

## **National Policy on Indian Systems of Medicine & Homoeopathy-2002**

### **I. INTRODUCTION**

1.1 National Health Policy, 1983, refers to our rich, centuries - old heritage of medical and health sciences. The Policy outlines that although vast infrastructure is available in the Indian Systems of Medicine and Homoeopathy for addressing health care of our people, they are under utilized. The Policy suggested that it was necessary to initiate measures to enable each of these various systems of medicine and health care to develop in accordance with its genius. Simultaneously, planned efforts should be made to integrate their services, at the appropriate levels, within specified areas of responsibility and functioning in the over all health care delivery systems, specially in regard to the preventive, promotive and public health objectives. The Policy emphasized the need for a meaningful phased integration of Indian Systems of Medicines with the modern medicines, and also outlined the need to secure complete integration of all plans for health and human development, particularly agriculture and food products, rural development, education and social welfare, housing, water supply and sanitation.

1.2 In many places, the Indian Systems of Medicine & Homoeopathy continue to be widely used due to their accessibility, and sometimes, because they offer the only kind of medicine within the physical and financial reach of the patient. The Indian medicine system is also embedded in the beliefs of a wide section of the public and continues to be an integral and important part of their lives and for some, it is also a way of life.

1.3. Complementary and Alternative Medicine or Traditional Medicine is rapidly growing worldwide. In India also, there is resurgence of interest in Indian Systems of Medicine. People are becoming concerned about the adverse effects of chemical based drugs and the escalating costs of

conventional health care. Longer life expectancy and life style related problems have brought with them an increased risk of developing chronic, debilitating diseases such as heart disease, cancer, diabetes and mental disorders. Although new treatments and technologies for dealing with them are plentiful, nonetheless more and more patients are now looking for simpler, gentler therapies for improving the quality of life and avoiding iatrogenic problems.

1.4 India possesses an unmatched heritage represented by its ancient systems of medicine which are a treasure house of knowledge for both preventive and curative healthcare. The positive features of the Indian Systems of Medicine, namely, their diversity and flexibility; accessibility; affordability; a broad acceptance by a section of the general public; comparatively low cost; a low level of technological input and growing economic value have great potentials to make them providers of health care that the larger sections of our people need.

1.5 A huge infrastructure already exists comprising thousands of hospitals and dispensaries, registered practitioners and twice the number of Indian Systems of Medicine & Homoeopathy colleges as available for allopathy. Many Post-Graduate institutions offer doctoral courses. Four research councils and several apex scientific institutions and universities have also contributed to clinical research, ethno-botanical surveys, pharmacological and pharmacognostical studies on plants and drug standardization of simple and compound ISM formulations. Clinical research studies covering the use of ISM drugs for a range of diseases and public health problems conducted over the last thirty years have led to many useful conclusions about the use of single and compound ISM drugs to treat numerous intractable problems. Although Govt. set up an independent Department in 1995 to give focus to these issues, ISM has not been able to play a significant role in health care delivery services for want of their legitimate involvement in public health programmes.

## **2. Policy support.**

2.1 The Government has reiterated that Ayurveda, Homoeopathy, Siddha, Unani, Yoga and Naturopathy 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. Budgetary support has been augmented and fiscal incentives and concessions that are available to modern pharmaceutical industry have been assured to ISM sector. The resurgence of interest in Ayurveda and other Indian Systems of Medicine in India and abroad and the opportunities created by such interest have been well perceived in the Government.

2.2 The Central Council for Health and Family Welfare in 1999 recommended, inter-alia, that at least one physician from the Indian Systems of Medicine & Homoeopathy (ISM & H) should be available in every primary health care centre and that vacancies caused by non-availability of allopathic personnel should be filled by ISM & H physicians. The Council also resolved that specialist ISM & H treatment centres should be introduced in rural hospitals and a wing should be created in existing state and district level government hospitals to extend the benefits of these systems to the public. It also resolved that expenses on treatment taken in ISM hospitals should be recognized for reimbursement for Central Government employees. In 2001, it further reiterated that the States must revisit the subject and identify specific areas where ISM practitioners can be entrusted with public health functions within the ambit of state legislations.

