CHAPTER 30

HEALTH AND FAMILY WELFARE

The Union Ministry of Health & Family Welfare is instrumental and responsible for implementation of various programmes on a national scale in the areas of Health & Family Welfare, prevention and control of major communicable diseases and promotion of traditional and indigenous systems of medicines. Apart from these, this Ministry also assists States in preventing and controlling the spread of seasonal disease outbreaks and epidemics through technical assistance. The Ministry comprises of four departments, namely, Department of Health & Family Welfare, Department of AYUSH, Department of Health Research and Department of AIDS Control. The Directorate General of Health Services (DGHS) is an attached office of the Department of Health & Family Welfare and has subordinate offices spread all over the country. The DGHS renders technical advice on all medical and public health matters and is involved in the implementation of various health schemes. The country has a well structured 3-tier public health infrastructure, comprising Community Health Centres, Primary Health Centres and Sub-Centres spread across rural and semi-urban areas and tertiary medical care providing multi-Speciality hospitals and medical colleges located almost exclusively in the urban areas. Improvements in health indicators can be attributed, in part to this network of health infrastructure. The Indian Red Cross Society (IRCS) is the largest independent humanitarian organization of India. It is a huge family of 12 million volunteers and members and staff exceeding 3500. It reaches out to the community through 700 branches spread through out the country. With a variety of activities in health, disaster and organizational development, it is also working towards achieving the Global Agenda and Millennium Development goals.

The National Health Policy-2002 (NHP-2002) gives prime importance to ensure a more equitable access to health services across the social and geographical expanse of the country. The policy outlines the need for improvement in the health status of the people as one of the major thrust areas in the social sector. An acceptable standard of good health amongst the general population of the country is sought to be achieved by increasing access to the decentralized public health system by establishing new infrastructure in deficient areas, and by upgrading the infrastructure in the existing institutions. Emphasis has been given to increase the aggregate public health investment through a substantially increased contribution by the Central Government. Ministry of Health and Family Welfare is responsible for ensuring safe food to the consumers. This is done through the Prevention of Food Adulteration (PFA) Act 1954 and the PFA Rules 1955 made there under. The Food Safety & Standards Act, 2006, a new law encompassing the domains of various food related laws in the country has been enacted to revamp the food safety requirements in keeping with modern day needs as well as the international trend towards modernization. The new law aims to ensure safe, hygienic and wholesome food for the citizens of the country. It bestows responsibility on the Food manufacturers, traders etc. to manufacture and supply safe, hygienic and wholesome food. The Act also provides for compensation to the victim or the legal representative to be paid by vendor /manufacturer, in case of injury or death of consumer by adulterated / injurious food article. The Food Safety and Standards Authority of India has been established to implement the provisions / mandate of this new law, for laying down science based standards for articles of foods and to regulate their manufacture, storage, distribution, sale and import to ensure the availability of safe and wholesome food for human consumption.

A. Programmes on Health Sector:

Department of Health and Family Welfare, Government of India is administering the various programmes/schemes and enacted various legislation on health sector. Some important programmes/legislation are as under:

Cancer Control Programme: At any point of time, it is estimated that there are nearly 25 lakh cases in the country. Every year about 4 lakh deaths occur due to cancer. In view of the magnitude of the problem and the requirement to bridge the geographical gaps in the availability of cancer treatment facilities across the country, the Cancer Control Programme launched in 1975-76 was revised in 1984-85 and subsequently in December 2004.

Mental Health Programme: National Mental Health Programme was started inm1982 with the objectives to ensure availability and accessibility of minimum mental health care for all, to encourage mental health knowledge and skills and to promote community participation in mental health service development and to stimulate selfhelp in the community. There is shift in approach of mental health care services, from hospital based care (institutional) the approach now is towards providing community based mental health care.

Emergency Facilities of State Hospitals located on National Highways: This is a project for Upgradation & Strengthening of Emergency Trauma Care Facility in State Government Hospitals located on National Highways under the scheme "Assistance for Capacity Building" with a view to provide immediate treatment to the victims of road traffic injury. The network of trauma care facilities along the corridors will bring down the morbidity and mortality on account of accidental trauma by observing the golden hour concept.

Prevention and Control of Diabetes, Cardiovascular Disease and Strokes: A pilot scheme has been launched in January, 2008 with the aim of prevention and control of non-communicable diseases (NCDs) using health promotion and health education advocacy, early detection of persons with high level of risk of developing disease through opportunistic screening and capacity building of health system at all levels to tackle NCDs and improvement of quality of care and developing trained manpower at various health care set-ups in Districts/States. The pilot scheme encompasses 10 States with one District each namely, Kamrup, Assam; Jalandhar, Punjab; Bhilwara, Rajasthan; Jabalpur, Madhya Pradesh; Shimoga, Karnataka; Kancheepruam, Tamil Nadu; and Thiruvananthapuram, Kerala. Under the Pilot project, Health promotion activities were undertaken in 300 schools (30 in each district) and at 15 workplaces (1-2 workplace per district) in all the 10 States.

