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Government of India
Ministry of Health and Family Welfare
(Department of Health Research)

IRCS Building, 2nd Floor,
1, Red Cross Road, New Delhi-110001.
Dated, 3rd July, 2019.

Subject :Minutes of the Fourth Meeting of the 'Inter-Departmental Committee for identifying viable new systems of medicine / therapy', held at the Department of Health Research, New Delhi, on 27.05.2019.

The undersigned is directed to forward herewith, for information and necessary action, a copy of the 'Minutes' of the Fourth Meeting of the 'Inter-Departmental Committee for identifying viable new systems of medicine / therapy', held at the Department of Health Research, New Delhi, on 27.05.2019, to consider proposals seeking recognition of 'Electrohomoepathy' as a system of medicine.

Encl. : As stated.



(Om Parkash)

Under Secretary to the Government of India

To

1. Chairperson and Members of the Inter-Departmental Committee for identifying viable new systems of medicine / therapy (As per the attached List of Participants).
2. Electrohomoepathy organisations (As per the attached List of Participants).

Copy to :

1. Secretary, Department of Health and Family Welfare, Nirman Bhawan, New Delhi - 110011.
2. Secretary, Ministry of AYUSH, Ayush Bhawan, B-Block, GPO Complex, INA, New Delhi - 110023.
3. Dr. Dharmendra Singh Gangwar, Additional Secretary & Financial Adviser, Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi - 110011.
4. Director-General of Health Services, Room No. 446-A, Nirman Bhawan, New Delhi - 110011.
5. Dr. K.K. Talwar, Chairman-Cardiology, Max Healthcare, Max Super Speciality Hospital, Saket, New Delhi - 110017.
6. Professor Y.K. Gupta, Principal Adviser (Project), THSTI-DBT (Govt. of India) and President, (AIIMS, Bhopal), House No.116, Ward 11 A, Sector-37, Arun Vihar, Opposite to Botanical Garden Metro Station, NOIDA, Uttar Pradesh.

Copy, also, to:

Sr. PPS to Secretary (DHR) & DG(ICMR)/ PPS to JS(AN) / PS to DS(DRM)



(Om Parkash)

Under Secretary to the Government of India

Government of India
Ministry of Health and Family Welfare
(Department of Health Research)

Dated, the 3rd July, 2019.

Minutes of the Fourth Meeting of the 'Inter-Departmental Committee for Identifying Viable New Systems of Medicine / Therapy', held at the Department of Health Research (DHR), New Delhi, on 27.05.2019 at 10:00 AM, to consider the proposal seeking recognition of Electrohomoeopathy as a system of medicine

Lists of participants are placed at the **Annexure –I** and **Annexure-II**.

2 The **Fourth Meeting** of the 'Inter-Departmental Committee for Identifying Viable New Systems of Medicine / Therapy' (**IDC**) - under the Chairmanship of Dr.V.M. Katoch, former Secretary, DHR-cum-Director General, Indian Council of Medical Research (ICMR) - was held at DHR, New Delhi, on 27.05.2019 at 10:00 AM, to consider the following :

- (i) The modified combined proposal on **Electrohomoeopathy**, submitted by the Joint Body of Electrohomoeopathy organizations on 22.04.2019.
- (ii) Voluntary Certification Scheme for Traditional Community Health Practitioners [*Proposed by Dr. Darshan Shankar, Member (IDC)*].
- (iii) Views of the Ministry of AYUSH regarding recognition of alternative systems.

3. Dr. Dharmendra Singh Gangwar, Additional Secretary & Financial Adviser (AS&FA), Ministry of Health and Family Welfare, attended the meeting as a 'Special Invitee'. Among the expert members of the committee, Dr. Y.K. Gupta and Dr. K.K. Talwar could not attend the meeting, as they were abroad and out-of-station, respectively. Dr. Vijay Kumar, Scientist 'G', ICMR, did not attend. Neither there was any representation from the Ministry of AYUSH, NITI Aayog, MCI and the UGC Secretariat. In place of Joint Secretary, Department of Health and Family Welfare, Shri D.V.K. Rao, Deputy Secretary, attended. Out of the four State / UT Governments of Maharashtra, Rajasthan, West Bengal and the NCT of Delhi - who were requested to send representatives to the meeting - officers from the Governments of Maharashtra and West Bengal only attended the meeting.

