Rules and Regulatory Situation in Practicing of Traditional Medicine for Healing in South Asia

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ABSTRACT: This paper has two components: one is traditional medicine in terms of Ayurvedic, Unani, Sidha, Yoga, Acupuncture along with folk medicines which are widely practiced in South Asia to get rid of different types of diseases, and the other, guiding rules and regulations for its application This paper discusses practice of traditional medicines for treatment of different kinds of diseases especially in rural setting where there is scarcity of modern bio-medical treatment system and where poor people find the treatment through modern medicine expensive. The traditional medicines are popular among the patients, because the traditional medicines are rooted in their culture. The main focus of this paper is to examine to what extent traditional medicine has legal status, and guiding rules and regulations for its application in healing of diseases in South Asian countries.

INTRODUCTION

South Asia comprises of seven countries viz. Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka. The people of this area are heirs to a heritage of almost a common culture and civilization steeped in history. This is a historically rich region, with one of the most ancient civilizations of the world. The ancient scriptures associated with the region placed education and knowledge on a high pedestal, regarding it as the most important treasure one could have. Even in the early 21st century, many in the region value education very highly. Some of these countries of this region were once very rich, industrially advanced, and materially prosperous. South Asia is highly populated, with about one-and-a-half billion people representing a wide range of ethnic and cultural groups. The diverse population has been brought together into political units that have roots in the realm's colonial past, primarily under Great Britain.

The current health problems of South Asia are diverse in nature. Health situation in South Asia is not only confined to diseases but also practicing different types of treatment systems using traditional medicine. The traditions medicine is classified in terms of Ayurveda, Siddha, Yoga, Unani, Folk medicine, Acupuncture, etc is widely practiced to get rid of different kinds of diseases. In addition, modern bio-medicine is also practiced. The main challenge of South Asia how do the different health systems legally practiced incorporating each other to provide health care services to the people different social stratifications in geo-social settings. National policies of South Asian countries are the basis for defining the role of traditional medicine in national health care programs, ensuring that the necessary regulatory and legal mechanisms are created for promoting and maintaining good practice; assuring authenticity, safety and efficacy of traditional medicine and therapies; and providing equitable access to health care resources and information about those resources. It has been observed that the national recognition

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and regulation of traditional medicine vary country to country based on the socio-economic conditions and culture of the people considerably. The World Health Organization reports with countries to develop policies most appropriate for their situations. This document provides information on the legal status of traditional medicine in a number of South Asian countries. It is intended to facilitate the development of legal frameworks and the sharing of experiences between countries by introducing what one country has done in terms of regulating traditional medicine. Under the circumstances, this paper will contribute to the knowledge not only to the policy-makers and planners, but also to physicians, researchers, universities, the public, insurance companies and pharmaceutical industries in order to improve health and quality of life of the people of this region. The main focus of this paper is to examine to what extent traditional medicine has legal status e.g., rules and regulations in practicing traditional medicine for healing of different types of diseases in South Asian countries.

Conceptual Framework

Traditional medicine is the sum total of the knowledge, skills, and practices based on the theory, beliefs and experiences. It is used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illnesses (Zhang, 2000). In the concept of Press ('80) a society's traditional medicine consists in those cultural practices, methods and substances, embedded in a matrix of values, traditions, beliefs, and pattern of ecological adaptation that prove the means for maintain health and preventing or ameliorating disease and injury in its members. According to World Health Organization (WHO), traditional medicine is sum total of all knowledge and practices, whether explicable or not, used in diagnosis, prevention and elimination of physical, mental, intellectual or societal imbalance, and relying exclusively on practical experience and observation handed down from generation to generation, either verbally or in writing.

The ingredients are used to prepare traditional medicine by the traditional healers from roots, stems, leaves, barks, flowers, and fruits of the local plants along with the bones, stone, magi co-religious and folk methods for treatment of different kinds of disease. The traditional medicine is used in 'holistic treatment. The '*holistic treatment'* simply means treating the entire person keeping in view *to maintain a good working balance between mind, body and soul*. Traditional medicine can be defined as the knowledge, skills and practices of holistic health care, recognized and accepted for its role in the maintenance of health care and the treatment of diseases. It is based on indigenous theories, beliefs and experiences that are handed down from generation to generation.

