

Ayush Vaibhav

POLICY | INDUSTRY | INTERNATIONALISATION

– *Growth and Excellence of the Ayush Sector*

FITM Industry and Trade Newsletter

Unani Medicine: The “U” in AYUSH- A Legacy of Healing and Innovation



Mohammed Jalees

Innovation in Unani : Bridging Tradition with Modernity

Unani medicine, rooted in centuries of healing wisdom, is steadily adapting to meet the needs of modern consumers. In recent years, the system has embraced innovation with renewed vigor, offering traditional formulations in contemporary, user friendly formats.

Traditional decoctions (Joshanda), once laborious to prepare, are now available in dip bags and instant sachets, making them portable and time-efficient. Likewise, powdered medicines are now formulated as granules for easier dosing, as desired taste coated, tasteless, odourless and improved palatability.

Capsules and tablets have standardized dosage, while sugar free syrups and tonics cater to diabetic and calorie conscious users. Modern influences have also led to the development of effervescent tablets, transdermal patches, nasal sprays, and mouth dissolving strips, offering faster action and better compliance.

In the wellness and cosmetic sector, Unani now offers herbal face packs, serums, oils, gels and creams scientifically formulated and dermatologically safe. Newer delivery systems like nutraceutical gummies, herbal lozenges, and liquid stick packs are also gaining popularity, especially among children and young adults.

These innovations are not merely cosmetic, they are strategic upgrades that enhance patient compliance, improve packaging, extend shelf life, and meet the lifestyle demands of a modern audience, while preserving the integrity of Unani philosophy.

The Role of the Unani Industry: Research, Responsibility & Reform

Unani’s pharmaceutical sector must evolve beyond manufacturing to become an active engine of research, quality assurance, and public health promotion. Today’s industry must

embrace a greater role in developing evidence based proprietary formulations and invest in pharmacovigilance, quality trials, and validation protocols.

Equally critical is the role of academia, which cannot remain confined to theory and teaching. Academic institutions must become active collaborators at every stage from research and development to pre-clinical studies, clinical trials, and post market surveillance. Joint publications, data sharing, and co-funded projects can accelerate Unani’s scientific evolution.

Moreover, Unani physicians must lead by example prescribing and dispensing Unani medicines, not substituting them with allopathic alternatives. This self - system support is not just a professional obligation; it is essential for building confidence in the system. Their role in pharmacovigilance, patient feedback, and consumption tracking is critical for advancing the system’s scientific standing.

Responsible and increased consumption of Unani medicine will also result in greater turnover for the industry, incentivizing further investment in innovation, research infrastructure, and new product development. The cycle of trust, usage, and reinvestment must be strategically nurtured.

Expanding Public Access: Dispensaries & Awareness Campaigns

Unani medicine must be democratized it must reach the grassroots. Accessibility is a crucial factor in public health success. Unani dispensaries should be established across districts, blocks, and villages to ensure physical availability. Integration of Unani physicians into Primary Health Centres (PHCs) will normalize the use of traditional medicine in public health systems.

Mass awareness efforts through health camps, media campaigns, urban wellness workshops, and educational outreach are needed to reintroduce Unani to the public, especially youth. The system’s focus on preventive care, seasonal regimens, and

dietetics must be made mainstream through community health workers, schools, and digital platforms.

The Ministry of Ayush: A Call for Inclusive Growth

Unani deserves the same policy attention and funding that Ayurveda has received in recent years. For true integration and equity within the Ayush umbrella, the Ministry must take bold and specific steps to uplift Unani, such as:

- Fast-tracking approval of innovative and sugar free formulations
- Establishing Unani Innovation Centres and dedicated research hubs
- Encouraging academia industry government collaboration for clinical validation
- Upgrading Unani colleges into Model AYUSH Universities with world class facilities
- Promoting exports, certifications, and global wellness positioning of Unani products

These steps will help Unani earn its rightful place in the global traditional medicine ecosystem.

