HEALTH AND FAMILY WELFARE DEPARTMENT

3.5 Review on Indian Systems of Medicine and Homoeopathy

Highlights

The Government of Tamil Nadu took initiatives to encourage Indian Systems of Medicine with the objective of popularising them and to bring out their benefits. However, the Indian Medicine and Homoeopathy Department did not maintain any statistics to prove their effectiveness in treatment of diseases. The vacancies in the posts of Assistant Medical Officers resulted in shortfall in providing services. Against 9604 in-patients admitted in Arignar Anna Government Hospital of Indian Medicines, Chennai, during 1999-2004, 4465 (46 per cent) patients either abandoned the treatment or got discharged against medical advice. Four Research Units established in the above hospital for cancer and AIDS, diabetes, infertility and fracture did not carry out any research activities due to lack of modern machineries/ equipments and staff. Grants from Government of India for procurement of equipments for Drug Testing Laboratory was utilised only partially.

- **Out of Rs 60 lakh released by Government of India as grant for procurement of equipments for Drug Testing Laboratory Rs 27.88 lakh were not utilised.**

(Paragraphs 3.5.8 to 3.5.10)

- **The statistical data available with the Department only indicated the number of visits by patients and no data was available to prove the effectiveness of the Indian Systems of Medicines in treating diseases.**

(Paragraph 3.5.16)

- **Out of 9604 patients admitted in the in-patient ward in Arignar Anna Government Hospital of Indian Medicines, Chennai, during 1999-2004, 4465 patients either abandoned the treatment or got discharged against medical advice.**

(Paragraph 3.5.18)

- **The attendance of Assistant Medical Officers was less than 15 days in a month in 56 *per cent* and 68 *per cent* of the months in Thiruvannamalai and Nagapattinam Districts respectively during the five years from 1999 to 2003.**

(Paragraph 3.5.22)

- **The four Research Units established in Arignar Anna Government Hospital of Indian Medicines, Chennai, did not carry out any research activity due to lack of modern equipments and staff.**

(Paragraphs 3.5.25 and 3.5.26)

➢ **A Regional Pharmacy (at Thirumayam, Pudukottai District) was defunct from April 2002 but Rs 11.59 lakh was spent towards staff of the defunct pharmacy.**

(Paragraph 3.5.30)

Introduction

3.5.1 With a view to encourage traditional systems of medicines, Government of Tamil Nadu (GTN), set up the Directorate of Indian Medicine and Homoeopathy (DIMH) in 1970, by separating it from Directorate of Medical Education. DIMH was expected to encourage Indian Systems of Medicines (ISM) comprising Siddha, Unani and Ayurveda with special emphasis on development of Siddha system, which is indigenous to and an integral part of Tamil culture.

Objectives of the Department

3.5.2 The functions of the Department included:

- providing health care in district/taluk/non-taluk hospitals and primary health centres (PHC) through wings of Siddha, Ayurveda, Unani, Homoeopathy, Naturopathy and Yoga;
- research, production, standardisation and quality control of herbs and drugs and
- teaching in Under Graduate and Post Graduate courses.

Organisational set up

3.5.3 The Department of Indian Medicine and Homoeopathy (IMH) is under the administrative control of Secretary, Health and Family Welfare (HFW) Department and headed by a Commissioner of Indian Medicine and Homoeopathy (CIMH). The State (except Chennai) has been divided into 22 districts, each headed by a District Siddha Medical Officer (DSMO), assisted by Assistant Medical Officers (AMO) of 704 IMH wings of hospitals (373) and PHCs (331). Arignar Anna Government Hospital of Indian Medicine (AAGHIM), Chennai, is the referral hospital for ISM. One National Institute of Siddha (NIS) was formed in January 1999. Tamil Nadu Board of Indian Medicines, Tamil Nadu Siddha Medical Council, Tamil Nadu Homoeopathy Council and Tamil Nadu Medicinal Plants Board were established for development of ISM and Homoeopathy.

