



PARLIAMENT OF INDIA
RAJYA SABHA

46

**DEPARTMENT-RELATED PARLIAMENTARY STANDING
COMMITTEE ON HEALTH AND FAMILY WELFARE**

FORTY-SIXTH REPORT

ON

THE INDIAN MEDICINE CENTRAL COUNCIL (AMENDMENT) BILL 2010

**(PRESENTED TO THE RAJYA SABHA ON 11TH AUGUST, 2010)
(LAID ON THE TABLE OF LOK SABHA ON 11TH AUGUST, 2010)**

RAJYA SABHA SECRETARIAT

NEW DELHI

AUGUST, 2010/SRAVANA, 1932 (SAKA)

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*** To be appended at printing stage**

COMPOSITION OF THE COMMITTEE (2009-2010)

RAJYA SABHA

1. Shri Amar Singh - Chairman
2. Shrimati Viplove Thakur
- *3. Dr. Radhakant Nayak
4. Shri Janardan Dwivedi
5. Shri Balbir Punj
6. Dr. Prabhakar Kore
7. Shrimati Brinda Karat
8. Shrimati Vasanthi Stanley
- @9. Dr. M.A.M. Ramaswamy
- #10. Dr. Anbumani Ramadoss

LOK SABHA

11. Shri J. M. Aaron Rashid
12. Shri Ashok Argal
13. Shrimati Sarika Devendra Singh Baghel
14. Shri Vijay Bahuguna
15. Dr. Chinta Mohan
16. Shrimati Tabassum Hasan
17. Dr. Sanjay Jaiswal
18. Shri S. R. Jeyadurai
19. Dr. (Shrimati) Kruparani Killi
20. Shri N. Kristappa
21. Dr. Tarun Mandal
22. Shri Datta Meghe
23. Dr. Jyoti Mirdha
24. Shrimati Jayshreeben Patel
25. Shri R.K. Singh Patel
26. Shri M. K Raghavan
27. Dr. Anup Kumar Saha
28. Shrimati Meena Singh
29. Dr. Arvind Kumar Sharma
30. Shri Pradeep Kumar Singh
31. Shri Ratan Singh

SECRETARIAT

Shrimati Vandana Garg, Additional Secretary
Shri R.B.Gupta, Director
Shrimati Arpana Mendiratta, Joint Director
Shri Dinesh Singh, Assistant Director
Shri Satis Mesra, Committee Officer

-
- * ceased to be a member w.e.f 01/7/2010
@ ceased to be a member w.e.f 30/6/2010
ceased to be member w.e.f 29/6/2010

(i)

PREFACE

I, the Chairman of the Department-related Parliamentary Standing Committee on Health and Family Welfare, having been authorized by the Committee to present the Report on its behalf, present this Forty-sixth Report of the Committee on the Indian Medicine Central Council (Amendment) Bill-2010.*

2. In pursuance of Rule 270 of the Rules of Procedure and Conduct of Business in the Council of States relating to the Department-related Parliamentary Standing Committees, the Chairman, Rajya Sabha, referred** the Indian Medicine Central Council (Amendment) Bill 2010 (**Annexure-I**) as introduced in the Rajya Sabha on the 6th May 2010 and pending therein, to the Committee on the 12th May 2010 for examination and report, within a period of three months.

3. The Committee considered the Bill in three meetings held on the 9th June, 21st July and 9th August, 2010.

4. In its meeting held on the 9th June, 2010, the Committee heard the Secretary of the Department of AYUSH. Thereafter, on 21st July, 2010 the Committee held extensive discussions with the experts (**Annexure-II**). The Committee, in its meeting held on the 9th August, 2010, considered the draft Report and adopted the same.

5. The Committee has relied on the following documents in finalizing the Report:

- (i) Background Note and Clause-by-Clause Note on the Bill received from the Department of AYUSH;
- (ii) Presentation and clarification by Secretary of the Department.
- (iii) Oral evidence of the experts on the Bill; and
- (iv) Replies to the Questionnaire on the Bill received from the Department of AYUSH and from the experts.

6. On behalf of the Committee, I would like to acknowledge with thanks the contributions made by those who deposed before the Committee.

7. For facility of reference and convenience, observations and recommendations of the Committee have been printed in bold letters in the body of the Report.

NEW DELHI

9th August , 2010

18 Sravana, 1932 (Saka)

AMAR SINGH

Chairman,

Department-related Parliamentary

Standing Committee on Health and Family Welfare

* Published in Gazette of India Extraordinary part II Section 2, dated 6th May, 2010.

** Rajya Sabha Parliamentary Bulletin Part II, No 47225, dated 12th May 2010.

REPORT

1. The Indian Medicine Central Council (Amendment) Bill 2010, hereinafter referred to as the Bill, was introduced in the Rajya Sabha on the 6th May 2010 and referred to the Department-related Parliamentary Standing Committee on Health and Family Welfare on the 12th May, 2010 for examination and report thereon. The objectives of the Bill are to provide for inclusion of Sowa Rigpa as an Indian System of Medicine and setting up of a regulatory mechanism in the field of its education and practice.

2. The Statement of Objects and Reasons appended to the Bill reproduced below explains the reasons warranting the need for the Bill:-

“The Indian Medicine Central Council Act, 1970, inter alia, provides for constitution of a Central Council of Indian Medicine for regulating of educational standards of Ayurveda, Siddha and Unani systems of medicine and the maintenance of Register containing names of approved Medical Practitioners of the Central Council of Indian Medicine.

2. The Central Council of Indian Medicine was initially constituted under section 3 of the said Act by nomination of members from Ayurveda, Siddha and Unani in the year 1970.

