extra Mural Research: The CCRH is also monitoring research proposals received under Extra Mural Research Scheme of Dept. of AYUSH. Under the scheme, grant-in-aid is provided to the institutes/ organisations for carrying out scientific research in homoeopathy. The Council is monitoring 32 research projects under this research scheme.
- 3.14.** A National Institute of Homoeopathy has been established as an autonomous organisation under the Union Ministry of Health & Family Welfare at Kolkata in 1975 as a model teaching and research institute to promote the growth and all round development of homoeopathy.

- 3.15.** For laying down Pharmacopoeia standards for quality control in homoeopathic medicines, the Govt. of India constituted a Homoeopathic Pharmacopoeia Committee in 1962. So far 9 volumes of Homoeopathic Pharmacopoeia of India (HPI) and one volume of Codex have been published. Homoeopathic drugs manufacturing and licensing thereof, and all other matters connected therewith, are covered under Drugs and Cosmetics Act, 1940 and Rules thereunder. Good Manufacturing Practices (GMP) have been notified in 2006.
- 3.16.** A Homoeopathic Pharmacopoeia Laboratory was set up in 1975 at Ghaziabad (UP) which is functioning as standard setting-cum-drug testing laboratory at national level. Standards of homoeopathic drugs are covered under the second schedule to the Drugs and Cosmetics Act, 1940.
- 3.17.** Homoeopathy is actively practised and popular in all over India and 23 States have enforced State Acts to regulate its education and practice. There are about 1,20,000 institutionally qualified doctors, 250 hospitals, 7000 dispensaries and 650 manufacturing units spread over the country.
- 3.18.** With a view to give more thrust, taking into consideration the importance of Indian Systems of Medicine and Homoeopathy (ISM & H) the Govt. of India established a separate department named as Dept. of ISM & H with budget allocation under the Ministry of Health & Family Welfare in the year 1995. It was renamed as Dept. of AYUSH in 2003 and the Statutory Councils, Research Councils, National Institutes, Pharmacopoeia Laboratories, Medicinal Plant Board of all the above systems of medicine have come under the purview of this department. Over and above, different schemes for developing all systems of medicine in their education, research, drug development etc. besides ensuring quality control, propagation etc. also come under the aegis of Department of Ayurveda, Yoga and Naturopathy, Unani, Sidha & Homoeopathy (AYUSH).
- 3.19. Kerala:** It was the activities of Christian missionaries some 100 years ago that brought homoeopathy into Kerala. Following this, the system got

popularised in the State among the masses through their conviction of its efficacious performance in controlling the cholera epidemic broke out in South Travancore in those days.

- 3.20.** Homoeopathy was first accepted in 1928 as a system of medical treatment in Travancore in India. In 1943 it was also included in the Travancore Medical Practitioners Act giving equal status to it on par with the existing medical systems. Later in 1953, with the formation of Travancore - Cochin State, homoeopathy was again included in the Travancore - Cochin Medical Practitioners Act. The first democratic ministry which came into power in Kerala after the State re-organisation ordered to open the first government homoeo dispensary in Thiruvananthapuram in 1958.
- 3.21.** In the very same year a college began functioning with a 4 ½ year diploma course in homoeopathy at Kurichy (Kottayam Dist.). Even before this there were certain colleges conducting short term courses in homoeopathy. Two more colleges were started in the private sector at Thiruvananthapuram and Ernakulam offering diploma course recognised by the State Government. In 1975 Government started a degree college at Kozhikode, affiliated to the University of Calicut. Again in 1983 another Govt. degree college was started in Thiruvananthapuram, and a private degree college at Kottayam affiliated to University of Kerala and Mahatma Gandhi University respectively. As on date about 7,000 institutionally qualified homoeopaths have come out of the above colleges. The Govt. introduced graded degree course for diploma holders from 1990 to improve their qualifications by stopping the existing diploma course. Post graduate course in homoeopathy in 3 disciplines viz. Organon of Medicine, Materia Medica and Repertory was also introduced in two Govt. homoeopathic medical colleges. At present there are only 5 Homoeopathic Medical Colleges - 2 Govt. owned and 3 Govt. aided (Annexure IV). The admission strength for under graduate course in all these colleges comes to 250, and that of the P.G. courses comes to 60 only. One year Nurse - cum - Pharmacist course has been introduced to meet the requirements in Govt. institutions.

- 3.22.** Following the epoch making starting of the first Govt. dispensary in 1958, more dispensaries and hospitals came to be opened stage by stage in this State. Now there are 527 homoeo dispensaries all over the State. There is also one district hospital in each of 13 districts. Besides, there are hospitals in 16 taluks. To look after the administration of these hospitals and dispensaries, for the first time in India, a separate Directorate of Homoeopathy was formed in 1973. To assist the director in the administration, there is a deputy director at headquarter and a DMO (Homoeo) each in all 14 districts. There are 13 dispensaries and one homoeo hospital under the ESI scheme also. Further, there are homoeopathic dispensaries working under two municipalities and two corporations in the State. Apart from all these, there are two homoeo dispensaries, successfully conducted, one in the Kerala Secretariat and the other in the Central Prison, Thiruvananthapuram. Again, there are homoeo dispensaries conducted in an elegant and effective manner during the seasons of pilgrimage at Pamba and Sabarimala. In addition to all these, there are several homoeo hospitals under private and co-operative sectors.
- 3.23.** A Homoeopathic Pharmacy viz. The Kerala State Homoeopathic Co-operative Pharmacy Ltd. (HOMCO) was started in 1974 in the co-operative sector at Alappuzha. The State Govt. has a major share in this pharmacy. It has since been developed with the financial assistance from the Central Govt., and it is supplying all medicines required for the Govt. institutions in the State, besides to other States and Central Govt. institutions. There are a few other pharmaceuticals also in the private sector.
- 3.24.** There is a Central Research Institute at Kurichy (Kottayam District) and a Tribal Research Unit at Moolamattom (Idukki Dist.) under the CCRH. The Central Research Institute which began in 1974 as an independent unit under the erstwhile CCRIMH, was declared in 1988 as a Homoeopathic Research Centre exclusively for behavioural disorders and Epilepsy. There is no research centre for psychiatric disorders anywhere in the country

under this system of medicine. There are at present two psychiatric projects (Schizophrenia and Depressive Episode) and four other research projects (Chronic Bronchitis, Renal Calculus, Acute Rhinitis in Children and Drug Proving) in this Institute. Orders have been passed for merging the Tribal Unit at Moolamattom (Idukki) to it. The Research Unit at Uduppi (Karnataka) is also to be merged with this Institute for which there are proposals. To facilitate this a building costing Rs.5 crores is under construction and it will be taken for occupation by April 2008. The prospects for developing it into a Centre of Excellence in Behavioural Disorders are brighter during the XI Plan period as per the policy and schemes adopted by the Dept. of AYUSH, Ministry of Health & Family Welfare, Govt. of India.

3.25. In the field of homoeopathy, its development in practice, education, research and popularity among the masses, Kerala can blissfully boast of a series of 'Firsts' in India that can be uniquely observed in the following:

1. The first State (erstwhile Travancore) to recognise Homoeopathy officially as an authenticated and approved system of medicine in 1928.
2. The first State in establishing a Homoeopathic Dispensary in the public sector (1958).
3. The first State in establishing a 50 bedded Homoeopathic Hospital in the public sector (1960)
4. The first State in providing clinical facilities in Govt. Homoeo Hospitals for giving training to students of Homoeopathy (1960)
5. The first State to adopt a policy to promote Homoeopathy on par with other systems of medicine viz., Allopathy and Ayurveda by starting one Homoeopathic dispensary each in every panchayat (1968).
6. The first State in forming a separate Directorate for Homoeopathy with a Homoeopath as the Director (1973).
7. The first State to start a Homoeopathic Pharmacy (manufacturing unit) under co-operative sector shared by the State Govt. (1974)
8. The first State in establishing a Degree College in Homoeopathy (1975).

9. The first State to form a separate Faculty of Homoeopathy with Board of Studies in all three general universities. (1976 – 1984)
10. The first State to start regular P.G. course [M.D. (Hom)] in Homoeopathy. (1990-1991)
11. The first and the only one State in India to set up a P.G. Board of Studies in a general university (University of Kerala) for Homoeopathy. (1995)
12. The first State to start ESI dispensaries and hospital in Homoeopathy with a Homoeopath as its deputy director.
13. The first State to separate homoeopathic education from the Dept. of Homoeopathic Health Services (1981)
14. The first State to grant stipend to internees in Homoeopathy and to give parity in internship allowance / P.G. allowance with that of allopathy and ayurveda students.
15. The first and the only State having a Central Research Institute in Homoeopathy under the Ministry of Health & Family Welfare of Govt. of India.
16. The first State to implement the direct payment system to all employees of the private Homoeopathic Medical Colleges on par with their counterparts in Govt. colleges (in 1995) .
17. The first State to sanction the AICTE scale of pay to the teaching faculty of homoeopathic medical colleges, in 1997.
18. The first State to form an Epidemic Control Cell at State level in Homoeopathy (in 2005) .

Thus, Kerala has made a lead in the field of education, practice and establishing necessary institutions for the all round development of homoeopathy for being copied by other States in India.

