NEW DELHI, August 2025

VOL. 2 NO. 8

Ayush Vaibhav

POLICY | INDUSTRY | INTERNATIONALISATION

– Growth and Excellence of the Ayush Sector

FITM Industry and Trade Newsletter

Globalization of Ayush

Ayurveda in Switzerland

In May 2009, Swiss voters approved a new constitutional provision on complementary medicine. This provision, termed as Article 118a of the Federal Constitution states that : "The Confederation and the Cantons shall within the scope of their powers ensure that consideration is given to complementary medicine." This article is the legal foundation for subsequent policy decisions and regulations in relation to Complementary Medicine across Switzerland.

Complementary and alternative medicine have long been accepted in Switzerland. During the 1990s and 2000s, training programs and professional associations expanded. The national occupational organization for Alternative Medicine (OdA AM), was established in Switzerland in 2008 with the goal of establishing uniform guidelines for all approaches, including Ayurveda-Medizin. This move brought dissimilar schools under a single national framework and facilitated consistent handling of them by the government and insurance companies.

Following the passage of Article 118a , the federal authorities ran a provisional coverage phase inside the mandatory basic health insurance (OKP). Starting in 2012, the OKP reimbursed physician-delivered complementary medicine for a set of interventions/services on a trial basis up to 2017. These services were considered to be in scope and the government consulted on making the arrangement permanent, moving ahead.

The Federal Office of Public Health (FOPH), Switzerland

In June 2017, the Federal Council decided that physician-delivered complementary medicine would continue to be covered indefinitely by the basic plan, with the new rules effective 1 August 2017. This decision placed complementary medicine physicians on an equal footing with standard physician services in other insured medical fields within the OKP. Four different modalities of complementary medicine were covered - anthroposophic medicine, homeopathy, traditional Chinese medicine (including acupuncture), and phytotherapy—subject to the condition that if these services were provided by physicians who meet the recognized qualification requirements. The Federal Office of Public Health (FOPH) on its official page provides further details of the same in the relevant benefit regulations.

The Federal Office of Public Health (FOPH), Switzerland

Ayurveda has not been included in this physician-delivered set covered by the basic plan.

In addition to the above, Switzerland created national qualifications for non-physician complementary medicine professions. Here, Ayurveda finds a formal recognition as a field of practice. In April 2015, the State Secretariat for Education, Research and Innovation (SBFI/ SEFRI) approved the Higher Federal Exam for "Naturheilpraktiker/in mit eidgenössischem Diplom" (naturopath with federal diploma). The profession has four specializations, including Ayurveda-Medizin, alongside Homeopathy, Traditional Chinese Medicine (TCM), and Traditional European Naturopathy (TEN). This helped in the creation of a safeguarded, nationwide title and homogeneous competency profile for Ayurveda practitioners on the alternative-medicine track which is linked to the OdA AM.

In parallel, under OdA KT (the national organization for complementary therapy), "Ayurveda-Therapie" is recognized as a formal method within the federal diploma for complementary therapists. OdA KT publishes method identification (METID) documents that define the method profile; Ayurveda-Therapie has its own METID specification under this framework. Collectively, all of this provides a common reference point for cantons and insurers when identifying providers. They also help in identifying the scope, competencies, and exam standards for practitioners. The important elements such as written case study, oral case discussion, practical work, and overall duration/ weighting framework are all described in the official exam order for the Ayurveda-Medizin exam.

Insurance coverage for Ayurveda

Since Ayurveda is not included in one of the four physician-delivered methods covered by the basic plan, the health service expenditure reimbursement for consumers typically occurs through private supplemental insurance products. To determine whether a therapist's services are covered by a particular supplemental policy, a number of Swiss insurers consult national quality labels or registers. A method catalogue is kept up to date by the Erfahrungs Medizinisches Register, or EMR. It publishes registration guidelines that establish the minimal training standard needed for EMR registration in this method group and specifically lists Ayurveda under the header "Nr. 22, Ayurveda."

In order to reimburse complementary medicine treatments, partner insurers also rely on the ASCA Foundation's (Swiss Foundation for Complementary Medicine) ASCA quality label. This non-profit, independent Swiss organization works with health insurance specialists, therapists and patients to support the development and recognition of alternative and complementary therapies. The ASCA quality label for therapists points out that such therapists have met specific quality criteria with respect to their education and professional practice in a recognized complementary or alternative therapy. ASCA lays down that insurers only pay certified therapists,

Continued on page 7

Country Focus | Mongolia

Registration for Traditional Medicine (manufacturer dossier requirements)

In Mongolia, when registering traditional or herbal medicines, the manufacturer must provide: a permit to manufacture; the name, compound, pharmacological action and dosage; the approved standard (MNS) and technological instructions; quality standards for raw materials of plant, animal or mineral origin; instructions for the technology used (including which technology was used to detoxify the medicine); bottles of medicine prepared as a spirit not greater than 50 ml; and instructions for use approved by the Pharmaceutical Board.

Procurement of Raw Materials (authorities and procedure)

Ministry of Health (MoH) is the main authority. Additional authorities (if needed) include the General Customs Administration of Mongolia (GCAM), the Ministry of Environment and Green Development (MEGD), the Ministry of Food, Agriculture, and Light Industry (MFALI), the Human Pharmaceutical Board (HPB), the National Health Monitoring Office (NHMO/HO), and the Forest Authorities.

There are four steps in the process:

Step 1 (Planning): determine MTM (Traditional Mongolian Medicine) formulations and sources of raw materials; create a plan for sustainable sourcing; investigate the requirements for permits for protected and endangered resources.