RESEARCH METHODOLOGY

This is a non-empirical study based on secondary and tertiary data. The author carefully reviewed the relevant research works of the different scholars who have already done research on practice of traditional medicine for treatment of various types of disease. The author also reviewed the literature related to beliefs about etiology of diseases; ingredients are used to prepare traditional medicine from local plants, bones, stones, and at the same time the role played by the traditional healers for treatment of the different type of diseases. Besides, the literature on regulatory situation of practicing traditional medicine in South Asian countries has reviewed very carefully. The researcher has had access to a few research works conducted by the scholars on traditional medicine and its impact treatment across the East and the West. The researcher is not able to incorporate sufficient data both quantitative and qualitative due to paucity of research work on this subject. Emphasis has been given on qualitative data which tries to ascertain how people who experience these conditions themselves define what they are going through, when they decide to seek treatment, what happens when they seek treatment, how their experience of illness impinges on their lives and so on.

Belief in Etiology of Diseases

The etiology of diseases is associated with the culture of the people in terms of customs, beliefs and value system along with biological factors viz. anatomy and physiology including dietary pattern. Under the circumstances, interdisciplinary interest has

already been developed between the physicians, nutritionists and the social scientists, because the health and diseases are not only related to biological factor, but also to people's cultural resources, economic ability and psycho-social behavior along with the dietary system (Sarker, 2017). In many cultures, the etiology of diseases depends upon the unseen forces or super natural powers which intervene in human affairs. It is believed that anyone offends them, the mystical powers punish by sickness, death or natural calamities which destroyed lives and property. It is also believed that since human life is governed forces of nature like sun, wind, water etc. numerous super natural forces are living around the people to control them. Under the circumstances, human life is insecure and super natural forces guide human beings at every step of their life. The different type of diseases is caused by the bad notions of the concerned super-natural spirits. The usual theory of diseases is caused by the breach of some taboos or by hostile spirits or ghosts. It is a common belief that the sickness is the routine punishment given by the super natural spirits if they dissatisfied with the performance of the people. It is also believed that the ancestral spirits cause similar afflictions by casting their evil eye and evil breathe on human beings if they are dissatisfied with their performance. These forces are believed to have unlimited power. It is believed that if general people honor the spirits, they will be rewarded by good health which means absence of disease and that if the spirits are forgotten or ignored, the protection they provide may be withdrawn which will lead to illness or death.

HEALTH SITUATION IN SOUTH ASIA

In South Asia, approximately1.5 billion people who live in the region are considered to be impoverished. Poverty reduction is a challenge for the entire region. Numerous challenges exist with regard to health. South Asia shares a common history and has a shared future. While the South Asian nations are one of the youngest in the world, it is important to ensure a healthy population to reap the benefits demographic dividend. Unfortunately, nations are trapped by the double burden of diseases which continue to remain a challenge for the developing world. While each country has a semi-functional system of public or private healthcare systems.

South Asia is at a crossroads with rising inequality; poor people struggling to get access to quality health, education, and infrastructure service; a growing share of the population ageing unhealthily; and with health systems that are failing to adjust to people. South Asian countries in general, are facing a "health crisis" with rising rates of heart disease, diabetes, obesity, cancer and other non communicable diseases. Maternal and child health is one of the major problems in South. Malnutrition is an acute problem which generates different types of disease. Consequently, South Asians are becoming more vulnerable to different diseases and are creating significant new pressures on health systems to treat and care for them. South Asian member countries have a rich heritage of traditional medicine. While recognizing the key role of this system of medicine in the provision of health care today, it has been emphasized that to ensure undisputed health benefit to the patient, the patient's safety must be the overriding consideration while using traditional remedies. In the poorest parts of the region, over 50 per cent of populations do not have access to essential medicines. In order to improve access to basic health-care services, especially for the poor, underserved, and indigent sections of the population, traditional medicine may find a proper place in the national healthcare systems. This approach would promote the required complementarities between traditional and the modern system of medicine.

REGULATIONS OF TRADITIONAL MEDICINE PRACTICES

Traditional medicine is widely used in the prevention, diagnosis, and treatment of an extensive range of ailments. There are numerous factors that have led to the widespread and increasing appeal of traditional medicine throughout the world. In some regions, traditional medicine is more accessible compared to modern bio-medicine. In fact, one-third of the world's population and over half of the populations of the poorest parts of Asia and Africa do not have regular access to essential drugs. However, the most commonly reported reasons for using traditional medicine is that it is more affordable,

more closely corresponds to the patient's ideology, and is less paternalistic than modern allopathic medicine. Regardless of why an individual uses it, traditional medicine provides an important health care service to persons both with and without geographic or financial access to allopathic medicine.