4. NECESSITY FOR ESTABLISHING A SEPARATE UNIVERSITY FOR MEDICAL SCIENCES

- 4.1.** The Kerala Govt's decision to bifurcate the medical education from the existing general universities in the State, though late, is better in view of fetching the desired goal of gaining an advanced learning and research in the field of medicine. Viewed in this perspective, what the Ekbal Committee Report (ECR) maintains about a separate university in its paras 1 and 2 as a whole is acceptable. It is undoubtedly true that Kerala stands as a forerunner to serve itself as a model to other parts of the country and the developing world in having been able to embrace together all the three recognised systems of medicine viz. allopathy, ayurveda and homoeopathy in the field of health. This is why the term 'Kerala Health Model' has been mooted. Such being the case Kerala demands a unique university different from that prevailing in other States.
- 4.2.** All the existing Medical / Health Universities in India have included all recognised systems of medicine and allied sciences to their fold with a view to developing each of the above systems / sciences of medicine. But these universities are unfortunately serving as institutions affiliating colleges, conducting examinations and conferring degrees as a matter of routine. No initiatives seem to have been taken by these universities to develop other systems of medicine than allopathy. The disclosure in the ECR that the various departments in The Tamil Nadu Dr. M.G.R. Medical University do cater only to the research needs of the modern medicine is not true. The said University has since taken effective steps to establish

separate departments under it for the development of Sidha and Homoeopathy. It may be hoped that Health Universities in other States will also follow suit that in Tamil Nadu.

- 4.3. The observation in the ECR that the research and the educational needs of different systems could not be realised because of 'mixing up' of these systems in the Medical Universities is also not correct because there is no actual 'mixing' up of systems. We know that different languages / sciences / arts being dealt with in Universities do not at all face the risk of development of them. What it shows is that necessary initiative, with adequate availability of facilities and personnel are demanded of.
- 4.4. The wisdom that is seen dawned upon the desirability of having a Centre of Integrated Medicine under the proposed Medical University in the ECR (vide para 4.5) "for interaction and also for exploring the possibilities of integration, inter- disciplinary studies and joint research programmes between different systems of medicine" is rather commendable. This revelation is contradictory to that in paras 4.1, 4.2 and 4.3 of that report wherein a separate University for modern medicine alone has been proposed.
- 4.5. **The desired intention, if it has been advanced in good faith and if it is to be materialised for the good health and well-being of the humanity, all the systems of medicine and allied sciences should find their proper place in the proposed University with all facilities, and vistas for their development so as to serve them as contributory and complementary among all the systems of medicine and allied sciences.**
- 4.6. The stance maintained in para 4.4 of the ECR about the prospects of mobilising funds from Central Govt. and UN agencies to a University formed separately for traditional systems of medicine is subject to certain

limitations and conditions. The possibility of getting such funds chiefly depends upon the availability of infrastructural facilities, the personnel etc. of the University / Institution which require deserved accreditation for each scheme launched by the Central Govt. or the U.N. or other agencies.

- 4.7. The Department of AYUSH, Ministry of Health & Family Welfare, Govt. of India has formulated a scheme in the XI Five Year Plan according to which an one-time assistance on 50:50 matching share basis upto a maximum of Rs. 10 crores will be given for opening new Institution or University of AYUSH systems of medicine in the States not having such Institutions / Universities. However it is reliably learnt that even if a common university for all systems of medicine is founded, such assistance will be available also for developing departments / institutes of AYUSH systems in that university. For founding a separate University for AYUSH with all infrastructural facilities, a multiple crores of rupees will be required. Compared to this huge expenditure, the Central assistance of Rs. 10 crores will only be a fraction.
- 4.8. At the same time no fund shall be received for administrative and establishment recurring expenditure from any of the above sources. The setting up of different Universities as visualised by the ECR in a State like Kerala which has been described by the same Committee as "facing grave financial problems" (vide para 4.4) is a proposition far from reality and practicability, leave alone self contradictory.
- 4.9. From the financial point of view separate universities for each medical system is not at all viable especially to a small State like Kerala when larger States with a great number of affiliated institutions with greater strength of students suffer a lot of financial crisis for meeting administrative expenses even with a combined single Health University for all systems of medicine.
- 4.10. Viewed against this reality, in the event of setting up of two universities as proposed in the Ekbal Committee Report (ECR) and the Ayurveda

Committee Report (ACR), the exchequer will be over strained and over burdened with unnecessary provision of parallel levels of expenditure to a great extent in establishing and maintaining them. Hence this Committee feels that such a proposition is devoid of any practical feasibility.

4.11. Another important factor that cannot be winked at is that if different universities are established by naming one of them as medical university and others by other names in one and the same State, it is fraught with signalling a wrong message to the effect that the university named as medical alone is dealing with medical / health sciences while the others are dealing with some other subjects unrelated to medical / health sciences. This is a very serious drawback as the degrees and certificates conferred by the universities not known as medical / health ones will be likely to be belittled and termed as not genuine medical qualifications. This will naturally lead to render the research works incredible. Such an apprehension has already been expressed by the entire students and staff of the Homoeopathic Medical Colleges. This Committee does also share the above views and apprehensions. While in all other States the Health / Medical Universities embrace all systems of medicine including homoeopathy under one University, the attempt to exclude homoeopathy from the proposed Medical University in Kerala tends to increase the above apprehension many times giving a reality to it.

4.12. The Committee also feels that it is quite awkward to name a university by using the first letters of several systems together (AYUSH) with no mention of an element of medicine or health.

4.13. The Mandate for a University of Medical / Health Sciences

The mandatory points raised in ECR regarding the proposed Medical University are acceptable. But the prime aims of such a university, this Committee upholds, should be the following:

- ① To develop or find out a relatively safe, simple, scientific, effective and efficacious simultaneously affordable and acceptable system of medicine / treatment to the people of the State.

- (ii) To make studies for ensuring the welfare state of health of the people by looking into the curative, preventive, promotive and rehabilitative aspects of medicine.
- (iii) To find out a better alternative medicine and an ideal complementary therapy to tide over difficult situations or conditions during their management in the event of conventional medicine failing.
- (iv) To create health consciousness in the minds of the people to enable them being led properly to have a healthy life.

4.14. This Committee takes strong exception to the views and recommendations in para 4 of the ECR on account of the following:

4.14.1 While the ECR is desirous of having a medical university of allopathy and its allied sciences alone, the ACR has put forward proposals for forming a university of ayurveda and allied sciences. This has left out this Committee without any option but to propose a separate university for homoeopathy alone. But what this Committee proposes is the reasonable setting up of a University of Health Sciences for all the systems of medicines and their allied sciences put together with the optimum objective of providing better health to the humanity as is conceived in the mandate of the proposed university dealt with in the above para.

4.14.2. The intent and purpose behind the setting up of a university for medical sciences is to serve the cause of the humanity and not simply the growth and development of a particular system of medicine. It is imperative to have a university with all systems of medicine and their allied sciences put together under it giving opportunities for their development by complementing and contributing among themselves for the better health and well being of the humanity.

4.14.3. Though the medical systems are known by different names, the ultimate aim of all of them is one and the same - the attainment of good health

for all. These systems of medicine differ only in their concepts of pharmacology, etiology, diagnosis and management of disease. But the human beings and their diseases required to be treated and prevented do remain the same. This affirms that the basic medical sciences also remain the same. As every system has its own limitations and these limitations have to be tackled with, it is a necessity on the part of these systems to stand in unison to achieve the victory over the diseases as in the case of military forces viz. army, navy and airforce standing together complementary and co-ordinating among themselves to save the country from the attacks of its enemies.

- 4.14.4.** It is in consonance and confirmation of this perspective and spirit that the World Health Organisation (WHO) had recognised the potential and scope of traditional systems of medicine and made the Alma Ata Declaration in 1974 accepting traditional medicines as an important tool to achieve health for all as early as 2000 AD and requested the member countries to improve the service and availability of these medicines.
- 4.14.5.** As its follow up, the Govt. of India declared in 1983 in its National Health Policy that it was necessary to initiate measures to enable each of the AYUSH systems of medicine and health care to develop in accordance with its genius and emphasized the need for a meaningful phased integration of these systems of medicine with the modern medicine. The Central Govt further reiterated in 2002 in its National Policy on ISM & H that "AYUSH systems offer a wide range of preventive, promotive and curative treatments that are both cost-effective and efficacious and there is need for ending the long neglect of these systems in our health care strategy".

The Govt. have thus adopted a policy of integrating all the systems of medicine in its health care activities, letting each of these systems to develop in its own principle to serve humanity. Mainstreaming of AYUSH systems of medicine is one of the objectives of the National Rural Health

Mission (NRHM) which is actively being implemented at national level by the Govt. of India. It has been envisaged under NRHM vision and goals to make efforts to integrate AYUSH in primary health delivery.

4.14.6. The Govt of Kerala have declared as a policy as early as in 1968 to make available the benefits of allopathy, ayurveda and homoeopathy simultaneously to the people by establishing one dispensary / hospital under each system in every panchayat. Accordingly such institutions are being established in the State. Recently the present health minister Smt. P.K. Sreemathi Teacher has even gone to the extent of envisaging ayurveda and homoeopathic units in the existing PHCs, or Rural dispensaries with a view to make available all the three recognised systems of medicine under one roof to be chosen by the patients and to minimise the establishment expenditure.

4.14.7. In view of these revelations this Committee believes that what the people and Govts. of Kerala and India desire to have is an integration of all the three systems of medicine in the field of health care with viability for each of the above to develop in its own principles.

4.15. **In the circumstances this Committee strongly advocates and recommends to the Govt for the founding of a university under the caption of *University of Health Sciences* for higher learning and research in all systems of medicine and their allied sciences instead of the 'University of Medical and Allied Sciences' and the 'University of Ayurveda and Allied Sciences' as proposed in the ECR and the ACR respectively.**

4.16. The views and suggestions that could be gathered from the majority of the professional, service, and students' organisations, institutions and individuals in the field of homoeopathy and even non - homoeopath organisations and individuals strongly support the above proposition.