Step 2 (Regulatory approvals): apply for a DTMM Raw Material Procurement Permit, describing formulations, sources/quantities, sustainability, and staff qualifications; for protected species, parks, or endangered resources, obtain MEGD permits; for harvesting within their jurisdiction, obtain local government permits; and, if necessary, obtain additional permits from SCO, HPB, or NHMO.

Step 3 (Required Documentation): submit the DTMM application along with information about sustainable sourcing and land-use permits.

Following approval, Step 4 entails maintaining compliance, implementing sustainable harvesting, maintaining records (quantities, locations, and dates), and reporting to DTMM and other authorities on a regular basis.

Manufacturing (authorities, pre-application, approvals, post-approval)

The relevant authorities in this case include the MoH; and additional bodies (wherever pertinent): Ethics Committee, GASI (General Agency for Specialised Inspection), MFALI, MEGD, HPB.

Pre-application planning includes: selecting the MTM formulation and ingredient sources and checking legality/permit needs; identifying a GMP-compliant facility with adequate space/infrastructure/equipment; preparing a comprehensive quality-control plan (ingredient identification, process control, finished-product testing, and documentation); and designing compliant labels/packaging (product name/formulation, ingredients and origin, dosage/safety warnings, batch/expiry, and manufacturer/contact).

For regulatory approval : An application for a DTMM Manufacturing License with the following requirements should be provided along with the following: (1) application form; (2) formulation description/ingredient list and sources; (3) facility location/layout; (4) equipment list/specs; (5) quality-control plan; (6) GMP documentation (e.g., validation reports/training); (7) final label/packaging designs; and (6) business registration and tax-clearance certificates.

SPIA (State Professional Inspection Agency - GMP inspections), MFALI (animal/insect processing), MEGD (endangered/protected materials), SCO (imports), HPB (internal/topical products with processed/extracted materials), and NHMO (widespread use/unknown safety profiles) may all require additional permits (if applicable). The application procedure for each authority should be observed.

Following approval, all terms and conditions should be adhered to , as well as authorities should be notified of any modifications, quality control should be applied to records, DTMM/NHMO should be notified of any unfavorable events, and it should be ensured that marketing and distribution adhere to MTM rules and consumer protection laws.

Sale (requirements, scope, and authorities)

MoH is the main authority; other authorities (if needed) include GASI, MFALI, MEGD, GCAM, HPB, and NHMO.

Pharmacies are allowed to sell traditional medicines as long as they adhere to the document's regulations, which may include dispensing medications meant for livestock or other animals for human use.

The label or marking of traditional medicines must include the sale name, international name, form, dosage, manufacturer, batch number, usage instructions, manufacturing date, expiration date, and Mongolian drug registry number. The administration of medication and provision of advice on usage, storage, and correct usage can be done by Licensed Medical Professionals only.

Licenses (special license in drug supply)

Article 22 of the Law of Medicine and Medical Devices governs registration. The following categories are listed: pharmaceutical and bioactive product samples for registration; donation/aid medications; medications obtained through international organizations in accordance with government agreements; sole-source contracts due to intellectual property when no alternative is available; orphan medications; medications for clinical, pharmacological, and research experiments/analysis; samples for exhibitions/fairs; additional medicinal substances; traditional medicine raw materials; medications for emergencies/disasters; medications compounded in pharmacies per prescription; and medications for travellers' personal use.

Import (process and authorities).

The relevant authorities in relation to this process are the MEGD, MFALI, GCAM, GASI, and MoH. The highlights of the process are : government-designated border control points; import licenses from the central state administrative body for agriculture or medicine and documentation requirements (sale name, international name, form, dosage, amount, manufacturer, time of border crossing, specified checkpoint).

Special circumstances permit the import of unregistered medications in emergencies or disasters, subject to the Pharmaceutical Board's evaluation and pertinent decisions; contracts with manufacturers or official distributors are necessary. False product information, unlicensed imports, and the use of non-designated checkpoints are all forbidden.