Conclusion

The “U” Must Be Heard, Seen, and Supported
The “U” in Ayush must not remain silent. It represents a powerful, time-tested system of medicine capable of contributing to the world’s health challenges. For Unani to truly thrive, it needs a synchronized effort academia, industry, physicians, and policymakers working as one ecosystem.

By promoting innovation, evidence-based practice, clinical validation, and self-system loyalty, Unani medicine can evolve into a modern, respected, and reliable force in healthcare. The time has come to listen to the “U” and give it the recognition, investment, and opportunity it deserves.

The author is Proprietor, LIIMRA (U&A) Remedies; Joint Secretary, Unani Drug Manufacturers Association (UDMA) & Joint Secretary, World Unani Foundation (WUF)

Country Focus



Columbia



In Columbia, T&CM, which includes indigenous herbal medicine and homeopathy, is officially recognized and supported through a legal and administrative framework that supports its development alongside modern medicine. The focus of the framework is on integration, education, regulation, and research.

Legal and Administrative Recognition

The formal recognition of T&CM in Colombia commenced with Law 26 of 1994, which laid the foundation for the creation of the National System of Traditional and Alternative Medicine (SINAOTA). This system encourages research, education, and the formal regulation of traditional medicine practices. Oversight and implementation are led by the Ministry of Health and Social Protection, supported by the National Institute of Drug and Food Surveillance (INVIMA) and the Ministry of Environment and Sustainable Development.

Institutional Infrastructure

Colombia has a well-established infrastructure for T&CM inclusive of:

- 30+ universities that offer education in traditional medicine.
- Over 100 public hospitals which provide basic T&CM services, with acupuncture being the most prevalent.
- Over 1,000 private clinics and hospitals offering a wider variety of T&CM services.

Research and Clinical Trials

Research and development in traditional medicine is overseen by a structured regulatory framework. Various guides and resolutions provide standards for ethics, research protocol, investigator qualifications, and medicinal handling in relation to T&CM. Among them:

- The Guide for Evaluation of Research Protocols and Guide of Medicines for Clinical Research outlines standards for drug research.
- The Guide for Research Ethics Committees and Guide for Principal Investigator Selection lays down guidelines for ethical and scientific rigor.
- Interested researchers in T&CM are encouraged to:
- Contact INVIMA to determine the correct

registration path based on intended product use—such as Phyto therapeutics, plant-based foods, or cosmetics.

- Submit required documents via the INVIMA virtual platform or in person, including informed consent protocols, investigator credentials, and safety data.
- Wait for INVIMA's decision, which depending on the complexity could take several months.
- Informed consent, insurance coverage, and periodic reporting of adverse events are mandatory. Ethical clearance from accredited Institutional Review Boards (IRBs) is essential prior to registration.
- Manufacturing and Licensing
- The process of manufacturing traditional medicine in Colombia is both detailed and stringent. It includes sourcing, preparation, formulation, and commercialization.

Sources and Preparation:

- Wild-gathering is performed by indigenous communities.
- Small-scale cultivation and drying are typically done using traditional techniques.
- Preparations vary from simple infusions to complex fermented or distilled medicines.

Licensing and Permits:

- INVIMA issues manufacturing permits and oversees enforcement of compliance with Good Manufacturing Practices (GMP).
- Environmental permits are mandated to be obtained from ANLA or regional authorities if sourcing from protected areas.
- Industrial zoning and occupational health permits are imperative for production sites.
- Packaging and labelling needs to meet national standards, including safety information, batch numbers, and expiry dates.

Optional Protections:

- Intellectual property rights such as trademarks and patents can be secured for unique formulations and processes through the Superintendence of Industry and Commerce.
- Raw Material Procurement and Environmental Safeguards
- Colombia places great importance on ethical and sustainable sourcing of biological resources:

- Access permits are issued by the Ministry of Environment for collecting wild plants, particularly in protected zones.
- Forest use permits and CITES certifications are mandated for regulated or endangered species.
- Sanitary and phytosanitary certifications are required for import and export of plant or animal-based materials.
- The role of indigenous communities is recognized, particularly in terms of prior informed consent, sustainable harvesting practices, and benefit sharing.