4.17. But, in any case, if the Govt. are determined to establish separate universities as proposed in the ECR and the ACR ignoring the incidental and consequential demerits such as deviating from the declared policy of integration and incurring unnecessary and unwieldy expenditure involved in implementing such proposals, *Homoeopathy should be included in the proposed Medical University since the chances of establishing a separate university for homoeopathy alone are quite bleak.* The reasons for including homoeopathy in the proposed medical university are the following:

1. Like allopathy, homoeopathy is also of western origin whereas ayurveda and associated systems of medicine belong to India.
2. There is almost striking similarities and closeness in education of allopathy and homoeopathy as revealed in para 3.8 of this report.
3. Most of the diagnostic methods, tools clinical terminology etc., used in homoeopathy practice are one and the same as used in allopathy.
4. Homoeopathy is indebted to allopathy in that it was promoted and developed in India by allopaths and it is still proud to have a large number of allopaths converted into homoeopathy in their practice. There is still a group of allopaths who help homoeopathy in its education and research.
5. One of the chief proposals in the ECR is to establish a Centre for Genomics and Systems Biology (CGSB) to develop tools and techniques and pursuing research for transforming the existing practice to render it predictive and preventive, assessing an individual's probability of developing various diseases as indicated by the patient's genetic makeup as well as blood-protein makers and then designing appropriate treatments even before the onset of a disease leading to a personalised health care programme. This is what is conceived in the ECR as the

'future medicine' (vide para 7.2 of ECR). Homoeopathy is already concerned with and engaged in personalised health care programme on the basis of its miasmatic theory which presupposes an individuals' probability of developing various diseases. This is the very same thing that is going to be proved accurately on modern scientific terms through development of tools and techniques and pursuing research in the CGSB under the proposed medical university. Homoeopathy, if it be with the medical university, will be definitely in a better position to develop further precisely and scientifically to result in the greater benefit of humanity.

6. Homoeopathic tenets are based on natural principles. Attempts have to be made for developing the science keeping abreast of the contemporary innovations of science and technology. Then alone it can successfully service and be of service in the modern times. Its study has therefore to be turned and tuned to evidence base. A design and device proving such facilities are essential for the development of homoeopathy in the coming years. The Committee feels that it can only expect such facilities being provided in the proposed Medical University in ECR and not the University proposed in the ACR.

5. NAME AND STRUCTURE OF THE UNIVERSITY

- 5.1. Structure of the University :** The proposed university in the ECR should be flexible enough to give affiliation to all the institutions belonging to all systems of medicine and their allied sciences.
- 5.2. Name of the University:** The university may be named as *Kerala University of Health Sciences (KUHS)*.
- 5.3. Broad objectives of the University:** The following objectives may also be added to those mentioned in both ECR and ACR.
1. To develop text books and other publications required for the courses / studies conducted by the University.
 2. To develop teaching methodology, techniques and aids etc.
 3. To develop research methodology and protocols.
 4. To make attempt as to how far the advantages of IT, Telemedicine, Nanotechnology and latest innovations can be made use of in medicine, in teaching and in research.
 5. To conduct health education including an introduction of different systems of medicine with their scope and possibilities in health care.
 6. To establish medical informatics and medical archives.
 7. To carry out studies and research on drug development along with proving, standardisation, quality control, modern devices of dispensing medicines etc.
 8. To promote health tourism in the State.

6. THE STATUS OF THE GOVERNMENT COLLEGES UNDER THE UNIVERSITY

- 6.1. Suggestions relating to Govt. colleges making them as constituent colleges of the university appearing in paras 6.4 and 6.5 of ECR can be applied to homoeopathy also.
- 6.2. As supplementary suggestion to these in the ECR this Committee proposes the following:
 - a. Apart from the prescribed educational qualifications for the post of teachers at the entry cadre it should also be ensured that they should have successfully undergone a screening test like NET. There is a proposal for introducing this at national level and in the meantime the University should make it a point to have this test conducted for all the teaching faculty under the University. This will enable to carve out competent teachers.
 - b. Every teacher should have undergone and passed an entry cadre training in the teaching methodology of the concerned subject before the declaration of the probation. He / she should also have attended re-orientation training in his / her subject concerned once in 3 years. These courses may be conducted by the University.
 - c. It is better to order promotions of teachers in both Govt. and private colleges only with the approval of the university after ensuring their performance / contributions in the fields of teaching, training, clinical works, research, publications, participation in seminars / conferences etc. The University should also see that a fool-proof system is introduced to assess the above aspects. These requirements should be incorporated in the University Statute / Regulations concerned. The university should also consider to encourage ideal teachers with incentives / awards in recognition of their better performance.

7. CENTRES / INSTITUTES / DEPARTMENTS UNDER THE UNIVERSITY

- 7.1. Over and above the affiliated institutions the University should have Departments, Institutes and Centres under each faculty. It is through this setup that all academic, research and other activities should be carried out. What the Committee demand here relates to such arrangements connected with homoeopathy and others as are not mentioned in the ECR and the ACR.
- 7.2. Homoeopathy should also be included in all the Centres proposed in the ECR such as Centres for Genomics and Systems Biology, Epidemiology and Public Health, Continuing Education, Behavioural Sciences and Medical Humanities etc. so as to partake in areas related to it as it has also its own relevance, scope and necessity as in the case of modern medicine. An inter-disciplinary approach, if given, will be of great service and utility for evolving better results.

The tendency seen among the professionals of different systems is one of rivalry and unhealthy competitions. This should be stalled at the level of the student career by giving knowledge about basic concepts and related informations of other systems of medicine not being taught to them. Thus they should be impressed about the necessity of working together with a preparedness to accept the tenets of other systems resulting in the benefit of the patients. So a subject pertaining to the study of **elementary knowledge of other systems of medicine** should also be added to the list of subjects mentioned under the Centre of Behavioural Sciences and Medical Humanities in the ECR.

7.3. Department of Homoeopathy

In the Dept. of Homoeopathy the courses for P.G., M.Phil. and Ph.D. in homoeopathic subjects should be offered. The Dept. should also look into the development of curriculum and syllabus for all courses. If the advanced and post-graduate courses in clinical subjects have to be conducted directly under the proposed university, a well equipped hospital in addition to the other facilities requires to be set up.

7.4. Centre for Integrated Medicine (CIM)

The idea behind the establishment of CIM is laudable. Such a separate centre in the university does not seem to be necessary in view of the fact that all the recognized systems of medicine are proposed to be included in the university. By virtue of this position, all these systems of medicine will be blessed with enough opportunity for getting the benefit of interaction, interdisciplinary studies / research, comparative studies, integrated approach to patient care etc. [As irrelevant to the point discussed here, an assessed estimation about the percentage of people as 15% taking recourse to ayurveda and homoeopathy has been made in the ECR. It is far away from reality as the patients getting benefit from these systems are very much greater. But one thing may be true, that is, the budgetary provision of the State given to both these systems do not at all come anywhere near 15%. It is presumed that this fact might have been behind the above wrong estimation.]

There is a lot of alternative and complementary therapies (not the systems of medicine) either recognized or not, such as Acupuncture, Acupressure, Bach Flower Therapy, Concentration / Meditation, Fasting, Folk Medicine, Herbal Therapy, Hypnotherapy, Isopathy, Kalari, Magneto Therapy, Marma, Massage Therapy, Music Therapy, Pranic Healing, Reiki, Soorya Yoga, Su Jok, Urine Therapy etc. in Kerala, besides therapies of similar nature prevailing in other parts of the country and the world over. A number of therapies among them have been included under the complementary / Alternative Medicine (CAM) by WHO. A detailed study of

these therapies need be conducted scientifically to assess and understand the efficacy of them in health care.

This study will enable people to get grip with the benevolent aspects of these therapies for acceptance and integrating them in the medical practice or for rejection if they are proved to be malevolent to human health. In this perspective a CIM has to be established under the proposed University.

7.5. Institutes for Basic Medical Sciences, Diagnostic Sciences, Community Medicine, Public Health & Hygiene

The proposal for forming separate faculties for Basic Medical Sciences, Diagnostic Sciences, Community Medicine and Public Health & Hygiene is a befitting one. Under these faculties an Institute for each one may also be established in the university.

Basic Medical Sciences, Diagnostic Sciences, Community Medicine and Public Health & Hygiene are almost one and the same as far as modern medicine and homoeopathy are concerned as pointed out in para 3.8 of this report. At present there are no opportunities for homoeopathic degree holders who have studied these subjects to pursue their post graduate studies analogous with their counterparts in modern medicine. This lack of opportunity had resulted in the inability to find out competent teachers to man the teaching in homoeopathic colleges in the subject concerned affecting the entire academic pursuit adversely. Not only that, the dearth of postgraduates in these subjects in homoeopathic institutions has also stalled the research / advance studies, retarding the development of homoeopathic science. To contain this handicap, the Committee proposes to provide necessary opportunities for homoeopathic graduates and teachers also to pursue P.G. studies in these subjects.

7.6. Centre for Nanomedicine

Nanomedicine is the medical application of nanotechnology. The approaches to nanomedicine range from the medical use of nanomaterials

to nanoelectronic biosensors and even possible future applications of molecular nanotechnology. Medical use of nanomaterials, drug delivery, cancer surgery visualisation, Neuro-electronic interfaces, medical applications of molecular nanotechnology, nanorobots, cell repair machines etc. are the new discoveries of nanotechnology.

Nanomedicine seeks to deliver a valuable set of research tools and clinically helpful devices in the near future. The National Nanotechnology Initiative expects new commercial applications in the pharmaceutical industry that may include advanced drug delivery systems, new therapies, and *in-vivo* imaging. Neuro-electronic interfaces and other nanoelectronics-based sensors are another active goal of research. Further down the line, the speculative field of molecular nanotechnology believes that cell repair machines could revolutionize medicine and the medical field.

Nanomedicine is now set out to create a revolution in medical science and health care systems. It is therefore essential to establish a Centre of Nanomedicine with all necessary facilities in the proposed University of Health Sciences.

