



INDIAN PUBLIC HEALTH STANDARDS AYUSH HOSPITALS 2024

Ministry of Ayush
Government of India

INDIAN PUBLIC HEALTH STANDARDS
AYUSH HOSPITALS

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एवं पत्तन, पोत परिवहन और जलमार्ग मंत्रालय
भारत सरकार



Minister of Ayush
and
Ports, Shipping & Waterways
Government of India



सर्बानंद सोणोवाल
SARBANANDA SONOWAL




MESSAGE

The National Health Policy-2017 underlines a comprehensive strategy aimed at improving the health and well-being of our vast populace across all sectors. Emphasizing uncompromising quality, the policy promotes preventive, promotive, curative, palliative, and rehabilitative services within the public health domain. One of its fundamental principles is the incorporation of pluralism, advocating the integration of AYUSH services into a holistic healthcare framework.

The AYUSH system, with its widespread presence in the country, evolved over the centuries has emerged as a pivotal contributor to our public health landscape. Its extensive network created in short span of 10 years, comprises 3,844 Ayush hospitals and 36,848 dispensaries, facilitated by the diligent service of 7,55,780 registered Ayush practitioners. The development of Indian Public Health Standards (IPHS) for Ayush Hospitals is a progressive and positive step forward, aligning with our commitment to provide quality Ayush-specific secondary and tertiary healthcare services through District Hospitals, 10-bedded, 30-bedded and 50 or more bedded Ayush hospitals.

The IPHS for Ayush Hospitals reflect a comprehensive approach to fortify these canthers, focusing on infrastructure development, availability of necessary equipment, and ensuring the presence of skilled professionals and support staff. Quality medicines and a robust system for quality assurance are integral components to ensure the effectiveness and safety of healthcare interventions. Best clinical governance practices are pivotal for maintaining high standards and fostering continuous improvement. Through adherence to these guidelines, Ayush hospitals can consistently meet the highest standards of healthcare.

I would urge all the States and Union Territories to utilize these guidelines for strengthening the public health facilities holistically. Let us strive collectively towards delivering the high-quality healthcare services at all Ayush hospitals, aligning with our shared vision for a healthier and prosperous nation.


(Sarbananda Sonowal)

New Delhi
March, 01 2024



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एक कदम स्वच्छता की ओर

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महिला एवं बाल विकास और आयुष
भारत सरकार
Minister of State for
Women & Child Development and Ayush
Government of India



Message

National Ayush Mission (NAM) is a flagship scheme of Ministry of Ayush launched in 2014, and it is changing the Health and wellness landscape in States/ UTs with the active collaboration of State and UT Governments. Following the approval of the Union Cabinet in March 2020 to operationalize 12,500 Ayush HWCs under the broad umbrella of NAM, the Government of India has made notable progress in upgrading existing Ayush dispensaries/ Sub Health Centres (SCs) into Ayush HWCs, in close collaboration with State/UT Governments. Further, Ministry of Ayush is also provide support through States/UTs to upgrade infrastructure, Human resources, medicines etc. of the Ayush hospitals through NAM.

The National Health Policy 2017 has emphasized on mainstreaming of Ayush services. One of the key policy principles of this policy is pluralism, which is defined as "Patients who so choose and when appropriate, would have access to AYUSH care providers based on documented and validated local, home and community based practices. These systems, inter alia, would also have Government support in research and supervision to develop and enrich their contribution to meeting the national health goals and objectives through integrative practices."

Ayush has made considerable progress in providing public healthcare services to the community, and many new programs targeted to various groups like school children, women, and the elderly have been launched under NAM by the Ministry of Ayush in recent times.

Now, the time has come when we need to scale up and expand Ayush services across the country to ensure access in a uniform manner. The formulation of Indian Public Health Standards (IPHS) for Ayush hospitals will play a pivotal role in achieving the same. These standards will guide States/UTs to establish Ayush facilities as per the population norms while maintaining the optimum standards of healthcare services delivery in these facilities.