3. At present, the above said Council comprises of members elected from amongst the practitioners of Ayurveda, Siddha and Unani whose names are enrolled in the State Registers, from Universities having the faculty or Department of Ayurveda, Siddha and Unani and members nominated by the Central Government from amongst the persons having special knowledge or practical experience in respect of Indian Systems of Medicine. The “Sowa-Rigpa” system of medicine practiced in the Sub-Himalayan region needs to be included as a system within the definition of “Indian Medicine” and the practitioners of the said Sowa-Rigpa system be enrolled in the Register so as to develop the system and its practices within a legal framework.

4. The amendments to various provisions of above said Act are required in order to legalise Sowa-Rigpa as a system of Indian Medicine. This will also enable the protection and preservation of this ancient system of medicine and will help its propagation and development.

5. The recognition of the “Sowa-Rigpa” system of Indian Medicine will also lead to the setting up of a regulatory mechanism in the field of its education and practice.”

3.1 An extensive Background Note as well as the deposition of the Secretary, Department of AYUSH, on the Sowa-Rigpa system of Medicine enabled the Committee to understand the purpose of bringing this system under the Indian Medicine Central Council Act, 1970. The Committee was informed that Sowa-Rigpa, commonly known as Amchi or Tibetan medicine was one of the oldest surviving and well-documented systems of medicine of the world. It is widely practised in Tibet, Mongolia, Bhutan, some parts of China, Nepal, few parts of former Soviet Union and Himalayan regions of India i.e, in Sikkim, Arunachal Pradesh, Darjeeling (West Bengal), Lahoul and Spiti (Himachal Pradesh) and Ladakh region of Jammu and Kashmir.

3.2 Tracing the evolvement of this oldest-surviving medical tradition in our country, the Secretary informed the Committee that till early 1960s, Amchi medicine used to be the only health-care facility for the people of Himalayan region. Every major village and hamlet has been having an Amchi of its own since ages. Besides treating the village-folk, Amchis are considered the most learned and resourceful persons in the Ladakhi society. It takes several years to become a skilful Amchi, which requires hard theoretical and practical training. Amchis are trained through lineage system in families (father to son). With time and modernity, things are rapidly changing and the ancient way of practising Amchi medicine is being replaced with modern formal clinics and professional training (six-year BTMS degree course).

3.3 The Committee observed that inspite of Sowa-Rigpa having a history of more than 2500 years and the Indian Medicine Central Council Act being in force for the last 40 years, the process of giving legal recognition to this system has been initiated only now. On a specific query in this regard the Committee was informed that once the more prevalent systems like Ayurveda, Unani and Siddha were recognized, the demand for recognitions of Sowa-Rigpa gained momentum in recent times and the Government acted accordingly.

3.4 A number of representations were received from a cross-section of stakeholders, which included a delegation under the Hon'ble Lama Zotpa, the then Member, National Commission for Minorities; Vice-Chancellor, Central Institute of Higher Tibetan Studies (Deemed University), Sarnath; Chairman, Department of Karmik and Adhyatmik Affairs, Tawang, Arunachal Pradesh, Director, Tibetan Medical and Astro Institute, Dharamshala, Chairman, Central Council of Tibetan Medicine, Dharamshala; etc. for grant of recognition to Sowa-Rigpa System of medicine.

3.5 The Committee was given to understand that most of the theory and practices of Sowa-Rigpa were similar to Ayurveda and also included few Chinese principles, philosophy of Buddhism and the prevailing Tibetan folklore. The fundamental text book Rgyud-bzi of Sowa-Rigpa is believed to be taught by Buddha; therefore, it is closely linked with Buddhist philosophy. It is based on the holistic approach of body and mind for leading a healthy way of life in complete harmony with nature. It is a science because it is based on a systematic and logical framework of understanding the body, disease and its relationship to the environment.

3.6 Shedding more light on the commonality between Sowa Rigpa and Ayurveda, the Department informed the Committee that both these systems subscribed to a common understanding of the phenomenon of disease or illness. Like Ayurveda, the Sowa-Rigpa is based on the principles of Jung-wa-Ina (English - five elements - Sanskrit - Panch-mahabhuta) and Nespa gsum (English - three humours, Sanskrit - Tridosha). A physician of Sowa-Rigpa employs three main tools for diagnosing a patient i.e. visual diagnosis, diagnosis by touch and diagnosis by questioning. The treatment has four major sections - diet, behaviour, medicine and accessory or external therapies. Right administration of these four sections is very important for treating a patient in an appropriate manner. Based on the theory of Jung-wa-Ina, Sowa-Rigpa believes that every substance on the earth has medicinal value and therapeutic efficacy.

3.7 The Committee was apprised that to bring Sowa-Rigpa under the Indian Systems of Medicine, the amendment of various provisions under the Indian Medicine Central Council Act, 1970 was essential including section 2 dealing with definition, section 3 dealing with constitution of the Council, section 8 dealing with the meetings of the Council, section 9 dealing with the constitution of different Committees and section 17 dealing with the rights of the persons possessing qualifications included in the Schedules to the Act. It was impressed upon the Committee that the recognition of the Sowa-Rigpa system of medicine would lead to the protection and preservation of this ancient and traditional system of medicine and would help in its propagation and development. This would also open new vistas leading to collaborative research and scientific validation of the system besides conservation and protection of medicinal plants/ minerals used in the system.

3.8 While welcoming the initiative of the Department for giving recognition to the age-old traditional system of Indian Medicine, the Committee made an attempt to understand the basic theory, diagnosis, and line of treatment and comparative analysis of Sowa-Rigpa with Ayurveda, its efficacy etc. Besides that, Committee's attention was also drawn to a number of pertinent issues touching upon ground realities like quality control, standard of education, the number of practitioners etc. **The Committee was of the view that unless these issues were dealt with in detail, it would leave a lot of scope for ambiguity. Broadly speaking, the Committee has no objection to the amendments proposed to be made in the Act. The Committee would, however, like to point out that extra efforts will need to be made by the Department so as to ensure that these amendments are expeditiously implemented also.**

4.1 The clauses where the amendments have been suggested or the Committee has made further observations/recommendations are given in the succeeding paragraphs:-

CLAUSE 3

4.2 Clause 3 seeks to amend section 3 of the Act relating to Constitution of Central Council. The Council consists of elected members from amongst the practitioners of

Ayurveda, Siddha and Unani enrolled on the State Registers; from Universities having the Faculty or Department of Ayurveda, Siddha and Unani, and also members nominated by the Central Government from amongst the persons having special knowledge or practical experience in respect of Indian Medicine.