## **3. Financing ISM & H**

3.1 It has been a concern for stake holders that the ISM&H gets only 2% of the total health budget of the nation, while 98% is incurred on western modern medicine. A corrective and promotive policy needs to be initiated so that

ISM can fully realize its potential and contribute more meaningfully to the health services. Keeping in view the need for consolidation and creation of infrastructure, making available ISM&H drugs and replenish supplies, reorient the practitioners and teachers, upgrade inpatient facilities, build awareness about the efficacy of the systems, besides setting up laboratories and enforcement mechanisms for quality control, the allocation for Indian Systems of Medicine & Homoeopathy sector is meagre. At state level, the allocation is still abysmally low. Even allocated funds are either not released or utilized. Funds are also not available adequately to set up and operationalize Directorates of ISM which can give a direction to the policies and programmes aimed at making use of the systems.

#### **4. Medical Education**

4.1 Medical education in Indian Systems of Medicine & Homoeopathy has been a cause of concern. After enactment of Indian Medicines Central Council Act, 1970 and Homoeopathy Central Council Act, 1973, five-and-a-half years Under-Graduate course and three years Post-Graduate course were introduced, provisions for adequate clinical exposure and internship made. The number of Indian Systems of Medicine & Homoeopathy colleges have increased phenomenally to 404. The Central Councils have implemented various educational regulations to ensure minimum standards of education. Despite this, there has been a mushroom growth of sub-standard colleges causing erosion to the standards of education and harm to medical training and practice. Liberal permission by the State Government, loopholes in the existing Acts and weakness in the enforcement of standards of education have contributed to this state of affairs.

#### **5. Drug Standards, Regulation & Enforcement**

5.1 Our systems of medicine are of great antiquity. The drugs have been used for centuries. Drugs manufacture and related matters are covered under Drugs & Cosmetics Act, 1940 and Drugs & Cosmetics Rules, 1945. A large number of units exist in large, medium, small and tiny sectors. The safety,

efficacy, quality of drugs and their rational use have not been assured. Though enforcement mechanism has been envisaged in the Act, and is also in place in most of the States, implementation of the enforcement laws leaves much to be desired. There is reluctance on the part of a large number of manufacturers to adhere to good manufacturing practices. Preparation of formularies and pharmacopoeial standards have been speeded up but a lot is yet to be completed. There is no assurance whatsoever that Formularies and Pharmacopoeial standards are being followed by the Indian Systems of Medicine & Homoeopathy drug manufacturers.

## **6. Medicinal Plants**

6.1 Indian Systems of Medicine & Homoeopathy use predominantly plant materials for the preparation of their drugs. 8000 plants are stated to have medicinal properties although 500 of them are generally used. Most of these plants grow in the wild as natural component of vegetation of a particular region and the supply chain is carried out informally. This traditional base is shrinking due to over exploitation, unsustainable practices, biodegradation and population pressure. There are restrictions on extraction and procurement from the wild. The trade is secretive and exploitative leading to unsustainable practices in the quest for profit. In the absence of a scientific system for collection and fostering regeneration of such plants, several species have either been completely lost or become endangered. Industry constantly faces the problem of raw material supply and its quality. Adulteration and substitution of drugs is reported to be rampant in a near absence of assured supply of quality raw drugs and an enforcement system.

## **7. The ISM Industry**

7.1 The ISM Industry has not been able to grow and develop optimally during the last five decades. Whatever growth has been achieved has been largely due to the industry's own initiative, undertaking its own Research and Development over the years. No special funding or incentives have been extended to this sector to help it realize its potential. The ISM industry has

neither been declared a priority industry nor a green industry. Special packages for this sector to strengthen it and expand its outreach has not been addressed as a result it would be correct to call this sector nascent and in dire need of rejuvenation.

## **8. Intellectual Property Rights (IPR) of ISM**

8.1 Our wealth of knowledge on formulations and medicinal uses of plants available in ancient texts and treatises have been attracting foreign interest and a large number of such medicinal uses have been patented by them claiming as innovations though these are already available in the public domain and therefore can not be patented. This has happened as such knowledge is not available in easily accessible form and in the language generally used by the patent examiners overseas. This has harmed our national interest as the process for retrieval and contesting patents is very costly and time consuming which we can ill-afford.

## **9. Revitalization of Local Health Traditions**

9.1 In addition to the documented knowledge, indigenous traditional medical knowledge available with the individuals, communities, tribals have not been fully tapped, documented and validated. Such knowledge over the years gets eroded causing irreversible harm. Our Research Councils have documented over 10,000 such folk medicine but tens of thousands of such knowledge remain to be documented. The providers of such knowledge have not been given due acknowledgement, financial benefit and support to patent their knowledge.