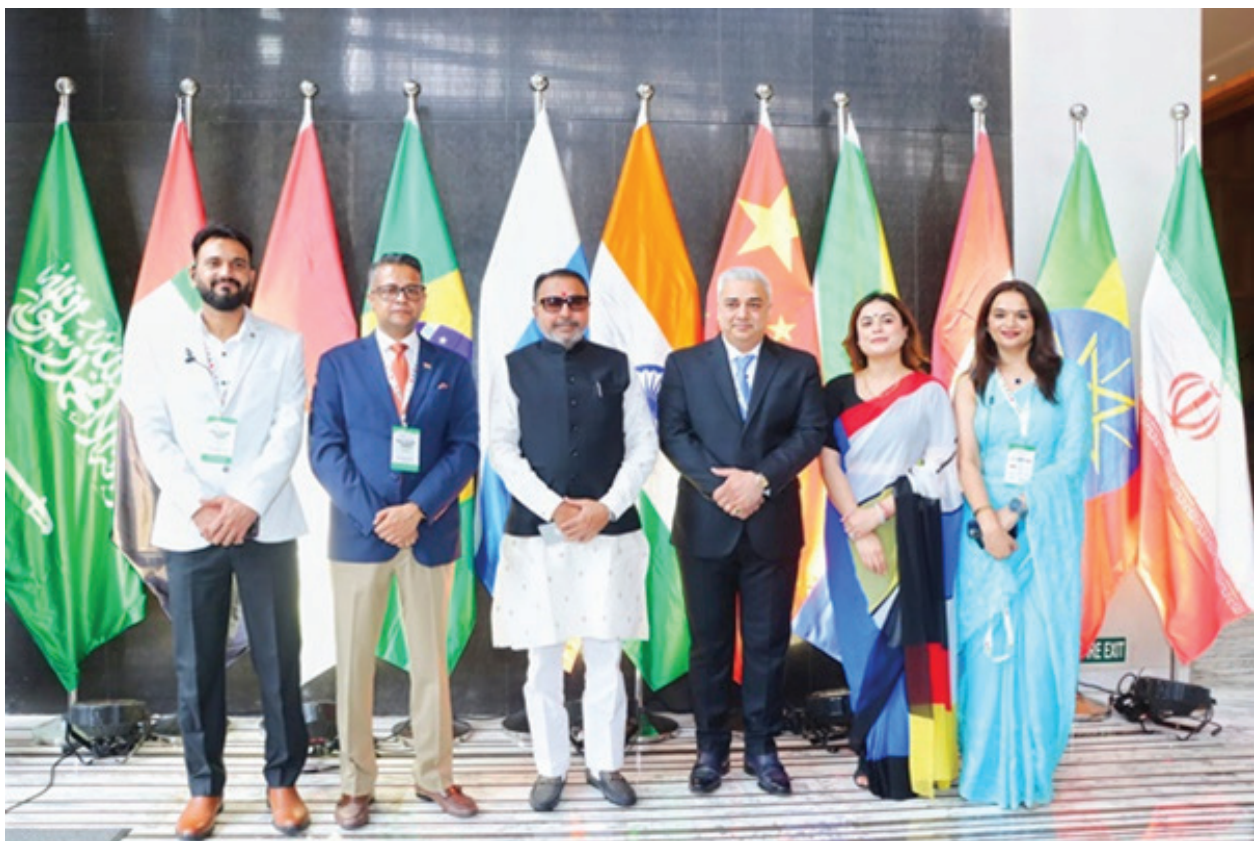
Export (process and authorities)

Authorities: MEGD, MFALI, GCAM, GASI, and MoH. For the export of medications and medical equipment, the government designates border control points.

(***Source:*** *Ayushexcil*)

saaraansh

(Concise Updates)



Ayurveda, Yoga Key To Patient-Centric Healthcare: Ayush Minister at BRICS Summit

(Newson AIR, August 29, 2025)

Ayush Minister Prataprao Jadhav stated that Ayurveda, Yoga and Naturopathy were foundations for building a modern, inclusive and patient-centric healthcare system. Mr Jadhav said this while addressing the BRICS CCI Healthcare Summit 2025 held in New Delhi . He highlighted that the government had developed a comprehensive Ayush ecosystem focusing on research, quality education, medicine production, and strong regulatory mechanisms.

The Minister further emphasised that stronger intra-BRICS cooperation and harmonized frameworks for Ayush products can expand markets, reduce economic vulnerabilities, and help establish India as a global leader in health and wellness.

Given that the BRICS Chamber of Commerce and Industry (BRICS CCI) is primarily a business chamber that serves the purpose of promotion of business and commerce within member nations of BRICS, its articulation does not necessarily reflect an official State-level commitment from the BRICS nations. An interesting thing to note is that a summit of the BRICS Health Ministers , held a few months ago at Brasilia, had adopted a formal declaration that had articulated a few important elements of their health agenda– partnership for the elimination of Socially Determined Diseases (SDD), strengthening the BRICS TB research network, advancing regulatory convergence through BRICS Medical Products Regulatory Initiative , strengthening the network of BRICS research in Public Health and Health Systems etc. In this backdrop the Ayush Minister's call for harmonized frameworks for Ayush products aligns with the BRICS Health Ministers Declaration regarding regulatory convergence amongst BRICS Medical Product authorities. Thus, the New Delhi event has been able to place Ayush trade as well as innovation in front of a business audience that is BRICS-oriented.

First Meeting of Parliamentary Consultative Committee of Ministry of Ayush

(Press Information Bureau, August 19 , 2025)

Chairing the first Parliamentary Consultative Committee Meeting of the Ministry of Ayush, the Minister of State (Independent) Shri Prataprao Jadhav highlighted that for the first time since the creation of the Ministry in 2014 under the guidance of the Prime Minister Shri Narendra Modi, a dedicated Parliamentary Consultative Committee had been established. He stated that this important step would help ensure focused discussions, better attention to Ayush-related matters, and stronger policy direction. It would further enhance the Ministry's role in promoting a more holistic and globally recognized healthcare system.

Highlighting the growth of Ayush, Shri Jadhav said, "Under the leadership of Prime Minister, Ayush has grown rapidly with a strong network of research councils, statutory bodies and national institutes. Through Ayushman Arogya Mandirs and the National Ayush Mission, health services are reaching millions, while the Ayush industry is steadily moving towards the $200 billion target."

Parliamentary Consultative Committees act as informal Ministry-attached fora that bring together elected MPs, Ministers and other Senior Officials. This forum is leveraged to aid in creating awareness amongst MPs regarding the works of the government, promote informal consultations between these varied stakeholders, provide a platform to the MPs to voice their opinion and suggestions on policies and implemented programs of the government. From this perspective, the dedicated PCC for Ayush creates a platform for MPs to provide implementation and policy advice to the concerned Ministry, potentially enabling better oversight on program implementation and strengthening India's efforts towards claiming a global leadership in Traditional Medicine.

11th International Conference on Ayurveda, Unani, Siddha and Traditional Medicine (iCAUST) - 2025

(University of Colombo portal, August 17, 2025)

The "11th International Conference on Ayurveda, Unani, Siddha and Traditional Medicine (iCAUST) – 2025" was conducted by the Faculty of Indigenous Medicine (FIM), University of Colombo (FIM-UOC) from 15th -16th August 2025. The program comprised nine parallel oral presentation sessions and two poster presentation sessions conducted in a hybrid mode with the participation of 205 both local and foreign delegates. The proceedings were enriched with the participation of keynote speakers from different countries, other respected delegates and all the academic staff of the FIM-UOC. The event concluded with a formal networking dinner, facilitating an opportunity for participants to build professional relationships, exchange ideas informally and strengthen international collaboration.