Central Government Health Scheme (CGHS): CGHS is a scheme for providing health care to serving Central Government employees and their dependant family members. Over the years, the scheme has bee extended to cover central government pensioners, their dependant family members and certain other categories like members of parliament and exmembers of parliament, freedom fighters etc. As on 31.3.2009, the membership stood at 9.35 lakhs with 32 lakh beneficiaries. The beneficiaries are being provided health service through a huge network of: Dispensaries (247 Allopathic, 82 Ayush), Yoga Centres (4), Polyclinics (19), Laboratories (66), Dental Units (21) and Gynae–maternity Hospital (1). In addition, beneficiaries enjoy medical facilities in around 400 private empanelled hospitals and around 170 diagnostic centres, all over the country.

Health Minister's Discretionary Grant: Financial Assistance to the poor and indigent patients is given from the Health Minister 's Discretionary Grant to defray a part the expenditure on hospitalization/treatment in Govt. Hospital as these patients cannot be considered for financial assistance under Rashtriya Arogya Nidhi due to income of above poverty line, but less than Rs.50,000/- per annum.

Borne Disease Control Programme (NVBDCP): The NVBDCP is a comprehensive programme for prevention and control of vector borne diseases namely Malaria, Filaria, Kala-azar, Japanese Encephalitis (JE), Dengue and Chikungunya which is covered under the overall umbrella of NRHM. The States are responsible for implementation of programme whereas the Directorate of NVBDCP, Delhi provides technical assistance, policies and assistance to the States in the form of cash & commodity, as per approved pattern.

Pradhan Mantri Swasthya Suraksha Yojana (PMSSY): Government of India has approved the Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) in March, 2006 with the objective of correcting regional imbalance in the availability of affordable/reliable tertiary healthcare services and also to augment facilities for quality medical education in the country. PMSSY has two components in its first phase - (i) setting up of six AIIMS-like institutions and (ii) upgradation of 13 existing Government medical college institutions.

Other Health Programmes: Other major health programmes are Prevention and Control of Deafness; Prevention and Control of Fluorosis; Rashtriya Arogya Nidhi, Leprosy Eradication Programme (NLEP); TB Control Programme (RNTCP); Programme for Control of Blindness (NPCB); and Iodine Dificiency Disorders Control Programme.

B. Rural Health Services:

The health and family welfare programme in the country is being implemented through primary health care system. In rural areas, primary health care services are provided through a network of 146036 Sub-Centres, 23458 Primary Health Centres and 4276 Community Health Centres as on March 2008 based on the following norms of population case load/work load and distance. The population norms for SC/PHC/CHC is as follows :

- **Sub-Centre:** Sub-Centre is the first peripheral contact point between Primary Health Care system and the community. It is manned by one Female (ANM) and one Male Health Worker and one LHV for six such Sub-Centres. Sub-Centres are assigned task relating to maternal and child health, family welfare, nutrition, immunization, diarrhea control and control of communicable diseases programmes and provided with basic drugs for minor ailments needed for taking care for essential health need for women and children.

- **Primary Health Centre (PHC):** PHC is the first contact point between village community and the Medical Officer. It is manned by a Medical Officer and 14 other staff. It acts as a referral Unit for 6 Sub-Centres and has 4-6 beds for patients. It performs curative, preventive, promotive and Family Welfare services. There are 23458 PHCs functioning in the country. The PHCs are being strengthened under NRHM to provide a package of essential public health programmes and support for outreach services to ensure regular supplies of essential drugs and equipment, round the clock services in all PHCs across the country, upgrading single doctor PHC to 2 doctors PHC by posting AYUSH practitioners at PHC level, provision of 3 Staff Nurses in a phased manner.

- **Community Health Centre (CHC):** CHC is established and maintained by the State Governments and as per standards it is supposed to be manned by four Medical specialists i.e. Surgeon, Physician, Gynecologist and Pediatrician supported by 21 paramedical and other staff. It has 30 in-door beds with one OT, X-ray, and Labour room and Laboratory facilities and serves as a referral centre for 4 PHCs. It provides facilities for emergency obstaetrics care and specialist consultations. Indian Public Health Standards lays down that this CHC is to be manned by 6 Medical Specialists including Anaesthetics and an eye surgeon (for 5 CHCs) supported by 24 paramedical and other staff with inclusion of two nurse midwives in the present system of seven nurse midwives. At present 4276 CHCs are functioning in the country.