Traditional medicine has demonstrated efficacy in areas such as mental health, disease prevention, treatment of non-communicable diseases, and improvement of the quality of life for persons living with chronic diseases as well as for the ageing population. Traditional medicine has shown great potential to meet a broad spectrum of health care needs. Recognizing the widespread use of traditional and the tremendous expansion of international markets for herbal products, it is all the more important to ensure that the health care provided by traditional medicine is safe and reliable; that standards for the safety, efficacy, and quality control of herbal products and traditional therapies are established and upheld; that practitioners have the qualifications they profess; and that the claims made for products and practices are valid. These issues have become important concerns for both health authorities and the public. National policies are a key part of addressing these concerns. Each year the World Health Organization receives an increasing number of requests to provide standards, technical guidance, and informational support to Member States elaborating national policies on traditional medicine. The World Health Organization encourages and supports Member States to integrate traditional medicine into national health care systems and to ensure their rational use. Facilitating the exchange of information between Member States through regional meetings and the publication of documents, the World Health Organization assists countries in sharing and learning from one another's experiences in forming national policies on traditional medicine and developing appropriate innovative approaches to integrated health care.

In 1998, Traditional Medicine Team of the World Health Organization issued the publication on regulatory situation in practicing of traditional medicine in global perspective. Although it only includes information concerning the regulation of herbal medicines and this document attracted the attention of the national health authorities of World Health Organization Member States as well as of the general public. It includes information on the regulation and registration of herbal medicines as well as of non-medication therapies and traditional medical practitioners. It is an easy reference, providing summaries of the policies enacted in different countries and indications of the variety of models of integration adopted by national policy-makers. Through country-specific sections on background information, statistics, regulatory situation, education and training, and insurance coverage, it is designed to facilitate the sharing of information between nations as they elaborate policies regulating traditional medicine and as they develop integrated national health care systems (World Health Organization, 2001)

The knowledge in practice of traditional medicine has transmitted informally, through family lineages and apprenticeships between senior and junior practitioners. It is true that indigenous knowledge can never be standardized. Indeed, even for an apparently singular traditional medicine practice—such as acupuncture a wide range of theoretical and practical approaches coexist across Eastern Asia, which carry specific cultural significance for particular communities (Hsu'99; Scheid, 2001). Regulators may be accustomed to contending with competing knowledge claims as particular occupational factions lobby for exclusive regulatory privileges (Witz,'92). However, the internal diversity of traditional medicine approaches raises particular regulatory complexities when standardization becomes associated with regulation. Differences among practitioners as to appropriate professional entry requirements may initially appear to regulators or researchers as "acrimony" "organizational weakness and internal fragmentation and competition (Freidin, 2007). Whether such disagreements may be better attributed to the incongruity of harmonizing genuine differences in practice warrants careful consideration; such a possibility will require unique regulatory mechanisms to effectively address. Yet more serious regulatory considerations may arise if standardized institutional trainings become the primary route to regulate professional entry for traditional medicine providers, as now elaborated in South Asian perspective.

RULES AND REGULATION IN BANGLADESH

Traditional medicine is widely practiced in Bangladesh. National health systems development has given high priority to ensure universal accessibility to and equity in health care, with particular attention to the rural population. Rules and Regulation in practicing traditional medicine in Bangladesh is discussed in historical perspective. When Bangladesh constituted the eastern part of Pakistan, the Pakistani Board of Unani and Ayurvedic Systems of Medicine was operative in the country. Following independence, the Bangladesh Unani and Ayurvedic Practitioners Ordinance of 1972 restructured this body as the Board of Unani and Ayurvedic Systems of Medicine, Bangladesh (Rahman and Islam,'97). The Board is responsible for maintaining educational standards at teaching institutions, arranging for the registration of duly qualified persons including appointing a registrar, and arranging for the standardization of unani and ayurvedic systems of medicine (Islam,'85). A research institute is functioning under the Board since 1976.