It is very pertinent here to quote the words of Dr. Arun Kumar. V.S. & Dr. Ajith Kumar V.S. (Advisors to Humanitarian Global Bio-Medical Corporation, California, USA), doctors who are practising modern medicine and doing research and studies in Nanomedicine about nanomedical applications in homoeopathy.

"The nanomedical applications will be a very powerful tool in homoeopathy as its therapy now is dose related and will be very sensitised in the field application of nanotechnology. There is significant debate on the nature of the active therapeutic ingredient in homoeopathic medicines and whether the effect of homoeopathic medicines is exerted bodily. The vomeronasal organ (Jacobson's organ) is the receptor site for the detection of non-odourant molecules, eg. pheromones in reptiles, amphibians and mammals. The organ forms

the main part of a chemoreceptor system known as the vomeronasal system. It is this system that constitutes the receptor for homoeopathic medicines in both animal and human subjects. Nanosensors and Nanorobots play a very important role in the sensitisation of vomeronasal organ".

A study directed towards this technology can be expected to bring greater revelations about the precision and efficacy of potentised drugs of homoeopathy.

7.7. Institute of Preventive Medicine (IPM)

- a. The popular maxim "prevention is better than cure" holds always good, insisting on the establishment of an Institute of Preventive Medicine (IPM) under the University. It has become all the more prominent in these days of communicable and non-communicable diseases. Kerala is witnessing the outbreaks of viral diseases on and often. No effective preventive medicine have so far been developed in the modern medicine for many of these epidemics. Although preventive vaccines against a few epidemics are available, their availability in required quantities as also the difficulty in the management of preserving, transporting and distributing the preventives and the resultant drain on the exchequer offer hardships to the health authorities. Another major block is the lack of universal acceptability among the general public. In the wake of an epidemic outbreak a preventive medicine which is safe, simple, acceptable, affordable and effective has to be made available to all in the right time. It is herein that the relevance and significance of homoeopathic prophylaxis strikes its usefulness. Homoeopathic prophylactics have become popular since the last decade in Kerala. It is a fact that these medicines are being distributed among the people with the least delay and at low cost. But there are doubts and disputes among the advocates of modern medicine about the scientificity of these prophylactics. This demands a thorough study

into the issue. Similar studies may also be conducted in other systems of medicine.

- b. Prevention is also equally important in the case of non-communicable diseases mainly in chronic diseases. No serious studies have ever been conducted in the matter. The Govt. of India recently overstressed this issue which is also prominently featured in NRHM. It is fearfully expected that, if the present trend continues, almost 66.7% of total death will be occurring due to chronic diseases in the country by 2020 AD. It is learnt that the Planning Commission of India has made a project to prevent and control non-communicable diseases like diabetes, cardio-vascular diseases, renal diseases, chronic lung diseases, cancer, strokes, tobacco diseases etc. An amount of Rs.1650 crores has been earmarked in the XI Five Year Plan. There is much scope for all systems to contribute to this issue through inter disciplinary or joint research studies. Homeopathy has already developed medicine for correcting internal dyscrasia on the basis of miasmatic perspective, capable of preventing the incidence of many such diseases. This has to be strengthened on a firm footing of conducting deeper and deeper scientific studies. As this is a vociferous demand being clamoured from many corners, an Institute capable of yielding the result should be established in the University providing facilities for all systems of medicine work together.

7.8. Centre of Integrated Medicine for the Disabled (CIMD)

A Centre of Integrated Medicine for the Disabled (CIMD) should be set up under the University with a view to looking after the disabled in their worries and woes resulting out of their disabilities and diseases. It is estimated that about 3% of the total population constitute the different kinds of disabled. It is a significant aspect of society to study in details their problems, combined efforts of all systems to manage them, different ways by which they can be nursed, the means for developing them to worthy citizens, their hygiene and nutrition etc. Efforts should also be

made to minimise the congenital anomalies, by exploring and utilizing all the modern sciences including different systems of medicine assessing their scopes. It is desirable to afford a linkage with the institutes like National Institute of Speech and Hearing (NISH), Thiruvananthapuram and Institute for Communicative and Cognitive Neuro Sciences (ICCONS) Kavalappara, Shornur (Thrissur Dist.) which are actively engaged in studies relating to certain disabilities viz. speech and hearing impairments, autism, mental retardation, learning disabilities, cerebral palsy, multiple congenital anomalies etc.

7.9. Inter-National Centre for Homoeopathy (INCH)

By virtue of its all embracing growth and acceptance, homoeopathy has since emerged as a Complementary / Alternative Medicine (CAM) to merit the approval of the WHO. It is now actively prevailing in almost 80 global nations. Because of its unique features in being safe, simple, scientific, economic and effective medicine for all among the CAM, homoeopathy is set out to be the pioneering medical system in many of the countries. In these countries the facilities for education, research and practice have yet to catch up developmental momentum on par with that of India. Most of them naturally therefore look forward to India for information, guidance, education and training etc., in homoeopathy. This fact is seen acknowledged by the Govt. of India and certain schemes have been mooted for promotion of International Co-operation (IC) in AYUSH systems of medicine, of which homoeopathy is a prominent one. In the event of establishing an INCH in the proposed health university the chances of attracting foreigners to join the courses here are brighter and better. Many short term courses, training programmes, seminars, workshops can also be conducted for them. This will bring in a long array of benefits from their interactions, increase in foreign exchange etc.

There are many short term courses / training programmes in the foreign countries organized by certain agencies / organisations/ institutes

requiring to be filled in by faculties and experts from India. Thus the scope for sending our faculties / experts to these countries is much greater. To co-ordinate and control all these activities the establishment of such a centre in the proposed university is inevitable.

7.10. Centre of Health Informatics

The information with regard to availability of medical treatment and management of various diseases and other health problems is beyond the reach of the ordinary man as it is scattered over many centres and places. For convenient dissemination of these details of information, a Centre of Health Informatics should be opened in the proposed University. This Centre should make available the related information to the needy people. A user fee can well be levied for such service. It will again add to the income of the university.

8. OTHER ACTIVITIES

8.1 Programmes for the Personnel of State / Central Govts. and Research Councils

The University should devise and design as is required from time to time orientation training or continuing education for doctors, nurses, pharmacists, paramedical staff, research fellows, teachers etc. These programmes can be conducted in the university campus and in the affiliated institutions or in the Govt. hospitals where there are adequate facilities for the conduct of the programmes. The participants may be given certificates to that effect too. The university will also be eligible for getting financial assistance from the Dept. of AYUSH, Ministry of Health & Family Welfare, Govt. of India for this purpose.

8.2. Continuing Medical Education (CME) for private doctors, nurses, paramedical staff et al.

It is imperative to get the knowledge and awareness of those who are working in the health care field updated from time to time. This necessity has also been reiterated in the NRHM. It is after taking these aspects into consideration that the State Medical Council has insisted on renewal of registration once in 5 years after attending a minimum of 30 hours' classes / training. To make it really fruitful definite modules should be prepared from time to time as required. The teaching materials and aids for this programme have also to be developed. In the case of AYUSH systems the university can have financial assistance and guidance from the Central

Govt. as per their schemes. If a regular programme is chalked out and conducted by the university in all the university centres, affiliated institutions, and other Govt. / private institutions having the required facilities, the entire personnel can be made benefitted by this scheme. The certificate issued in this respect by the university must be the criterion for renewal of registration. This will enable the practitioners to get a standardised and uniform CME and at the same time the University will be getting an income also.

8.3. Health Education to the Public

An assessment of the current health scenario gives a shocking revelation which points out utter lack of awareness about health and related subjects on the part of the people. This is attributable to the present day hazards and hardships in the health sphere which subject them to be exploited in different ways. As they are quite ignorant of the inevitable knowledge about human body, nutrition, public health & hygiene, ideal life styles, preventive measures to guard against communicable and non-communicable diseases, physical exercise, yoga, first aid, marital life, pregnancy, child care, patient care, scope and limitations of different systems of medicine, they have to be taught on these subjects as part and parcel of their general education. The present day education gives only a smattering knowledge of these subjects and a student can pass out his courses at secondary and higher secondary levels totally avoiding them. These subjects have to be culled out and included exclusively in a syllabus for secondary and higher secondary classes. Now that the Govt. have appointed a Committee for revision and improvement of school curriculum & syllabus it is only apt to take this issue also to the Committee's attention for necessary incorporation in school education. It is relevant here to note that the Union health minister has also highlighted the urgent necessity of making people aware of leading a healthy life style even right from the school level to guard against the incidence of chronic diseases like cardiovascular diseases, diabetes, cancer, stroke and chronic lung diseases which causes more than 50% of death in the country. A

separate cadre of teachers should be carved out for imparting this education based on separate text books, teaching aids and other means. Graduate (B.Sc.), post graduate (M.Sc.) courses can be developed and conducted by the proposed Health University in the institutions affiliated to it. These courses can be pursued by all as in the case of prevailing graduate and post graduate courses in general sciences and humanities. Health science course can also be conducted through distant education, on line education, etc. by the proposed university. The availability of such enlightened citizens in society can go a long way in enhancing health knowledge of the people. If such courses are arranged to be conducted, besides making revolutionary change in health sphere it will also fetch a lot of money to the university. A **Department of Health Science** should be formed to fetch the above goal.

8.4. Forum for Togetherness and Cohesion in Profession

Opportunities directed towards collecting and combining all students in the different systems of medicine on common platforms such as sports meets, arts festivals, debates, seminars, symposia etc. should be thrown open at the university level with a view to developing a sense of amiability in profession among them.

8.5. Entrance test for admission to various courses

Entrance examination to all the courses under this university should be conducted in the university itself. Admission to the medical courses should be made after assessing the aptitude of the candidates as to which course they prefer to join.