I am hopeful that all States and Union Territories will adopt these guidelines for strengthening Ayush healthcare services. This will contribute to India's commitment towards Viksit Bharat@2047 and achieving health-related Sustainable Development Goals.

(Dr. Munjpara Mahendrabhai)

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Vaidya Rajesh Kotecha
Secretary



सत्यमेव जयते



PREFACE

The Indian Public Health Standards (IPHS) for Ayush hospitals serve as a crucial tool in achieving quality healthcare delivery and positive health outcomes within the Public Health System. The Ministry of Ayush has taken a commendable initiative in formulating these standards, recognizing the potential of Ayush Systems of Medicine in addressing public health issues through an integrated approach. This initiative is vital for ensuring that public health facilities provide high-quality healthcare services. The established standards focus on guaranteeing quality assurance and the availability of drugs through effective medication management, capacity building, human resources, and infrastructure facilities.

The IPHS for Ayush hospitals constitutes a comprehensive document encompassing all minimum standards in terms of services, infrastructure, human resources, equipment, medication standards, etc. These standards were crafted through the collaborative efforts of distinguished representations, including WHO SEARO, NITI Aayog, NHSRC, MoHFW and Ayush Departments representing all states and Union Territories. This document aims to assist States and Union Territories in achieving the prescribed minimum standards for essential services and encourages them to strive for providing desirable healthcare services easily accessible to the community.

I urge all states and Union Territories to adopt and implement these standards to strengthen public facilities. The States should put forth their best efforts to enhance the quality of healthcare services. I take this opportunity to congratulate all national steering committee members, working groups, and state representatives for their collective effort in developing these comprehensive standards. These standards will significantly contribute in improving the quality of the healthcare delivery system in States and Union Territories.

वैद्य राजेश कोटेचा

(Rajesh Kotecha)

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सत्यमेव जयते

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Government of India
Ministry of Health & Family Welfare
Directorate General of Health Services



Foreword

An essential stride towards enhancing quality of healthcare delivery is implementation of Indian Public Health Standards (IPHS), a standardized framework defining norms and benchmarks for infrastructure, human resources, and services in health sector. Ministry of Health and Family Welfare has recently released the revised IPHS 2022, for various levels of healthcare facilities such as Sub-Centres, Primary Health Centres, Community Health Centres, and District Hospitals. These norms meticulously outline necessary elements, such as buildings, human resources, instruments, equipment, drugs, and other facilities in alignment with modern medicine. Furthermore, the roles of these centres in delivering national programs and schemes are also clearly defined.

The National Health Policy of 2017 underscores the evolution of Ayush services from stand-alone entities into an integrated three-dimensional mainstream. It recognizes a need to nurture the Ayush system through infrastructural development in teaching institutions, enhancing drug quality control, and capacity building for institutions and professionals.

In the Indian Public Health Standards (IPHS) of 2022, as outlined by the Ministry, Ayush services are affirmed as valuable components. It is specified that Ministry of Ayush will be responsible for supervising allocation of human resources, medications, and other necessities required for Ayush services. Therefore, formulation of Indian Public Health Standards specifically tailored for Ayush healthcare facilities represents a significant milestone in delivering quality Ayush services across India.

I extend my congratulations to Ministry of Ayush and the collaborative efforts of representatives from MoHFW, DGHS, NHSRC, and NITI Aayog, along with state representatives for developing comprehensive standards. I am confident that this initiative will play a pivotal role in enhancing public health services across States and Union Territories. However, I believe that real integration of Ayush will happen when all practitioners of medicine go through three years of similar training before branching out into individual systems including modern medicine.

(Atul Goel)

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FOREWORD

Ayush systems have made considerable growth in recent times. There has been a significant enhancement in the Ayush budget, market value, exports, and network of institutions, as well as in the globalization of Ayush in the last few years. Ayush systems play a vital role in health promotion, prevention, wellness, and management of diseases.