4.3 The Bill proposes to amend sub-clauses (a) and (b) of Section 3 (1) by insertion of 'Sowa-Rigpa' after the word 'Unani' thereby providing for inclusion of members elected from amongst themselves by persons enrolled on the Register as practitioners of Sowa Rigpa and also from each University imparting education in Sowa-Rigpa to be elected by the members of the Faculty or Department.

4.4 On perusal of the Section 3 (a) of the Act, the Committee observed that as per the First Schedule of the Act, from each State there has to be a minimum number of 100 persons for any system, enrolled on a State Register of Indian Medicine for getting a seat allocated in the Central Council. The Committee had certain apprehensions as to whether the states of Sikkim, Arunachal Pradesh, West Bengal, Himachal Pradesh and J & K, where the Sowa Rigpa system was widely practised, would be able to fulfill the minimum criteria.

4.5 On being asked to specify the approximate number of practitioners of Sowa-Rigpa system of medicine in the country, the following details based on the feedback received from the National Research Institute for Sowa-Rigpa, Leh were furnished to the Committee:-

Jammu & Kashmir (Ladakh and Paddar-Pangey)	400
Himachal Pradesh (Lahaul - Spiti & Kinnaur)	120
Sikkim	30
Arunachal Pradesh (Mon-Tawang and Bomdila Area)	30
West Bengal (Darjeeling & Kalingpong area)	50
Tibetan community in India (Tibetan settlement All India)	350
Uttar Pradesh (Sarnath)	40

4.6 Asked to clarify if all the above-mentioned States were maintaining a State Register of Indian Medicine, the Department has stated that presently Sikkim and Arunachal Pradesh are not maintaining a State Register of Indian Medicine and that

once the system is legally recognized, there is a possibility of maintaining the State Register of Indian Medicine. However, at present, all the traditional Tibetan doctors, including Amchis are required to register under the Central Council for Tibetan Medicine under Tibetan Govt. in exile at Dharamsala (established in the year 2003) according to the Exile Tibetan Sorig Doctors' Act, 2003.

4.7 Section 3 (1) (b) lays down that one member from each University is to be elected from amongst the members of the Faculty/Department. To a pointed query seeking information as to whether any University in the States of Sikkim, Arunachal Pradesh, West Bengal, Himachal Pradesh and J & K where the Sowa Rigpa system is popular has a Department of Sowa Rigpa, the Department has replied in the negative. Regarding the justification for the proposed amendment for inclusion of one representative elected from the Faculty/Department of Sowa Rigpa of a University, the Committee was given to understand that once the system got recognized, such a provision would leave sufficient scope for Universities in the above states to open a Department of Sowa Rigpa if they felt it necessary.

4.8 In reply to a another query regarding any time-limit that has been envisaged by the Department for commencing/updating the registration of Sowa Rigpa practitioners as well as having in place the Faculty/Department of Sowa Rigpa in Universities, it has been stated that no time-limit has been envisaged for either at present. The Amchis would be given enough time for registration once the system got recognised.

4.9 During the course of its meeting with the experts, the Committee was informed that it took several years to become a skillful Amchi and rigorous theoretical and practical training was required for the purpose. In most of the Himalayan regions, Amchis are trained through lineage system in families, i.e. from father/elder to son/daughter. However, with the passage of time, the ancient way of practising Amchi medicine has been replaced with modern formal clinics and professional training (six year BTMS degree course).

4.10 On being asked to furnish details of the number of Amchi practitioners in the country having BTMS degree, the Department has informed in its reply that as per the information provided by the National Research Institute for Sowa Rigpa, Leh, Ladakh there are about 350 institutionally trained (six year BTMS course) Sowa Rigpa practitioners available in India but no state-wise break-up is available at present. The Committee would, however, like to point out that during the course of its meeting on the 9th June 2010, the Secretary, AYUSH, had informed that the estimated number of Amchis functioning in the area would be more than a lakh. Witnesses who appeared before the Committee informed that the approximate number of Amchis would run into well over thousands as going by the traditions and heritage, each village had an Amchi trained traditionally through parents or elders.

4.11 From the forgoing paras, the Committee can only conclude that there are more than one issue that are interlinked to the actual representation of Sowa-Rigpa practitioners and teachers in the Central Council of Indian Medicine as envisaged in section 3 of the Act. The Committee observes that as per the provisions laid down in the First Schedule of the Act, the number of seats allocated in the Central Council to each of the systems of medicine in each State depends on the number of practitioners of that system enrolled in the State Register of Indian Systems of Medicine of the respective State. The lack of proper records regarding the number of Amchis - both traditionally trained and those who are institutionally trained, functioning in the States of Sikkim, Arunachal Pradesh, West Bengal, Himachal Pradesh and J & K, gives rise to ambiguity in determining the allocation of seats *vis a vis* the other systems of medicine in the Central Council under the IMCC Act. The problem is compounded by the fact that the number of Amchis in the States of Sikkim and Arunachal Pradesh (30 each), West Bengal (50) and Uttar Pradesh (40) are way behind the mandatory requirement of 100 persons as per the provision of the First Schedule, for being enrolled on a State Register of Indian Medicine for getting a seat allocated in the Central Council. Not only this, as many as 350 Sowa-Rigpa practitioners belonging to the Tibetan Community are living in Tibetan settlements in different parts of the country. Keeping in view the ground realities, the Committee would like

to point out that as of now Amchi practitioners from J&K and Himachal Pradesh only would be eligible to become members of the Central Council, subject to their being registered in the State Registers of these two States.