The Bangladesh Unani and Ayurvedic Practitioners Ordinance of 1983 prohibits the practice of unani and ayurvedic systems of medicine by unregistered persons (Health Manpower of Bangladesh,'84). A significant feature of the ordinance is the deliberate omission of a provision contained in preceding legislation that made it an offence for an ayurvedic or unani practitioner to sign birth, medical, and physical-fitness certificates. Control over the teaching of unani and ayurvedic medicine rests with the Board of Unani and Ayurvedic Systems of Medicine. There are nine teaching institutions under the Board, five for unani medicine and four for ayurvedic medicine. They offer diplomas upon completion of a four-year program. The Registrar of the Board also serves as the Controller of Examinations.

RULES AND REGULATION IN BHUTAN

What is now classified as Bhutanese traditional medicine was introduced into Bhutan in the beginning of the 16th century by Lam Shabdrung Ngawang Namgyal (Dorji, 2000). This medical system has roots in Buddhism and Tibetan traditional medicine. During its early practice in Bhutan, providers of traditional medicine were trained in Tibet. In addition to medications, Bhutanese traditional medicine includes acupressure, acupuncture, moxibustion, cupping, cauterization, medicated oil massage, herbal and steam baths, and the application of cold and warm poultices to the body (Dorji, 2000).

In 1988, a research unit was established in the Institute of Traditional Medicine Services. This unit conducts research for further quality control of raw materials and finished products for traditional medicines as well as developing new products. It also ensures the sustainability of traditional medicine services and looks for ways to increase the cost-effectiveness of traditional medicine. There is a hospital for traditional medicine in Thimphy, the capital city of Bhutan. An additional 15 traditional medicine units across the country provide services to about 60 percent of the country's population. The Government plans to establish more units, to cover all 20 districts in the country. There are more than 2990 different medicinal plants used in Bhutanese traditional medicines. About 130 traditionally used formularies are made from 110 different herbal preparations. About 70 per cent of the raw materials used in these preparations are available in the country, both as wild and cultivated stocks. The remaining 30 per cent are imported from India. There are more than 300 herbal products produced in Bhutan. Most are compound forms, with three to 90 ingredients.

Regulatory System

In 1967, in an effort to promote and preserve traditional medicine, it was formally recognized and institutionalized as an integral part of the national health system of Bhutan . In 1979, the Institute of Traditional Medicine Services was founded. It is housed in an allopathic hospital in order to encourage the integration of traditional and allopathic medicine, particularly mutual consultation, treatment, and referrals, and to enable patients to have greater access to a range of health care choices.

Bhutan's Institute of Traditional Medicine Services is charged with establishing a traditional medicine system that is scientifically sound and technologically appropriate, and which meets the needs of the population. To fulfill this mandate, the Institute works to provide access to traditional

medicine for the entire population; to attain self-reliance in raw materials for the production of traditional medicines, including the conservation, cultivation, rotational collection, and preservation of rare and endangered species of medicinal plants; to improve the quality of traditional medical services through training practitioners; and to increase the production of traditional medicines for export. Profits from exporting traditional medicines are to be used to strengthen traditional medicine within Bhutan.

Education and Training

Officially recognized formal training of traditional medical doctors began in 1971 with the establishment of a five-year program. In 1978, the training curriculum was standardized. In 1979, the program became part of the National Institute of Traditional Medicine. The course now consists of five years of institutional training followed by a six-month internship: three months in an allopathic hospital and three months in the traditional medicine hospital and a traditional medicine unit. During the three-month internship in the allopathic hospital, interns are introduced to allopathic medicine and the health sciences.

RULES AND REGULATION IN INDIA

For centuries, ayurveda, siddha, and unani systems of medicine have coexisted with yoga, naturopathy, and homeopathy. Siddha is one of the oldest systems of medicine in India. In Tamil, Siddha means "perfection" and a Siddha was a saintly figure who practiced medicine. Siddha has close similarities to ayurveda, the difference between these two systems being more linguistic — Tamil versus Sanskrit — than doctrinal. In Siddha, as in Ayurveda, all objects in the universe, including the human body, are composed of the five basic elements: earth, water, fire, air, and sky. Yoga was propounded by Patanjali and is based upon observance of austerity, physical postures, breathing exercises, restraining of sense organs, contemplation, and meditation. Naturopathy is a system of drugless treatment and a way of life. It is very close to Ayurveda.

Traditional medicine is widely used in India, especially in rural areas where 70 per cent of the Indian population lives. There are 2860 hospitals, with a total of 45720 beds, providing traditional Indian systems of medicine and homeopathy in India. In 1998, more than 75 per cent of these beds were occupied by patients receiving ayurvedic treatment, which is by far the most commonly practiced form of traditional medicine in India. There are 22100 dispensaries of traditional medicine and 587536 registered traditional medicine practitioners, who are both institutionally and non-institutionally qualified.