The sub-themes of the Conference such as 'Integrating Traditional Medicine into Health Systems', 'Pharmacology/Pharmaceutics and Clinical Trials' ,'Connecting Artificial Intelligence for Traditional Medicine' etc., have an alignment with thematic areas that India too is prioritizing in relation to its Ayush systems of Medicine. Given that the University of Colombo is a national

Continued on page 4

Editorial

Ayurveda Ahara

India now has a unique approach to global nutrition policy: a formalized process for integrating traditional dietetics into contemporary food markets. In addition to requiring front-of-pack identifiers and standard FSSAI labeling, the Food Safety and Standards (Ayurveda Ahara) Regulations, 2022, legally defines what constitutes Ayurveda Ahara and prohibit claims of curative disease. This is an enforceable regulation with categories, schedules of additives and contaminants, and clear claim-approval procedures .

This is particularly relevant for health-systems action because of two recent actions. First, the Food Authority and the Ministry of Ayush released the final Category-A list in August 2025. This list consists of standardized products that can be directly linked to authoritative texts and do not need prior product approval if their claims align with those texts. Second, to eliminate operational uncertainty for producers and purchasers, FSSAI has now established a unique licensing "Kind of Business (KoB)" for Ayurveda Ahara on FoSCoS. In combination, these processes transform a regulatory concept into a programmable and attainable product.

Why is it important for public programs? Because the most common health issue in India is metabolic disease linked to diet. Adults with a worrisome prevalence of Diabetes, Hypertension and generalized Obesity necessitate upstream food and environment based solutions rather than clinic-based interventions. The foundations of Ayurvedic Ahara are seasonality and Pathya, or context-specific, condition-appropriate diet—the very critical leverages that health systems confront as challenges to incorporate into menus in the real world.

From a systems perspective, it would be crucial to include evidence-based Ayurvedic Ahara products from the Category-A list on the menus of state nutrition programs, workplace canteens, and hospitals. While evaluation can be pursued with regular nutrition and satisfaction indicators and measurement metrics, vendor identification and subsequent onboarding can be made simpler with the help of the FSSAI's KoB and standardized list.

As Ayurveda Ahara is based on context, including geography, season of the year, and stage of life, state nutrition cells should release model seasonal menus that would match Category-A products to locally accessible cereals and pulses. This sort of a mapping back to authoritative texts has been enabled by the August 2025 list of Ayurveda Ahara released by FSSAI, which also smoothens out regulatory challenges associated with approval.

Simple diet sheets that relate available Ayurvedic Ahara products (with approved wording) to patient goals—weight management, glycaemic control, and convalescence—can be made available to NCD clinics so that instructions are retained in the discharge summary and make it to the regular menu. For developing evidence-based translational evidence, results should be tracked using standard indicators (BMI, waist, and FBG).

This is the chance to improve the food environment on a large scale using a well-established regulatory framework. We would be squandering a tool designed for population health if we allow Ayurveda Ahara to continue merely as an ornamental brand. However, we can bring about transformative and quantifiable dietary change if procurement authorities, hospital administrators, and industry all join hands together towards this objective—supported by the Gazette, the August 2025 list, and standard labeling. This change would be brought about by systemic reform in a nation where tens of millions of people suffer from Diabetes and Hypertension.

Continued from page 3

public University and the event organized by FIM was institutionally anchored, Ayush academic and research institutions in India may find an easily accessible regional collaborative partner for significant educational and research initiatives, as well as a dependable forum to present advancements and innovations to promote cross-learning and capacity building in the domain of Traditional Medicine. This also assumes significance in the backdrop of India signing a recent MoU with WHO for work on a Traditional Medicine module under the International Classification of Health Interventions (ICHI).

Burnett Homeopathy Hosts Landmark Evidence-Based Research Summit in Goa

(Business Standard , August 20, 2025)

In a monumental stride towards globalizing India's homeopathic heritage and fortifying its scientific foundation, Burnett Homeopathy hosted the Evidence-Based Research Summit 2025 in Goa. The event was graced by national leaders, international celebrities, revered scientists, and healthcare visionaries--signifying a revolutionary milestone in the field of Homeopathy.

The summit, under the overarching theme of Homeopathy's Prideful Journey, aimed to bridge the realms of ancient healing traditions with modern scientific validation. This confluence witnessed a passionate endorsement of homeopathy's role in integrated medicine and its promising future backed by rigorous evidence and global collaboration.

Given the fact that no tangible publications/ public outputs have been reported to have emerged from the Summit, the event, by and large, presents itself as an industry promotional one that builds upon the WHO Traditional Medicine Strategy 2025-2034 that

urges member states to integrate Traditional Medicine systems into their national health systems based on evidence of effectiveness, safety and quality. Homeopathy, in recent times, has been facing a lot of challenges, in terms of acceptance, within major public health systems such as Australia, UK, EU etc., on grounds of lack of robust clinical trial data. The National Commission of Homeopathy (NCH), in India, has in the past few years, introduced mandatory requirements in relation to methods and transparency of medical research in the field of Homeopathy education and research along with Minimum Essential Standards with respect to educational institutions and healthcare facilities. A multi-centre randomized trial led by the Central Council for Research in Homeopathy (CCRH) is also underway towards strengthening policy-level evidence. In this backdrop, the claims of the summit can be verifiable and also lend credence to Homeopathy's push for an important global role within the ambit of Traditional Medicine, by the provision of citable scientific outputs.