4. At the outset, Shri D.R. Meena, Deputy Secretary, DHR - on behalf of Smt. Sarita Mittal, Addl. Secretary (DHR) & Convener (IDC), who was unable to attend the meeting, being out of station on some unavoidable official business - welcomed the Chairman and the Members of IDC, and the representatives of the organizations, who submitted the combined proposal on Electrohomoeopathy, to the meeting.

5. Thereafter, with permission from the Chair, a power-point-presentation was made, which dwelt upon, among others, the background of the case, leading to the formation of IDC, the 'terms of reference' for the IDC, the three agenda-items for the day and the decision taken by the committee in its previous meeting on Electrohomoeopathy, held on 09.01.2018.

Electrohomoeopathy

6. Initiating the discussions, Dr. V.M. Katoch, Chairman (IDC), briefly re-visited the issue, including deliberations held in the previous meeting of the committee. He observed that as emphasised in the previous meeting, IDC must be presented with in the form of scientific publications, documents, information and data to facilitate proper appraisal of the system. He cautioned that mere sketchy material would not serve the purpose. He stressed that all the claims made in the proposal must be evidence-based. He expected that the representatives of the organizations would answer the questions of the committee members satisfactorily. Incidentally, he also observed that in view of the increased load of proposals being received for consideration by IDC, the capacity of secretariat, assisting the committee, should be adequately augmented to cope up with the pressure and the volume of work.

7. Shri Vijay Varma, Joint Secretary, Department of Legal Affairs, observed that Government might consider putting a suitable notice in the public domain, for information of the public, about the systems of medicine that were not recognised by the Government. The Chairman clarified that as per its present policy, neither Government proposed stopping of any ongoing activities in the unrecognised systems nor Government was giving permission for the same till they fulfill the essential and desirable criteria.

8. On behalf of the Joint Body of the organizations, which submitted the joint proposal on Electrohomoeopathy, Dr. Kuldip Tiwari from NEHM, New Delhi, made introductory remarks, and introduced his colleagues in the joint body. Dr. Tiwari also mentioned that after the last meeting of IDC, held on 09.01.2018, the Government of Rajasthan made a law on Electrohomoeopathy. Incidentally, DHR requested the Government of Rajasthan for a copy of the Act, stated to had been enacted by them for recognition of Electrohomoeopathy, and the date from which it came into effect. Though no confirmation was received from that Government, and there was no representative from the Government of Rajasthan in the meeting to confirm this, copies of the Act, received in DHR by way of attachment to some representation, was circulated among the IDC members in the meeting. However, the Chairperson observed that while any State Government could make their own legislations in the matter, what IDC was doing was on a national level, and its consideration of the proposals should not be influenced by the State dispensations. The committee noted that though, originally, there were twenty-nine organisations dealing with Electrohomoeopathy - who were invited to the previous meeting of the IDC, held on 09.01.2018, and who were requested by the IDC to come up with an unanimous common proposal - there was difference of opinion among the organisations, resulting in some of whom having not participated in the making of the combined proposal. On being asked, Dr. Tiwari and Dr. Ajeet Singh mentioned that the

dissident group did not cooperate with them. Dr. Bahubali Shah, EHMOL, Kerala, commented that they had personal reservations. Whatever might be the reason, the Committee felt that it was not a very happy situation, as the committee expected all of them to hold on together in the interest of their common cause, and everybody had the right to provide additional information.