Indian Public Health Standards (IPHS): Indian Public Health Standards (IPHS), which detail the specifications of standards so that the citizen is confident of getting public health services in the hospital that can of acceptable standards. Indian Public Health Standards (IPHS Sub-Centres, PHCs, CHCs, Subdivisional/ Sub-district Hospitals and District Hospitals lay down Standards not only for personnel and physical infrastructure, but also for delivery of services, and management. Each Hospital would, as part of IPHS, be required to set up a Rogi Kalyan Samittee (RKS)/Hospital Management Committee) which will bring in community control into the management of public hospitals.

Mobile Medical Units/Health Camps: With the objective to take health care to the door step of the public in the rural areas, especially in under-served areas, Mobile Medical Units (MMUs), have been provided, one per district under NRHM. Two kinds of MMUs are envisaged, one with diagnostic facility for the States other than North-East States, Himachal Pradesh and J&K. In addition, for the North- Eastern States, Himachal Pradesh and J&K, specialized facilities and services such as X-ray, ECG and ultrasound are proposed to be provided in MMUs.

National Rural Health Mission (NRHM): Under NRHM launched in 2005, the difficult areas with unsatisfactory health indicators were classified as special focus States to ensure greatest attention where needed. The thrust of the Mission is on establishing a fully functional, community owned, decentralized health delivery system with inter sectoral convergence at all levels, to ensure simultaneous action on a wide range of determinants of health like water, sanitation, education, nutrition, social and gender equality. The NRHM is shifting the focus to a functional health system at all levels, from the village to the district. The architectural correction envisaged under NRHM is organized around five pillars, each of which is made up of a number of overlapping core strategies. These five fillers are: (1) Increasing Participation and Ownership by the Community, (2) Improved Management Capacity (3) Flexible Financing (4) Innovations in human resources development for the health sector, and (5) Setting of standards and norms with monitoring.

C. Maternal Health Programmes:

Promotion of maternal and child health has been one of the most important objectives of the Family Welfare Programme in India. Under the NRHM and the RCH Programme, the Government of India is actively pursuing the goals of reduction in Maternal Mortality by focusing on the 4 major strategies of essential obstetric and new born care for all, skilled attendance at every birth, emergency obstetric care for those having complications and referral services. The other major interventions are provision of Safe Abortion Services and services for RTIs and STIs. The National Population Policy 2000 and National Health Policy 2002 have set the goal of reducing MMR to less than 100 per 100000 live births by the year 2010.

Maternal Mortality Ratio (MMR): MMR is defined as the number of maternal deaths per 100,000 live births due to causes related to pregnancy or within 42 days of termination of pregnancy, regardless of the site or duration of pregnancy. The major causes of Maternal Mortality have been identified as hemorrhage (both ante and post partum), toxemia (Hypertension during pregnancy), anemia, obstructed labour, puerperal sepsis (infections after delivery) and unsafe abortion Haemorrhage. Most of these deaths are preventable with good ante natal care, timely identification and referral of pregnant women with complications of pregnancy and timely provision of emergency obstetric care.

Schemes for Improving Obstetric Care Services: Several initiatives are under implementation to achieve the goal of reduction in Maternal Mortality. These interventions are Essential Obstetric Care; Quality Ante Natal care; Prophylaxis and treatment of Nutritional Anemia; Post natal care for mother and newborn; Skilled Attendance at Birth; Provision of Emergency Obstetric and Neonatal Care at FRUs; and Referral Services at both Community and Institutional level.

Janani Suraksha Yojana (JSY): Janani Suraksha Yojana (JSY) is a safe motherhood intervention under the National Rural Health Mission (NRHM) being implemented with the objective of promoting institutional delivery among the poor pregnant women. The Yojana, launched on 12th April 2005, is being implemented in all states and UTs. JSY is a 100 % centrally sponsored scheme and it integrates JSY benefits with delivery and postdelivery care. Besides the maternal care, the scheme provides cash assistance to all eligible mothers for delivery care. The Yojana has identified, the Accredited Social Health Activist (ASHA) as an effective link between the Government and the poor pregnant women. Her main role is to facilitate pregnant women to avail Services of maternal care and arrange referral transport. The Yojana subsidizes the cost of Caesarean Section or for the management of Obstetric complications, up to ₹ 1500 per delivery to the Government Institutions, where Government specialists are not in position. All BPL pregnant women aged 19 years and above, preferring to deliver at home is entitled to cash assistance of ₹ 500 per delivery, up to two live births.

Village Health and Nutrition Day: Organizing of Village Health & Nutrition Day (VHNDs) at Anganwadi centre at least once every month to provide ante natal/ post partum care for pregnant women, promote institutional delivery and health education apart from other various services**.**

D. Child Health Programmes:

Since the inception of the family planning Programme in 1951, and subsequent inclusion of maternal and child health, focus has been on reducing the commonest cause of mortality among the under fives in the country. The Infant Mortality Rate has declined from 134 per thousand live births in 1947-50 to 53 per thousand live births in 2008, which is still high. There is hence a firm commitment for the reduction of the MMR, IMR and the TFR under the National Rural Health Mission (NRHM). Some important child health programme are Navjaat Shishu Suraksha Karyakram (NSSK); Integrated Management of Neonatal and Childhood Illness; Facility Based Integrated Management of Neonatal and Childhood Illness (F- IMNCI); Sick New Born Care (SNCU); Infant and young child feeding; Nutrition Rehabilitation Centres(NRCs); School Health Programme; and Home Based New Born Care.