CIMAP researchers develop AI-based solution to detect adulteration in medicinal plants

(Times of India, August 29, 2025)

Researchers at the CSIR-Central Institute of Medicinal and Aromatic Plants (CSIR-CIMAP) in Lucknow have introduced a groundbreaking AI-based solution to tackle food fraud and adulteration in India's natural medicine industry.

Continued on page 5

In Conversation

Reflections of an 83-year young Homoeopath

Dr. R.N.Wahi
(Chairman Organizing Committee, South Delhi Homoeopathic Association & C.E.O. Homoeopathic Pharmaceuticals Association of India)

The World Homoeopathy Day passed by a few months ago. As a practicing Homoeopath, what does this day matter to the profession?

The World Homoeopathy Day is always a very special occasion for us when we Homoeopaths not only celebrate the Birth Anniversary of Dr. Samuel Hahnemann, the visionary whose legacy has shaped our identity and profession. It is a day of connection, offering us the opportunity to reunite with fellow homoeopaths, share cherished memories, and engage in meaningful conversations. The event also features ongoing scientific sessions across various halls, fostering learning, exchange of ideas, and advancement in the field of Homoeopathy.

How do you define "health" and what dimensions of health should be cared for?

Dr. S. M. Singh, in his book "THE MAN IN HEALTH", in Chapter 2, dealing with HEALTH, mentions, "to remain healthy all the different dimensions of health should be taken care of. The evolution of human thinking has added different dimensions to health, namely: Physical, Mental/ Psychological, Social, Spiritual, Intellectual and Environmental". However, my perception about health, aligns with Dr. Hahnemann's vision in Chapter 9, of the Organon, "In the healthy condition of man, the spiritual vital force, the dynamis that animates the material body, rules with unbounded sway, and retains all parts of the organism in admirable, harmonious, vital operation, as regards both sensations and functions, so that our indwelling, reason-gifted mind can freely employ this living healthy instrument for the higher purpose of our existence.

Can you trace your professional journey and the principles/motto that now guide your practice and learning?

Although I was a shy student, my personality began changing after 1955 and further developed during my college year at Deshbandhu College (1958 – 1961). Over time as I became more involved in various social forums, my confidence grew steadily. The initiatives evolved in creating close-knit community group that helped each other in personal events and family functions. These experiences not only helped me overcome my shyness but also provided valuable opportunities to develop public relations skills and take on roles in organizing events. After I graduated from Delhi University, like anyone aspiring for self-reliance, I explored various opportunities, but most of them ended in failure. During this period, I got an appointment letter from the Ministry of Defence as Technical Assistant. However, by then I had also qualified officially as a Homoeopathic Physician. Although the Government position offered a significant higher salary than I was earning at that time, I chose to follow the advice of my eldest brother and did not join the Government job. An important saying is, "MAN IS A SOCIAL ANIMAL". I truly appreciate the wisdom behind these words as I have experienced their truth first hand. Soon after registering with the Delhi Homoeopathic Board upon qualifying my D.H.S. examination in 1967, I became a member of the Delhi Homoeopathic Medical Association. Over time, I became actively involved with several other professional bodies, including the South Delhi Homoeopathic Association, the International Homoeopathic Foundation, the Homoeopathic Pharmaceutical Association of India, National Journal of Homoeopathy, and others. My participation in these forums greatly boosted my confidence and helped establish a respectable place for me within the profession. Now my guiding motto is to serve Homoeopathy with dedication and work towards making it as a first line of treatment. I have learned that being a part of any meaningful forum requires a clear understanding of its core principles and a sincere commitment to them. Homoeopathy, in particular has taught me the value of being a good listener and a keen observer. These qualities have reinforced the belief that one should always remain a student at heart. Embracing this mindset has allowed me to continue learning throughout my life.

Are there any pivotal experiences that have shaped your practice of Homoeopathy? How have these impacted you as a Homoeopath who values the approach of individualization?

It was possibly in Jan/Feb in the year 1980, when I came across an advertisement from the All India Institute of Physical Medicine & Rehabilitation, Bombay offering the Post Graduate Course in Rehabilitation Medicine for Homoeopaths. This proved to be a valuable opportunity for me to join this programme and witness the practical application of Homoeopathic principles, particularly the concept of individualization. The course opened my eyes to various treatment options for cases considered incurable beyond the scope of conventional medicine. Each case was assessed comprehensively through the collaboration of multiple departments, including Orthopedics, Physiotherapy, Occupational therapy, Speech Therapy, Vocational Guidance, and Vocational Rehabilitation etc. gave me an opportunity to observe the practical implementation of the principles of Homoeopathy, towards individualization.

Continued on page 7

Continued from page 4

Led by senior scientist CH Ratnasekhar, the team developed a machine learning-guided metabolomic fingerprinting technique to ensure the authenticity of botanicals like turmeric, ashwagandha, basil, and others. Published in the journal 'Food Chemistry', this innovative method combines artificial intelligence with high-resolution mass spectrometry to analyse the unique chemical fingerprint of these plants.

Authentication and quality control have long been highlighted as foundational for herbal medicines, both at the national and global level. Scale and speed in relation to the same remain as realistic challenges in real supply chains. An AI/ML based system can accelerate screening while at the same time ensuring that traceability is retained to a lab standard. This work also complements efforts that the Indian researchers have done in showing the value of DNA Barcoding / HPTLC in authentication of MAP species. Moving forward it can also help Indian suppliers in pre-empting challenges of non-compliance, batch rejections, and traceability claims for high-value botanicals like turmeric/ashwagandha etc.