9. ACADEMIC LINKAGES

Academic Linkages should be made with the institutions (coming under Research Councils, National Institutes, Laboratories etc.) of all the systems of medicine included in the University. The CRIH (Kottayam) and other major institutions under the CCRH, NIH (Kolkata), Homoeopathic

Pharmacopoeia Laboratory, HOMCO (Alapuzha) etc. need to be considered for the above purpose in Homoeopathy. This Committee fully agrees with what has been stated in paras 9.2 and 9.3 of the ECR.

ADMINISTRATION AND OTHER ASPECTS

10. Administration of the University

The Committee fully endorses the suggestions appearing in paras 10.1, 10.2 and 10.3 of the ECR.

UNIVERSITY FINANCES

11. The Committee is in full agreement with the details shown in Para 11.1 of the ECR. When all the systems of medicine stand together, the sources of income will become larger while the expenditure especially of maintenance of the establishment will be considerably lessened. Again the availability of funds can be sizeably increased by crediting the income derived from the user charges, fee from the health science courses, income from the INCH etc. mentioned in this report.

12. STATUTORY OFFICERS OF THE UNIVERSITY

- 12.1 All the propositions made in the ECR are acceptable to this Committee. It would be better if a post of Academic Officer is created to carry out and ensure the academic activities systematically, smoothly and promptly as is being done in The Tamil Nadu Dr. M.G.R. Medical University.
- 12.2. It is only a truth that in the Universities of Health Sciences in other States the modern medicine has been dominating over the other systems sidetracking them to insignificance. This is attributable to the fact that the other systems of medicine do not have proper representation in any of the hierarchical posts in these universities. There is apprehension and anxiety on the part of the protagonists of relatively less dominant systems of medicine against the big brother attitude from the dominant

ones while those of the dominant systems are reluctant to share their supposed supremacy with the less dominant ones. The very same clash of personalities is also discernible among the incumbents of the statutory positions. This demands the posting of impartial and unbiased persons in the top authoritative positions in the university to rid the above feelings of disparity and disgrace from the minds of the advocates of the less dominant systems and the difficulty of sharing from the minds of the dominant ones. But the Committee feels that the above anxiety and apprehension is not fully true as in the case of general universities. When an assessment is made in respect of Health / Medical Universities in the other States, there appears to be some truth in the above feelings of the advocates of the less dominant systems. In the circumstances to bring in a sense of fair play and justice among the different systems, the Committee would like to suggest the following:

- a.** The post of Vice-Chancellor may be filled with a personality of unbiased and cosmic outlook capable of exercising an impartial attitude to all systems of medicine.
- b.** Apart from being an ex-officio member, the Pro Vice-Chancellor is a dominant authority in all the important statutory bodies like Governing Council, Finance Committee, Planning Committee, Senate, Research Council, Academic Council etc. To ensure justice and fair play, it is desirable to have separate Pro Vice-Chancellor, each for allopathy, ayurveda and homoeopathy.
- c.** The post of the Registrar may be given to an IAS officer deputed from the Govt.
- d.** Though the Controller of Examinations and Academic Officer can be from dominant systems, one post of Deputy Controller of Examinations and that of Asst. Academic Officer must also be given to the faculty belonging to ayurveda and homoeopathy separately. These arrangements will of course provide a conducive atmosphere for smooth conduct of the affairs related to academic and examination works.

- e. It should be ensured that there is due representation for other systems of medicine also in the Governing Council, Senate, Academic Council, Research Council, Finance and Planning Committees. The university Statute should specify all these requirements.

13. AUTHORITIES OF THE UNIVERSITY

The Committee fully accepts what is stated in Paras 13.1 to 13.4 of the ECR. It feels that as in the case of The Tamil Nadu Dr. M.G.R. Medical University representations from all the affiliating institutions and the centres, institutes and departments of the university with all their heads and elected members of the faculty of each institution should be made.

14. PERSONNEL OF THE STATUTORY BODIES

The Committee agrees with all the suggestions in paras 14.1 to 14.7 of the ECR.

15. FACULTIES OF THE UNIVERSITY

The proposals relating to the formation of Faculties in paras 15 are also agreed to. But when other systems of medicine are also in the university, faculties from these systems of medicine including their allied sciences should also be instituted. The faculties which are formed for interdisciplinary and integrated studies should have members from all the systems of medicine involved.

16. BOARDS OF STUDIES

What the ECR has stated herein is agreed to.

17. RESEARCH COUNCIL

- 17.1 The 'Research Committee' as seen written in the ECR may be changed into Research Council for research activities as Academic Council for academic activities. This Committee agrees with what has been stated in the ECR in its para 17.

A Research Council should be constituted with faculty members at the top of the researches conducted in university and its affiliated institutions and those from outside research councils / institutes. The preparation of protocol and research methodology, approval of projects, guidance , monitoring and evaluation of research activities, approval of research findings, drafting and publishing of research reports and monographs etc. should be the activities and responsibility of the Research Council.

17.2. To create motivation and to sustain interest and involvement of researchers in continued productive research activity, it is suggested that awards and titles should be instituted for notable contributions. The persons contributing to the science of homoeopathy may be given the titles DRCH (Diplomate of the Research Council of Homoeopathy), MRCH (Member of the Research Council of Homoeopathy) and FRCH (Fellow of the Research Council of Homoeopathy) according to the quantum and merit of their work. The awarding of such titles will, apart from sustaining interest and involvement in the awardees, attract more and more talented persons with the right kind of aptitude to take up research work involving minimum cost and maximum efficiency.

17.3 In the case of Research Council there should be separate wings for each systems of medicine under separate directors belonging to the system concerned. The chairman for all wings of Research Council should be the Vice-Chancellor as in the case of Academic Council.

VARIOUS COMMITTEES / COUNCILS ETC. & LOCATION

18. This Committee has nothing more to add in respect of the points raised in paras from 18 to 26 of the ECR with exception of the following:

18.1. The experts or officers from other systems of medicine should also be included in the High Power Committee to monitor the various processes for the establishment of the university.

18.2. The views of the experts of all the systems should also be taken into consideration for the preparation of detailed project report, Act, Statutes, Regulations and construction works.

18.3. The Committee thinks that *Thiruvananthapuram*, capital city of the State is the ideal location for establishing the proposed University of Health Sciences as there is great accessibility with all major educational and research institutions of all the systems of medicine besides the proximity of international airport, railway division, Vizhinjam harbour, tourist centres, institutes for bio-technology, bio-informatics, nanotechnology, botanical garden etc. Though the headquarter campus of the University is proposed to be established at Thiruvananthapuram, the other campuses for setting up of various institutes / centres can be developed in different suitable places of the State as in the case of Kerala Agricultural University.

19. RECOMMENDATION

The Committee sums up its views and suggestions with a request to Government to ponder deeply over the reports of the 3 Committees (ECR, ACR and Homeopathy Committee Report-HCR) constituted for furnishing proposals for separating medical education from the existing general universities, and to arrive at a pragmatic and prudent decision to bring together all the health sciences under a common university enabling each system of medicine to develop itself according to its principles and potentials ultimately resulting in the good health and well being of the people.

No affiliating independent universities for single systems of medicine as proposed in the ECR and the ACR have been established in any other States in India except in Gujarat where there is a University of Ayurveda at Jamnagar established in 1965 exclusively for ayurvedic studies.

The instance of Banaras Hindu University is a glaring proof of success reaped from the coming together of ayurveda and modern medicine. When ayurveda and modern medicine were given equal status in the Institute of Medical Sciences (IMS) of the Banaras Hindu University (BHU) imparting

education in all the disciplines of the above medical systems at the U.G. and P.G. levels giving unique opportunities for inter-disciplinary research, that institute admirably grew into a status institute rated as *third best in the country* after a survey conducted by the *British Medical Journal* in the year 1993-94. This Institute initially provided ayurveda alone. The later development of adding modern medicine led to its tremendous growth providing facilities for 41 departments covering both systems of medicine at present. This instance should serve as an eye opener to the advocates of separate universities for each medical system.



GOVERNMENT OF KERALA

Abstract

Health & Family Welfare Department – Setting up of University for AYUSH – Constitution of Committees – Sanction accorded – orders issued.

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HEALTH & FAMILY WELFARE (D) DEPARTMENT

G.O.(Rt) 2981/2007/H&FWD.

Dated, Thiruvananthapuram, 22.08.2007.

Read:- Note dated, 24.07.2007 from the Hon'ble Minister (Health)

ORDER

Sanction is accorded for the constitution of two committees comprising the following members for studying all the aspects of setting up a University for AYUSH (Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy) and for submitting proposals in this regard to Government.

I. For Ayurveda and other systems of Indian Medicine :-

- | | |
|--|------------|
| 1. Dr.K. Sankaran, Director of Ayurveda Medical Education | - Convenor |
| 2. Dr.P.K. Mohanlal (Retd. Director of Ayurveda Medical Education) | - Member |
| 3. Dr.M.R.Vasudevan Namboothiri, Principal, Government Ayurveda College, Thiruvananthapuram. | - Member |
| 4. Principal, Vaidyaratnam P.S. Varier Ayurveda College, Kottakkal | - Member |
| 5. Joint Secretary, Health & Family Welfare Department. | - Member |

Contd

II. For Homoeopathy:

Principal & Controlling Officer, Government Homoeo Medical College, Kalady, Thiruvananthapuram	-	Convenor
Dr.Ravi M. Nair, Retd. Principal, Government Homoeo Medical College, Kalady, Thiruvananthapuram	-	Member
Dr.P.Muraleedharan (Retd. Principal, Government Homoeo Medical College), Maruti Nivas, Balavan Nagar, Manacaud.P.O., Thiruvananthapuram	-	Member
4. Joint Secretary (Health & Family Welfare Department)	-	Member

The Committee will submit their reports within 3 months. Director of Ayurveda Medical Education and the Principal & Controlling Officer, Government Homoeo Medical College, Thiruvananthapuram will provide necessary administrative support for the respective committees and make suitable arrangement for meeting the expenses.