Audit objectives

3.5.4 A review of the working of Department of IMH was conducted with a view to ascertaining:

- the achievement of the Government in popularising the ISM;
- effectiveness and quality of services rendered by the Department and
- sufficiency of manpower and infrastructure facilities.

Audit coverage

3.5.5 The review was conducted in the Health and Family Welfare Department of Secretariat, Commissionerate of Indian Medicine and Homoeopathy, AAGHIM, Chennai and its attached dispensaries (Siddha:

seven and Homoeopathy: four), three[1] Colleges in Chennai and DSMOs and IMH wings in four districts *viz.* Kancheepuram, Thiruvannamalai, Thanjavur and Nagapattinam from February 2004 to July 2004 and covering records pertaining to 1999-2004. Records of the Boards/Councils stated in paragraph 3.5.3 above were also reviewed.

Financial Management

3.5.6 The Budget allocation and expenditure of the Department during 1999-2004 were as follows:

(Rupees in crore)

Year	Plan		Non- Plan		Total		Savings	Percentage
	Allotment	Expenditure	Allotment	Expenditure	Allotment	Expenditure		
1999-2000	5.89	5.92	30.36	27.75	36.25	33.67	2.58	7
2000-01	6.94	6.82	32.85	28.51	39.79	35.33	4.46	11
2001-02	9.93	7.64	35.35	30.25	45.28	37.89	7.39	16
2002-03	7.93	7.97	34.67	31.10	42.61	39.07	3.54	8
2003-04	16.31	14.13	36.40	32.81	52.71	46.94	5.77	11
Total	**47.01**	**42.47**	**169.63**	**150.43**	**216.64**	**192.90**	**23.70**	**11**

3.5.7 Government of India (GOI) released grants amounting to Rs 5.30 crore during 1999-2004 (vide details in Appendix XXVII). The deficiencies noticed in utilisation of the grants are discussed in the succeeding paragraphs.

Utilisation of GOI grant for strengthening of DTL

GOI grant, Rs 27.88 lakh, towards procurement of equipment and Rs ten lakh for manpower for DTL was not utilised.

3.5.8 GOI sanctioned (March 2001) Rs 85 lakh and released Rs 50 lakh in March 2001 by Demand Draft to CIMH and Rs 35 lakh in March 2003 for strengthening of Drug Testing Laboratory (DTL) in AAGHIM. The grant included Rs 60 lakh for equipments and Rs ten lakh for manpower.

3.5.9 The CIMH placed (December 2001) orders for purchase of equipments on Hospital Services Consultancy Corporation (India) Ltd., (HSCC) a GOI undertaking, on the advise of GOI, but did not negotiate a time schedule for supply of equipments though l00 *per cent* advance payment of Rs 31.63 lakh was made in March 2002. The HSCC supplied three equipments (Total cost: Rs 2.75 lakh) in October/November 2002 and another three equipments (cost: Rs 26.91 lakh) in March 2004. For the only equipment pending supply, UV/Visible Spectrometer, the HSCC demanded (November 2003) additional payment of Rs 4.72 lakh towards special customs duty (Rs 1.74 lakh) and exchange rate fluctuation (Rs 2.98 lakh). These amounts were not paid as of June 2004. Out of the six equipments supplied so far, one autoclave (cost: Rs 2.51 lakh) supplied in November 2002 and one HPTLC[2] (cost Rs 17.57 lakh) supplied in March 2004 had not been installed so far (September 2004). The Superintendent, AAGHIM stated (September 2004) that the supplier had not installed the autoclave inspite of several reminders and as regards HPTLC, action was being taken for purchase of nitrogen cylinder for which the Government order was got revalidated in July 2004.

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1 Government Siddha Medical College, Government Unani Medical College and Government Naturopathy and Yoga College.