Universal Immunization Programme: Immunization Programme in India was introduced in 1978 as Expanded Programme of Immunization. This gained momentum in 1985 as Universal Immunization Programme (UIP) and implemented in phased manner to cover all districts in the country by 1989-90. UIP become a part of Child Survival and Safe Motherhood Programme in 1992. Since, 1997, immunization activities have been an important component of National Reproductive and Child Health Programme. Immunization is one of the key areas under National Rural Health Mission (NRHM) launched in 2005. Under the Universal Immunization Programme Government of India is providing vaccination toprevent six vaccine preventable diseases i.e. Diphtheria, Pertussis, Tetanus, Polio, Measles and severe form of Childhood Tuberculosis.

Pulse Polio Immunization: In the pursuance of the World Heath Assembly resolution of 1988, the Pulse Polio Immunization (PPI) Programme was started nation-wide from 1995 to eradicate polio in India covering children in the age group 0-3 years. In order to accelerate the pace of polio eradication, all children under the age of 5 years were targeted since 1996-97. From 1999-2000 house to house vaccination of missed children was also introduced to vaccinate children missed during the fixed booth based vaccination of children.

E. Family Welfare:

In 1952, India launched the world's first national programme emphasizing family planning to the extent necessary for reducing birth rates "to stabilize the population at a level consistent with the requirement of national economy". Since then, the family planning programme has evolved and the programme is currently being repositioned to not only achieve population stabilization but also to promote reproductive health and reduce maternal, infant, child mortality and morbidity. Nationwide, the small family norm is widely accepted (the wanted Fertility rate for India as a whole is 1.9: NFHS-3) and the general awareness of contraception is almost universal (98% among women and 98.6% among men: NFHS-3).Contraceptive use is generally rising. The proximate determinants of fertility like age at first marriage and age at first childbirth (which are societal preferences) are also showing good improvements at the national level. The salient features of the family planning services are as follows:

- Counseling, access to and provision of good quality services and follow-up care are emphasized in all services.
- Fixed Day Static Services (FDS) approach in sterilization services.
- In states with high unmet need for limiting methods, sterilization camps are continued till the time FDS is implemented effectively.
- Revised compensation scheme for sterilization acceptors to compensate the wage loss is continued in all the states 'National Family Planning Insurance Scheme' (NFPIS) covers service providers in both public and accredited private facilities.
- 'Quality Assurance Committees' (QACs) have been constituted in all the states and districts.
- The division is repositioning IUD as short and long term spacing method.
- Regular contraceptive updates for service providers in all states, with special focus on High Focus States (HFS).
- Emergency Contraception Pills (ECPs) are effective for preventing conception due to unplanned/ unprotected sex. Guidelines have been developed and disseminated regarding its use.

Checking of Female foeticide: In order to check female foeticide, the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994, was brought into operation from 1st January, 1996. The Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 has since been amended to make it more comprehensive. The amended Act and Rules came into force with effect from 14.2.2003 and the PNDT Act has been renamed as "Pre-conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994" to make it more comprehensive.

Family Welfare Linked Health Insurance Scheme (FWLHIS): As a measure to encourage people to adopt permanent method of Family Planning, the FWLHIS has been implementing since 1981 to compensate the acceptors of Sterilisation for the loss of wages for the day on which he/she attended the medical facility for undergoing Sterilisation. Apart from providing for cash compensation to the acceptor of sterilisaion some States/UTs were apportioning some amount for creating a miscellaneous purpose fund utilized for payment of ex-gratia to the acceptor of sterilisaion or his/her nominee in the unlikely event of his/her death or incapacitation or for treatment of post operative complications attributable to the procedure of Sterilisation.

F. Ayurveda, Yoga and Naturopathy, Unani, Siddha, Homoeopathy (AYUSH):

India has one of the oldest, richest and most diverse cultural traditions associated with the use of medicinal plants. World Health Organization (WHO) has estimated that approximately 80% of the world population relies on traditional medicines which are mostly plant-based drugs. About 7500-8000 species of plants are used for human and veterinary health care in the country. Indian systems of medicine use various raw materials of which medicinal plants constitute 90% of the raw material. About 3000 plants species are reported to be used in the codified Indian Systems of Medicine like Ayurveda (900 species), Siddha (800 species), Unani (700 species) and Amchi (300 species). The rest of the species are used in local health traditions and with folk Indian systems. In addition to their use in the preparation of tradition medicines, the medicinal plants are being used in preparation of various pharmaceuticals and health products under the modern medicine system. Keeping in view the need for availability of authentic raw drugs and the vast potential of herbal product/herbal drugs and the role that India could play in the global market, Government of India has set up the National Medicinal Plants Board (NMPB) in the year 2000, a national level nodal body, which is responsible for co-ordination in all matters relating to development of medicinal plants including drawing up policies and strategies for conservation, proper harvesting, cost-effective cultivation and marketing of raw material etc.