9. After a brief presentation on the background, Dr. Ajeet Singh, General Secretary, ERDOI, New Delhi, made a detailed presentation before the IDC on the modified joint proposal for recognition of Electrohomoeopathy as a system of medicine.

10. Dr. Bhushan Patwardhan, Member of IDC, and who has since taken over as the Vice-Chairman of the University Grants Commission, reiterated his observations made in the previous IDC meeting about the need for authentic scientific documents, research publications, etc., based on which only the subject of Electrohomoeopathy could be appraised properly.

11. The Chairperson observed that during 1999-2003, an earlier experts' committee, appointed by the Government, did not find this system fit for recognition. He also mentioned that often claims were made about one Deputy Minister in the Ministry having authorised one of the organizations in the year 1991, for promotion, research and development of the system. However, apparently, no real work was done in the matter during the last twenty-nine years, as a result of which no serious research documents could be made available before the committee. On being asked for the reason, Shri Anil Varma, NEHM, cited various hindrances, like filing of FIRs, etc. Chairperson observed that recognition of any given system had to be evidence-base invariably, for which adequate number of indexed publications should be there.

12. Shri Rajat Chattopadhyay, Principal & Administrator, The Calcutta Homoeopathic Medical College and Hospital, and the representative of the Government of West Bengal, observed that the name of Electrohomoeopathy was a misnomer, as it had no relation to Homoeopathy.

13. In response to a query by Dr. Raja Babu Panwar, Vice-Chancellor, Rajasthan University of Health Sciences, the joint body replied that some 20 patients were treated with Electrohomoeopathy for cardiac ailments. Dr. Panwar commented that it was not sufficient. He further observed that in the absence of proper documentation, or any publications about the diagnosis & treatments objectively assessed, and the method of such treatments, how the claims could be evaluated and justified. The Chairperson observed that it was not that joint body's claims were not being believed, but production of proper documents was necessary.

14. During the presentation made by the Joint Body, discussions were held on issues relating to the essential criteria, as set by the earlier committee of experts for recognizing any new or alternate system of medicine. The Committee felt that the modified joint proposal was still lacking for any data on the management and quality of the treatment. As recommended by the experts in previous meeting of IDC, scientific authentic publications were required for the evaluation of the Electrohomoeopathy system. The publications in indexed journals indexed in reputed data bases, PubMed, Scopus, Web of Science, etc.,

regarding the authenticity of the treatments of diseases through electrohomeopathy is lacking. It was noted that only 2-3 publications in such journals were made by the entire Joint Body, which seems to be a major limitation as per the essential criteria. However, they claimed for some publications in the in-house journals (non-indexed). Dr. Ajeet Singh showed a case series of 20 patients of heart disease, treated by Electropathy, but not published anywhere. Again, there was no Pharmacopoeia. However, it was observed that the system is working in association with German Pharmacopoeia only. Dr. Kuldip Tiwari and others maintained that further developments could be made after the system was recognized. Dr. Suresh Babu stated that for advanced scientific evaluation with regard to efficacy, safety, drugs, etc., there was need of institutional set-up, human resource, including pharmacologists. He said that a Scientific committee should be formed, which would need financial support, and, then only it would be possible to publish in proper high impact journals. It was noted by the Committee that the Electropathy system of healthcare was not yet recognized even in its country of origin. It was noted that, mostly, components / drugs in this system were being manufactured in Germany and imported in India. The Committee added that the factors like the number of drug-combinations, places where these are manufactured and the system for quality control, also played a vital role for the evaluation and recognition of any system. Only few labs are undertaking the further testing on the safety and toxicity of these drugs, but the comparative analysis on stability, viz., finger printing, etc., is still lacking in the system.