Ayush systems have a widespread network of public healthcare institutions. There are around 3,844 Ayush Hospitals, 60,943 beds under Ayush hospitals, 36,848 dispensaries in the public sector, and over 7.56 lakh registered Ayush practitioners. More than 10,000 Ayushman Arogya Mandir (Ayush) are functional across the country. These centres are mandated to provide a comprehensive range of services spanning preventive, promotive, curative, rehabilitative, and palliative care. Further, Ministry of Ayush through Centrally Sponsored Scheme of National Ayush Mission (NAM) support the State/UT Governments for strengthening of the infrastructure and quality improvement in Ayush healthcare facilities.

It is observed that the availability of Ayush healthcare institutions is not uniform across the country, and there are no set guidelines for the establishment of such facilities in States /UTs. Therefore, there was a felt need to formulate Indian Public Health Standards (IPHS) for Ayush public health facilities. These standards will help States in uniformly establishing Ayush facilities and enabling better access to Ayush healthcare services.

WHO framework describes health systems in terms of six building blocks viz. health financing, human resources, information systems, service delivery, access to essential medicines, and leadership/governance. IPHS for Ayush hospitals comprises the norms related to building, equipment, and other infrastructure requirements, human resources for health, capacity building, medicine, laboratory services, quality assurance, clinical governance, and branding. It is evident that these standards will help in strengthening the health system. These standards also provide guidance on population norms for proper establishment of different categories of Ayush Hospitals.

I am hopeful States/UTs will proactively adopt these standards to strengthen the coverage and standards of Ayush healthcare services.

New Delhi,
Dated: 1st March, 2024

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Acknowledgement

India is steadfast in its commitment to achieving Universal Health Coverage (UHC) as envisaged in Sustainable Development Goals (SDGs), aiming to provide all individuals with access to high-quality healthcare services without encountering financial hardships or out-of-pocket expenditures. The provision of quality Ayush services is integral to this goal and necessitates the establishment of Indian Public Health Standards (IPHS) specifically tailored for Ayush healthcare services.

These IPHS for Ayush healthcare services have been crafted for the first time through extensive consultations with experts from diverse organizations and State representatives. These guidelines are centred around enhancing services at Ayush hospitals by strengthening key components such as infrastructure, human resources, capacity building, medicines, diagnostics, equipment, and governance.

The formulation of these standards was made possible through the concerted efforts of experts who actively contributed to the National Steering Committee, working groups, and sub-working groups. I express my heartfelt gratitude to Padma Shri Vaidya Rajesh Kotecha, Secretary Ayush, and Prof (Dr.) Atul Goel, DG, DGHS, for their unwavering guidance as Chairman and Co-Chairman of the National Steering Committee in shaping these standards. Additionally, sincere thanks are extended to distinguished representatives from reputable institutions, including WHO SEARO, NITI Aayog, NHSRC, Ministry of Health and Family Welfare, and Ayush Departments representing all States and Union Territories.

I am optimistic that these guidelines for Ayush hospitals will serve as a catalyst for States/UTs in elevating the standards of services provided in these healthcare facilities.

(Dr.A.Raghu)

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ABBREVIATIONS

IPHS	Indian Public Health Standards
SMO	Senior Medical Officer
MO	Medical Officer
GDMO	General Duty Medical Officer
RMO	Resident Medical Officer
OT	Operation Theatre
OPD	Out Patient Department
IPD	In Patient Department
BP	Blood Pressure
PHC	Primary Health Centre
CHC	Community Health Centre
DH	District Hospital
Gol	Government of India
SE	Structural Elements
NSE	Non Structural Elements
AHWC	Ayush Health & Wellness Centre
LASA	Look-Alike Sound-Alike
FIFO	First In First Out
FEFO	First Expiry First Out
FSSAI	Food Safety and Standards Authority of India
ANM	Auxiliary Nurse and Midwife
ASHA	Accredited Social Health Activist
MPW	Multi-Purpose Worker
LT	Lab Technician
MTS	Multi-Tasking staff
GNM	General Nursing and Midwifery
DYT	Diploma in Yoga Therapy
MLT	Medical Laboratory Technician
DMLT	Diploma in Medical Laboratory Technician