Authorized vendors, licensed cultivators, and traditional communities play key roles in material sourcing, ensuring ecological balance and cultural respect.

Registration and Sale of Traditional Medicines

The registration process depends on the risk classification of the traditional medicine, ranging from Class I (low risk) to Class IV (high risk). Registration involves submission of a technical dossier to INVIMA, which includes:

- Scientific evidence
- Manufacturing details
- Quality control protocols
- Botanical characterization
- Ethnobotanical studies

Foreign manufacturers must appoint legal representatives in Colombia. Registration is valid for 10 years and may include site inspections.

Sales require:

- Basic Registration Permit for low-risk medicines
- Full Registration Permit for higher-risk or less-studied products
- Commercialization Licenses and Operating Licenses from INVIMA
- Chamber of Commerce registration, including the RUES (Single Business Registry), is required to operate legally.

Products must be labeled in Spanish with dosage, warnings, expiration dates, and a disclaimer that the product is not intended to treat or cure disease.

Import and Export Regulations

Colombia's system for cross-border trade of traditional medicines involves the Ministry of Commerce, INVIMA, and other relevant authorities coordinating to issue the necessary permits:

For Exports:



PM Modi Leads Historic Yoga Day Gathering

(DD News, June 26, 2025)
Prime Minister Narendra Modi led the nation in celebrating the 11th International Day of Yoga at a spectacular gathering along the picturesque coast of Visakhapatnam. Marking a historic milestone, the event witnessed the participation of over three lakh citizens, earning recognition in the Guinness Book of World Records as the world’s largest-ever yoga gathering.

In his address, the Prime Minister extended greetings to people across the country and the world on this global occasion. Reflecting on the journey since the inception of International Yoga Day in 2015, he recalled India’s proposal at the United Nations that received support from 175 countries. He said this support reflected a rare global consensus for the welfare of humanity. “Eleven years on, yoga has become an integral part of the lifestyle of millions across the globe,” he said.

The Prime Minister said that yoga has the power to transcend boundaries, backgrounds, age, or ability. He noted how it is now practiced from the steps of the Sydney Opera House to the summit of Mount Everest, and even in space by scientists. He also mentioned how Divyang individuals are reading yogic texts in Braille, and students from rural areas are taking part in Yoga Olympiads, reaffirming that yoga truly belongs to everyone.

Ministry of Ayush launches portal to address issues of misleading advertisements and ADR

Pharmabiz, June 2, 2025
The Ministry of Ayush has launched the Ayush Suraksha Portal to address issues of misleading advertisements and adverse drug reactions (ADRs) in accordance with the Supreme Court’s order on

July 30, 2024. With this, the Ministry of Ayush now has a centralised and accessible dashboard of reported cases, enabling real-time tracking, swift regulatory action, and detailed data analysis and it also ensures that citizens have a direct channel to voice their concerns, with transparent visibility into the action taken on their reports, said the Ministry.

The Apex Court emphasised the need for a centralised dashboard for monitoring and publishing data related to misleading advertisements and adverse drug reactions. The Court directed the Union of India to ensure that such a system is established to allow State Licensing Authorities to report complaints, share inter-state referrals, and update the status of actions taken. The Ministry of Ayush has met the directive well before the Court’s deadline of June 2025, said the Ministry while launching the portal.

NIMHANS launches Yoga-based extension services

Pharmabiz, June 10, 2025
National Institute of Mental Health and Neuro Sciences (NIMHANS) has been examining clinically relevant research questions among these representative, community-dwelling schizophrenia patients: these include studies on course and outcome, disability, age at onset, metabolic syndrome, work functioning, family burden, substance use and tardive dyskinesia.

The community intervention programme in Thirthahalli referred to as Community Intervention Psychotic Disorders, CoInPsyD) was started in June 2005 with research grants under the National Mental Health Programme. Since then, the NIMHANS team has been providing regular clinical services to these underserved patients. Nearly 2/3rds of these patients were out-of-treatment, and our team has provided services to

them virtually at their doorsteps, while most receive follow-up care in their nearest primary health centres, a substantial proportion of patients are seen in their homes. Where there is no government supply of medications, the team has provided medications such as olanzapine, clozapine, etc., free of cost. Till date, 400 schizophrenia patients have been identified and are being treated and followed up regularly. Apart from these, thousands of patients with other neuropsychiatric and neurodevelopmental conditions are being treated.