Event Info

Responsible Advertising in Ayush: Branding, Compliance & Regulatory Awareness : UDMA Workshop at Jamia Hamdard Empowers Unani Manufacturers

Responsible Advertising in Ayush: Branding, Compliance & Regulatory Awareness : UDMA Workshop at Jamia Hamdard Empowers Unani Manufacturers

The Unani Drug Manufacturers Association (UDMA), in collaboration with the Directorate of Ayush, GNCT of Delhi and the Centre of Excellence in Unani Medicine (Pharmacognosy & Pharmacology), Jamia Hamdard, successfully organized a landmark workshop on "Responsible Advertising in Ayush: Branding, Compliance & Regulatory Awareness" on 12th August 2025 at Jamia Hamdard.

The workshop aimed to educate Ayush manufacturers about the legal and ethical dimensions of advertising, innovative branding strategies, and regulatory compliance. It also emphasized the significance of packaging standards and quality-driven manufacturing in building consumer trust.

A Gathering of Experts and Innovators

Mr. Nabeel Anwar, General Secretary, UDMA provided the welcome address and Prof. Sayeed Ahmad, Director, CoEUM, delivered the opening remarks.

Distinguished guests including Dr. Mohammad Khalid (Assistant Drug Controller cum Licensing Authority, Unani), Dr. Mahe Alam (BIS), Dr. Senthil Kumar (Drug Inspector, Ayurveda), and Dr. Fasihur Rehman Ansari (Drug Inspector, Unani) were felicitated with planters and mementoes.

Key Sessions & Insights

1. Latest Innovations in Packaging & Branding
Dr. Tanveer Alam (Indian Institute of Packaging) delivered an online lecture on the role of packaging in AYUSH products, covering material selection, labeling, compliance, and innovative design for consumer appeal.

2. AI Tools in Branding & Compliance
Dr. Sanjay Tamoli (Founder, Target Institute of Medical Education & Research, Mumbai) explained the use of Artificial Intelligence in branding, advertising principles, and compliance with the Drugs and Magic Remedies Act, stressing balance between innovation and regulation.

3. BIS Norms & Monographs in Unani Manufacturing
Dr. Mahe Alam (BIS) highlighted the importance of standardized guidelines and monographs to ensure safety, efficacy, and quality in Unani manufacturing, reinforcing BIS's role in global acceptance of Ayush.

4. Responsible Advertising in Ayush
Dr. Mohammad Khalid (Assistant Drug Controller, GNCT of Delhi) concluded the technical sessions with a detailed address on responsible advertising practices, statutory compliance, and ethical promotion to safeguard the credibility of traditional systems.

Felicitations & Closing

A special message from Mr. Hamid Ahmad, President, UDMA, was shared by Dr. Matiullah Majeed, Vice President, UDMA, outlining the association's vision.

The Vote of Thanks was delivered by Mr. Syed Muneer Azmat, who also received an award for his outstanding coordination and management of the workshop.

A Step Forward for the Ayush Industry

This workshop successfully bridged the gap between regulation and innovation, empowering Unani and AYUSH manufacturers with the knowledge to brand responsibly, advertise ethically, and maintain regulatory compliance.

The initiative once again underscored UDMA's commitment to promoting traditional medicine while safeguarding consumer trust at both national and global levels.

Continued from page 5

Another opportunity came when on two different occasions I got a chance to attend the Homoeopathic Seminars conducted at Brahma Kumaris' Institutions at Mount Abu. These were seminars on various topics which also gave knowledge about Raj Yoga, which helped to understand harmony, as well as the application of meditation. In other words, this helped to understand the application of Homoeopathic principles.

Interesting. So, would you say that your psychological and spiritual awakening has shaped your practice of Homoeopathy?

Yes. It would not be wrong to say so. In addition, I have also found myself lucky to have been blessed by two great saints: Swami Akhandanand Saraswati Ji and Jain Muni Sudarshan Lal Ji.

My contact with Swami Akhandanand Ji was in 1975–1976, in coincidence with the Homoeopathic Dispensary being run under his Ashram at Vrindavan. Through him I came in contact with various professionals who were his disciples. At Vrindavan, I was introduced to Swami Govindanand Saraswati, a Medical Post Graduate M.S. (Ophthalmology) who had taken to Sanyas after being a disciple of Swami Chinmayanand Ji. Swami Govindanand Ji was the follower of Swami Chinmayanand Ji of Bangalore and was sent to Vrindavan by him to serve Swami Akhandanand Ji. I used to visit Vrindavan every week whenever Maharaj Shree was there. Over time, our bonds became deeper and stronger. Then there was a period of interruption in my visits; I can't recollect the exact reasons. I missed attending his Amrit Mahotsav. During Maharaj Shree's Pravachans at Laxmi Narayan Temple (Birla Mandir) in Delhi, I was advised to contact Swami Govindanand Ji. I learned that his condition was Terminal. I conducted the detailed case taking, and the line of treatment was worked out. It gave me deep satisfaction to have played a part in improving Maharaj Shree's quality of life during his critical time. The satisfaction turned into joy when he, despite previously not having faith in Homoeopathy, personally acknowledged the improvement he experienced. He was a highly learned individual, belonging to Shankaracharya faith. He declined to become a Math Chief: "When I have already denounced the worldly comforts, I should not occupy that Chair now." My last conversation with Maharaj Shree took place three or four days prior to his departure from this World.

His words felt like a blessing: "Dr. Wahi to hamare apne hain (Dr Wahi is one of our own)." Although I never formally took deeksha from him, those words carried the warmth of acceptance. It was as though, through his blessings, he truly embraced me as his own Shishya — my divine high.