It is increasingly understood that no single health care system can provide satisfactory answers to all the health needs of modern society. India has an advantage in this global resurgence of interest in holistic therapies as it has a rich heritage of indigenous medical knowledge coupled with strong infrastructure and skilled manpower in modern medicine. The AYUSH sector has a critical role to play in the new and emerging situation. The Department of AYUSH under Ministry of Health and Family Welfare, promotes and propagates Indian systems of Medicine and Homoeopathy, and is committed to infuse the wisdom of traditional medicine with the methodologies of modern science, scientifically validating the systems and presenting them in the scientific idiom. Under the NRHM, AYUSH facilities are being set up in PHCs and CHCs and are being manned by qualified AYUSH physicians appointed on contract basis. The research activities of theses Central Councils are carried out through various regional Institutes/Centres/Units located all over India and also through collaborative studies with various Institutions/Hospitals of Indian System of Medicine & Homoeopathy and premier modern medicine institutions and Hospitals. The four Central Research Councils are: (1) Central Council for Research in Ayurveda and Siddha (CCRAS); (2) Central Council for Research in Unani Medicine (CCRUM); (3) Central Council for Research in Yoga & Naturopathy (CCRYN); and (4) Central Council for Research in Homoeopathy (CCRH).

Ayurveda: Ayurveda is perhaps as old as our civilization. This “science of Life” (Ayu +Veda) takes an integrated view of the physical, mental, spiritual and social aspects of human beings, each impinging on the others. Ayurveda was referred to in the Vedas (Rigveda and Atharvveda) and around 1000 B.C. the knowledge of Ayurveda was comprehensively documented in Charak Samhita and Sushrutha Samhita. According to Ayurveda, all objects and living bodies are composed of five basic elements, namely, Prithvi (earth), Jal (water), Agni (fire), Vayu (air) and Akash (ether). The philosophy of Ayurveda is based on the fundamental harmony between universe and man. Ayurveda believes in the theory of Tridosha: Vata (ether + air), Pitta (fire) and Kapha (earth + water). These three ‘Doshas’ are physiological entities in living beings. The mental characters of men are described by Satva, Rajas and Tamas. Ayurveda aims to keep these structural and functional entities in a state of equilibrium which signifies good health (Swastha). Any imbalance due to internal or external factors causes disease and the treatment consists of restoring the equilibrium through various techniques, procedures, regimen, diet and medicine.

Unani: The Unani System has grown out of the fusion of the traditional knowledge of ancient civilizations like Egypt, Arabia, Iran, China, Syria and India. The system of medicine was documented in Al-Qanoon, a medical Bible, by Sheikh Bu-Ali Sina (Avicena) (980-1037 AD), and in Al-Havi by Razi (850-923 AD) and in many other books written by the Unani physicians. The Unani system is based on the Humoral theory i.e, the presence of blood, phlegm, yellow bile and black bile in a person. The temperament of a person can accordingly be sanguine, phlegmatic, choleric and melancholic depending on the presence and combination of humors.

Siddha: The Siddha System is one of the oldest systems of medicine in India and is practised in the Tamil speaking parts of India and abroad. The Siddha system of Medicine emphasizes that medical treatment is oriented not merely to disease but has to take into account the patient, the environment, age, sex, race, habits, mental frame, habitat, diet, appetite, physical condition, physiological constitution, etc. This means the treatment has to be individualistic and ensures a low probability of incorrect diagnosis or treatment. The diagnosis of diseases in Siddha involves identifying its causes through the examination of pulse, urine, eyes, study of voice, colour of body, tongue and the status of the digestive system. The system has developed a rich and unique treasure house of drug knowledge in which use of metals and minerals is liberally made.

Yoga: Yoga is primarily a way of life, first propounded by Patanjali in systematic form. It consists of eight components namely, restraint, observance of austerity, physical postures, breathing exercise, restraining of sense organs, contemplation, meditation and samadhi. These steps in the practice of Yoga have the potential to improve social and personal behavior and to improve physical health by encouraging better circulation of oxygenated blood in the body, restraining the sense organs and thereby inducing tranquility and serenity of mind. The practice of Yoga has also been found to be useful in the prevention of certain psychosomatic disorders/diseases and improves individual resistance and ability to endure stressful situations.