15. With regard to Electrohomeopathic products, Dr. Satyapal Shani, Deputy Drugs Controller (India), CDSCO-HQ - who represented the Drugs Controller General (India) - had following queries, some of which were clarified by Dr. Ajeet Singh and Dr. Deepak Sinha, and some were not, but they generally commented that all these would be properly taken care of once the system was recognised: :

- i) What was the mode of standardization of these products ?
- ii) How the finished products were being standardized ?
- iii) How the robustness and ruggedness of the analytical methods being ensured ?
- iv) Consistency in the production to assure the quality of the medicines?
- v) How the products were being labelled ?
- vi) Shelf-life / stability studies, process validation for these products ?

16. During presentation, the Joint Body clarified the differences between their Spagyric mode of treatment with other homeopathy system. It was mentioned that in the Electrohomeopathy system, the components were being prepared by the water, alcohol, and with both followed with re-mixing in different proportions and then the final products used in therapy was achieved. In response to their statement that some sites in Himachal Pradesh, Punjab, Uttar Pradesh and Delhi supplied these drugs to others, the Committee asked them to submit an authentic list of the suppliers. The Committee commented that a verifiable record of these suppliers should be in place and must be accompanied with the joint proposal. The stability of drugs /or components also needs to be checked with some label or note.

17. The Joint Body informed IDC that, at present, some 500 medical / teaching units were active across the country with an average strength of 50 students per year, and that these teaching units were affiliated to 10 Councils. Discussions took place on the scientific reproducibility in the context of educational qualifications for the admission at these units, qualifications for the faculties, mode of teaching, mode of examination and evaluation, etc.

The committee asked the Joint Body to provide a detailed list of all the ten councils, with the names of the teaching units under them. Further, they were advised to collect and collate, at one place, the data in respect of the passed-out candidates from these units. Further, bodies of practitioners in Electropathy/ Electrohomeopathy in any part of the world need to be informed. Probably, there were about more than 5 lakh practitioners produced over the last 100 years, but there was no systematic record of scientific work. The committee observed that there must be a uniform body of practice /or practitioners, having acceptancy in public. Dr. Darshan Shankar commented that at the moment Electrohomoeopathy did not look like fit enough to be accorded recognition as a system of medicine. However, some sort of support and encouragement could be considered for this system, being practised by such a large number of persons, so that it could achieve the requirements which would be pre-requisites for consideration of its recognition as a viable system.

18.1 Dr. L.Swasticharan, Senior CMO, Directorate General of Health Services (DGHS), Ministry of Health and Family Welfare (MoH&FW), stated that DGHS / MoH&FW, in collaboration with the Ministry of AYUSH, was implementing an integrated programme called NPCDCS-AYUSH integration for prevention and management of common Non-Communicable Diseases (NCDs) in six districts of the country [two with CCRH-Darjeeling & Krishna, three with CCRAS - Gaya, Bhilwara and Surendranagar and one with CCRUM--Lakhimpur Kheri]. He stated that screening for NCDs were done by both the Allopathy and AYUSH teams, and based on the degree of illness, they were put on the specific system, with the Yoga common for all, and that manpower in the form of AYUSH physicians, pharmacist and yoga instructor, were supported by AYUSH to support the NPCDCS staff. It was mentioned that investigation was provided by the NPCDCS, who were trained as per a well designed Operational Guidelines and Training manual, and that regular monitoring was also carried out. Dr. Swasticharan informed that external evaluation of this three-year long project was being carried out by NIHF, New Delhi.

18.2 Dr. Swasticharan further stated that while appreciating the agreed-upon essential and desirable criteria, the proposal for the Electrohomeopathy, as a stand-alone system, seemed to be too premature, and that it might also be very difficult for the proponents of Electrohomeopathy to meet the criteria laid down, as these practitioners were not regulated or recognised and hence would not be able to generate the data and evidence, as required by the IDC. He said that they might, therefore, be encouraged to integrate with other established systems of medicine as adjuvant therapies and should generate evidences for future growth.

18.3 Dr. Swasticharan commented that in view of the above and as also the view expressed by AS & FA, ICMR could be mandated to fund or carry out relevant researches to study the system so that important inputs were available for IDC to take decisions in future.

