HEALTH AND FAMILY WELFARE DEPARTMENT

3.4 Indian Systems of Medicine and Homoeopathy

3.4.1 Introduction

Programmes of the Government under the health sector envisaged provision of quality health care services through the Indian Systems of Medicine and Homoeopathy (ISMH) in addition to the Allopathy system.

Audit of the working of the ISMH system in the State in the offices of the Director of Indian Medicine and Homoeopathy (DIMH), Bhubaneswar, four medical colleges[1] and three Circles each of Ayurveda and Homoeopathy (Balasore, Berhampur and Sambalpur) entrusted with the supervision of dispensaries under their jurisdiction revealed several shortcomings in the form of negligible provision of funds for medicine, diet and equipment and poor infrastructure of hospitals and dispensaries.

Vacancies in the posts of teaching staff in the medical colleges affected the quality of education imparted to the students. The provisions of the Drugs and Cosmetics Acts, 1940 for ensuring quality of ISMH drugs were not adhered to.

3.4.2 Inadequate funding of ISMH

The Health and Family Welfare (HFW) Department provided Rs.157 crore including Government of India grant of Rs.2.14 crore for ISMH during the years 2000-05. Out of the total expenditure of Rs.151.70 crore under ISMH the expenditure on establishment was Rs.146.42 crore (97 *per cent*) and the expenditure on health care facilities like medicine, equipment etc. was Rs.5.28 crore (three *per cent*) during the five- year period.

3.4.3 Limited number of ISMH hospitals

The hospital services provided in the State were limited only to five Ayurveda and four Homoeopathy Hospitals functioning in seven out of the 30 districts as of May 2005. Thus, 23 districts with 67 *per cent* of State's population (2001 census) did not have the benefit of hospital treatment under ISMH. As of May 2005, the Government had no plans for opening of more such hospitals.

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* The abbreviations used in this review have been listed in the glossary in Appendix-XXXVI at page 225.

1 (i) **Ayurveda:** Government Ayurvedic College, Bolangir and Gopabandhu Ayurveda Mahavidyalaya, Puri;
(ii) **Homoeopathy:** Dr. A.C.Homoeopathic Medical College, Bhubaneswar and Biju Patnaik Homoeopathic College, Berhampur.

3.4.4 Deficiencies in health care services in hospitals

In the hospital at Bolangir, eight beds were operated under an asbestos roof

Test check of two Ayurvedic hospitals (Puri and Bolangir) out of five in the State and one Homoeopathic hospital (Bhubaneswar) out of four in the State revealed that the Puri hospital operated 72 out of sanctioned 80 beds during 2000-05 and the Bolangir hospital operated 18 out of sanctioned 30 beds for want of accommodation. In the hospital at Bolangir, eight beds were operated under an asbestos roof and the hospital did not have basic amenities like toilet, labour room, sewerage and drainage system and regular water supply. Thus, the availability of infrastructure was not commensurate with the number of beds sanctioned.

The supply of medicine to an indoor patient per day in ayurvedic and homoeopathic system was Rs.2.50 and Re.0.50 respectively as per the Government's norm fixed in October 1979. The rates were too low to supply essential medicines to the patients. The diet costing Rs. 10 per day/patient fixed by the Government in April 2001 was similarly inadequate. The X-ray machine (Rs.5.05 lakh) of Homoeopathic Medical College Hospital at Bhubaneswar remained idle since January 1998 for want of a sanctioned post of technician. The OT of the Ayurvedic Medical College Hospital at Puri was also not provided with essential equipment (Dental chair, Boyle's apparatus, orthopedic bed with traction etc.) and medicines.

Thus, non-revision of norms for medicine and diet and non-availability of essential equipment and amenities deprived the patients of quality health care services

3.4.5 Functioning of Dispensaries

According to the norms prescribed by the Government of India there should be at least a dispensary under any one of the systems of medicines for 30000 population in plain area and 20000 population in the tribal and hilly areas which the State Government also decided (August 1990) to adopt in the State.

Following the above norms the State Government under the Tenth Plan targeted opening of 200 new dispensaries (100 each under Ayurveda and Homoeopathy) by 2003-04. Since the Government were unable to provide infrastructure for all the dispensaries, the Inspectors of the concerned circles were instructed from time to time to arrange the accommodation which were to be provided free of cost by the local people.

However, as against the above target, only 85 ayurvedic and 77 homoeopathic dispensaries could be opened by March 2005 raising the total number of dispensaries in existence to 1150 (Ayurveda: 604, Unani: 9 and Homoeopathy: 537) as of May 2005. The remaining 15 Ayurvedic dispensaries in three circles[2] and 23 Homoeopathic dispensaries in six circles[3] were not opened, as the concerned Inspectors failed to arrange accommodations.

[2] Bhubaneswar: 3, Berhampur: 1 and Rayagada: 11.