Naturopathy: Naturopathy is a drugless, non-invasive therapy involving the use of natural materials in its treatment based on the theories of vitality, toxiemia, self healing capacity of the body and the principles of healthy living. Naturopathy is not only a system of treatment but also a way of life. Naturopathy is a system of medicine widely practised, globally accepted and recognized by WHO. Naturopathy is a system of man living in harmony with constructive principles of Nature on the physical, mental, moral and spiritual planes. It has great promotive, preventive, curative as well as restorative potential. Naturopathy is a scientific system of healing stimulating the body's inherent power to regain health with the help of five great elements of nature – Earth, Water, Air, Fire and Ether. Naturopathy is a call to "Return to Nature" and to resort to a simple way of living in harmony with the self, society and environment. Naturopathy advocates 'Better Health without Medicines'. It is very effective in chronic, allergic and stress related disorders. The theory and practice of Naturopathy are based on a holistic view point. The advocates of Naturopathy pay particular attention to eating and living habits, adoption of purificatory measures, use of hydrotherapy, cold packs, mud packs, baths, massages, fasting etc.

Homoeopathy: The Physicians from the time of Hippocrates (around 400 B.C.) have observed that certain substances could produce symptoms of a disease in healthy people similar to those of people suffering from the disease. Dr. Christian Friedrich Samuel Hahnemann, a German physician, scientifically examined this phenomenon and codified the fundamental principles of Homoeopathy. Homoeopathy was brought into India around 1810 A.D. by European missionaries and received official recognition by a resolution passed by the Constituent Assembly in 1948 and then by the Parliament. Homoeopathic medicines do not have any toxic, poisonous or side effects. Homoeopathic treatment is economical as well and has a very broad public acceptance. Homoeopathy has its own areas of strength in therapeutics and it is particularly useful in treatment for allergies, autoimmune disorders and viral infections. Many surgical, gynaecological and obstetrical and paediatric conditions and ailments affecting the eyes, nose, ear, teeth, skin, sexual organs etc. are amenable to homoeopathic treatment. Behavioral disorders, neurological problems and metabolic diseases can also be successfully treated by Homoeopathy.

Amchi: The Amchi system of Medicine, also known as Tibetan system of medicine (Bodh-Kyi Sowa–Rigpa), traces its origin to Ayurvedic system of India. Tibetan medicine is a science, art and philosophy that provide a holistic approach to health care on the basis of principles which are systematically enumerated and logically framed, based on an understanding of the body and its relationship to the environment. It uses diagnostic techniques based on the creativity, insight, subtlety and compassion of the medical practitioner and it embraces the key Buddhist principles of altruism, karma and ethics. According to the Amchi system, proper alignment of the 3 humors, 7 bodily constituents and 3 excretions in the state of equilibrium constitute a healthy body. Any disequilibrium in any of these energies constitutes a state of disorder or ill-health. The diagnostic techniques include visual observation, touch and interrogation. Therapy under this system is divided into treatment by herbs, minerals, animal organs, spring and mineral water, moxibustion and by mysticism and spiritual power.

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G. Medical Education:

Various statutory medical Councils have been established by the Acts of Parliament with main objectives to regulate the medical education at undergraduate and postgraduate level and maintain the central registers of the medical practitioners. These are as under:

Medical Council of India (MCI): The MCI was established as a statutory body under the provisions of the Indian Medical Council Act, 1933, which was later, replaced by the Indian Medical Council Act, 1956 (102 of 1956). The objectives of the Council are (1) Maintenance of uniform standards of medical education, both undergraduate and postgraduate; (2) Recommendation for recognition/de-recognition of medical qualifications of medical institutions of India or foreign countries; (3) Permanent registration/provisional registration of doctors with recognised medical qualifications; (4) Reciprocity with foreign countries in the matter of mutual recognition of medical qualifications. As on date December 2009 there are 300 medical colleges in the country out of which 223 medical colleges have been recognized under Section 11(2) of the IMC Act, 1956 by Medical Council of India. The remaining 77 colleges have been permitted under Section 10A of the IMC Act, 1956 for starting MBBS course. The admission capacity in these colleges is approx. 34690 students per year.

Dental Council of India (DCI): The DCI is a statutory body constituted by an Act of Parliament viz. Dentists Act, 1948 (XVI of 1948) with the main objective of regulating the Dental Education, Dental Profession, Dental ethics in the country and recommend to the Govt. of India to accord permission to start a Dental College, start higher course & to increase of seats.

Central Council of Indian Medicine (CCIM): CCIM is a statutory body established under the Indian Medicine Central Council Act, 1970 with its main objectives as (1) prescribing minimum standards of education in Indian Systems of Medicine viz. Ayurveda, Siddha and Unani Tibb; (2) advising the Central Government in matters relating to the recognition (inclusion/withdrawal) of medical qualifications in the Second Schedule to the Indian Medicine Central Council Act, 1970; (3) maintaining a Central Register of Indian Medicine and revising the Register from time to time; etc.