Ayush and herbal products exports grew 15.6% in April

Pharmabiz, June 16, 2025
Exports of Ayush and herbal products reported a growth of 15.61% per cent during the first month of the current fiscal year, as compared to almost 19% growth reported in the same month a year ago.
Exports during the month of April, 2025, was at \$59.47 million, as compared to \$51.44 million in the same month of previous fiscal year. The growth in April, 2024, around 19% from \$43.26 million in April, 2023, according to data from the Directorate General of Commercial Intelligence and Statistics (DGCI&S).

In Rupee terms, exports of Ayush and herbal products have reported 18.6% growth in April, this year, at Rs 508.83 crore, as compared to Rs 429 crore registered in the same month, last year. April, 2024, witnessed a growth of 21% compared to Rs. 354.84 crore reported in April, 2023.

Dr. Vikas Singhal honoured with Bharat Shri Award 2025 for Advancing Evidence-Based Homeopathic Practice

ANI, June 28, 2025

In recognition of his valuable contribution to the field of classical Homeopathy, Dr. Vikas Singhal, Founder & Chief Consultant of Dr. Singhal Homeo Clinic, Chandigarh, has been honored with the prestigious Bharat Shri Award 2025 by the Akhil Bhartiya Chikitsak Association (ABCA). This national-level honour acknowledges medical professionals across India who demonstrate outstanding clinical leadership, innovation, and impact in patient care.

The award ceremony took place at the India International Centre, New Delhi, in the presence of senior doctors, healthcare policymakers, and community health advocates. ABCA praised Dr. Singhal's decades-long commitment to individualized, integrative treatment- bridging the precision of classical homeopathy with digital tools that expand access to safe, evidence-based homeopathic treatment across India and abroad.



Ayush doctors to act against misleading ads

(ET Healthworld.com, May 9, 2025)

Andhra Pradesh Health Minister, Y Satya Kumar Yadav granted permission to 13 Govt Ayush doctors, one for each of the 13 erstwhile districts across the state, to take action against the false advertising of Ayurveda and other indigenous drugs that claim alleged magical properties.

This is a cognizable offence under the Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954. Yadav made the decision to strengthen the vigilance wing of Ayush after the Supreme Court raised serious concerns about the misleading publicizing of Ayurveda and other indigenous medicines, along with allopathy medicine, in the country.

Based on the apex court's advice to the states to act tough against the misleading advertisements of Ayush medicine, state govt has now strengthened the vigilance wing of the Ayush department to 13 officers from the existing one officer.

Editorial

Reimagining the value chain in Ayush

There has been always a very linear view of the Ayush value chain, in a traditional sense, commencing with the cultivation of medicinal botanicals, progressing ahead with formulation and packaging, and finally terminating in a finished product delivery. With progressive global competitiveness in the health domain and the aspirational surge of Ayush to occupy pole position with respect to global wellness and health equity, it is perhaps a relevant time to reflect on this understanding of the value chain and the scope for its broadening.

The newer dimensions that need probable consideration for broadening the above are: intellectual property protection, sustainable cultivation that is climate-sensitive, technology-driven manufacturing, international clinical research collaborations, and pan-national digital therapeutics.

Given that Ayurveda and other Ayush systems are entering mainstream markets—across nutraceuticals and cosmetics to chronic care and lifestyle management—our focus cannot be limited to expanding export numbers only. The deeper question that may resonate pertinently could be - Can we create a global Ayush ecosystem that meets international quality standards?