2 High Pressure Thin Layer Chromatograph.

3.5.10 The delay in receipt of equipment could have been mitigated had CIMH entered into an agreement stipulating a time frame for supply with an appropriate clause for levy of liquidated damages. From the equipment/consumables component of Rs 34 lakh out of the Rs 50 lakh released by GOI in March 2001 the CIMH utilised Rs 32.12 lakh only as of September 2004. Out of the Rs 35 lakh received from GOI in March 2003, GTN released the equipment component of Rs 26 lakh to CIMH belatedly in March 2004 which remained unutilised (September 2004). Thus, Rs 27.88 lakh remained unutilised for more than a year.

3.5.11 The GOI grant of Rs ten lakh earmarked for engaging contractual manpower, remains unutilised as the State Government rejected (August 2002) the proposals of CIMH for creation of regular posts. The subsequent proposal (August 2004) of CIMH for posting of personnel on consolidated pay was pending with Government (September 2004). CIMH placed (June 2003) an Assistant Lecturer of Government Siddha Medical College (GSMC), Chennai in charge of DTL and two analyst diverted from DTL (Allopathy) joined the Laboratory in September 2003. As of June 2004 the DTL was engaged only in testing of samples of 15 raw drugs supplied by Tamil Nadu Medicinal Plant Farms and Herbal Medicine Corporation Limited (TAMPCOL**)** to AAGHIM pharmacy, for which alone pharmacopoeia specifications were available. No finished product was being tested. Thus, GOI grants to strengthen the DTL have been utilised only partially.

Non-utilisation of Computer Laboratory established with GOI Grant

Computer laboratory established with GOI grant was not used for the intended purposes for more than a year.

3.5.12 GOI released (March 2001) Rs ten lakh to GSMC for procuring Personal Computers (PC), LCD Projector and providing internet facility to enable the college and its students to update their knowledge on growth and development in the field of traditional and modern medicine in India and abroad. The Principal utilised (March 2002) Rs 8.22 lakh for purchase of the above equipments and refunded Rs 1.78 lakh (July 2003). The computers were installed in September 2002 and the Projector was received in March 2003. Though GOI had stated (January 2001) that necessary guidelines for use of the computer laboratory by faculty and students would be issued in due course they had not been received (June 2004). The Principal addressed (June 2004) GOI for the guidelines and called for application from students for basic computer training programme only after Audit pointed out (June 2004) the low levels of utilisation of the five PCs. This clearly indicates that the College did not make any effort to ensure optimum use of the PCs. Further, no records were produced to Audit to prove that the LCD projector was being put to the intended use.

Operational performance

Provision of health care

3.5.13 Poor outpatient services, inadequate in-patient services, shortfall in services, non-creation of posts and delay in commissioning of new wings were noticed in Audit as discussed in succeeding paragraphs.

Out-patient Services

3.5.14 Services to patients are being delivered by the 704 wings of ISM and Homoeopathy. The census of out-patients (OP) and in-patients (IP) treated by the IMH wings in the State during 1999-2003 (calendar years) was as follows:

(Number in thousands)

Type	1999		2000		2001		2002		2003	
	Old	New	Old	New	Old	New	Old	New	Old	New
OP	6246	2585	6491	2589	7354	3246	9057	3826	10761	4593
IP	127	11	138	10	128	9	149	12	169	14

New: the number of patients who were seen by AMOs for the first time

Old: the number of subsequent visits all such patients make to the hospital for continued treatment

The Department did not have any data to indicate the effectiveness of its services.

3.5.15 The IPs were earlier attended to in OP Department and hence included in OP census also. On admission as IP, the OP census should have been decreased accordingly to show the correct number of OP and IP. The non-deletion of IPs from OP boosted the OPs census.

3.5.16 In respect of old cases, the department have details only of number of visits by patients and not for number of patients treated. The Department did not also have any statistical data to indicate the effectiveness of its services. CIMH stated (June 2004) that in as much as the department did not do research activities, such statistics were not being collected. This reply is not tenable as popularising IMH envisaged in Tenth Five Year Plan would require documentation of the effectiveness of ISM to make it fact-based. Therefore, the CIMH's stand was not in keeping with the Plan's objectives.