## **10. Medical Tourism and Export of ISM Practitioners**

10.1 The interest in our systems overseas for gentler and plant based treatment has been growing rapidly. More than that certain therapies are becoming extremely popular and tourists/visitors come to India for such therapies like Panchkarma and Yoga. Medical tourism not only popularises our system but offers good avenue for foreign exchange earning. Little has

been done to create a chain of Panchkarma Centres and establish centres of excellence for yoga therapy, meditation and teaching.

## **11. Ancient Medical Manuscripts**

11.1 There is at present no complete catalogue of Indian medical manuscripts which lie scattered in oriental libraries and private custody not only in India but also in other parts of the World. In India, ancient manuscripts are often found in a poor condition with the families of the old Vaidyas and non-descript libraries. This knowledge will be lost forever unless remedial action is taken urgently. Their retrieval for posterity is important for the preservation of this ancient wisdom and experience which will provide a wealth of knowledge and impetus to research and clinical application. Government has not implemented any scheme for the systematic collection and preservation of this information and the selective utilization of this knowledge. This intervention brooks no delay.

## **12. Research in ISM**

12.1 Our systems have been practised over centuries, and some of these are treatment, therapies and drugs have unbroken traditions of acceptance and practice. Whereas it is not desirable to subject all these to validation on modern scientific parameters, the need for fundamental, clinical and drugs research can hardly be over emphasized. Evidence for safety and efficacy is being demanded by the users. The Research Councils have been conducting research for the last 30 years, yet a lot remains to be done. Research has not kept pace with the times, it has not been re-oriented and prioritized.

## **13. Access to information**

13.1 The medical profession and the Western educated public has been relatively restrictive in its approach to ISM, limiting the extent to which ISM physicians can employ their drugs and therapies and the extent to which the practitioners can “encroach” on areas falling within the purview of mainstream medicine.

13.2 The modern pharmaceutical industry has influenced health policy and health care systems the world over and India is no exception. The deep interest in the biomedical model of health has often been prompted by considerations which are not always rooted in concern for the health of citizens. Consumers are systematically led into believing that the biomedical model and its treatment options are the only alternatives and unfortunately most people are not willing to look beyond this model, leaving little attention and space for Indian Systems of Medicine and health care options, often shown to be both cost effective and enduring. These conflicts of interest and ethical dilemmas in a health care system, which advocates freedom of choice, have not been addressed.

#### **14. Veterinary Medicine**

14.1 Indian medicine is not reflected merely in the treatment of human beings but other important dimensions like veterinary medicine are addressed in detail through these systems. This represents a whole new spectrum of knowledge and opportunity. This area has not been exploited at all.

#### **15. OBJECTIVES**

The basic objectives of this Policy are :

- (a) To promote good health and expand the outreach of health care to our people, particularly those not provided health cover, through preventive, promotive, mitigating and curative intervention through ISM&H.
- (b) To improve the quality of teachers and clinicians by revising curricula to contemporary relevance and researchers by creating model institutions and Centres of Excellence and extending assistance for creating infrastructural facilities.
- (c) To ensure affordable ISM&H services & drugs which are safe and efficacious.



- (d) To facilitate availability of raw drugs which are authentic and contain essential components as required under pharmacopoeial standards to help improve quality of drugs, for domestic consumption and export.
- (e) Integrate ISM&H in health care delivery system and National Programmes and ensure optimal use of the vast infrastructure of hospitals, dispensaries and physicians.
- (f) Re-orient and prioritize research in ISM&H to gradually validate therapy and drugs to address in particular the chronic and new life style related emerging diseases.
- (g) Create awareness about the strengths of these systems in India and abroad and sensitize other stakeholders and providers of health.
- (h) To provide full opportunity for the growth and development of these systems and utilization of the potentiality, strength and revival of their glory.