This can be achieved only through policy integration, involving a coordinated approach that brings together health systems research, trade and industry support, environmental regulation, education reforms, and digital health infrastructure. To cite a few examples :

- Ayush products should have specific codes under international Harmonized System (HS) codes to enhance their visibility and treatment in global trade agreements.
- Ayurveda and Ayush product categories need to find specific mention in the Free Trade Agreements (FTAs) between India and other countries to ensure better market access.
- Cost-effectiveness data for Ayush treatments should be a component of domestic economic assessments, towards the designing and creation of insurance or public health schemes like AB-PMJAY.

Ayush is often overlooked by Health economists and policymakers owing to the lack of economic and outcome data for Ayush interventions and its non-inclusion in mainstream assessments like Health Technology Assessment (HTA) models.

This undoubtedly requires a change. Health financing decisions should measure and include the unique value of Ayush in managing chronic conditions, promoting wellness, and preventing disease.

The augmentation of the landmark achievement of the establishment of the WHO Global Centre for Traditional Medicine in Jamnagar with global partnerships on joint clinical trials, co-authored publications, and co-developed quality standards can pave the way for featuring Ayush in a more strategic way, vide India's growing influence in global health diplomacy.

It is also perhaps apt time that India should take the lead in influencing international rules and regulations that affect traditional medicine through an active engagement with international regulatory bodies like the US FDA, EMA (Europe), TGA (Australia), ASEAN networks etc., than having an overt reliance on cultural diplomacy or wellness tourism.

From a trade and industry perspective, it is important that we invest in processing, packaging, and branding at the local level—enabling communities and MSMEs to benefit from higher returns, instead of exporting raw herbs. This would be a value addition at source. This would necessitate the investment in green infrastructure, digital platforms, and skill development.

It is equally important that within India, meeting the demands of a changing healthcare environment must be characterized by an evolution in medical education that encourages critical thinking, clinical documentation, and interdisciplinary learning. It is also imperative to deepen a cadre of Ayush professionals trained in public health, health economics, and systems management, to extract their meaningful contributions to policy planning and institutional leadership.

Of equal importance is the nurturing of a skilled workforce adept at blending traditional wisdom with modern scientific competencies. Ayush's position as a credible, reliable, and preferred health choice globally will be secured through investments in education and continuous professional development.

Hence, it is appropriate to consider a new redefined value chain that represents Ayush as a strategic sector contributing to health, economy, sustainability, and diplomacy.

Interview

Dr Stanzin Lhaskyabs

State Programme Manager, National AYUSH Mission (NAM) , UT Ladakh)



Q. Could you throw some light for our readers on the current institutional presence and programmatic initiatives in Sowa-Rigpa under the Ministry of Ayush in Ladakh?

A. At institutional level, at present Ladakh has two institutes offering degree of Bachelor of Sowa-Rigpa Medicine & Surgery (BSRMS) recognised by Ministry of AYUSH; Central Institute of Buddhist Studies (CIBS), which established its department of Sowa-Rigpa in 1988, and National Institute of Sowa-Rigpa (NISR) which was established in 2019. CIBS has produced about 70 Sowa-Rigpa trained doctors so far and currently has about 60 BSRMS degree students enrolled while NISR has 25 students enrolled with first batch of BSRMS degree students graduating in 2026. Both of these institutes have in-house hospital where OPD and IPD patients are treated on regular basis.

At programmatic level, Ministry of AYUSH, through National AYUSH Mission and National Health Mission, has established integrated approach of Health system by recruiting Sowa-Rigpa Medical Officers and Healers (equivalent to Pharmacist), on contractual basis, as co-location at District Hospitals, Community Health Centers (CHC), Primary Health Centers (PHC), and Sub Centers(SC). These locations are provided basis infrastructure and regular supply of Sowa-Rigpa medicines. Further, National AYUSH Mission, under Directorate of AYUSH, UT-Ladakh, regularly implements and monitors various Sowa-Rigpa outreach health camps and awareness programs which cover remote and frontier areas and special populations such as geriatric patients.

How is the situation with respect to infrastructure, manpower, and budgetary allocation for Sowa-Rigpa in the region of Ladakh?