4.12 Another very pertinent issue related to the above is the fact that there is a co-existence of Amchis carrying formal degrees like BTMS as well as those who are trained traditionally through the lineage system. The situation is more worrisome in the face of the fact that the number of Amchis traditionally trained is much higher than the number of those who are having a formal BTMS degree. The Committee observes that given such a situation, it would be highly difficult to get the traditionally trained Amchis who do not carry any formal degree to be registered in State Registers of Indian Medicine in any of the States. Under these circumstances, not only proper maintenance of State Registers will become a challenge, representation of Sowa-Rigpa practitioners in the Council under this category will also remain an uphill task.

4.13 The Committee is constrained to observe that the second category of members i.e. those elected from the Faculty/Department of a University imparting Sowa-Rigpa education will remain on paper simply because as on date there is no such University. The Committee would, however, like to point out that the Central University of Tibetan Studies at Sarnath has been notified as a "Deemed to be University" w.e.f. 5th April, 1988. Further, the National Assessment and Accreditation Council, an autonomous body established by the UGC has assessed the University in December, 2000 and accredited the University with 5 stars, the highest grading for quality assurance. It has a Department of Sowa-Rigpa since 1993 imparting pre-university course (4 years), BTMS and MD/MS. The Committee strongly feels that the issue of representation from this University in the Council needs to be examined and if feasible, necessary modification in the Act may be carried out.

4.14 The Committee also notes that until the members to Council are elected, as per the provisions of the Act and rules made thereunder, the only logical sequence to

provide representation of members from Sowa-Rigpa system in the Central Council would be through nomination of members by the Central Government. Since the Government has neither specified any time-lines for making the State Registers functional as well as updating them through enrollment of Sowa-Rigpa practitioners nor for having representatives from Sowa-Rigpa from Universities as required under sub-section (b) of Section 3, the Committee feels that the representatives of Sowa-Rigpa system will have to keep getting nominated till such time as the above conditions are fulfilled. The Committee can only conclude that against such a background, chances of things falling into place in the near future seem to be very dim.

4.15 Unable to reconcile with the fact that the Bill is silent regarding provisions to accommodate the above shortcomings, the Committee apprehends that lack of clarity in this regard might lead to the election of members to the Council getting unduly delayed. The Committee feels that the Bill itself must provide a specific timeframe within which a democratic setup, through elections as per provision of the Act, is put in place.

CLAUSE 4

4.16 Clause 4 relates to section 8 of the Act which refers to meetings of Central Council. It is proposed to include a member representing Sowa-Rigpa in the proviso so as to make mandatory the presence of three members representing Ayurveda, Siddha, Unani or Sowa-Rigpa system of medicine for making any decision of the Central Council effective. **The Committee recommends that with the addition of Sowa-Rigpa system, number of members of the Council also needs to be increased from three to four.**

5. The Committee adopts the remaining Clauses of the Bill without any amendments. Consequential changes, wherever necessary, should be made to the Indian Medicine Central Council Act, 1970.

GENERAL ISSUES

6.1 A very important and inter-related issue pertains to the regulation of educational system of Sowa-Rigpa, its practitioners, formal clinics and professional training centres.

6.2 The Second Schedule of the Principal Act provides for inclusion of names of recognised medical qualifications in Indian medicine granted by Universities, Boards, Councils, Examining Bodies or Faculties of Indian Medicine constituted by State Governments under any law or other medical institutions in India.

6.3 The Committee is aware that under Sowa Rigpa system, apart from the traditionally trained Amchis, there are those practitioners who have undertaken modern and formal training in a six-year Bachelor in Tibetan Medical System (BTMS) course. On being asked specifically about the difference between the skills of Amchis trained traditionally and those getting professional education, the Committee was informed that it took several years to become a skilful Amchi requiring hard theoretical and practical training. After finishing his training, the new Amchi has to give an examination in front of the entire community of the village in the presence of few expert Amchis in a ceremony.

6.4 With regard to professional Sowa-Rigpa course, the Committee was informed that the Central Institute of Buddhist Studies, Leh and Central Institute for Higher Tibetan Studies, Sarnath, UP (both under the Ministry of Culture, Government of India), Tibetan Medical and Astrological Institute, Dharamsala, HP under the patronage of his Holiness Dalai Lama, and the Chogpori Medical Institute, Darjeeling, West Bengal are the only four institutes providing the six-years BTMS course. Students who have passed the 12 standard examination are admitted on merit basis and are given training for BTMS for six years including one year of intensive internship. The Committee was also given to understand that degrees provided by these Institutes were at par with degrees of Allopathic medical system. The six-year course of Bachelor

degree is called Menpa Kachupa, followed by 3 years of Menrampa course which is equivalent to MD/MS, and after these courses, aspirants who wish to pursue further studies can pursue the Tsoje Kopon Chemo degree for another couple of years.

6.5 The Committee is happy to note that a traditional system like Sowa Rigpa has been adapting itself to the needs of the changing times. With the introduction of curricula similar to the contemporary medical sciences, the system would gain in popularity.

6.6 Notwithstanding the above, the Committee notes with concern that the number of Amchis traditionally trained are more than the number of those seeking formal modern degrees such as BTMS. As per the information provided by the National Research Institute for Sowa-Rigpa, Leh, about 350 institutionally trained Sowa-Rigpa practitioners are available in the country but no state-wise break-up is available at present. Further, the percentage of Amchis trained traditionally in the country is not available. The Committee is of the firm view that there is an urgent need for a survey for assessing the exact number of traditional Sowa-Rigpa practitioners and professionally trained practitioners (state-wise). This is all the more required in view of the process of legal recognition of Sowa-Rigpa system having been initiated by the Department. The Committee also observes that mainstreaming the present traditionally trained Amchis would be difficult as there would be a scope for regional variations in the training of traditional Amchis. Hence, the Committee feels that a duly prescribed procedure taking care of all the loopholes for giving recognition to traditionally trained Amchis is required to be evolved on an urgent basis. The Committee would appreciate if a pro-active role is played by the Department in this regard.