In-patient services

3.5.17 The Department has IP wards in 22 districts for various systems with 965 beds. There was no IP ward for any ISM in six districts *viz*. The Nilgiris, Perambalur, Pudukottai, Theni, Thiruvallur and Thiruvannamalai. When Audit required (May 2004) details regarding staff provided, services to be provided in IP ward and infrastructure facilities available in wards in the State, CIMH called for the details from field offices. The absence of this important information with CIMH indicated lack of monitoring. The information collected by CIMH indicated that the following single posts in some units had been lying vacant during 1999-2004. These included Male and Female Nursing Attendants in seven District Headquarter Hospitals (DHHs)[3]; Male Nursing Attendant at DHH, Villupuram and Masseur at non-taluk hospital, Kadayanallur and DHH, Thoothukudi.

Forty six *per cent* of in-patients did not complete the treatment in AAGHIM; they either abandoned it or got discharged against medical advice.

3.5.18 AAGHIM, Chennai, has IP facilities for Siddha, Ayurveda and Unani. Of the 9604 IPs treated during 1999-2004, 4465 (46 *per cent*) did not complete the treatment *vide* details furnished below:

(In numbers)

System	Abandoned	PLT	AR	Total
Siddha	829	961	121	1911
Ayurveda	333	534	50	917
Unani	709	772	156	1637
Total	**1871(19)**	**2267(24)**	**327(3)**	**4465(46)**

PLT: Patient left treatment against medical advice; AR: Discharged at request of the patient. Figures in brackets indicate percentage to total number of IPs.

[3] Namakkal, Virudhunagar, Kumbakonam, Thiruvarur, Karur, Mettur Dam and Sivaganga.

3.5.19 The Superintendent (June 2004) attributed abandonment of treatment by patients to the lengthy nature of treatment in ISM *vis-à-vis* Allopathy.

Medical records were not maintained properly and no discharge summary was prepared and issued to patients.

3.5.20 The medical records are important documents not only during the IP's stay in the Hospital, but also for future reference for later medical treatment. The procedures prescribe, giving to the patient a discharge summary, signed by the Medical Officer (MO), that should include the patient's condition at the time of discharge and MO's advice to the patient. Despite its importance, the records were not properly maintained as the relevant entries were either not made or entered illegibly. Also, in none of the cases, the discharge summary was prepared and issued to the patients. The Superintendent admitted (June 2004) the above deficiency and assured corrective action.

Though an in-patient ward was opened in DHH, Kumbakonam only OP services were provided due to non-provision of staff.

3.5.21 The IP ward at DHH, Kumbakonam, Thanjavur District, was established at a cost of Rs 21.64 lakh with 16 beds and was opened in December 1999. However, the first patient was admitted only in July 2003 and it treated 64 patients up to December 2003 (Siddha: 4, Ayurveda: 45 and Homoeopathy: 15). According to DSMO (April 2004), no separate staff for IP ward was provided and hence, no services except that of OP treatment was provided.

Shortfall in services due to non-attendance of AMOs

The attendance of AMOs was less than 15 days in a month in two sample districts in 56 to 68 *per cent* of the months.

3.5.22 During 1999 to 2003, out of 18 posts of AMOs sanctioned for Nagapattinam District three to nine posts were vacant and in Thiruvannamalai District eight to 17 posts were vacant out of 23 posts. The vacancies necessitated deputing available AMOs from their parent wing to vacant wings for some days every week. The arrangement led to AMO's attendance being less than 15 days a month at both the parent and the vacant wings. Such shortfall in services due to diversion of AMOs from parent wing during the five years 1999-2003 was 56 *per cent* in respect of 14 units in Thiruvannamalai District and 68 *per cent* in respect of 14 units in Nagapattinam District.

Non-creation of posts of Pharmacist in the newly opened wings

3.5.23 Government sanctioned only the posts of AMOs in respect of 89 wings newly opened in October 2003 (Siddha wing: 80; Unani wing: 6 and Ayurveda wing: 3) and directed (June 2002) the CIMH to use the services of pharmacists of Allopathy wings for vending of medicines after giving them training in ISM and on payment of additional allowance of Rs 1000 per month. As the pharmacists approached the High Court against the above orders, this arrangement did not work in the sample districts. As a result, the AMOs themselves were forced to distribute the medicines in addition to attending on patients. The CIMH did not furnish information on the working of the above arrangements in other districts.