REGULATORY SITUATION

Ayurveda, unani, siddha, naturopathy, homeopathy, and yoga are all recognized by the Government of India. The first step in granting this recognition was the creation of the Central Council of Indian Medicine Act of 1970 (2). The main mandates of the Central Council are as follows:

- to standardize training by prescribing minimum standards of education in traditional medicine, although not all traditional medicine practitioners and homeopaths need be institutionally trained to practice;
- to advise the central Government in matters relating to recognition/withdrawal of medical qualifications in traditional medicine in India;
- to maintain the central register of Indian medicine, revise the register from time to time, prescribe standards of professional conduct and etiquette, and develop a code of ethics to be observed by practitioners of traditional medicine in India. All traditional medicine practitioners and homeopaths must be registered to practice.

Education and Training

Through the Central Council of Indian Medicine and the Central Council of Homeopathy, the Indian Government is working to standardize the training of traditional medicine practitioners and homeopaths. In support of this, seven national institutes are under the control of the Department of Indian Systems of Medicine and Homeopathy:

- National Institute of Ayurveda: established in 1976, located in Jaïpur, offers a PhD MD in ayurveda;
- National Institute of Homeopathy: established in 1975, located in Calcutta, offers Bachelor's and MD degrees in homeopathy;

- National Institute of Naturopathy: established in 1984, located in Pune, offers talks in Hindi and Marathi and programmes for teachers and doctors;
- National Institute of Unani Medicine: established in 1984, located in Bangalore, offers postgraduate research opportunities in unani;
- National Institute of Postgraduate Teaching and Research in Ayurveda: located in New Delhi, offers PhD and MD degrees in ayurveda;
- National Academy of Ayurveda: established in 1988, located in New Delhi, offers a Degree of Membership Certificate in ayurveda;
- National Institute of Yoga: established in 1976, located in New Delhi, offers a one-year diploma in yoga.

The health authorities review the qualifications of practitioners through the Central Council of Indian Medicine and the Central Council of Homeopathy, which can both determine whether these colleges and universities may continue to admit students. Few people besides State employees have medical insurance, although this insurance does cover traditional medicine.

RULES AND REGULATION OF NEPAL

The use of medicinal herbs in Nepal's traditional medical system dates back to at least 500 AD. In Nepal, traditional medicine, although low profile, has been an integral part of the national health system. Parallel to the allopathic system, traditional medicine is encouraged in all spheres because of its efficacy, availability, safety, and affordability when compared to allopathic drugs.

Ayurvedic medicine is widely practiced in Nepal. It is the national medical system. More than 75% of the population use traditional medicine,mainly that based on the ayurvedic system. There are 141 ayurvedic dispensaries, 14 zonal dispensaries, 15 district ayurvedic health centers, and two ayurvedic hospitals. One of these hospitals is centrally located in Naradevi, Kathmandu, and the other is regionally located in Dang. They have 50 and 15 beds, respectively. There are 623 institutionally qualified practitioners of traditional medicine and about 4000 traditionally trained practitioners. Homeopathy has been recently introduced into Nepal.

Rules and Regulatory Situation

The policy of the Government is based on five-year plans, involves a system of integrated health services in which both allopathic and ayurvedic medicine are practiced. Ayurvedic clinics are considered to be part of the basic health services, and there is a section responsible for ayurvedic medicine in the Office of the Director General of Health Services. The program for health services included in the Fifth Five-Year Plan makes provision for four ayurvedic hospitals, one in each of the four development regions. The Ayurvedic Governmental Pharmaceutical Unit works to provide inexpensive medicaments.

The Ayurvedic Medical Council was created through legislation passed in 1988 (198). Section 2.1 of this Act gives the Council's mandate as, among other things, steering the ayurvedic medical system efficiently and registering suitably qualified physicians to practice ayurvedic medicine. In Section 4, the legislation sets out highly detailed provisions for registration that classify applicant practitioners into four groups according to their qualifications and experience in ayurvedic science. By Section 5.2.2, membership in a particular group fixes the range of ayurvedic medicines that a practitioner is permitted to prescribe. Registered practitioners enjoy a monopoly over the practice of ayurvedic medicine: direct or indirect practice of ayurvedic medicine by other medical practitioners is forbidden by Section 5.1.1. Section 5 of the Act enables registered ayurvedic practitioners to issue birth and death certificates as well as certificates concerning the ayurvedic medical system and patients' physical and mental fitness.