By Order of the Governor

K.RADHAKRISHNAN
JOINT SECRETARY TO GOVT.

To

The Director of Ayurveda Medical Education, Thiruvananthapuram.

The Principal & Controlling Officer, Government Homoeo Medical College, Thiruvananthapuram.

Dr.P.K. Mohanlal (Retd. Director of Ayurveda Medical Education)

Dr.M.R.Vasudevan Namboothiri, Principal, Government Ayurveda College, Thiruvananthapuram.

The Principal, Vaidyaratnam P.S. Varier Ayurveda College, Kottakkal.

Dr.Ravi.M. Nair, Retd. Principal, Government Homoeo Medical College, Kalady, Thiruvananthapuram.

Dr.P.Muraleedharan (Retd. Principal, Government Homoeo Medical College), Maruti Nivas,Balavan Nagar, Manacaud.P.O., Thiruvananthapuram.

Joint Secretary, Health & Family Welfare Department
Principal Accountant General (Audit/A&E) Kerala, Thiruvananthapuram.
Health & Family Welfare (J) Department.
S.F/OC.

Copy to:- P.S. to Minister (Health)
P.A. to Secretary (Health)
C.A. to Joint Secretary (Health)

Forwarded / By Order
Sd/-
Section Officer.

AYUSH UNIVERSITY**VIEWS & SUGGESTIONS CALLED FOR**

The Govt. of Kerala have decided to bring Medical Education which is now scattered over different Universities in the State under a separate University as is being in vogue in the majority of the States in the country. To give recommendations in the matter, an Expert Committee was constituted with Dr. B. Ekbal (former Vice Chancellor, University of Kerala) as chairman. The Committee submitted its report to the Govt. in April last. The report suggested the formation of a separate University for AYUSH systems of medicine quite different from Medical / Health Universities in other states. As a follow-up action, the Govt. in G.O. (Rt.) 2981 / 2007/H&FW, 22.08.07 have accorded sanction for the constitution of two committees - one for Indian Systems of Medicine and the other for Homoeopathy - for studying all the aspects of setting up a University for AYUSH and for submitting proposals to Govt. within 3 months. The Committee for Homoeopathy consists of the Principal & Controlling Officer, GHMC, Tvpm. as Convener, Dr. Ravi M. Nair, former Advisor (Homoeopathy) to Govt. of India, Dr. P. Muraleedharan, Rtd. Principal, GHMC, Calicut and the Joint Secretary to Govt. (Health & Family Welfare Dept.) as members.

The above Committee had its first meeting at Thiruvananthapuram on 27.09.07 and pondered over the matter. It decided to collect all relevant details pertaining to the issue from as many different sources as possible along with varied valuable views / opinions / suggestions from academicians, educationalists, researchers, professionals, planners, organizations, institutions etc. in the field of medical sciences particularly Homoeopathy.

At present there are only 5 Homoeopathic Medical Colleges - 2 Govt. owned and 3 Govt. aided. The admission strength for under graduate course in all these colleges comes to 250, and that of the P.G. courses comes to 60 only. The total number of institutions coming under Indian Systems of Medicine including self financing colleges is only 14. There is only a strength of 670 admission in the U.G. courses while that of the P.G. courses is 77. The admission strength in para medical courses in Ayurveda are estimated to come to 700.

The prospects and possibilities of a University affiliating the above institutions with their courses already mentioned are to be examined in a pragmatic way. In this context the following points deserve to be examined in detail at the time of recommending the setting up of a University by including Homoeopathy along with the Indian Systems of Medicine with due consideration for growth and development of Homoeopathy in particular.

- 1) The proposition coming for consideration involves two types of Universities - one, a single University for Health Sciences as a whole as is in vogue in other States and the other, a separate University each for modern medicine and exclusively for AYUSH. If it is a single University embracing all the health sciences, it will be a more viable proposition examined from the point of view of investments, infrastructures, administrative inputs and unification of all systems of medicine. While this is a plus point, there is a possibility of the AYUSH health sciences being prevailed upon and predominated by the modern medicine resulting in the net effect of sidetracking of our systems of medicine. This has since been clearly proved from the working of the Health/Medical Universities in other states.
- 2) The emerging global health scenario presents a completely new picture where alternative systems of medicines like the AYUSH are generating and gaining greater acceptance and wider recognition. In such an event, creation of a separate University for AYUSH sciences would definitely boost up their growth, development and importance.
- 3) When a separate University for AYUSH systems is set up, Homoeopathy alone being a non-Indian system among the AYUSH group, won't there be a risk of Homoeopathy being sidelined because of its minority incumbency? As there is no scope for setting up a separate University for Homoeopathy alone in the State, alternate arrangements from bottom to the top of the structure, organizational and administrative set up have to be made to safeguard the interest of Homoeopathy.
- 4) The following is a gist of things to be thought over in connection with the establishment of a University if it is to serve for the comprehensive development of Homoeopathy.
 - i) Various courses conferring Degree, Diploma, Post-graduate Degree, Post graduate diploma, Certificate, Super Specialty Degree, MPhil, MBA, Ph.D. etc. in Homoeopathy and its allied and para medical sciences / subjects have to be conducted.
 - ii) Necessary Curriculum, Regulations, Statutes etc need be formulated.
 - iii) Faculty and infrastructure for the above also required to be provided.
 - iv) Development of Text Books and other publications for the above courses may be undertaken.
 - v) Teaching methodology, techniques, teaching aids etc are to be developed.
 - vi) For developing and keeping abreast of the personnel, effective CME/ROTP/ Pre - service and in - service training etc. need to be designed and conducted.

- vii) Methods of evaluation need also be developed.
 - viii) Research – fundamental, clinical, Inter-disciplinary, literary- should also find a place.
 - ix) Provisions for assessing the scope and developing Homoeopathy in the fields of Community medicine, Preventive medicine, Psychiatric medicine, Tribal medicine, Sports medicine etc. besides the general ones need to be made.
 - x) Research methodology and protocols may also be decided.
 - xi) How far the advantages of IT, Telemedicine, Nanotechnology and latest innovations can be made use of ?
 - xii) The scope of Homoeopathy in dealing with the ailments of animals and plants may also be considered.
 - xiii) Drug development along with proving, standardization, quality control, modern devices of dispensing medicines etc. is to be studied.
- 5) For effectively materializing the above things full fledged hospitals with all sophistications, Laboratories, Museums, Library and Documentation centre, Informatics, Archives, Medicinal Plants gardens, medicine manufacturing units, publication division, engineering division etc. over and above the subject-wise departmental facilities associated with a University are required.
- 6) In conclusion, we look forward to getting detailed suggestions and opinions relating to the points mentioned above. Again any other valuable suggestions particularly relating to tapping the resources like funds, faculty, technology etc. are highly welcome. It would also be welcome if a suitable name, location (s), the extent of landed area required, etc are suggested.

We expect your invaluable suggestions and opinions on the above points at the earliest, say, before 15th November 2007. It would be better if the suggestions / proposals are discussed among the members of the Institutions / Organizations before sending them to us. The address to which this may be sent is given below. The envelope enclosing these communications may be superscribed, "AYUSH University" to catch immediate attention.

The Sr. Principal & Controlling Officer,
Govt. Homoeopathic Medical College,
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Thiruvananthapuram, Kerala.
E-mail : homoeotvpm@yahoo.com
Tele-Fax : 0471-2459459.

Thiruvananthapuram,
08.10.2007.

Sd/-
Dr. V.M. JANAKI KUTTY,
Convener,
Committee for Homoeopathy,

ACKNOWLEDGEMENTS

The Committee for Homoeopathy duly acknowledge with thanks to the following organisations, institutions and personalities for their valuable contributions and co-operation given to it for the preparation of this Report.

A. Organisations

1. The Institution of Homoeopaths, Kerala.
2. The Indian Homoeopathic Medical Association.
3. All Kerala Govt. College Teachers Association.
4. All Kerala Private College Teachers Association.
5. Kerala Gazetted Officers Association.
6. Kerala Govt. Homoeo Medical Officers Association.
7. Organization of Govt. Homoeo Medical Officers of Kerala.
8. Govt. Homoeo Medical College Teachers Association, Thiruvananthapuram.
9. Kerala Homoeo Medicos Association.
10. P.G. Students Association, GHMC, Thiruvananthapuram.
11. M.D. (Hom) Students, GHMC, Kozhikode.
12. College Union, GHMC, Kozhikode
13. College Union, GHMC, Tvpm.
14. College Union, Dr.Padiar Memorial HMC, Ernakulam.
15. SAMAGRA - Holistic Health Promotion Council, Thiruvananthapuram.
16. Action Council for Medical University, Thiruvananthapuram.
17. Govt. Homoeo Medical College Staff Union, Thiruvananthapuram.
18. Malabar Area Homoeo Practitioners Protection Council, Thanur.
19. Athura Seva Sangham (Swami Athura Das) - Kottayam.

B. Institutions

1. Govt. Homoeopathic Medical College, Kozhikode.
2. Dr.Padiyar Memorial Homoeo Medical College, Ernakulam.
3. Govt. Homoeopathic Medical College, Thiruvananthapuram
4. Sarada Krishna Homoeopathic Medical College, Kulasekharam, Kanyakumari Dist., Tamil Nadu.
5. Central Research Institute for Homoeopathy, Kottayam.
6. Director of Homoeopathy, Govt. of Kerala.
7. District Medical Officer (Homoeo), Ernakulam.