## **16. STRATEGIES**

The strategies to achieve the objectives through policy interventions and support operational measures and monitoring are delineated as under :-

### **16.1. Education**

- (a) Legislative measures would be taken to regulate starting of a new college, increase in intake and introduction of new course of study. Establishment of model colleges and Centres of Excellence of ISM&H would be encouraged. The course curriculae would be reviewed and revised to weed out unnecessary teaching materials; incorporate what is relevant keeping in view present requirements, including research achievements; the component of modern medicine would be reduced; and study of Sanskrit in Ayurveda discipline and Urdu and Persian in Unani discipline would be incorporated in the curriculae. Nursing and Pharmacy education would be introduced and regulated through existing or new regulatory councils. A separate regulatory council for Yoga and Naturopathy would be set up. Schemes for providing

vocational training for housewives, dais, nurses, etc., and course for dietitians based on Ayurvedic and naturopathy approach to food and nutrition would also be developed. National Institutes would be made fully functional as Centres of Excellence.

- (b) States would be encouraged to introduce separate examinations for entry to Undergraduate courses of the Indian Systems of Medicine & Homoeopathy and Post-graduate institutions would be encouraged to start a unified admissions test for PG courses of Ayurveda and Unani to bring about uniformity in standards and foster healthy competition and recognition of merit.
- (c) Re-orientation training of physicians and teachers would be made compulsory for the renewal of their registration with the registering councils.
- (d) Central Government would set up an accreditation system whereby silver and platinum standards would be given to ISM&H colleges to inspire students and teachers to aspire for higher standards of teaching, clinical exposure & research and thereby to achieve excellence

## **16.2 Research**

- (a) Priority would be accorded to research covering clinical trials, pharmacology, toxicology, standardization and study of pharmacology kinetics in respect of already identified areas of strength. The research areas would be prioritised keeping in view the strengths of the systems and contemporary relevance giving due emphasis on preventive and promotive aspects.
- (b) Other important areas of research would include :
  - (i) Research on fundamental principles of ISM&H.
  - (ii) Drug research to establish efficacy and safety of ISM medicine to be accelerated by adopting rapid screening of herbs *invivo or invitro* in experimental settings.
  - (iii) Disease oriented clinical drug research following “reverse pharmacology approach”.

- (iv) Identification and evaluation of promising and widely accepted practices and skills of traditional healers in rural and tribal areas.
- (v) Revival of ancient literature – survey, collection, transcription/translation, editing and publication of classical literature and text books on ISM.

### **16.3 Medicinal Plants**

- (a) The Medicinal Plants Board would address all issues connected with conservation and sustainable use of medicinal plants leading to remunerative farming, regulation of medicinal farms and conservation of bio-diversity. Priority would be given to encourage cultivation of 28 medicinal plants recommended for cultivation by Expert Committees in the first instance. To receive the benefit of financial support, all schemes would have to provide proper buy-back arrangements.
- (b) Issues relating to import-export would be addressed through the identification of markets, market segmentation, simplifying import and export procedures.
- (c) Research studies would be introduced for reproductive systems of plants, their distribution on post harvest management, shelf-life and storage conditions.
- (d) Encouragement would be given for R&D on rare and endangered plants for increasing bio-chemical substances, development of herbal formulations, conservation of germplasm of important medicinal plants. More Gene Banks would be encouraged to be set up.
- (e) An Export Authority would be established for export of medicinal plants and products with capability for proper authentication and fulfillment of quality, safety requirements including packing, testing, fumigation, storage requirements.
- (f) Medicinal Plants Board would acquire Statutory status to be able to regulate registration of farmers and cooperative societies, transportation, marketing of medicinal plants and proper procurement and supply to pharmaceutical industry.

#### **16.4 Intellectual Property Rights & Patents**

- (a) Protection of India's traditional medicinal knowledge would be undertaken through a progressive creation of a Digital Library for each system and eventually for uncodified knowledge leading to innovation and good health outcomes.
- (b) Relevant International fora would be addressed about the need for fair and equitable sharing of benefits to the custodians of the knowledge and a system of compensating the originators of such knowledge introduced.
- (c) TRIPS has provided the signatory countries the freedom to choose intellectual property protection of plant varieties either under a patent regime or a *sui generis* system or a combination thereof. A *sui generis* system will be set up to provide grassroots innovators of plant based knowledge an incentive to disclose knowledge.