My meeting with Jain Muni Sudarshan Lal Ji was entirely unexpected. It was prompted by a phone call from a fellow professional—an MBBS doctor, a renowned physician, and a disciple of Muni Ji. I accompanied him, along with a Senior Surgeon, to Rohtak.

Revered Muni Ji responded well to Homoeopathic Treatment. During each of his visits to Jain Sthanak at Chandni Chowk, he used to send me the message giving me the privilege to meet him. Pujya Sudarshan Muni Ji was highly revered in the Jain Community. I witnessed his life of profound simplicity. When I met him for the first time, he was aged 70 years. He predicted that he would live up to the age of 75.

Remarkably, his words came true.

The blessings of these two personalities have shaped my life to a great extent.

What is the recurring maxim that you pass on to your readers and practitioners ?

POSITIVE APPROACH AS FAR AS POSSIBLE: - Swami Akhandanand Ji always reminded his disciples, "You come here to listen to the Pravachans, you purchase the books and also should be reading them as well. None of these would help you, unless you practice at least 5% of what is being taught to you". The Education I received at Rehabilitation Institute, and at Brahma Kumaris' Institution, and the profound teachings and blessings of these two revered saints, Swami Akhandanand Ji, and Muni Sudarshan Lal Ji, have deeply shaped my outlook. They have strengthened my self-confidence, enhanced my ability to understand the complexities of life, and encouraged me to seek constructive solutions. Above all, they have instilled in me a spirit of optimism and a constant pursuit of positivity in every situation.

PRACTISING DETACHMENT: - Over the years, through countless life experiences, I have gradually embraced the profound practice of detachment. And what I've discovered is truly transformative ---- once you begin walking through this path, the mind becomes clearer, lighter, and more focused, naturally steering itself toward positive action. Detachment doesn't make you indifferent; it empowers you to act with greater purpose, free from emotional entanglements that cloud judgement. A line from Raj Kapoor's Movie "Mera Naam Joker" ---- "The show must go on" ---- has stayed with me as a powerful reminder of this truth. Similarly, a timeless song from Dev Anand' film, "Hum Dono" resonates deeply with this philosophy. For the readers, I would only add------ please don't interpret the lyric literally, especially since I myself am a non-smoker. The spirit of the message, not the words alone, holds the key: -

"Main zindagi ka saath nibhata chala gaya ..... Har fikr ko dhuen mein udaata chala gaya"

True happiness arises not merely from external achievements but from a deep internal alignment shaped by a few profound realizations. It is the combined effect of practicing detachment, reducing expectations, and cultivating a generous spirit. When one embraces the fundamental belief in rebirth and understands the eternal nature of the self, beyond the cycles of birth and death, a deep sense of peace and purpose emerges. This inner clarity liberates the mind from fear and anxiety, allowing joy to arise naturally. Over time, this state of being reflects not only in one's mental well-being but also manifests in physical health, creating a harmonious balance between body, mind, and soul.

Continued from page 1

and that the accreditation of such therapists have been determined by credentials and cooperation with independent organizations such as ASCA.

Switzerland employs a national invoice template known as "Tarif 590" for billing. Tarif 590, standardizes service names and billing codes in order to ensure uniform claim processing across insurers in the country. This is referred to by insurers and service-provider guides as the standard billing catalogue for complementary medicine services. Tarif 590 is the reference for billing complementary medicines, according to publicly available information from insurers. In practice, if an Ayurveda therapist holds the relevant federal diploma and is recognized by registers such as EMR or ASCA, invoices submitted with Tarif 590 may be eligible for reimbursement under the terms of the patient's supplementary policy. Coverage always depends on the specifics of each supplementary insurer's plan.

Wide usage of Complementary medicine by the general public

A significant portion of the Swiss population uses complementary medicine. According to the Swiss Health Survey 2017 , the percentage of adults who used complementary medicine in the past 12 months increased from 24.7 percent in 2012 to 28.percent . The study pointed out that the basic plan covered some physician-delivered services, while other approaches, such as Ayurveda, were accessed and paid for through supplemental insurance, based on the terms of the policy and provider recognition.

Present legal status

Since 2009, Article 118a of the Federal Constitution has mandated all federal and cantonal authorities to consider complementary medicine. Since August 2017, four complementary medicine modalities viz., homeopathy, TCM, phytotherapy, and anthroposophic medicine, when provided by licensed medical professionals, are covered by the required basic insurance (OKP). That OKP set does not include Ayurveda. Rather, Ayurveda-Medizin and Ayurveda-Therapie have federal diploma routes for non-physician practice. These routes are supported by national organizations such as OdA AM and OdA KT, and by method profiles and examinations that have been approved with federal oversight .

Hence, when a supplementary policy covers the method and the therapist is recognized (for example, by ASCA or EMR Method No. 22), supplemental insurers may reimburse Ayurveda services The national standard billing template that would be adopted for the same would be Tarif 590.

Conclusion

With its legal recognition of complementary medicine, well-defined OKP coverage for physician-delivered methods, federal diplomas for non-physician Ayurvedic practice, quality registers used by supplemental insurers, and standardized billing (Tarif 590), Switzerland demonstrates that Ayurveda can have a formal place inside a high-income health system without being included in the basic plan.

Report

European Medicines Agency's draft reflection paper on Paediatric use of herbal medicines

A draft reflection paper titled ' Reflection paper on data recommendations for herbal medicinal products and traditional herbal medicinal products used in children and adolescents' (Reference no. EMA/HMPC/71333/2023) was released by the European Medicine Agency's Committee on Herbal Medicinal Products (HPMC). This was opened up for public consultation between 1 June to 31 August 2025.