6.7 The Committee was informed that texts prescribed for the Sowa-Rigpa courses are canonical texts with numerous commentarial treatises and various other materials from its rich literature. Most of the theory and practices of Sowa-Rigpa are similar to Ayurveda and also include few Chinese principles and the prevailing Tibetan folklore. While appreciating the rich background of this traditional system of medicine, the

Committee would like to point out that with statutory recognition being granted, the need for having a uniform standard syllabus for different courses, duly certified and recognized by the appropriate authority, would also arise. At present, it is unclear whether the course curriculum presently followed by the institutes providing formal degrees in Tibetan Medicine has been examined by the Department to be sufficiently satisfying the legal needs for recognizing these courses within the country as well as abroad. The Committee, therefore, observes that an Expert Committee may be set up to examine the course curriculum of those institutes imparting formal and higher degrees in Tibetan Medicine before including them under the Second Schedule. The Committee strongly recommends that every effort should be made for implementing the same within a specified time-frame.

6.8 During the course of deliberations on the Bill, apprehensions were raised regarding the regulation of clinics and professional training centres of Sowa-Rigpa functioning in the country. On being asked specifically to furnish details of the number of such centres/ clinics functioning state-wise and the present system, the Department of AYUSH has informed that there are around 25 formal clinics and 4 small-scale Amchi drug manufacturing units in Leh, around 20 formal clinics and 7 small-scale Amchi drug manufacturing units in Himachal Pradesh, 10 formal clinics and 1 centre in the Government Hospital in Sikkim, 2 centres of Tibetan Medical and Astro Institute in Arunachal Pradesh, 1 Institute for Education and Public Health and 10 formal clinics in the state of West Bengal and the Central University for Tibetan Study in Sarnath, UP. The Department has further cited that the Sowa-Rigpa practice and education are regulated under ancient socio-political systems through local Amchis associations and communities. It has also stated that at present the Central Council for Tibetan Medicine under Tibetan Government in exile at Dharamshala is regulating the education and practice of Sowa-Rigpa among Tibetan community in India. It also looks after the registration of practitioners, colleges and other mechanisms to regulate Sowa-Rigpa. The Committee was also informed by the experts during the meeting that apart from Amchis who were registered with Central Council at Dharamshala, a large number of Amchis were functioning in the entire sub-Himalayan region.

6.9 The Committee opines that the regulation of Amchis, clinics and professional training centres, the education system etc. are highly essential for the future development of this system by providing a proper legal platform from where the system could build itself into a fully developed one, on the lines of Ayurveda, Siddha and Unani. The Committee, however, has a word of caution for the Department. Soon after the system acquires legal recognition, there is every likelihood that the number of Amchis as well as the Drug manufacturing units would increase. Unless rules and regulations are enforced strictly, there would be ample scope for mushrooming of quackery and illegal drug manufacturing units. Hence, the Department has to adopt a cautious approach while formulating the rules and regulations for the system. On the one hand, it has to adopt a liberal approach to encourage the Sowa-Rigpa system to grow further while on the other it has also to see that illegal entities do not thrive.

6.10 The Committee has been informed that under the Sowa-Rigpa system, drugs fall into two categories- (i) pacifying and (ii) evacuation based on their different functions. Pacifying medicines are found in five forms - Decoction, powder, pill, paste and medicinal butter. Apart from medicinal beverages and herbal compounds, medicated ghees, Bhasmas, medicated wine etc. are also used by the Amchis. In reply to the Committee's apprehensions regarding the quality and standards of drugs and formulations of Sowa-Rigpa being manufactured and their regulation, the Department has informed that at present the Dharamshala Medical Council is regulating the standards of Education, Practices as well as Quality and standardisation of drugs and that a separate Pharmacopeia Committee would be set up under the ambit of the newly sanctioned Pharmacopeia Commission once the system is legally recognized.

6.11 Further clarifying the matter, witnesses who appeared before the Committee submitted that the drugs prescribed elaborately defined in the canonical treatises of the medical literature of Sowa-Rigpa and their components and measures are defined in great detail. It has been further stated that such codified knowledge has been time-

tested, leaving little scope for individual doctors to manipulate the preparation of drugs without any specific research. In case such a research takes place and a new drug is proposed, it has to be validated by the theories of the traditional system and a team of experts belonging to this tradition.

6.12 They also informed that in order to keep pace with the modern pharmacological standards, the Tibetan Medical Institute, Dharamshala had already started standardization of its drugs in accordance to the norms specified in the modern system. Presently, the Central Council of Tibetan Medicine (Sowa-Rigpa) supervises and lays down directives with regard to the standard of the drugs and the standard of education in order to maintain the quality of the traditional system.

6.13 Replying to a pointed query regarding over-the-counter sale / availability of Sowa-Rigpa drugs and formulations and the mechanism to control their prices, the Committee has been informed that the manufacturing of the drugs has been presently limited so that it could meet the needs of the patients only. As the medical institutes were initially established to maintain the tradition and to meet the needs of the limited number of patients, the production of the drugs has also been limited. In course of time, the production has been increased in response to the increase of clinics in various parts of India, which were opened in those respective places as urged by the local people. The cost of drugs has been kept low and dispensed at minimal charges so that the common people can easily afford. There is also a provision of free distribution of medicines for those who cannot afford to buy them.

6.14 To another query regarding the appropriateness of bringing the Sowa-Rigpa medicines under the ambit of the Drugs and Cosmetics Act and Rules on the pattern of other Ayurveda, Siddha and Unani drugs (AS&U), the Department has informed that the Sowa-Rigpa medicines will be brought under the Drugs and Cosmetics Act and Rules on the pattern of AS&U drugs once the system is legally recognised.