[3] Bhubaneswar: 1 , Berhampur: 1, Sambalpur: 1, Bhawanipatna: 2, Baripada: 1 and Koraput: 17.

3.4.6 Inadequate infrastructure and facilities

132 out of 390 test checked dispensaries functioned in one-roomed buildings instead of the prescribed three rooms

As per the specifications of the DIMH, a dispensary should have three rooms (minor operation room, Medical Officer's room and waiting space including toilet) over an area of 786 sq. ft. Test check of records of three ayurvedic and three homoeopathic Inspectorates revealed that 132 out of 390 dispensaries under their jurisdiction had been functioning in one-room only. Besides, basic facilities like electricity and water supply were not available in 335 and 383 dispensaries respectively. The DIMH stated (August 2005) that the Government was constructing the buildings phase-wise as per availability of funds to accommodate the dispensaries functioning in one room. The fact however remained that 55 out of these 132 dispensaries had been functioning in one room for over 20 years since their establishment.

3.4.7 Shortage of Manpower in dispensaries

Eighteen dispensaries in four homoeopathy circles did not have doctors for periods ranging from 24 to 45 months as of May 2005

As per the staffing pattern of the Government, each ISMH dispensary should have posts of one Medical Officer (MO) and one Ayurvedic Distributor (AD) or Homoeopathic Assistant (HA) as the case may be. Scrutiny revealed that for the 1150 (Ayurveda and Unani: 613 and Homoeopathy: 537) dispensaries in existence, 591 ADs/HAs were in position. As a result, Medical Officers of 559 dispensaries, were to manage the dispensaries without the assistance of AD or HA. Eighteen[4] out of 219 dispensaries in four homoeopathy circles did not have MOs for periods ranging from 24 months to 45 months as of May 2005.

3.4.8 Posting of Ayurvedic Medical officer in Unani Dispensary

One Ayurvedic Medical Officer posted in a Unani Dispensary was prescribing Unani medicines

One Ayurvedic Medical Officer was posted (June 1999) against the post of Unani Medical Officer at the Unani Dispensary, Balasore and used to prescribe Unani medicines to the patients. The DIMH stated (August 2005) that due to non-availability of a Unani Medical Officer, such an arrangement had been made.

3.4.9 Dispensaries without essential clinical instruments

Seventy one test checked dispensaries did not have the full set of required clinical instruments

The DIMH identified 25 essential clinical instruments for a dispensary under ISMH. All the 71 dispensaries test checked (Ayurvedic: 39 and Homoeopathic: 32) out of 390 functioning under the six circles, did not have the full set of identified instruments with them; the shortfall ranged from one to sixteen instruments and related to ENT diagnostic set, ear syringe, ear speculum, dental elevator, D&C set, BP instrument etc. The DIMH stated (May 2005) that instruments were provided as per the funds available.

3.4.10 Inadequate supply of medicine to dispensaries

As per orders of the DIMH, ayurvedic medicines required for dispensaries were being manufactured in Government Ayurvedic pharmacies and supplied

[4] (i) Koraput Circle: 7 (from 2003-04), (ii) Berhampur circle: 1 (from September 2001), (iii) Sambalpur circle: 6 (Bisipara, Jaloi, Kumbhoo, Sundergarh town, Kushakella and Kuibahal) (from June 2003) and (iv) Bhawanipatna circle: 4 (from 2003-04).

to the Inspectors of the circles for distribution to the dispensaries under their jurisdiction. However, the quantity and varieties of the medicines supplied were not based on actual requirement of the dispensaries as equal quantities were supplied to all the dispensaries without considering dispensary-wise turnout of patients. The Ayurvedic Medical Officers of the test checked dispensaries stated (April/May 2005) that the supply of medicines even for some common ailments such as malaria, acidity, common cold and cough, fever, arthritis and gynecological disorders was inadequate.

3.4.11 Vacancies in ISMH Medical Colleges

In Homoeopathic and Ayurvedic medical colleges, 19 posts and 26 posts of teaching staff respectively were lying vacant for periods ranging from one to eight years

The State Government maintained a four-tier[5] staffing pattern for the teaching faculty in ISMH colleges with intake capacity of 30 (Ayurvedic) and 25 (Homoeopathic) students. However, it was noticed that out of the sanctioned posts of 78 in all the three Ayurvedic medical colleges and 98 in four Homoeopathic medical colleges of the State, 19[6] and 26[7] posts of teaching staff respectively were vacant for periods ranging from one to eight years (April 2005). In the Berhampur Ayurvedic College, 12 faculty members were in position in 14 departments under operation. Further, there was huge disparity between sanctioned strength of Bolangir college (30) and that of Berhampur (13) college even though the student intake capacity was 30 per year for both the above colleges. Thus, by keeping the posts of teaching staff vacant for years together, the students of the concerned colleges were deprived of quality medical education. The DIMH stated (May 2005) that while steps were being taken to fill up the vacancies for Ayurvedic posts, there was some difficulty for filling the Homoeopathic posts due to pending legal suit in High Court since the year 2000.