The draft had indicated that its objective was to be able to provide basic recommendations for establishing EU herbal monographs having a Paediatric indication by the HPMC, which could further be applied by both National Competent Authorities (NCAs) while assessing multiple dossiers as well as applicants who are compiling dossiers for herbal medicinal products (HMP) and traditional herbal medicinal products (THMP). The scope of the same while dwelling on legal provisions that relate to applications based on well-established use (WEU) and traditional use (TU), highlights differences in relation to suitability of pharmaceutical form, available efficacy and safety data as well as differences with respect to organ maturation.

The paper stems from the HPMCs long-held argument that the Paediatric recommendations with respect to herbal monographs need to based on documented use in the targeted age groups which is further supported by historical and expert evidence or clinical studies. HPMC emphasizes the criticality of quality aspects at the time of authorization/ registration. It is important that the formulations are age-appropriate with an assured quality, safety and acceptability for Paediatric usage. While stating the same, it references two important documents – the EMA "Guideline on pharmaceutical development of medicines for Paediatric use" (Reference No. EMA/CHMP/QWP/805880/2012 Rev.2) and the European Commission's Annex on excipients for labelling and package leaflets (Reference No. SANTE-2017-11668). These documents outline the acceptability conditions as well as the excipient warning statements.

The draft underlines important toxic constituents and contaminants that are relevant to herbal mineral products such as estragole, pulegone/menthofuran, and pyrrolizidine alkaloids and calls for a risk reduction as per the recommendations of the HPMC and European Pharmacopeia. Based on a reflection paper from HPMC titled ' Reflection paper on ethanol content in HMPs and THMPs used in children (Reference No. EMA/HMPC/85114/2008), it points out to ethanol exposure from tinctures and extracts. It further notes that owing to neurodevelopmental concerns, ethanol may be unacceptable in certain Paediatric sub-groups.

While referring to its 'Guideline on non-clinical documentation for WEU/TU applications', the HPMC states that if there is documented safe use for relevant age/ weight groups then the requirement for a specific non-clinical package solely on account of Paediatric use does not exist. However, in rare cases, in the presence of literature suggestions regarding developmental effects as well as changes occurring in the target organs in the clinical age range, juvenile animal studies may be considered.

While pointing out to the HMPC Guideline on clinical safety and efficacy for preparing EU herbal monographs, the draft defines the nature of data that validate WEU, the manner of handling insufficient WEU evidence, how to set up posology and how combination products having WEU components have to be treated. In relation to TU/THMPs, the draft describes the expectations regarding bibliographical and expert evidence, when clinical studies are considered relevant, the manner in which posology should be justified and the method of assessment of combinations with TU. It also touches upon the safety dimensions of THMPs such as contraindications, adverse event reporting etc.

The draft talks about the 2024 ICH E11A guideline on Paediatric extrapolation which crafted an internationally harmonized approach for extrapolating data in relation to Paediatric populations. However, in the same breath it is mentioned that hat ICH E11A is applicable for products that have defined pharmacokinetics/ pharmacodynamics and is not explicitly mentioned to be applicable to herbal mixtures.

EU list entries and herbal monographs serve as central reference points for the authorization or registration of HMP/THMPs. Based on a summary of evidence, they lay down the justification for conditions of usage, that is inclusive of relevant age restrictions and Paediatric posology. Recommendations in relation to children/adolescents across monographs are collated through a Paediatric overview that is maintained by the HPMC. The intent of the recently circulated draft is to ensure a standardization of data that would be imperative for future Paediatric guidelines which in turn would promote the harmonization of product labelling and minimize variability within decisions taken by member states.

This has implications for exporters of herbal medicines to the EU , both from India and the South Asia, in the form of HMP/THMPs. Considering that EU herbal monographs tend to be used as a regulatory reference by the member states, the expectation of clear and explicit data with respect to the suitability of the formulation, excipient safety, clinical evidence, rationale for extrapolation and real world data (wherever relevant) would be mandatory. This would need the preparation of clearer dossiers that support Paediatric claims for herbal products that would be placed in the EU market.

As mentioned in the draft, the ICH E11A remains the new global baseline for Paediatric extrapolation and herbal products have been situated within that context. This is despite its own observation of the challenges on evaluation of herbal mixtures vis-à-vis the tightly defined Pharmaco Kinetic and Pharmaco Dynamic models that underly the E11A. Hence the onus on explaining as to why the assumptions with respect to adult-child transfers are credible thereby arguing for any extrapolation plan for Paediatric use of HMPs and the nature of supplementary data that can add on to this is high on sponsors.

As a subsequent analysis of stakeholder comments is likely to bring out an updated adopted version of the paper, it is expected to function as an advisory/ information document for any future revisions or developments of herbal monographs in the EU, particularly those which would contain Paediatric statements.

RIS@40
RIS
Research and Information System for Developing Countries
विकासशील देशों की अनुसंधान एवं सूचना प्रणाली

FITM
Forum on Indian Traditional Medicine

आयुष मंत्रालय
MINISTRY OF
AYUSH
सत्यमेव जयते

Core IV-B, Fourth Floor, India Habitat Centre, Lodhi Road, New Delhi-110 003 India., Ph. 91-11-24682177-80
Fax: 91-11-24682173-74, Email: dgoffice@ris.org.in, Website: www.ris.org.in

Follow us on:

facebook www.facebook.com/risindia
@RIS_NewDelhi
YouTube www.youtube.com/RISNewDelhi

Editorial Team: Dr Namrata Pathak, Dr Sarin N S, Dr Sanket Chavan, RIS