8. District Medical Officer (Homoeo) , Kozhikode.
9. District Medical Officer (Homoeo) , Idukki.
10. Nascent Academy of Homoeopathy, Thiruvananthapuram
11. Adithya Institute of Homoeopathic Medical Science, Kozhikode
12. Vinayaka Mission Homoeopathic Medical College, Salem, Tamil Nadu.
13. Shree Vidhyadhiraja Homoeo Medical College, Nedom, Tvpm.

C. Personalities

1. Dr.K.N. Panicker, Vice Chairman, Higher Education Council, Kerala.
2. Sri.Vergheese Samuel, IAS, Joint Secretary to Govt. of India, Deptt. of AYUSH, Ministry of Health & Family Welfare, New Delhi.
3. Sri.T.N. Jayachandran, IAS (Retd.), Addl. Chief Secretary, Govt. of Kerala.
4. Dr.G. Balamohan Thampi, Former Vice Chancellor, University of Kerala.
5. Prof. A.Sukumaran Nair, Former Vice Chancellor, M.G.University, Kottayam.
6. Sri.V. Vijayachandran IAS (Retd.), Principal Secretary, Dept. of Health & Family Welfare, Govt. of Kerala.
7. Prof. Chaturbhujaya Nayak, Director, CCRH, New Delhi.
8. Dr.S.Madhavan, Advisor (Ayurveda) Deptt. of AYUSH, M/o.of Health & Family Welfare, Govt. of India, New Delhi.
9. Sri.Sanjive Kumar Chadha IAS, Director, Deptt. of AYUSH, M/o. Health & Family Welfare, Govt. of India, New Delhi.
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11. Dr.N.Balaraman Nair, Retd. Director of Medical Education, Kerala.
12. Dr.G.L.N.Sastri, (Hyderabad), Former National President, IIHP
13. Prof. Mahendra Singh, (Kolkata), Chairman, Education Committee, CCH.
14. Dr.M. Abdul Lethif, Retd. Principal & Controlling Officer, GHMC, Tvpm
15. Dr. A.Esmail Sait, Retd. Principal, GHMC, Kozhikode.
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18. Dr.V.S. Ajith Kumar, Advisor to Humanitarian Global Bio-Medical Corporation, California, USA.
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20. Dr. S. Janardhanan, Principal, DPMHMC, Eranakulam.
21. Dr. K. Rajeev, Principal, S.V.R.Homoeo Medical College, Tvpm.
22. Dr.P.K. Sudhir, Principal, Vinayaka Mission HMC, Salem, Tamil Nadu.

23. Dr. C.K. Mohan, Principal, Sarada Krishna Homoeopathic Medical College, Kulasekharam, Kanyakumari Dist., Tamil Nadu.
24. Prof. Sunil Parse, Former Principal, Homoeo Medical College, Nagpur
25. Dr.T.N. Sreedhara Kurup, Assistant Director i/c, CRIH, Kottayam
26. Dr.B. Indira, Research Officer, CRIH), Kottayam
27. Dr.P.S. Sivadas, Research Officer, CRIH, Kottayam
28. Dr.K.V. John, (Thiruvananthapuram), Member, CCH
29. Dr.C.J. Varghese (Thaliparamba), Former Member, CCH.
30. Dr. S.Vidya Prakash (Kozhikode), Executive Member, CCH.
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32. Dr. Jose Isaac, (GHMC, Tvpm.), Chairman, BOS (UG), Uty. of Kerala.
33. Dr.V.Suresan, (Malappuram), State President, IHMA
34. Dr. S. Manilal (Tvpm.)General Secretary, IHK
35. Dr.K.M. Uvaise, State President, KGHMOA
36. Dr.R.Sunil Raj, General Secretary, KGHMOA
37. Dr.G.Bhadran, (Neyyattinkra), General Secretary, OGHMOK
38. Dr.M.G. Ommen, Former National President , IHMA
39. Dr.Alokkumar, CMO in charge, CGHS, New Delhi
40. Dr.E. Nisha Paul, Superintendent, GHMC Hospital, Tvpm.
41. Dr. S. Saveeshkumar, Professor, Dept. of Medicine, GHMC, Tvpm.
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45. Dr.K.L. Babu, Reader, GHMC, Kozhikode
46. Dr.P.Vishnu, Lecturer, GHMC, Kozhikode
47. Dr.V.V.Raju, Lecturer, GHMC, Kohikode
48. Dr.N.P. Santha, Lecturer, GHMC, Kohikode
49. Dr.O.A.Indira, Lecturer, GHMC, Kohikode
50. Dr.K.K. Moosa, Lecturer, GHMC, Kohikode
51. Dr.V.J.Jose, Lecturer, GHMC, Kohikode
52. Dr.P.Sunil Raj, Lecturer, GHMC, Kohikode
53. Dr.K.R. Mansoor Ali, Tutor, GHMC, Kohikode
54. Dr.Preetha.B.Tutor, GHMC, Kohikode
55. Dr.Ajith Kumar.D.S, Tutor, GHMC, Kohikode
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RECOMMENDATIONS FOR THE DEVELOPMENT OF EDUCATION AND RESEARCH IN HOMOEOPATHY UTILISING FINANCIAL ASSISTANCE FROM THE GOVT. OF INDIA

With a view to developing AYUSH systems of Medicine in their education, research, drug development, quality control, propagation, besides mainstreaming them in Central Health Schemes, particularly NRHM, the Dept. of AYUSH under the Ministry of Health and Family Welfare has set apart in the XI Five Year Plan an allocation of a hefty sum amounting to 4 times higher than that of X Five Year Plan.

The State has not been able to fully utilise the financial assistance granted to various institutions of homoeopathy in the X Five Year Plan under various schemes of the Central Govt. even when the 1st year of the XI Plan has reached at its fag end.

Homoeopathy has at its store several new schemes and plans to be benefitted from. This Committee has made a deep study of all these factors and is furnishing the following recommendations to the Govt. for the optimum utilization of Central assistance for the development of homoeopathy in the State.

1. Govt. Homoeopathic Medical College, Thiruvananthapuram (GHMCT)

It started functioning in 1983, under affiliation to the University of Kerala. It conducts BHMS course with an intake of 50 students. In the mean time it conducted 5 batches of Graded Degree course. P.G. courses in 3 subjects were introduced in 1995, It was followed by such courses in two more subjects in 2004. On account of non-obtaining of permission from Central Govt. for introducing P.G. courses in the last two subjects, admission to these courses has been withheld after the initial two batches. The strength of each discipline is six every year. It has got a landed area of about 11 acres. It has a well equipped academic-cum administrative block and 250 bedded hospital building. Only 100 beds are now functioning, the rest being occupied for the purposes of academic departments. If an additional building is constructed adjacent to the existing academic block, the hospital building can be fully utilised for that purpose alone. If this is done, further P.G. courses and para-medical courses can be conducted smoothly. An estimate has already been prepared for constructing an auditorium.

The library-cum-reading room need also be planned and constructed. P.G. hostels, a guest house, staff quarters, herbal garden, playgrounds etc. are to be added to the existing facilities. With all these constructions materialising, this college can be elevated to the level of a Model College or Centre for Advanced Studies in Homoeopathy (CASH).

Govt. of India gave a grant of Rs.1crore in the X Five Year Plan. But it has not been utilized so far. If proper utilisation is done, the college will be in a position to get an amount of 4 more crores of rupees as grant in XI Five Year Plan. The immediate necessity, therefore, is to submit an application to the Central Govt. with Utilisation Certificate (U.C.) for 1 crore, detailed plan and estimate and other details for availing the grant along. The Central grant of Rs.5 crores will not be sufficient to get the above works accomplished. The financial assistance from the State Govt should also become a reality. A detailed project has to be prepared to assess the extent of the State assistance.

With all these things materialised, the college will become befitting for a CASH. What then remains as a bottleneck stalling the attainment of CASH rests with the teaching faculty and associated staff under paramedical, technical and ministerial sections. There are many tutor posts vacant at present. Tutor posts now remain vanished as per CCH norms. If these posts are re-arranged and upgraded, there will only be a few posts to be newly created.

If these deficiencies are made good, many programmes such as Re Orientation Training (ROTP) for teachers, Continuing Medical Education (CME) for medical practitioners & medical officers, reorientation programme for para-medicals, speciality clinics, peripheral health centres can be undertaken in this college.

2. Govt. Homoeopathic Medical College, Kozhikode (GHMCK)

It was started in 1975 under the University of Calicut. It began with BHMS degree course with an intake of 30 students. The strength of BHMS seats was increased to 50 along with that of the GHMC, Thiruvananthapuram. Graded degree course was also introduced along with that of Thiruvananthapuram. P.G. courses were first started here in two disciplines in 1991. Now U.G. and P.G. courses are conducted here on equal footing with that of Thiruvananthapuram in all respects.

The college owns a landed area of 5 acres of its own. The Collegiate hospital has a 100 bed-strength with all modern facilities. There is a permanent hostel for ladies and a makeshift arrangement for gents. There prevails a confused state of affairs on account of mingling and mixing the academic, administrative and clinical wings

together. It has to be cleared through masterplanning the existing buildings providing accommodation, conveniently housing each wing in a systematic way. The construction of a separate four storeyed building behind the existing buildings would facilitate a good hospital with 250 beds. Necessary proposals and plans aimed at the above end is already understood to have been prepared. A plan for building a separate gents' hostel with an estimate of Rs. 1.5 crore has already been included in the State budget.

To make this college self-sufficient, an auditorium, a good accommodation for a library and reading room, P.G. hostels, guest house etc. have to be constructed in the premises. A herbal garden, staff quarters, play grounds etc. can be developed in another campus of the college at Kakkoor. A master plan analogous to that of the GHMC, Thiruvananthapuram need to be prepared for enjoying the Central and State assistance for getting all these things materialised.