A. At public level, infrastructure and manpower wise the region is still at rudimentary stage as Sowa-Rigpa medical system has formally revived in the region only after the separation of Ladakh from the erstwhile state of Jammu and Kashmir and creation of Union Territory of Ladakh in 2019. However, at institutional level, both CIBS and NISR have well established infrastructure and manpower. Budgetary allocation by Ministry of AYUSH for the region is more than generous.

Can you share some details on the research initiatives being undertaken in Ladakh to scientifically validate classical Sowa-Rigpa formulations or therapies? Are there any collaborations, underway with national or international research

institutions to develop a stronger evidence base for Sowa-Rigpa?

A. National Institute of Sowa-Rigpa (NISR) has been taking active role in undertaking research projects related to Sowa-Rigpa, particularly in the field of applied research including promotion of Sowa-Rigpa under public health. Additionally, they are also actively engaged in researching on medicinal plants related to Sowa-Rigpa medicine.

What is the status of traditional practitioners of Sowa-Rigpa (Amchis) in the community in Ladakh and vis-à-vis the formal healthcare delivery system ? Are there any formal or informal attempts towards integration at primary healthcare services delivery happening ?

A. Amchis/ Sowa-Rigpa practioners at community level are well respected even today. As with any other Trans-Himalayan region, the families of ‘Lharje’ and ‘Smanlha’, who practice Sowa-Rigpa from one generation to another, are still present in almost every village. They are credited with curing various regional-specific diseases which even modern medicines fail to address. Their role as public health care becomes crucial in remote and inaccessible areas such as Kharnag and Lingshed where modern medical facilities are still lacking. However, given the relative lack of scientific research, modernization, and late formal recognition of the system, and push for modern allopathic medical health system, Amchis are yet to receive and enjoy formal status and respect as the modern doctors enjoy in the region at formal set-up.

With the establishment of AYUSH co-location at various levels of health centers in the region, there is already an informal integration taking place in terms of interaction between Sowa-Rigpa medical staffs and modern medical system. There are instances of knowledge exchange between Sowa-Rigpa medical doctors and healers at few of the PHCs and SCs such as practice of referral of patients by allopathic doctor to Amchi for a particular type of diseases. However, at formal level, initiatives in terms of training and workshops are at planning stage and most likely implementation will take place this year.

Given that Sowa-Rigpa involves a lot of generational transition and oral transmission, what are the efforts being undertaken towards digital documentation and standardization of traditional knowledge in Sowa-Rigpa ?

A. Establishment of NISR in 2019 marks

the beginning of digital documentation and standardization of traditional knowledge in Sowa-Rigpa. The fact that the entire BSRMS degree syllabus has been translated into English language and available as digital format on internet underscores the efforts towards digitalization and standardization of traditional Sowa-Rigpa knowledge. Further, there are research projects taken up by NISR on compilation and documentation of Sowa-Rigpa formulation, surveying, cataloguing, and digitalizing inventory of Sowa-Rigpa manuscripts.

Are there any UT-specific health policies in Ladakh that facilitate the inclusion of Sowa-Rigpa in the annual planning and budgeting for healthcare delivery ?

A. There are certainly UT-specific health policies in Ladakh towards inclusion of Sowa-Rigpa in the annual planning and budgeting. There are various projects currently under process for establishing Sowa-Rigpa hospitals and dispensaries.

Do you have any thoughts on the wider tourism and export opportunities in relation to Sowa-Rigpa formulations and wellness services?

A. Certainly, UT-Ladakh is on its verge to becoming a national leader in Sowa-Rigpa as compare to Ladakh no other state or region in India has human, institutional, cultural and environmental capacity to train, practice and promote Sowa-Rigpa. Considering UT-Ladakh is already an established international and national tourist destination, Sowa-Rigpa has the positional to make the region as international spiritual and healing tourist destination. For instances UT-Ladakh has more than hundreds of natural hot and cold water springs, such as Demchok, Puga, Chumathang, Panamik, and Saboo, known for their medicinal property under Sowa-Rigpa system. Every year Amchi health camps are being organized for hydrotherapy in the region with hundreds of patients receiving treatment. These camps and hydrotherapy sessions can be leveraged and institutionalized from the lens of wellness, spiritual, and healing tourism.