6.15 The Committee notes that since the number of drug manufacturing units is less than 20 and their scale of production is very small, maintaining the quality may not be much of a problem. However, the expansion of the Sowa-Rigpa system and entry of larger producers into the arena would change the entire scenario.

6.16 Another important issue that the Committee would like to mention is regarding the composition the Sowa Rigpa drugs and formulations and their labelling. It would not be out of context to mention here that in the recent past some of the AYUSH drugs were banned in few countries abroad citing usage of heavy metals therein beyond their approved levels. Since the medicines were based on time-tested formulation from treatises of AYUSH systems, the matter was cleared up later with the respective countries after demonstrating the efficacy and safety of the drugs. Since most of the preparations under the Sowa Rigpa system are based on canonical treatises akin to Indian Systems of Medicines, the composition of some of the medicines may involve the use of heavy metals such as mercury, arsenic etc. The Committee observes that since the Bill proposes to bring the Sowa Rigpa system from the informal to the formal sector, it is imperative that, in this era of science, the ingredients of the Sowa Rigpa should be properly tested in a transparent manner. It therefore, suggests that keeping in view the past experience regarding AYUSH drugs, the composition and labelling of the Sowa Rigpa medicines be made mandatory. The Committee observes that keeping in view the distinct nature and functionality of Amchi medicines, the same should be defined separately with specific provisions for their regulation, surveillance and monitoring under the scope of the Drugs and Cosmetics Act and Rules on the pattern of other Ayurveda, Siddha and Unani drugs (AS&U) from the outset. The Committee, therefore, recommends that suitable modifications may be made to the Drugs and Cosmetics Act and Rules to give effect to the above.

6.17 The Committee finds that the Sowa-Rigpa system is considered very effective, particularly in curing chronic diseases. Many instances of curing cancer, AIDS, HIV and many other life-threatening diseases have been reported. The Committee also

notes that the Tibetan Medical Institute, Dharamsala had undertaken research in collaboration with medical institutes like Institute of Biological Anthropology of Oxford University (UK), Dutch Foundation for Tibetan Medicine (Netherland), National Medicine Research Unit of Hadassah Medical Organization (Israel), Department of Toxicology of Sheba Medical Center Tel Aviv (Israel), Department of Chemistry of University of Liverpool (UK), Tissue Culture Laboratory at Portland Community College (USA) and All Indian Institute of Medical Sciences (AIIMS, Delhi) on the topics of Rheumatoid Arthritis, Diabetes Study, Cancer Study-Ovarian Cancer, Toxicity Study against the Use of Heavy Metal in Tibetan Medicine, Cell line Study etc., and that the researches have proven to be productive.

6.18 The Committee is all for scientific validation of the Sowa Rigpa medicines and the initiatives of collaborative research undertaken by the Tibetan Medical Institute, Dharamsala. However, the Committee suggests that the Department of AYUSH should determine the veracity of such researches before they are opened for public use.

OBSERVATIONS AND RECOMMENDATIONS AT A GLANCE

The Committee was of the view that unless these issues were dealt with in detail, it would leave a lot of scope for ambiguity. Broadly speaking, the Committee has no objection to the amendments proposed to be made in the Act. The Committee would, however, like to point out that extra efforts will need to be made by the Department so as to ensure that these amendments are expeditiously implemented also. (Para 3.8)

CLAUSE 3

4.11 From the forgoing paras, the Committee can only conclude that there are more than one issue that are interlinked to the actual representation of Sowa-Rigpa practitioners and teachers in the Central Council of Indian Medicine as envisaged in section 3 of the Act. The Committee observes that as per the provisions laid down in the First Schedule of the Act, the number of seats allocated in the Central Council to each of the systems of medicine in each State depends on the number of practitioners of that system enrolled in the State Register of Indian Systems of Medicine of the respective State. The lack of proper records regarding the number of Amchis - both traditionally trained and those who are institutionally trained, functioning in the States of Sikkim, Arunachal Pradesh, West Bengal, Himachal Pradesh and J & K, gives rise to ambiguity in determining the allocation of seats *vis a vis* the other systems of medicine in the Central Council under the IMCC Act. The problem is compounded by the fact that the number of Amchis in the States of Sikkim and Arunachal Pradesh (30 each), West Bengal (50) and Uttar Pradesh (40) are way behind the mandatory requirement of 100 persons as per the provision of the First Schedule, for being enrolled on a State Register of Indian Medicine for getting a seat allocated in the Central Council. Not only this, as many as 350 Sowa-Rigpa practitioners belonging to the Tibetan Community are living in Tibetan settlements in different parts of the country. Keeping in view the ground realities, the Committee would like to point out that as of now Amchi practitioners from J&K and Himachal Pradesh only would be eligible to become members of the Central Council, subject to their being registered in the State Registers of these two States. (Para 4.11)

Another very pertinent issue related to the above is the fact that there is a co-existence of Amchis carrying formal degrees like BTMS as well as those who are trained traditionally through the lineage system. The situation is more worrisome in the face of the fact that the number of Amchis traditionally trained is much higher than the number of those who are having a formal BTMS degree. The Committee observes that given such a situation, it would be highly difficult to get the traditionally trained Amchis who do not carry any formal degree to be registered in State Registers of Indian Medicine in any of the States. Under these circumstances, not only proper maintenance of State Registers will become a challenge, representation of Sowa-Rigpa practitioners in the Council under this category will also remain an uphill task. (Para 4.12)

The Committee is constrained to observe that the second category of members i.e. those elected from the Faculty/Department of a University imparting Sowa-Rigpa education will remain on paper simply because as on date there is no such University. The Committee would, however, like to point out that the Central University of Tibetan Studies at Sarnath has been notified as a "Deemed to be University" w.e.f. 5th April, 1988. Further, the National Assessment and Accreditation Council, an autonomous body established by the UGC has assessed the University in December, 2000 and accredited the University with 5 stars, the highest grading for quality assurance. It has a Department of Sowa-Rigpa since 1993 imparting pre-university course (4 years), BTMS and MD/MS. The Committee strongly feels that the issue of representation from this University in the Council needs to be examined and if feasible, necessary modification in the Act may be carried out. (Para 4.13)