Conclusions

19. The discussions on Electrohomoeopathy ended with the following conclusions :
- 19.1. Joint Body may be apprised of the above observations of IDC on the proposal submitted by them including regarding non-fulfillment of essential criteria and it be given opportunity to respond in writing.
- 19.2. Joint Body may be given opportunity to provide material about manufacturing of the drugs and other related aspects; councils awarding degrees/ diplomas ,etc., and their working as queried by IDC.
- 19.3. Representations of dissident associations already received , may be examined whether they have made any different claim/ have provided any additional justification, this note may be circulated among IDC members for getting their opinion on such representations.
20. The Chairman concluded the discussions on Electrohomoeopathy by thanking the joint body for the efforts so far made by them and joining the deliberations, but made it clear that until and unless the committee was provided with the data, information, proper documents, etc., meaningful appraisal of the system would not be possible. The Joint Body representatives thanked the Committee, and left the meeting.

Voluntary Certification Scheme for Traditional Community Health Practitioners

21. Dr. Darshan Shankar, Vice-Chancellor, TransDisciplinary University, Bengaluru, briefed the Committee on his proposal of "Voluntary Certification Scheme for Traditional Community Health Practitioners" (VCSTCHP). He mentioned how the traditional health practitioners were taking care of sizable primary health requirements in the rural areas. He stated that they were not called doctors, nor the proposal was for recognition of the practice as a system of medicine. He felt that some sort of support and encouragement could be there in the matter. He commented that some form of public acceptancy was there in place, which needed support and encouragement from the Government / IDC, so that their practices would get regulated and the required data becoming available. He felt that the IDC might consider supporting this approach used by Quality Council of India for Traditional Community Practitioners and also adopt similar strategy for the so far unrecognized systems/ mode of therapies. On line of National Health Policy, 2017 and the Ministry of Ayush comments, the IDC may support the traditional community-based medical practitioners. Since the ultimate goal was to improve the public health only, as part of endorsement, the IDC may like to recommend the capturing large quantity of data on acceptability, safety, efficacy of drugs. It would open opportunities for cross-practising in a legal & evidence based manner and this would promote such systems for maximum benefit to the end users. Discussions were held on the issues of data collection and validation. Dr. D.S. Gangwar, AS&FA (MoH&FW), suggested to involve ICMR's institutes for framing some guidelines for data collection, evaluation, validation and, thereafter, publication.

Conclusion

22. IDC supported the suggestions of Prof Darshan Shankar and recommended that ICMR/ its institutions should work towards the development of appropriate guidelines for the purpose of registration, quality assurance, safety assurance and generating evidence on standardized formats for future evaluation and decision making .

Views of the Ministry of AYUSH regarding recognition of alternative systems

23. The Chairperson read out - before the Committee - the contents of the note, which was received from the Ministry of AYUSH under their O.M. No. Z.28015/203/2016-PP&C, dated 16.03.2018, in the context of the proposal for recognition of Acupuncture as a system of medicine. One of the M/o AYUSH's views was that considering the issues related governance, administrative requirements, creation of new regulatory framework(s) and financial implications for imposing independent regulation of Complementary and Alternate Medicine (CAM), only the formally qualified and registered medical practitioners, whether allopathic or ASU&H recognized qualification holders, be allowed to do add-on practice of CAM system/ therapy after undergoing an accredited/ approved course of study or training of that CAM system/ therapy. For the purpose of regulating the professional practice and practitioner of CAM/ therapy, entries of their add-on qualifications may be made in the respective State or central registries of practitioners maintained under respective Indian Medical Council Act, the Indian Medicine Central Council Act and the Homoeopathy Central Council Act. Further, they were of the view that stand-alone recognition / approval of particular CAM/Therapy be discouraged in public interest. However, the institutions imparting any CAM/Therapy education and training need to be regulated by prescribing minimum standards of infrastructural facilities of education and training and also curricula for attachment of adequate professional competence by the practitioners. Such standards can be laid down based on recommendations of Expert Committee and duly approved / notified before notification. The Ministry of AYUSH, accordingly, requested the DHR/ Chairman of Inter-departmental Committee to consider adoption of these comments/ recommendation in their meeting while considering the proposals of any new system/ therapy other than AYUSH as CAM/therapy for add on practice by the registered practitioners and not as a distinct or independent mode of treating patients.