Research and quality control

Classification of diseases

3.5.24 IMH wings classify the diseases treated by them into 53 Siddha, 24 Ayurveda, 20 Unani and 25 Homoeopathy categories; the last category in all the systems is 'other diseases'. The disease-wise statistics of the wings showed that upto 76 *per cent* of the OP cases were classified under the 'other diseases'. This indicates that the categorisation required a revision,

so as to make the classification more meaningful. The CIMH stated (July 2004) that the diseases could not be codified, as classification may differ from place to place. This reply was not tenable because diseases have to be classified with reference to their cause and/or treatment, which do not depend on geographical location. Further, more detailed codification of diseases would help to formulate strategy for treating and containing such diseases.

Functioning of Research Units

3.5.25 The Department has four Research Units (RU) at AAGHIM for cancer and AIDS, diabetes, infertility and fracture and one at GSMC Hospital, Palayamkottai for cancer and AIDS.

The four RUs established at AAGHIM did not do any research work due to dearth of modern equipment and staff.

3.5.26 The RUs at AAGHIM were formed in 1993 (one unit) and in 1997 (three units) with sanction for five posts (one Laboratory Technician, one Plaster Technician and three Hospital Servants). The Superintendent, AAGHIM stated (May 2004), that no research could be carried out due to lack of facilities like modern machinery/equipment to carry out tests, required number of staff etc. As such the RUs established did not serve the purpose.

Absence of medical audit for quality control

No medical audit was being conducted though the department was formed as far back as 1970.

3.5.27 The technical aspects of the treatment can be scrutinised only by technical personnel through medical audit. This is required as a quality control measure to ensure efficiency of the personnel and effectiveness of the services. This also assumes significance in the absence of a timeframe for curing diseases. However, no medical audit has been conducted though the department was formed as far back as 1970. CIMH stated (April 2004) that this matter would be discussed in the subsequent meeting of DSMOs.

Functioning of pharmacies engaged in production of drugs

Norms for Good Manufacturing Practices not fulfilled

The pharmacy in AAGHIM did not obtain certificate of Good Manufacturing Practices as required under Drugs and Cosmetics Rules, 1945.

3.5.28 GOI, by an amendment to Drugs and Cosmetics Rules, 1945, introduced (June 2000) Good Manufacturing Practices (GMP) for manufacture of Siddha, Ayurveda and Unani medicines to ensure that the drugs were of acceptable quality. In case of existing manufacturing units, these amendments came into force with effect from June 2002. Rule 157-B of Drugs and Cosmetics Rules, 1945, required the manufacturing units to obtain a certificate of GMP (valid for two years) from the licensing authority for ISM&H.

3.5.29 There are four[4] pharmacies for production of drugs under ISM in the State. Out of these GMP certificates have not been obtained so far (June 2004) by the pharmacies in the AAGHIM, Chennai and GSMC, Palayamkottai as re-organisation for complying with GMP norms have not been completed. The Regional pharmacies at Vannarpettai (Tirunelveli) and Thirumayam (Pudukottai) were under closure. Thus, the intention of GOI in introduction of GMP has not been fulfilled though about 72692 kg of medicines are being prepared and administered every year to patients.

[4] AAGHIM, Chennai; GSMC, Palayamkottai; Regional Pharmacies at Vannarpettai (Tirunelveli) and Thirumayam (Pudukottai).

Infructuous expenditure on staff of defunct pharmacy

There was infructuous expenditure of Rs 11.59 lakh towards idle staff of a defunct pharmacy at Thirumaiyam, Pudukottai District.