The Committee also notes that until the members to Council are elected, as per the provisions of the Act and rules made thereunder, the only logical sequence to provide representation of members from Sowa-Rigpa system in the Central Council would be through nomination of members by the Central Government. Since the Government has neither specified any time-lines for making the State Registers

functional as well as updating them through enrollment of Sowa-Rigpa practitioners nor for having representatives from Sowa-Rigpa from Universities as required under sub-section (b) of Section 3, the Committee feels that the representatives of Sowa-Rigpa system will have to keep getting nominated till such time as the above conditions are fulfilled. The Committee can only conclude that against such a background, chances of things falling into place in the near future seem to be very dim. (Para 4.14)

Unable to reconcile with the fact that the Bill is silent regarding provisions to accommodate the above shortcomings, the Committee apprehends that lack of clarity in this regard might lead to the election of members to the Council getting unduly delayed. The Committee feels that the Bill itself must provide a specific timeframe within which a democratic setup, through elections as per provision of the Act, is put in place. (Para 4.15)

CLAUSE 4

The Committee recommends that with the addition of Sowa-Rigpa system, number of members of the Council also needs to be increased from three to four. (Para 4.16)

The Committee adopts the remaining Clauses of the Bill without any amendments. Consequential changes, wherever necessary, should be made to the Indian Medicine Central Council Act, 1970. (Para 5)

GENERAL ISSUES

A very important and inter-related issue pertains to the regulation of educational system of Sowa-Rigpa, its practitioners, formal clinics and professional training centres. (Para 6.1)

The Committee is happy to note that a traditional system like Sowa Rigpa has been adapting itself to the needs of the changing times. With the introduction of curricula similar to the contemporary medical sciences, the system would gain in popularity. (Para 6.5)

Notwithstanding the above, the Committee notes with concern that the number of Amchis traditionally trained are more than the number of those seeking formal modern degrees such as BTMS. As per the information provided by the National Research Institute for Sowa-Rigpa, Leh, about 350 institutionally trained Sowa-Rigpa practitioners are available in the country but no state-wise break-up is available at present. Further, the percentage of Amchis trained traditionally in the country is not available. The Committee is of the firm view that there is an urgent need for a survey for assessing the exact number of traditional Sowa-Rigpa practitioners and professionally trained practitioners (state-wise). This is all the more required in view of the process of legal recognition of Sowa-Rigpa system having been initiated by the Department. The Committee also observes that mainstreaming the present traditionally trained Amchis would be difficult as there would be a scope for regional variations in the training of traditional Amchis. Hence, the Committee feels that a duly prescribed procedure taking care of all the loopholes for giving recognition to traditionally trained Amchis is required to be evolved on an urgent basis. The Committee would appreciate if a pro-active role is played by the Department in this regard. (Para 6.6)

While appreciating the rich background of this traditional system of medicine, the Committee would like to point out that with statutory recognition being granted, the need for having a uniform standard syllabus for different courses, duly certified and recognized by the appropriate authority, would also arise. At present, it is unclear whether the course curriculum presently followed by the institutes providing formal degrees in Tibetan Medicine has been examined by the Department to be sufficiently satisfying the legal needs for recognizing these courses within the country as well as abroad. The Committee, therefore, observes that an Expert Committee may be set up to examine the course curriculum of those institutes imparting formal and higher degrees in Tibetan Medicine before including them under the Second Schedule. The Committee strongly recommends that every effort should be made for implementing the same within a specified time-frame. (Para 6.7)

The Committee opines that the regulation of Amchis, clinics and professional training centres, the education system etc. are highly essential for the future development of this system by providing a proper legal platform from where the system could build itself into a fully developed one, on the lines of Ayurveda, Siddha and Unani. The Committee, however, has a word of caution for the Department. Soon after the system acquires legal recognition, there is every likelihood that the number of Amchis as well as the Drug manufacturing units would increase. Unless rules and regulations are enforced strictly, there would be ample scope for mushrooming of quackery and illegal drug manufacturing units. Hence, the Department has to adopt a cautious approach while formulating the rules and regulations for the system. On the one hand, it has to adopt a liberal approach to encourage the Sowa-Rigpa system to grow further while on the other it has also to see that illegal entities do not thrive. (Para 6.9)

The Committee notes that since the number of drug manufacturing units is less than 20 and their scale of production is very small, maintaining the quality may not be much of a problem. However, the expansion of the Sowa-Rigpa system and entry of larger producers into the arena would change the entire scenario. (Para 6.15)

Another important issue that the Committee would like to mention is regarding the composition the Sowa Rigpa drugs and formulations and their labelling. It would not be out of context to mention here that in the recent past some of the AYUSH drugs were banned in few countries abroad citing usage of heavy metals therein beyond their approved levels. Since the medicines were based on time-tested formulation from treatises of AYUSH systems, the matter was cleared up later with the respective countries after demonstrating the efficacy and safety of the drugs. Since most of the preparations under the Sowa Rigpa system are based on canonical treatises akin to Indian Systems of Medicines, the composition of some of the medicines may involve the use of heavy metals such as mercury, arsenic etc. The Committee observes that since the Bill proposes to bring the Sowa Rigpa system from the informal to the formal sector, it is imperative that, in this era of science, the ingredients of the Sowa Rigpa should be properly tested in a transparent manner. It

therefore, suggests that keeping in view the past experience regarding AYUSH drugs, the composition and labelling of the Sowa Rigpa medicines be made mandatory. The Committee observes that keeping in view the distinct nature and functionality of Amchi medicines, the same should be defined separately with specific provisions for their regulation, surveillance and monitoring under the scope of the Drugs and Cosmetics Act and Rules on the pattern of other Ayurveda, Siddha and Unani drugs (AS&U) from the outset. The Committee, therefore, recommends that suitable modifications may be made to the Drugs and Cosmetics Act and Rules to give effect to the above. (Para 6.16)

The Committee is all for scientific validation of the Sowa Rigpa medicines and the initiatives of collaborative research undertaken by the Tibetan Medical Institute, Dharamsala. However, the Committee suggests that the Department of AYUSH should determine the veracity of such researches before they are opened for public use. (Para 6.18)

MINUTES

XI
ELEVENTH MEETING

The Committee met at 3.00 p.m. on Wednesday the 9th June, 2010 in Committee Room 'A', Ground Floor, Parliament House, New Delhi.