Education and Training

Formal education in the ayurvedic system is under the supervision of the Institute of Medicine of Tribhuvon University. The Auxiliary Ayurveda Worker training programme is run from the Department of Ayurveda under the Council for Technical Training and Vocational Education.

RULES AND REGULATORY SITUATION OF MALDIVES

In Maldives, Ayurveda and Yoga practice for

treatment of different kind of diseases along with modern bio-medicine. Some of the areas, the traditional medicines are very popular. Most of the traditional practitioners are very old. Government is duty bound and committed to train the younger generations in order to provide health care services. The mandate of the Ministry of Health extends promotion of Traditional Medicine. The Ministry of Health has already taken initiative for the development and spreading of the skills and knowledge of traditional medicine. The Maldivian Traditional Medicine is called "*Dhivehibeys*". Prior to the 1950's Maldives had no modern medical services at all. Till then and during many years to follow, *"Dhivehibeys"* played an enormous and important role in the health care delivery. The old masters of "Dhivehibeys" were experts at making observations regarding the health of an individual and also the probable diseases by feeling one's radial pulse. They were able to treat diseases by using pharmaceutical preparations from the indigenously available plants. Ancient "*Dhivehibeys"* depended on locally available ingredients, mostly fresh herbs. In "*Dhivehibeys"* five main parts of plants are used namely roots, trunk, leaves, flowers and fruits which the traditional medicine practitioners called "*Fassangu"*.

Regulatory Situation

Registration of Traditional Medicine practitioners is done by the Ministry of Health. According to the results of a survey conducted in 2001, the average age of a practitioner in Traditional Medicine is 55 years. The theoretical and practical wisdom in Traditional Medicine is usually confined to certain families and is transferred through generations. Presently individuals who have an aptitude in Traditional Medicine are directed to work under the guidance and supervision of a registered practitioner for a period of eight weeks and then obtain permission from the Ministry of Health or Advisory committee for Traditional Medicine to practice individually. The Ministry of Health conducts an appraisal of the practitioner before granting permission to the applicant. Rights and privileges of Traditional Medicine practitioners, Registration, quality assurance of Pharmacopoeia and Traditional Medicine Formulary should be formalized within the rules and regulations and it can be adopted with the assistance of experts in the field.

RULES AND REGULATION OF SRI LANKA

Traditional medicine forms an integral part of the health care delivery system in Sri Lanka. Traditional and natural medicine founded on the concept of three humors has a long anecdotal history of effective diagnosis and treatment. Unfortunately, there is a lack of scientific research to support this history. Ayurvedic medicine is widely practiced in Sri Lanka. In Sri Lanka, 60 per cent to 70 per cent of the rural population relies on traditional and natural medicine for their primary health care.

Rules and Regulatory Situation

The popularity of traditional medicine led to the promulgation of the Indigenous Medicine Ordinance in 1941. This Ordinance provided for the establishment of the Board of Indigenous Medicine, whose duties include the registration of traditional medicine practitioners, and oversight of the College of Indigenous Medicine and the Hospital of Indigenous Medicine.

The establishment of the Department of Ayurveda within the Ministry of Health by Ayurveda Act 31 of 1961 (200) constituted a landmark in the modern history of ayurveda. Ayurveda, as defined in the Act, encompasses all medical systems indigenous to Asia, including siddha and unani. The Act defined the Department's objectives as provision of establishments and services necessary for the treatment of disease and the preservation and promotion of the health of the people through ayurveda; encouraging the study of, and research into, ayurveda via scholarships and other facilities to persons employed, or proposed to be employed, in the Department and by the grant of financial aid and other assistance to institutions providing courses of study or engaging in research into Ayurveda; and taking, developing, or encouraging measures for the investigation of disease and the improvement of public health through ayurveda.