#### **16.5 Integration of ISM & H and National Health Care Programmes and Delivery System.**

- (a) Efforts would be made to integrate and mainstream ISM&H in health care delivery systems including National Programmes.
- (b) A range of options for utilization of ISM & H manpower in the health care delivery system would be developed by assigning specific goal oriented role and responsibility to the ISM work-force. An ISM&H wing would be encouraged and supported at the primary health care level.
- (c) States would be encouraged to reenact or modify laws governing the practice of modern medicine by ISM practitioners so that there is clarity of the subject.
- (d) Referral ISM hospitals in the country would be renovated, modernized and upgraded to provide the full range of ISM treatment. Identification of the hospitals would be made according to current availability of motivated staff, OPD & IPD attendance and locational advantages.

- (e) At the PHC and district hospital level, Central Government would encourage the setting up of speciality centres and ISM clinics & funds would be provided centrally for drugs listed in the Essential Drug Lists for Ayurveda, Unani and Homeopathy Medicine on a declining scale for 5 years to increase choice and consumer awareness about the benefits of ISM.
- (f) Central government would assist speciality hospitals of allopathy who wish to establish Panchkarma and Ksharshutra facilities for the treatment of neurological disorders, musculo-skeletal problems as well as ambulatory treatment of fistula in ano, bronchial asthma and dermatological problems.
- (g) Private allopathic hospitals would be encouraged to set up specialist treatment centres of ISM&H and the hiring charges of Vaidyas/Hakims/Homoeopaths reimbursed to such hospitals entering into research collaboration protocols.
- (h) States would be encouraged to consolidate the ISM infrastructure and raise the salary and social/professional status of ISM practitioners to encourage inflow of talent and an enhanced work-culture. The aim would be to provide parity with the Central Government pattern which has established equivalence/relativities with the allopathic profession.

#### **16.6 Drug Standardization and Quality Control**

- (a) All Pharmacopoeial work related to Ayurveda, Unani, Siddha and Homoeopathy drugs would be completed by 2005. Enforcement mechanism will be activated.
- (b) Industry would be encouraged to make use of Quality Certification Scheme being introduced by the Department for batch-by-batch testing.
- (c) Financial support would be given for acquisition of ISO 9000 certification by ISM industry.

- (d) New Legislation covering a vast range of nutraceuticals and food supplements which are neither covered by the drug licencing nor food licencing would be introduced.
- (e) Quality Control Centres would be set up or recognized on a Regional basis to standardize the in-process quality control of ISM products and to modernize traditional processes without changing the concepts of ISM. States would be advised to augment facilities for drugs manufacture and testing of the drugs.
- (f) Drugs & Cosmetics Act would be amended to also cover grant of manufacturing licences for intermediate or partially processed herbal mixes and pharmacopoeial standards evolved for these intermediaries.

#### **16.7 ISM Industry**

- (a) ISM industry would be given priority industry status and declared a green industry. Efforts would be made to secure fiscal incentives and tax concessions to ISM industry within overall taxation policy to make them viable and competitive. They would be encouraged to adopt modern dosage form and follow reasonable shelf-life. Whereas use of classical preparations would be encouraged, guidelines would be framed for patent and proprietary medicines and manufacturers would be expected to have efficacy and safety studies conducted before licenses are granted for new Patent Proprietary medicines.

#### **16.8 Revitalization of Local Health Traditions**

- (a) Revitalization of folk health traditions related to birth attendants, herbal healers, bone settlers, Visha healers etc., would figure in the agenda of the ISM sector to be selectively identified, reinforced, validated and then propagated for use in a wider community.

#### **16.9 Home Remedy Kits**

- (a) A scheme for supply of identified medicine in Home Remedy Kits would be implemented.

#### **16.10 Veterinary Medicine**

- (a) The definition of Ayurvedic medicines under the Drugs & Cosmetics Act include veterinary medicines. There are several authentic books of Ayurveda dealing with veterinary medicines such as Nakul Samhita, Palkapya Shastra, Go Ayurveda, Hasti Ayurveda, Baj Nama etc. Central Government will encourage two institutions in the 10<sup>th</sup> Plan for introducing courses and undertaking documentation of the classical books in various languages. Homoeopathy also has effective treatment for care of animals and a similar approach would be followed.