With numerous rare medicinal plants being grown wildly in the region, which are scientifically found to have more potency than the same plants growing at lower altitudes, and with the availability of human resources in producing Sowa-Rigpa medicines, there is a scope for exporting of high value medicines. Further, with its expertise in curing mountain and high-altitude related diseases, there is an immense potential for UT Ladakh for exporting heath care delivery in countries like Mongolia, central Asian states like Kazakhstan, and Russia by establishing Sowa-Rigpa clinics, dispensaries, and hospitals.

Event Info

International Day of Yoga 2025 Celebrations

The International Day of Yoga (IDY) 2025 showcased India’s expanding global influence in the field of health and wellness diplomacy. From the streets of New York to the Batu Caves of Malaysia, the 11th edition

of IDY represented the universal acceptance of holistic living and the Vasudhaiva Kutumbakam philosophy, enshrining that all people are members of one family. The essence of yoga cuts across boundaries, ideologies, and cultural backgrounds

as a universal tradition. This was emphasized through the IDY events in each foreign location. The images below capture the diversity and excitement of IDY celebrations held concurrently in famous cities around the world.”



Continued from page 2

- Sanitary Registration (for therapeutic claims)
- Phytosanitary Certificate (for plant-based products)
- CITES Export Permits (for endangered species)
- Export Declaration through the EXIM platform
- For Imports:
- Import License from MinSalud or MinAgricultura

- Registration with INVIMA and DIAN (Colombian Tax Authority)
- Customs clearance with supporting documents
- All medicines must comply with national safety and labelling regulations.
- Community Rights and Penal Provisions
- Colombia’s legal system articulates a strong emphasis on protecting indigenous knowledge and biodiversity:
- Law 1751 of 2013 protects traditional knowledge and prohibits unauthorized use.
- Decree 2953 of 2013 mandates prior

- informed consent for the use of genetic and ethnobotanical resources.
 - Resolution 679 of 2017 regulates herbal product commercialization.
 - Penal actions include:
 - Legal sanctions for unauthorized exploitation of indigenous knowledge.
 - Criminal penalties for the adulteration or mislabelling of traditional medicines.
 - Public health violations may result in fines or imprisonment.
- (Source: Ayushexcil)

Firm Profiling

S D M Ayurveda Pharmacy, Udupi



The SDM Ayurveda Pharmacy in Udupi had its humble beginnings in 1959, functioning initially as a practical training hall for students studying Rasashastra and Bhaishajyakalpana, coinciding with the establishment of SDM Ayurveda College, Udupi. Medicines were prepared under the close supervision of teaching faculty and subsequently supplied to the charitable hospital (IPD & OPD) attached to the college. The growing number of patients validated the professionalism of the physicians, academicians, and production team, and affirmed the quality of the medicines.

With increasing demand from alumni, affiliated hospitals (located in Hassan, Bangalore, Mangalore, Chikmagalur, Dharmasthala, and Udupi), and a growing base of satisfied consumers, the need for a full-fledged manufacturing unit arose. Under the visionary leadership of Shri D. Veerendra Heggadeji, Dharmadhikari of Shri Kshetra Dharmasthala and our revered President, the initial training facility evolved into “Shri Dharmasthala Manjunatheswara Ayurveda Pharmacy” in 1997, established within the SDM Campus in Udupi with a 10,000 sq. ft. production area.

By 2008, rising demand necessitated the upgrade to a new state-of-the-art facility spanning approximately 60,000 sq. ft., capable of meeting growing expectations. A dedicated Trust—SDM Bhaishajya Pratisthana—was established under the chairmanship of Dr. D. Veerendra Heggadeji, with a vision and mission to improve public health through Ayurveda.

Advanced technology is extensively employed to uphold traditional concepts in the modern era. Emphasis is placed on hi-tech manufacturing, hygiene, efficacy, and convenient, attractive packaging—all aligned to ensure top-notch product quality.