The Ayurveda Act 31 of 1961 also specified the duties of the Ayurvedic Medical Council, which include registration of Ayurvedic practitioners,

pharmacists, and nurses and regulation of their professional conduct as well as authority over the Ayurvedic College and Hospital Board and the Ayurvedic Research Committee. The Ayurvedic Physicians Professional Conduct Rules of 1971 were made by the Ayurvedic Medical Council under Section 18 of the 1961 Act and approved by the Ministry of Health (WHO,'97). They establish a code of ethics for ayurvedic physicians. Professional misconduct includes procuring or attempting to procure an abortion or miscarriage; issuing any certificate regarding the efficacy of any ayurvedic medicine or any ayurvedic pharmaceutical product containing statements that the practitioner knows to be untrue or misleading; conviction of an offence under the Poisons, Opium and Dangerous Drugs Ordinance that was committed in the practitioner's professional capacity; selling to the public, either directly or indirectly, any ayurvedic pharmaceutical product for which the prior sanction of the Ayurvedic Formulary Committee has not been obtained; and exhibiting or displaying any medical degree or medical diploma that has not been approved by the Ayurvedic Medical Council.

In early 1980, the Ministry of Indigenous Medicine was established as a separate department to be led by a senior parliamentarian who is an ayurvedic practitioner by profession (202). Responsibility for the Department of Ayurveda was transferred to the Ministry. A central feature of the Ministry's operation has been the establishment of traditional medical dispensaries and hospitals that provide medical care at no cost. The Cabinet Ministry for Indigenous Medicine was established in 1994; there was previously a State Minister for Indigenous Medicine. Research and development activities are undertaken on behalf of these ministerial offices by the Department of Ayurveda and the Bandaranaike Memorial Ayurvedic Research Institute, founded June 1962.

Education and Training

A World Health Organization and United Nations Development Program project for the development of traditional medicine in Sri Lanka was implemented in the 1980s. Phase I began in 1985 and ended in May 1988. Phase II began in 1989. The importance of human resource development in the traditional and natural medicine sector was highlighted in this project. The project enhanced the teaching capability of eight instructors of traditional medical practice and the professional capability of 1217 general practitioners of traditional medicine to provide advice at the community level on the preventive and promotional aspects of primary health care and treating common ailments.

The same project provided incentives to establish the National Institute of Traditional Medicine, which carries out educational and training programs for traditional and ayurvedic practitioners, school children, and the general public. The Institute does not offer opportunities for advanced training or postgraduate education, so in 1993 the Department of Ayurveda began to provide alternative resources for Ayurvedic Medical Officers to obtain postgraduate qualifications through the Institute of Indigenous Medicine at the University of Colombo

RULES AND REGULATION OF PAKISTAN

In Pakistan, the traditional medicine is a strong part of cultural heritage and has played a significant role in providing health care to a large portion of the population. In Pakistan, people use Unani medicines, and there are numerous ways to use plants for a home remedy. People are also interested in homeopathic medications while in northern areas Amchies and Sanyasis are practicing herbal medications as an Ayurvedic way of treatment. The dominant traditional system of medicine in Pakistan is the Unani system. In tribal areas, as there is no developed system of medication people have knowledge about local plants for basic health issues (Williams and Ahmad,'99). In addition to Ayurvedic and Homeopathic, the Unani system has been accepted as a national health system.

Training and Education

Pakistan is the only country where formal Unani teaching institutions are recognized. There are 45000 traditional healers, of who about three-quarters are practicing in rural areas (Shaikh and Hatcher, 2005). These practitioners in rural areas are a source of healthcare delivery system in Pakistan. In rural and urban areas of Pakistan, at both public and private sector approximately 52600 registered Unani medical practitioners are

practicing. Provincial authorities have established. About 360 Tibb dispensaries and clinics that provide free medications (Rahman and Choudhary, 2003).

CONCLUDING REMARKS

In South Asia, the healthcare system has become more complex because of multiple of treatment system is existing compared to developed countries where there healthcare system is more advanced. With the advancement of science and technology the number of chronic diseases is increasing and as a result many people do believe in traditional medicine where there is no side effect like modern bio-medicine. Moreover, traditional healing is cheaper and available at the community level. For the safety efficacy of traditional medicine, its use needs to be renewed. The use of herbal medicine is not like that of modern allopathic medicines, but it works like enzyme in major health regarding issues. In South Asia, people have a great faith on traditional treatment; therefore, it is considered that practitioners and policymakers need to be retained its position in health. The traditional approach of treatment transferring through generations to generations, thus, it is highly important to bring improvements regarding education, sale, storage, and import export. There is a need of sharing of knowledge between traditional and modern allopathic practitioners and research institutes.

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