ToR	Terms of Reference
HR	Human Resources
HRH	Human Resources for Health
HIV	Human Immunodeficiency Virus
PEP	Post Exposure Prophylaxis
SoP	Standard Operating Procedure
RTI	Right to Information
NABH	National Accreditation Board for Hospital & Health care Providers
NQAS	National Quality Assurance system
ISO	International Organization for Standardization
JCI	Joint Commission International
ADR	Adverse Drug Reaction
NLEAM	National List of Essential AYUSH Medicines
AOGUSY	Ayush Oushadhi Gunvatta Evam Utpadan Samvardhan Yojana
UT	Union Territory
NPvCC	National Pharmacovigilance Co-ordination Centre
IPvCs	Intermediary Pharmacovigilance Centres
PPvCs	Peripheral Pharmacovigilance Centres
QCI	Quality Council of India
CDSCO	Central Drugs Standard Control Organization
CoPP	Certificate of Pharmaceutical Product
WHO	World Health Organization
GMP	Good Manufacturing Practices
NHP	National Health Policy
NHM	National Health Mission
NHSRC	National Health Systems Resource Centre
MIS	Management Information System
DGHS	Directorate General of Health Services
MoHFW	Ministry of Health and Family Welfare
Ayush-JAS	Ayush-Jan Arogya Samities
ULB	Urban Local Body
WCD	Department of Women and Child Development
FSSAI	Food Safety and Standards Authority of India
A-HMIS	Ayush Hospital Management Information System
ABHA	Ayushman Bharat Health Account
Ayush-RKs	Ayush-Rogi Kalyan Samities

SECTION

1

BACKGROUND

The National Health Policy of 2017 objective is to enhance the health status of our populace through a comprehensive strategy spanning all sectors. The fundamental aim is to augment preventive, promotive, curative, palliative, and rehabilitative services within the public health domain, emphasizing uncompromising quality. A pivotal principle within the National Health Policy (NHP) 2017 is the incorporation of Pluralism.

Additionally, the NHP-2017 advocates the progression of Ayush services from standalone entities to an integrated comprehensive framework. It also emphasizes the prioritization of Ayush personnel in urban healthcare services. The policy underscores the imperative to nurture the Ayush system by enhancing infrastructural resources in educational institutions, fortifying drug quality control measures, and empowering institutions and professionals through capacity building initiatives.

The Ayush system, with its widespread presence in the country, has emerged as a pivotal contributor to the public health landscape of India. Its extensive network comprises 3,844 Ayush hospitals and 36,848 dispensaries, facilitated by the diligent service of 7,55,780 registered Ayush practitioners. Ministry of Ayush is also upgrading 12500 Ayush dispensaries/Sub-Health Centres to Ayushman Arogya Mandir (Ayush) through States/UTs. Considerable number of paramedic staff members, including nurses, technicians, and other healthcare professionals, have actively participated in bolstering the Ayush system's impact on public health. Notably, their significance is prominently evident in the effective management of lifestyle-related chronic diseases and the dedicated treatment of health issues affecting the elderly, both of which have emerged as pressing concerns in our Nation's healthcare landscape.

Indian Public Health Standards (IPHS) published by Ministry of Health and Family Welfare are a set of uniform standards envisaged to improve the quality of health care delivery in the country, including minimum standards for building, workforce, instruments and equipment, drugs and other facilities, etc. These were revised recently in 2022 for different levels of Health Facilities, including Sub-Centres, Primary Health Centres, Community Health Centres, and District Hospitals. These norms describe details of the required building, human resources, instruments and equipment, drugs, and other facilities for the modern system of medicine. With reference to the Ayush system, IPHS norms- 2022 states that IPHS prescribes norms for allopathic services. Ayush services have been retained in IPHS 2022 as desirable. The HR, medicines, and other inputs required for Ayush services shall be given by the Ministry of Ayush.

Further, IPHS norms required for Ayush facilities as per population coverage, minimum standards

for building, human resource, instruments and equipment's, and drugs are not available at present, which results in a huge disparity in the availability and quality of Ayush infrastructure, human resources, and so on, in different States and Union Territories. This also results in difficulty in access to services. Further, it also makes bottlenecks in framing and implementing Ayush National programmes and schemes due to the non-availability of a uniform structure of Ayush public health facilities in different States/UTs.