Centralized heating is facilitated via a thermic fluid heater and steam boiler, digitally controlled and channeled to individual steel dish pans or extractors through insulated lines. This setup is integral to boiling, extraction, and Paaka procedures.

Traditional drug boilers employing open boiling methods are paired with state-of-the-

art vacuum concentrators and elevated Sautiner systems, ensuring hands-free and contamination-free preparation of medicated oils, ghee, avaleha, and kashaya. Additional equipment such as a spray dryer, automated capsule-filling, and tablet compression machines enable seamless manufacturing. Automated counting and packaging systems ensure end-to-end, hands-free operations in the tablet/capsule sections.

In the choorna section, a specially designed micropulverizer maintains a cool hammering chamber to preserve volatile principles during pulverization. This is followed by inert gas-flushed FFS (Form-Fill-Seal) machinery supported by blenders, ensuring superior quality medicinal powders and hands-free packaging. A centralized HVAC system maintains a contamination-free environment and ensures high-quality packing for user satisfaction.

The pharmacy received GMP certification in 2005, ISO 9001:2008 certification in 2010, and ISO 22000:2018 certification since 2019. Automation and mechanization have been adopted wherever feasible, minimizing human interference and preserving the sanctity of the formulations. All machinery uses GMP-grade SS 314 steel for contact parts, maintaining medicinal purity.

Our consistent USP lies in delivering high-quality products by harmoniously blending technology with traditional principles. Under the guidance of qualified technical staff, complex Ayurvedic procedures are executed in both principle and practice, following classical texts and modern techniques.

The product range spans all Ayurvedic dosage forms—kashayas (aqueous extracts), asava-arishtas (fermented hydro-alcoholic preparations), vatis (tablets/pills), capsules (vegetarian), choornas (coarse/fine powders), bhasmas (calcined metals/minerals), tailas (medicated oils), ghrita (medicated ghee), avalehas (herbal confections), among others—comprising over 350 classical formulations and about 20 proprietary medicines. The range is designed to encompass all essential medications needed for Ayurvedic practice.

A full-fledged quality control laboratory, supervised by qualified personnel, ensures rigorous quality checks. Our commitment remains steadfast: to ensure purity, potency, and efficacy in every product that emerges from SDM Ayurveda Pharmacy.

The pharmacy also trains postgraduate scholars from SDM College of Ayurveda, Udupi and Hassan—approximately 12 scholars





each academic year—to disseminate practical knowledge in the higher interests of Ayurveda.

Today, medicines from the pharmacy are available across more than 24 states in India, serving physicians and customers who seek quality and innovation.

Twenty of our single-herb vegetarian capsules have been registered with the Health Department of Croatia. Repeated consignments have been successfully exported to Croatia and Ukraine. Additionally, we have conducted training sessions for certified Ayurveda practitioners in Europe

to help them adopt and practice our distinctive approach to Ayurveda.

Vata Aatapeeka Rasayana—our flagship rejuvenative therapy—represents the unique strength of the pharmacy and pioneers a treatment strategy focused on rejuvenation. These formulations promise greater therapeutic potential for chronic, debilitating, and severe conditions. Several unique and pioneering medicines include:

- Haimavathi Vacha Choorna** (used in autism, epilepsy, Parkinsonism)
 - Nephro Abhay** (for chronic kidney disease)
 - SKG Kashaya** (for breathing difficulty)
 - Meha Abhay Kashaya/Tablets** (for diabetes management)
 - Ksheerabala 101** (as a nerve rejuvenator and for pain management)
 - Sandhi Abhay** (for spondylitis and osteoarthritis-related pain)
 - Bhargavaprokta Rasayana** (a healing confection for respiratory and geriatric care)
- These formulations have achieved significant success and wide acceptance among both physicians and the general public.
- Sandhilin**, a non-greasy liniment for pain relief, has also been widely appreciated and well received in the market.

Dr. Muralidhar R. Ballal, General Manager, has been appointed as a member of the apex body—the Scientific Advisory Board of the Pharmacopoeial Commission for Indian Systems of Medicine & Homeopathy (PCIM&H), Ministry of AYUSH, Government of India, New Delhi.



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