3.4.12 Homoeopathic Medical College without attached hospital

The Homoeopathic medical college at Berhampur did not have an attached hospital affecting the clinical exposure of the students

The Biju Patnaik Homoeopathic Medical College and Hospital, Berhampur imparting degree course[8] with annual admission capacity of 25 students every year was functioning without an attached hospital. Clinical exposure and practical training of the students of the college were confined only to treatment of patients in the Out Patient Department (OPD). During the internship period of one year, the students attended a nearby allopathic hospital for five and half months to have practical training. However according to the norms prescribed by the Central Council of Homoeopathy, internship training was to be undertaken at the hospital attached to the college or in any other homoeopathic hospitals run by Government or local bodies. Thus, the students passed out of

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[5] (i) Ayurvedic Medical College: Demonstrator (base level post), Lecturer, Reader, Professor and (ii) Homoeopathic Medical College: Demonstrator (base level), Lecturer, Associate Professor, Professor.

[6] **(i)** Puri College: 8 (one professor from December 2001, two Lecturers from December 2003 and April 2004, five Demonstrators from October 2002), **(ii)** Bolangir College: 10 (one Reader from February 2003, one lecturer from 1998 and eight Demonstrators posts from April 2002) and **(iii)** Berhampur College: one Demonstrator post from February 2003.

[7] **(i)** Bhubaneswar College: 17 (one Professor from April 2004, four Associate Professors from January 2004, two Lecturers from March 2004 and 10 Demonstrators from 1997), **(ii)** Berhampur College: 3 (one Professor from July 2004, one Associate Professor from January 2004 and one Demonstrator from March 2003), **(iii)** Rourkela College: 3 (one Associate Professor from January 2004 and two Demonstrators from February 2002) and **(iv)** Sambalpur College: 3 (two Lecturers from February 2004 and one Demonstrator from January 2004).

[8] Bachelor of Homoeopathic Medicine and Surgery.

this college did not have the required exposure to practical homoeopathic treatment.

3.4.13 Non-adherence to the provisions of Drugs and Cosmetics Act, 1940

As per the Drugs and Cosmetics Act, 1940 and rules made thereunder, Good Manufacturing Practice (GMP) was made mandatory for the manufacturers of Ayurveda, Siddha and Unani (ASU) drugs with effect from 7 March 2003 to ensure use of good quality and authentic raw material, evolve proper manufacturing processes and quality control of finished drugs. The DIMH being the Licensing Authority (LA) was to issue GMP certificates to licensees engaged in manufacture of ASU drugs.

162 out of 179 pharmacies in the State were not issued with Good Manufacturing Practice certificates

Test check of the records of DIMH revealed that out of 179 pharmacies (Government: 3 and Private: 176) manufacturing ASU drugs in the State, 162 were not issued with the GMP certificates (June 2005). The DIMH stated (June 2005) that the units were advised to comply with the GMP norms and apply for the certificates early. However, even after the GMP was made mandatory, 18 pharmacies were issued licenses without GMP certificates.

3.4.14 Functioning of the Government Ayurvedic pharmacy at Bolangir

The Government Ayurvedic Pharmacy (GAP) at Bolangir has been manufacturing ayurvedic medicines for supply to all Government hospitals and dispensaries of the State. Under the Centrally Sponsored Scheme "Strengthening of pharmacies", the GAP received (May 2001) Government of India grants of Rs.58.08 lakh for construction of building (Rs.18.63 lakh) and purchase of machinery (Rs.39.45 lakh). Although construction of the building was completed in December 2004, machinery worth Rs.20.76 lakh purchased in August 2004 were not commissioned as the electrical installation of the building was yet to be completed (April 2005). Besides, a laboratory was attached to the GAP for testing the quality of raw herbs and manufactured medicines. However, no tests of raw herbs and finished products were conducted since the inception of the pharmacy and the drugs were being supplied to the Government hospitals and dispensaries for use by patients.

Thus, due to supply of drugs without conducting laboratory tests, the quality control of the same was not ensured. The GAP did not follow the GMP norms and the manufacturing license of the GAP valid up to December 2003 was not renewed (May 2005).

The Superintendent of the GAP stated (May 2005) that the testing was conducted by a committee in traditional method through human senses by touching, tasting, smelling and viewing the colours and that the DIMH had been moved to issue the GMP certificate.

140 out of 179 pharmacies did not have internal facilities for testing of drugs manufactured

Similarly, 140 out of 179 pharmacies engaged in manufacturing ASU drugs in the State as of April 2005 did not have internal testing facilities for testing raw materials and finished drugs. Thus, adherence to the GMP norms by the licensees could not be ensured for manufacture of quality drugs.