#### **16.11 Operational Use of ISM in Reproductive & Child Health (RCH ).**

- (a) Eleven areas have been identified where the Ayurvedic herbs would be useful for ante-natal, intra-natal, post-natal and neo-natal care. This concept would be taken forward to cover the use of Unani and Homoeopathic drugs also. The identified areas include menstruation, preparation for delivery, vomiting in pregnancy, loss of appetite, constipation, gaseous distention, acidity & diarrhea, treatment of oedema, insomnia, anemia, piles, delivery and its management and the care of the new born. In the areas of neo-natal and child health, the identified areas would be care of the new born, precautions in early infancy, management of diarrhea, constipation, worm infestation in children. The entire approach would be traditional and based upon operational research study findings.

#### **16.12 Financing ISM**

- (a) ISM shares only 2-4% of the National Health Budget. This should be raised to 10% of the total health plan at the Central level and further growth should be designed to climb at the rate of 5% in every Five

Year Plan. For the first five years of the New Policy, Central Government will directly provide or earmark budgets for consolidation of infrastructure, purchase of drugs and support for opening speciality clinics and ISM services.

#### **16.13 Administration of the ISM Sector**

- (a) Although there are 18 Directorates of ISM, these are not functioning independently and purposefully in most places. To harness the growing importance of ISM nationally and globally, there is a need for political, administrative and financial structures and systems to implement the policies. There is a need to post state level Secretaries and Directors of ISM & H, establish Directorates in the major states of the country which will facilitate implementation of the programmes. The managerial infrastructure at district and block levels will be strengthened by the States through earmarked outlays.

#### **16.14 Developments of Special Areas – North East & New States**

- (a) North Eastern States, rich in flora and fauna, are lacking in infrastructure and knowledge about ISM as it prevails in other parts of India. Utilization of medicinal plants, identification of tribal medical practices, setting up of dispensaries and need based teaching institutions for ISM would be encouraged.
- (b) Some of the States like Uttaranchal, Chattisgarh and Jharkhand have a wealth of medicinal plants but are lacking in requisite infrastructure and capacity to formulate projects. Central Government will assist these States on priority to avail of the benefits of Medicinal Plant Sector Schemes.

#### **16.15 Medical Tourism**

- (a) Facilities for Panchakarma and Yoga would be encouraged to be offered in hotels. Road Shows would be organized abroad by providing services of Vaidis and Hakims and Yoga demonstration.



Participation in fairs, conferences and tourism events would be supported.

- (b) Encouragement would be given to a few government hotels in the states to promote Panchakarma and Yoga.
- (c) ISM parks would be developed in collaboration with State Tourism authorities.
- (d) A scheme for accreditation of Panchakarma & Yoga facilities would be introduced.

#### **16.16 Inter-Sectoral Co-operation**

- (a) Linkages would be established with Departments of Culture, Tourism, Labour(ESI), Railways, Posts, Confederation of Indian Industry (CII), Association of Chamber of Commerce & Industry (ASSOCHAM), Federation of Indian Chamber of Commerce & Industry (FICCI), Women & Child Development, Rural Development, Tribal Affairs to promote and propagate the use of ISM&H through the establishment of clinics or by allowing reimbursement of treatment charges.
- (b) Schemes for growing medicinal plants for production and sale of plant-based products including herbal tea through women's groups and tribal agencies would be encouraged.
- (c) The possibility of introducing knowledge relating to the properties of medicinal plants and preparation of simple home remedies from ISM in the school curriculum, would be explored and taken forward.
- (d) Naturopathy diets, Yogic exercise would be encouraged in schools, colleges and offices.

#### **16.17 Exposing the Foreign and Indian Modern Graduates to Indian Systems of Medicine (ISM)**

Keeping in view the global interest in understanding ISM concepts and practices:-

- (a) Modules will be formulated for introducing Ayurveda and Yoga to medical schools and institutions abroad.
- (b) Courses of long duration say one year to two years should be started for allopathic doctors from India and abroad who are interested in learning about Ayurveda. A package of introductory lectures would be suggested to be given during the regular medical course for foreign students. At PG and Doctorate level, scholarships would be given to undertake medical research on ISM.

#### **16.18 Building Awareness**

- (a) Programmes on the utility and effectiveness of ISM&H would be launched through the electronic and print media.
- (b) Special incentives would be given to colleges and groups of students who come up with innovative ideas for popularizing ISM&H. Students of Management and Social Science courses would be offered internships to work on popularizing and marketing ISM&H.
- (c) A significant portion of the budget would be assigned for IEC on healthy life styles and preventive health through ISM&H approaches. NGOs would be used for popularizing Yoga in primary schools, residential colonies and in industrial units.