3.5.30 The Regional Pharmacy (RP) was functioning at Thirumayam (Pudukottai District) with a strength of one Medical Officer, one Pharmacy Supervisor, seven Pharmacy Attendants, one Watchman and one Junior Assistant. The Medical Officer (MO) recommended the closure of RP to CIMH, due to its remote location, absence of proper power supply, financial non-viability and irregularities of staff. The RP did not function from April 2002 and the stock of raw drugs was transferred to AAGHIM Pharmacy in August and September 2002. The machineries (cost: Rs 6.33 lakh) were lying idle for the past two years. Though the pharmacy was defunct, CIMH has obtained Government's sanction for extension of the posts up to June 2005. While all the other posts became vacant between September 2001 and May 2003, the posts of Junior Assistant and six Pharmacy Attendants were continued to be operated (June 2004). The expenditure on establishment during 2002-04, Rs 11.59 lakh, was infructuous and the staff could have been utilised elsewhere.

Ambulance available with AAGHIM not put to intended use

Ambulance with AAGHIM was used entirely for other purposes.

3.5.31 Only one ambulance was available under ISM in the State. The AAGHIM was allotted this ambulance in September 1987 and it had covered 22936 km between April 1999 and April 2004. The ambulance was used for trips of officials to Secretariat, movement of stores/medicines etc. and was used for moving patient only once for a distance of 23 km. The hospital has another vehicle for transportation of material. The use of the ambulance entirely for other purposes indicated that the hospital did not require an ambulance at all.

Conclusions

3.5.32 In spite of the efforts taken by the GTN and assistance extended by GOI for procurement of equipments, construction of buildings, etc., the impact was not felt due to lack of propagation and vacancies in the posts of AMOs. The RU also could not do the intended research work due to shortage of staff and equipments. Almost half of the in-patients admitted in AAGHIM did not complete the treatment indicating that IP wards were not given sufficient attention.

Recommendations

- Government should consider sorting out urgently the problem of vacancies in the posts of AMOs and other important posts.
- Action should be taken to fulfil the norms and obtain the certificate for Good Manufacturing Practices.
- Keeping of medical records, especially of in-patients should be improved.
- Classification of diseases under Indian Systems of Medicine should be amplified.

The above points were referred to Government in September 2004; reply had not been received (December 2004).

Appendix XXVII

(Reference: paragraph 3.5.7; page 94)

GOI Grants to Tamil Nadu

Sl.No.	For	Grantee	GOI sanction (Ministry of H & FW)		
			Rupees in lakh	Reference Number	Date
1.	Purchase of equipment/book	GHMC, Thirumangalam	10.00	Z-15011/314/99-E&C	29.2.2000
2.	Strengthening of Pharmacy	AAGHIM	50.00	K-11027/2/99-E&C	27.3.2001
		GSMC, Palayamkottai	80.00		
3.	Strengthening of DTL	CIMH	85.00		
4.	Building, equipment and books	GUMC, Chennai	42.00	Z-15011/60/2000-E&C	22.3.2001
5.	Computers etc.	GSMC, Chennai	10.00	14011/1/2000	29.3.2001
6.	Re-orientation training	GSMC, Palayamkottai	1.86	14011/1/2000	28.3.2001
		GSMC, Chennai	1.16	14011/1/2000	28.3.2001
7.	International ISM Conference	CIMH	3.00	Z-28015/139/ 2000-E&C	22.3.2001
8.	Supply of Home Remedy Kit	CIMH	8.04	U-120220/12/IEC/ HRKS/PT	20.4.2002
9.	Essential drugs for remote/tribal/rural areas	CIMH	36.75	K-11023/8/2003-04/ HPC/ED	23.10.2003
			21.75		2.12.2003
10.	Establishing ISM speciality clinics (District hospitals)	CIMH	100.00	K-11023/8/2003-04/ HPC/ED	31.12.2003
11.	Establishing ISM speciality clinics (Taluk hospitals)	CIMH	60.00	K-11023/8/2003-04/ HPC/ED	31.12.2003
12.	Establishment of quality control	Tampcol	20.00	Z-11716/61/2003-DCC(ISM)	2.9.2003
			529.56		