3.4.15 Non-availability of facilities for testing of ISMH drugs samples

Despite receipt of Central assistance, the Ayurvedic Drug Testing Laboratory could not be made operational for over four years

The GOI sanctioned (March 2001) and paid Rs.70 lakh (May 2001: Rs.54 lakh and October 2004: Rs.16 lakh) for strengthening a Drug Testing Laboratory (DTL) located in Government Ayurvedic Hospital campus, Bhubaneswar within two years, setting a target of testing 500 drug samples per year. Mention was made in paragraph 3.2.8 of the Report of the Comptroller and Auditor General of India (Civil), Government of Orissa, for the year ended March 2003 regarding non-completion of the construction of the building of the DTL. Further scrutiny revealed that equipment worth Rs.51.67 lakh purchased in September 2004 were not installed and the remaining amount of Rs.18.33 lakh was kept unutilised (May 2005). Besides, Government had not posted any staff except designating the existing post of Scientific Officer as Analyst in respect of ASU drugs.

The Scientific Officer, DTL stated (June 2005) that delay in provision of funds for procurement of equipment and deployment of manpower led to delay in making the DTL operational. Thus, despite availability of funds, the DTL could not be made operational for over four years and the quality of the drugs under circulation could not be ensured.

There was no separate DTL in the State for testing of homoeopathic medicine and the medicines were being tested in Homoeopathic Pharmacopoeial Laboratory (HPL), Ghaziabad (UP). The Deputy Drug Controller stated (January 2005) that Government had been moved for introduction of testing facilities of Homoeopathic medicine under the Department For International Development (DFID) scheme. Thus, due to non-availability of facilities for testing of ISMH drugs, circulation of quality medicines could not be ensured.

3.4.16 Raising and cultivation of medicinal herbs and plants

While the value of herbs collected from the herbal garden at Harisankar was only Rs.1.34 lakh, the expenditure incurred on establishment was Rs.30.94 lakh

One herbal garden at Harisankar was maintained over an area of 10.25 acres of land to provide medicinal plant based raw materials to Government Ayurvedic Pharmacy, Bolangir. One Ayurvedic Medical Officer, one Agriculture Overseer, five Malis and two Attendants were engaged for the upkeep of the garden. Scrutiny revealed that no additional plantation had been made during 2000-05 and the herbal produce was collected from the existing 2781 plants. The value of herbs collected from the garden was a mere Rs.1.34 lakh against the expenditure of Rs.30.94 lakh incurred on pay and allowances of the garden staff during 2000-05.

7540 herbal plants got destroyed in the herbal garden at Sirsa during 1999-2005 for want of maintenance

Another herbal garden covering an area of 20 acres was set up at Sirsa (Mayurbhanj district) in 1990 for raising medicinal plants and collection of herbs. One Medical Officer, one Mali and one watchman were posted to look after the garden. Central assistance of Rs.7.15 lakh received in March 1995 was spent during 1995-99 for erection of compound wall (Rs.3 lakh), irrigation system (Rs.3 lakh) and procurement of equipment (Rs.1.15 lakh). Subsequently for want of maintenance, the garden became an open grazing ground for cattle due to the broken boundary wall and the irrigation system also failed. As a result, 10268 plants existing in 1998 got reduced to 2728 as of March 2005 and 49 out of 92 species planted by December 1998 got

destroyed during 1999-2005. No herbs had been collected from the garden, thus defeating the purpose of setting up the herbal garden; payment of Rs.14.92 lakh made to the staff towards their salary during 1999-2005 proved unfruitful.

3.4.17 Conclusion

The poor infrastructure in hospitals and dispensaries, non revision of norms of medicine and diet, shortage of staff in dispensaries, inadequate supply of medicines and equipment to dispensaries stood in the way of providing quality health care services through ISMH. Vacancy in the teaching staff of the medical colleges affected the standard of education imparted under the systems. In the absence of DTL in the State for testing of homoeopathy and ayurvedic medicines, the quality and standard of ISMH drugs in circulation in the State could not be ensured. Maintenance of herbal gardens was not effective and thus uneconomical.

Recommendations

- Norm of expenditure on medicine and diet fixed during 1979 and 2001 respectively for indoor patients of the hospitals is inadequate and should be revised.
- Vacancy in the posts of teaching staff of the ISMH medical colleges are to be addressed to improve the quality of medical education in the State.
- Adequate provision of funds for infrastructure development should be made in hospitals, dispensaries and colleges for their efficient functioning.
- Adherence to GMP norms by the licensees and facilities for testing of drugs should be ensured for manufacture and circulation of quality drugs.

The Principal Secretary during discussion (October 2005) assured that the facts would be confirmed from the field offices and appropriate corrective measures, wherever necessary would be taken.