This college also has the acumen to develop into a CASH or Model College on the line of GHMC, Thiruvananthapuram since it also does almost all the activities that go to rank it with such a college. But in the wake of GHMCT, being ordered to be elevated to the status of CASH / Model College in this state, it is doubtful whether this college would be entitled to get the XI Five Year Plan assistance from the Centre. But as things stand at present, it has the eligibility to get an assistance of Rs. 3 crores. The Committee understands that a clearance of UC for a small amount relating to a previous grant is pending to be furnished to the Central Govt.

There is also some problem lurking in the affairs of the staff position as in the case of GHMCT. Steps should be taken to rectify all the above deficiencies to ensure the earliest materialisation of the desired goal.

3. Athurasramam N.S.S. Homoeopathic Medical College, Kottayam (ANSSHMCK)

It was started in 1958 in the private sector. The first course to start with was a 4 ½ years' Diploma in Homoeopathy, the certificate of which was awarded by the Board of Examiners in Homoeopathy, Govt. of Kerala. For imparting clinical training to the students, the State Govt. established 50 bedded hospital near the College under the jurisdiction of the Dept. of Homoeopathy. This college was affiliated to the M.G. University, Kottayam for starting BHMS course with an intake of 50 in 1983. The admissions on parallel level to diploma and degree courses were made only upto 1989. With the winding up of the diploma course in 1994, this college turned itself to be completely a degree college. This college was brought under the direct payment system in 1995. There is a hostel for ladies. There was a gents' hostel, but now, however, it does not function. It has got playgrounds and other amenities.

Since the hospital belongs to the Dept. of Homoeopathy, the students are not

getting the expected clinical training under the direct management of the college. This has, of late, raised certain allegations, on the basis of which the CCH has conducted an inspection recently and it is understood that the management has been given certain directives for compliance. The most important directive relates to bringing the clinical training under the direct supervision and control of the principal. The practical solution that the Committee feels is that the hospital should be brought under the Dept. of Homoeopathic Medical Education (at present the Sr. Principal and Controlling Officer, Thiruvananthapuram) earmarking atleast 50 beds from the existing 150 beds at Kurichy Hospital. Then 50 beds can conveniently be accommodated in a building adjacent to the college, when that will be vacated by the Central Research Institute in Homoeopathy (CRIH) with its shifting to the new buildings effecting suitable modifications benefitting a collegiate hospital.

The prospects of starting a P.G. course [M.D. (Hom.)] in Psychiatry in this college are looming large because of the close proximity of the CRIH where serious research is being done on behavioural disorders in Homoeopathy. Nowhere in India such a Psychiatric Centre is working in Homoeopathy. This college can very well take advantage of this peculiar situation by affording a tie-up with the Institute which is going to be developed and declared as a Centre of Excellence in Behavioural Disorders in Homoeopathy.

There is also a problem of shortage of staff in this college as per CCH norms. This has also to be solved by providing adequate number of teachers. The College also stands to benefit by a Central assistance of Rs. 1.75 crores at present. When it starts P.G. courses, it will get an additional chance of getting Rs. 1 crore under Central assistance during this five year plan. The management should furnish the UC for the remaining grant of Rs. 12.5 lakhs out of 25 lakhs availed of during the X Five Year Plan. The grant has been utilised for purchasing equipments and books and for constructing an auditorium. Since the construction of the auditorium is almost over, it is time to get this work done immediately. If the management is enthusiastic, it can also avail itself of further Central assistance of Rs. 1.75 crores by submitting necessary application along with detailed proposals to the Central Govt.

4. Shree Vidhyadhiraja Homoeopathic Medical College, Nemom, Thiruvananthapuram. (SVRHMCT)

It was in 1965 that this College was started. The initial course was Diploma in Homoeopathy as in the case of ANSSHMC of Kottayam. This course was wound up as in the case of Kottayam college. The BHMS course was started in 2001 under the affiliation of the University of Kerala. Though direct payment system was introduced in 2002, it has still not been able to have a smooth go-over into system because of many

reasons. It received a grant of Rs. 37 lakhs during the last five year plan from Central Govt. with which the management has constructed a hospital building and purchased equipments and books. The UC is still pending. The College owns a landed area of 5 acres. The buildings and facilities including hospital have failed to come up to the required standard prescribed in CCH Regulations. There is still hope of getting a Central assistance of Rs. 1.63 crores if the management submit an application with necessary plan and estimates together with UC to the Central Govt. through the State Govt.

There are problems with the affairs of the staff. The clinical training to the students of this college is conducted in a small hospital of 25 beds and 4 peripheral centres. The staff of the clinical wing of the college has not been brought under the direct payment system. Again there is great deficiency in the teaching faculty also as per CCH norms. These problems, if not settled earlier, stand to threaten even the continuance of the recognition of the college.

**5. Dr. Padiyar Memorial Homoeopathic Medical College,
Ernakulam (DPMHMCE)**

This is the earliest college in Kerala and it began functioning in 1920 conducting a certificate course LRCHP (Licentiate of Royal College of Homoeopathic Physicians) after 2 years' study. This course was recognised by the Govt. of Kerala in 1968 giving the eligibility for 'A' class registration in homoeopathy. The diploma course of 4 ½ years as in the case of those in Kottayam and Thiruvananthapuram colleges, was started in 1966. After winding up the diploma course as in the case of the former colleges, a graded degree course was conducted for two batches from 1994. The direct degree course with a strength of 50 students was started in 1995-96. Both these degree courses were affiliated to the M.G. University, Kottayam.

The college has 7 acres of land at Chottanikara. It has got buildings for college and hospital. The hospital building can provide 100 beds, but it only has 50 beds now. There are some peripheral centres. Direct payment was sanctioned to this college in 2000. The college enjoyed a Central assistance of Rs. 30 lakhs during the 9th Five Year Plan with which it has developed the hospital and college infrastructure. It has no hostels. In the present circumstances the college can get an assistance of Rs.2 crores from the Central grant. If the management shows an interest to submit necessary application with the required plan and estimate, there is possibility of getting Central assistance of Rs. 2 crores for further development of this college. If the conditions of the college are further improved another grant of Rs. 1 crore can be availed of for introducing P.G. courses in the college.

OTHER SCHEMES

By using the infrastructures detailed above, several central programmes and schemes can be successfully introduced and implemented in all these colleges.

The Central Government has launched a ROTP for the teachers to keep them abreast of the trendy times in their subjects along with the teaching methodology. The Department of AYUSH already selected 3 colleges. (GHMCT, GHMCK AND ANSSHMCK) for conducting the above programme in 7 subjects and each subject has six modules. A teacher is under obligation to get trained in all these six modules within a period of 3 years. It is expected that all the teachers should have undergone this training during the current five year plan. The entire expenditure including T.A., D.A. of the trainees and trainers will be borne by the Central Government, thereby exempting all the participants, institutions and the State Government from any kind of expenditure. What is more, the anticipated expenditure will be paid in advance as it is a Central sector scheme.

There is a CME programme conceived on the above line in the scheme for updating the knowledge of the general practitioners and medical officers in the system. Hence a practitioner should have attended atleast 2 programmes within a period of five years. When this is done they will be able to comply with the requirements for renewing their medical registration.

Similar scheme is also there for giving re-orientation to the paramedicals in homoeopathy. This can also be successfully done in all these colleges provided they come forward with a sense of willing co-operation. If these colleges are turned properly, extra-mural research including drug proving can also be excellently turned out with the Central assistance and guidance.

The Department of AYUSH, Govt. of India has already launched a campaign for the health care of the mother and child through homoeopathy as it is proved to be of a more effective and acceptable treatment modality. As a follow up to national campaign held at New Delhi, in November 2007, the Centre has sanctioned an amount of Rs. 18 lakhs for conducting such programmes in Kerala, focussing the above colleges. The GHMCT and GHMCK can go forward with this programme in an effective way as they are situated in cities and after the above state level campaign, by conducting weekly / biweekly clinics in all the Maternity and Child Health Centres of both the city corporations. This programme can be conducted satisfactorily without much outside manpower by utilising the services of P.G. students and the staff of the above collegiate hospitals.

Centre of Excellence in Behavioural Disorders in Homoeopathy, Kurichy, Kottayam

The ideal centre for conducting homoeopathic researches in the State is the CRIH, Kottayam. The details about the Institute are available in para 3.24 of this report.

This Institute can be raised to the status of a Centre of Excellence by utilising the grant provided in the scheme for developing centre of excellence of the central government during the current five year plan. The only difficulty that stands in the way is the dearth of land to the Institute. An approximate area of 3 acres of land is available with the Revenue Department adjacent to the Institute. If this land is made available to the Central Council of Research in Homoeopathy, this Institute can be developed into a Centre of Excellence during this five year plan itself. In such an event this Institute can cater to the needs of the above colleges to conduct and carry out the programmes expected of them in drug proving, extra-mural research, epidemic control, IEC programmes, ROTP in research modality etc. successfully.

As only Kerala claims to have an Institute of this sort of unique features, it can attract the attention of the nationals as well as internationals in respect of research in behavioural disorders in homoeopathy besides serving as an institute to guide and monitor all research activities in homoeopathy at State level.

As there is no effective machinery to correlate and co-ordinate these heavily funded Central Schemes, huge grants from the Central Government cannot be utilised for the good of the State. The Committee, therefore, urges the State Government to form a State Level Monitoring Committee under the chairmanship of the Health Secretary with Principals of all the colleges, Additional Secretary of Finance Department, Chief Engineer (PWD), Buildings Division, Director of Homoeopathy, Assistant Director of CRIH, Kottayam *et al.* as its members with the Senior Principal & Controlling Officer as its Member Secretary.

If such a committee is formed and monitored and guided properly, all the programmes / schemes conceived in the Central Schemes can well be implemented resulting in the all round development of homoeopathy in the State.