MEMBERS PRESENT

RAJYA SABHA

1. Shri Amar Singh - Chairman
2. Shrimati Viplove Thakur
3. Shri Janardan Dwivedi
4. Shrimati Brinda Karat
5. Shrimati Vasanthi Stanley

LOK SABHA

6. Shri Ashok Argal
7. Shrimati Sarika Devendra Singh Baghel
8. Shri Vijay Bahuguna
9. Dr. Chinta Mohan
10. Shri S. R. Jeyadurai
11. Dr.(Shrimati) Kruparani Killi
12. Shri N. Kristappa
13. Dr. Tarun Mandal
14. Shri Datta Meghe
15. Shrimati Jayshreeben Patel
16. Shri R.K. Singh Patel
17. Shri M.K Raghavan
18. Dr. Anup Kumar Saha
19. Shrimati Meena Singh
20. Dr. Arvind Kumar Sharma
21. Shri Ratan Singh

WITNESSES

- I. *****
- II. *****
- III. *****

IV. Department of AYUSH

1. Shrimati S. Jalaja, Secretary
2. Dr. M.A. Kumar, Deputy Advisor (S)
3. Dr. Ramesh Baba Devalla, Director General, Central Council for Research in Ayurveda and Siddha

****relates to other matters

SECRETARIAT

Shrimati Vandana Garg	Additional Secretary
Shri R. B. Gupta	Director
Shrimati Arpana Mendiratta	Joint Director
Shri Dinesh Singh	Assistant Director
Shri Satis Mesra	Committee Officer

2. *****

3. *****

4. *****

5. *****

6. *****

7. *****

8. The Committee then heard the Secretary, Department of AYUSH on the Indian Medicine Central Council (Amendment) Bill-2010. The Secretary briefly explained the background and history of Sowa-Rigpa System, and the reasons warranting inclusion of Sowa Rigpa System in the Indian Medicine Central Council Act, 1970. The Members raised few queries which were replied by the Secretary.

9. A verbatim record of proceedings of the meeting was kept.

10. The Committee then adjourned at 5.25 *p.m.*

*****relates to other matters

XIV
FOURTEENTH MEETING

The Committee met at 3.00 p.m. on Wednesday, the 21st July, 2010 in Committee Room 'A', Ground Floor, Parliament House, New Delhi.

MEMBERS PRESENT

RAJYA SABHA

1. Shri Amar Singh -- **Chairman**
2. Shrimati Viplove Thakur
3. Shri Janardan Dwivedi
4. Dr. Prabhakar Kore
5. Shrimati Brinda Karat
6. Shrimati Vasanthi Stanley

LOK SABHA

7. Shri Ashok Argal
8. Shrimati Sarika Devendra Singh Baghel
9. Dr. Chinta Mohan
10. Dr. (Shrimati) Kruparani Killi
11. Shri N. Kristappa
12. Dr. Tarun Mandal
13. Shri Datta Meghe
14. Dr. Jyoti Mirdha
15. Shri M.K Raghavan
16. Dr. Anup Kumar Saha
17. Shrimati Meena Singh
18. Shri Ratan Singh

WITNESSES

On the Indian Medicine Central Council (Amendment) Bill, 2010

1. Prof. Geshe Ngawang Samten ,Vice Chancellor, Central Institute of Higher Tibetan Studies (Deemed University),Sarnath, Varanasi
2. Dr. Tsewang Tamdin, Director, Tibetan Medical and Astro. Institute,Dharamshala
3. Dr. Tsering Thakchoe Drungtso, Chairman, Central Council of Tibetan Medicine,Dharamshala
4. Shri Ven. Lama Chosphel Zotpa, Ladakh Buddhist Vihar, Delhi

SECRETARIAT

Shrimati Vandana Garg	Additional Secretary
Shri R. B. Gupta	Director
Shrimati Arpana Mendiratta	Joint Director
Shri Dinesh Singh	Assistant Director
Shri Satis Mesra	Committee Officer

2. At the outset, the Chairman welcomed Members of the Committee to the meeting and briefed them about the agenda of the meeting.

3. The Chairman then informed the Members that Hon'ble Chairman, Rajya Sabha has granted extension of time upto the 13th August, 2010, for presenting its Reports on (i) the Transplantation of Human Organs (Amendment) Bill, 2009 and (ii) the Indian Medicine Central Council (Amendment) Bill, 2010 to the Parliament.

4. Thereafter, the Committee heard the views of the experts on the various aspects of the Indian Medicine Central Council (Amendment) Bill, 2010 which seeks to legalise Sowa Rigpa as a system of Medicine and set up a regulatory mechanism for its education and practice. Giving the background of Sowa Rigpa system, the experts shed light on similarities between Ayurveda and Sowa Rigpa system and the efficacy of the system in the treatment of certain diseases. Members raised a number of queries on the means and methods required to formalize Sowa Rigpa system; number of its practitioners - those having formal training in existing institutes providing degrees in Sowa Rigpa system and also those who are traditionally trained through lineage; standardization of drugs and scientific validation of formulations of Sowa Rigpa and their quality control; scientific basis of treatment etc., which were replied to by the experts.

5. *****

6. *****

7. *****

8. A verbatim record of proceedings of the meeting was kept.

9. *****

10. The Committee then adjourned at 4.15 *p.m.*

*****relates to other matters