Central Council of Homoeopathy (CCH): The CCH is a statutory body constituted by the Government of India under the provisions of Homoeopathy Central Council Act, 1973 with its main objectives as (1) regulation of Homoeopathy medical education; (2) maintenance of a Central Register of Homoeopathic Practitioners in the country; and (3) prescribing standards of professional conduct, etiquette and a code of ethics for the practitioners of Homoeopathy.

Pharmacy Council of India: The Pharmacy Council of India is a body constituted under section 3 of the Pharmacy Act, 1948 to regulate the profession and practice of Pharmacy. The objectives of the Council is to prescribing minimum standard of education required for qualif ication as a pharmacists; uniform implementation of education standards; approval of course of study and examination for Pharmacists; withdrawal of approval; approval of qualifications granted outside India; and maintenance of Central Register of Pharmacists.

Indian Nursing Council: The Indian Nursing Council is an autonomous body under the Government of Indian, Ministry of Health and Family Welfare constituted under the Indian Nursing Council Act, 1947 to establish a uniform standard of training for nurses, midwives and health visitors and ANMs in India.

H. Health Organisations/Institutions:

The some important organizations/institutions which are actively involved in promotion of the medical science in India are as under:

National Academy of Medical Sciences (NAMS): NAMS was established in 1961 as a registered Society with the objective of promoting the growth of medical sciences. The National Academy of Medical Sciences (India) is a unique institution which fosters and utilises academic excellence as its resource to meet the medical and social goals. Over the years the Academy has recognized the outstanding achievements of Indian scientists in the field of medicine and allied sciences and conferred Fellowship and Memberships

All India Institute of Medical Sciences (AIIMS): AIIMS was established in 1956 by an Act of Parliament as an institution of national importance. AIIMS was conceived to be a center of excellence in modern medicine with comprehensive training facility. The AIIMS continues to be a leader in the field of medical education, research and patient-care in keeping with the mandate of the Parliament.

Central Bureau of Health Intelligence (CBHI): CBHI is the National Nodal Institution for Health Intelligence in India was established in 1961. The broad objectives of CBHI are: (1) maintaining and disseminating the (a) National Health Profile (NHP) of India, (b) Health Sector Policy Reform Options Database (HS-PROD), (c) Inventory and GIS Mapping of Govt. Health Facilities in India, etc.; (2) reviewing the Progress of Health Sector Millennium Development Goal (MDG) in India; (3) preparing Annual Road Safety Profile of India; etc.

International Institute for Population Sciences (IIPS): IIPS was established in Mumbai in 1956 as the Demographic Training and Research Centre. The Institute is a "Deemed University" functioning under the administrative control of the Ministry of Health and Family Welfare, to impart training, conduct research and provide consultancy services in the field of Population Studies.

National Institute of Health and Family Welfare (NIHFW): NIHFW, Delhi is an autonomous, apex technical institute under Ministry of Health and Family Welfare, Government of India working for the promotion of Public Health in the country.

Indian Medicines Pharmaceutical Corporation Limited (IMPCL): IMPCL situated in Almora is a Government of India Enterprise under the administrative control of the Department of AYUSH to manufacture and market Ayurvedic and Unani products (website:www.impclmohan.com). The primary objective of the company is to manufacture and supply authentic quality Ayurvedic and Unani products.

Highlights :

- The number of Government hospitals under allopathic system increased from 4571 in 2000 to 11613 in 2009, whereas, its' bed-strength increased from 431 thousand to 540 thousand during the same period. There were 22291 allopathic dispensaries in 2002 in the country.

- The number of hospitals under AYUSH systems decreased from 3880 in 2000 to 3371 in 2008, whereas, its' bed-strength decreased from 75 thousand to 66 thousand during the same period. The number of dispensaries under AYUSH systems increased from 20707 in 2000 to22014 in 2008

- Under Central Government Health Scheme (CGHS), the number of dispensaries under allopathic system increased from 241 in 2001 to 246 in 2009, whereas, the number of dispensaries under AYUSH systems increased from 79 to 86 during the same period. The number of card holders decreased from 1.0 million to 0.93 million and the number of beneficiaries under CGHS decreased from 4.35 million to 3.18 million during the same period.

- As for the rural health infrastructure, there were 581 District Hospitals, 4510 Community Health Centres, 23391 Primary Health Centres and 145894 Sub-Centres in 2008.

- While the number of allopathic doctors increased from 555.6 thousand in 2000 to 757.4 thousand in 2009, the number of dental surgeons increased from 39.11 thousand in 2000 to 93.33 thousand in 2008. The number of doctors under AYUSH systems increased from 681.12 thousand in 2000 to 754.99 thousand in 2008.