Conclusion

24. These issues were discussed in detail by the Committee. However, the IDC could not totally agree with the view-points of the Ministry of AYUSH. The Committee felt that consideration of proposals for recognition of any new independent system/ mode of therapy of medicine should not be stopped on administrative and financial considerations, which, however, might be important from governance angle. However, recognition of a particular claim as a system/ mode of therapy or not, is a scientific issue and not an administrative one. Public interest will be better served by best use of scientific advances and development of knowledge. AS&FA observed that knowledge consolidation must be there.

25. The meeting concluded with a vote of thanks to and from the Chair.

Annexure-I

'List of participants' in the Fourth meeting of the 'Inter-Departmental Committee For Identifying Viable New Systems Of Medicine / Therapy' (IDC), held at the Department of Health Research, New Delhi, on 27.05.2019.

Inter-Departmental Committee

1. Dr. V.M. Katoch, former Secretary, Department of Health Research-cum-Director General, Indian Council of Medical Research. ...in the Chair.
2. Dr. Dharmendra Singh Gangwar, Additional Secretary & Financial Adviser, Ministry of Health and Family Welfare Special Invitee
3. Shri Vijay Varma, Joint Secretary, Department of Legal Affairs, Ministry of Law & Justice.
4. Dr. Raja Babu Panwar, Vice-Chancellor, Rajasthan University of Health Sciences
5. Dr. Bhushan Patwardhan, Vice- Chairman, University Grants Commission
6. Dr. Darshan Shankar, Vice-Chancellor, TransDisciplinary University, Bengaluru.
7. Vd. Govind Y. Khati, Dean, R.A. Podar Medical College(Ayush), Govt. of Maharashtra, Mumbai.
8. Shri Rajat Chattopadhyay, Principal & Administrator, The Calcutta Homoeopathic Medical College and Hospital, Government of West Bengal,
9. Shri D.V.K. Rao, Deputy Secretary, Department of Health and Family Welfare, New Delhi.
10. Dr. L.Swasticharan, Senior CMO, Directorate General of Health Services, Ministry of Health and Family Welfare, New Delhi.
11. Md. Muqem, Dy. Legal Adviser, Department of Legal Affairs, Ministry of Law & Justice, New Delhi.
12. Dr. S. P. Shani, Dy. Drugs Controller (I), CDSCO, New Delhi.

List of participants from the 'Electrohomoeopathy' Organizations in the Fourth Meeting of the Inter-Departmental Committee, held at the Department of Health Research on 27.05.2019 at 10 AM, to consider proposal for recognition of Electrohomoeopathy as a system of medicine.

1. Dr. Kuldip Tiwari, NEHM, New Delhi.
 2. Shri Anil Varma, NEHM, New Delhi.
 3. Dr. Ajit Singh, ERDOI.
 4. Dr. A.P. Maurya, CCEHSM, West Bengal.
 5. Dr. Bahubali Shah, EHMCI, Kerala.
 6. Dr. Suresh Babu, EHMCI, Kerala.
 7. Dr. Sanjeev Sharma, EHRF, Himachal Pradesh.
 8. Dr. Kamla Kant Nayak, SEPA, Odisha.
 9. Dr. K.A. Bakshi, CEHSMR &DI, Andhra Pradesh.
 10. Dr. R. P. Sharma, MBEHSM, Uttar Pradesh.
 11. Dr. Deepak Sinha, Count Mattei Association, Kanpur.
 12. Dr. Priti Manchanda, New Delhi.
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