- The number of General Nursing Midwives (GNMs) increased from 776.36 thousand in 2000 to 1043.36 thousand in 2008, whereas, the number of Auxiliary Nursing Midwives (ANMs) increased from 419.08 thousand to 557.02 thousand and the number of Health Visitors & Health Supervisors increased from 35.89 thousand to 51.78 thousand during the same period.

- While the number of allopathic medical colleges increased from 189 in 2000-01 to 300 in 2009-10, the number of admissions in 1st year of MBBS course increased from18.17 thousand to 34.60 thousand during the same period.

- The number of colleges imparting BDS course increased from 135 in 2000-01 to 290 in 2009-10, the number of admission therein increased from 8.34 thousand to 23.52 thousand, whereas, the number of colleges imparting MDS course increased from 49 to 122, the number of admission therein increased from 859 to 2365 from 2000-01 to 2008-09.

- Under AYUSH systems, the number of Post-Graduate colleges increased from 68 in 2000 to 103 in 2008, their admission capacity increased from 838 to 2244, whereas, the number of Under-Graduate colleges increased from 373 to 479 & their admission capacity increased from 16.81 thousand to 27.14 thousand during the same period.

- The cumulative number of sterilization increased from 120.26 million in 2000-01 to 164.71 million in 2009-10, whereas, the cumulative number of IUD insertions increased from 100.94 million to 155.48 million.

- Tetanus immunization for Expectant Mothers was achieved for around 24-25 million every year from 2000-01 to 2008-09.

- Between 23-25 million children were immunized every year through DPT and Polio immunization programme from 2000-01 to 2008-09.

- The number of BCG and Measles immunization done each year during this period were around 26 millions and 24 millions respectively.

- The data on the number of death due to Acute Diarrhoeal Diseases, Malaria, Japanese Encephalitis, Viral Hepatitis and Acute Respiratory Infection does not reflect any specific trend during the period from 2000 to 2009. However, during 2009, Maximum number of deaths are reported to have occurred in West Bengal due to Acute Diarrhoeal Diseases (725), Acute Respiratory Infection (709) and Viral Hepatitis (121); Meghalaya and Orissa due to Malaria (192 each) and Uttar Pradesh due to Japanese Encephalitis (556).

This chapter contains the following tables:

Table 30.1: presents the year-wise number of allopathic hospitals, dispensaries and beds since 2000 and State-wise break-up of allopathic hospitals in 2009.

Table 30.2: presents the year-wise and system-wise number of hospitals and bed-strength under AYUSH since 2000 and State-wise break-up thereof for 2008.

Table 30.3: presents the year-wise statistics of mental hospitals categorized by number of mental hospitals, bed available patient admitted, patients discharged and patients died since 2000 and State-wise break-up thereof for 2006.

Table 30.4: presents the year-wise and system-wise number of dispensaries under AYUSH since 2002 and State-wise break-up thereof for 2008.

Table 30.5: presents the year-wise number of dispensaries and beneficiaries under Central Government Health Scheme (CGHS) categorized by Type of Dispensaries (further sub-categorized by Allopathic and AYUSH) and Beneficiaries (further sub-categorized by total number of cards and total number of beneficiaries) since 2001 and State-wise break-up thereof for 2009 and city-wise break-up thereof for 2009.

Table 30.6: presents the State-wise administrative infrastructure (categorized by number of district, blocks, villages) and rural health infrastructure (categorized by number of district hospital (DH), community health centre (CHC), primary health centre (PHC), sub-centre) in 2008.

Table 30.7: presents the year-wise number of allopathic medical practitioners and dental surgeons since 2000, State-wise break-up of allopathic medical practitioners for 2009 and State-wise break-up of dental surgeons for 2008.

Table 30.8: presents the year-wise and system-wise number of medical practitioners under and State-wise break-up thereof for 2008.

Table 30.9: presents the year-wise number of registered general nursing midwifery (GNM), auxiliary nursing midwives (ANM) and health visitors since 2000 and State-wise break-up thereof for 2008.

Table 30.10: presents the year-wise number of allopathic medical colleges (categorized by number of colleges and admission) and dental colleges (categorized by number of BDS colleges, admission in BDS, MDS colleges and admission in MDS) since 2000.

Table 30.11: presents the year-wise and system-wise number of post graduate institutes and admission capacity under AYUSH since 2000 and State-wise break-up thereof for 2008.

Table 30.12: presents the year-wise and system-wise number of under graduate institutes and admission capacity under AYUSH since 2000 and State-wise break-up thereof for 2008.

Table 30.13: presents the year-wise achievements of various family welfare programmes since 2000-01 and State-wise break-up thereof for 2009-10.

Table 30.14: presents the year-wise achievements of various immunization programmes since 2000-01 and State-wise break-up thereof for 2008-09.

Table 30.15: presents the year-wise number cases and deaths due to disease, namely acute diarrhoeal, malaria, actute respiratory infection Japanese encephalitis, viral hepatitis since 2000 and State-wise break-up thereof for 2008-09.