To fulfil the various national and international commitments, the imperative for public health facilities to deliver superior services has become increasingly evident. In pursuit of these objectives, the Indian Public Health Standards (IPHS) for Ayush hospitals have been designed as a comprehensive set of standardized guidelines. These guidelines are intended to ensure the provision of quality services to all citizens, promoting dignity and respect throughout the healthcare experience. This IPHS covers diverse healthcare setups, including 10-bedded Ayush Hospitals, 30-bedded Ayush Hospitals, 50-bedded and above Ayush Hospitals. These standards offer comprehensive guidance on critical health system components, encompassing infrastructure, human resources for health, pharmaceuticals, diagnostics, equipment, as well as quality and governance requirements, ultimately ensuring the effective delivery of healthcare services within these facilities

INTRODUCTION

Ayush hospitals in India have a deep-rooted historical foundation, drawing inspiration from the ancient healing traditions of Ayurveda, Yoga & Naturopathy, Unani, Siddha, and Sowa-Rigpa, Homoeopathy. These hospitals, categorized into 10, 30, 50 or more bedded Ayurveda, Unani, Siddha, Sowa-Rigpa and Homoeopathy hospitals, have flourished across the nation, addressing a wide spectrum of healthcare needs. According to the National Health Profile-2022 report, there are currently 3,844 Ayush hospitals in India. The consistent increase in their numbers reflects the Government's dedication to integrating traditional healing systems into mainstream healthcare.

The landscape of Ayush hospitals in India is diverse, with a significant disparity in their availability across different States/UTs, ranging from areas with a population of 20,000 to 1.5 Crore population. This discrepancy underscores the need for a standardized approach to ensure the delivery of quality healthcare services across the country. While the expansion of Ayush hospitals is commendable, there is a growing recognition of the need for standardization to ensure uniform and high-quality healthcare delivery. The establishment of Indian Public Health Standards (IPHS) specifically tailored for Ayush hospitals becomes imperative in this context.

The service delivery in Ayush hospitals is distinguished by a holistic approach, blending the principles of Ayush medicine with evidence-based practices. The incorporation of speciality department facilities in different Ayush systems, such as Kayachikitsa, Prasooti tantra and Stri rog, Shalya chikitsa, Homoeopathic repertory, Ilaj-bit-Tadbeer, Kuzhanthai Maruthuvam, etc. at the hospital level signifies a comprehensive approach to healthcare. This amalgamation of traditional wisdom and evidence-based practices creates a unique healthcare environment for patients. Furthermore, Ayush hospitals play a pivotal role in education and training. They aim to nurture a new generation of healthcare professionals proficient in Ayurveda, Yoga, Unani, Siddha, Sowa-Rigpa and Homoeopathy.

The IPHS for Ayush hospitals aims to bridge the existing gaps in service delivery by providing a standardized framework. This framework encompasses not only the physical infrastructure of the hospitals but also the quality of care provided, standards on availability of human resource, & medication management, clinical governance etc. ensuring that Ayush hospitals adhere to the highest standards of healthcare delivery. By establishing a set of guidelines and benchmarks, the IPHS for Ayush hospitals strives to create a uniform and patient-centric healthcare experience across all Ayush hospitals. The introduction of IPHS for Ayush hospitals is a significant step towards standardization, ensuring that these institutions deliver healthcare services of the highest quality uniformly across the nation.

BROAD OBJECTIVES OF IPHS FOR AYUSH HOSPITALS

1. **Establishing Standardized Quality Benchmarks:** Develop and implement uniform quality benchmarks that ensure the delivery of high-quality Ayush services, emphasizing accountability, responsiveness, and sensitivity to the unique healthcare needs of the community.
2. **Defining Essential and Desirable Ayush Services:** Outline the minimum essential and achievable Ayush services that should be made available at Ayush healthcare facilities in both rural and urban areas, ensuring comprehensive access to Ayush treatments and therapies.
3. **Developing different speciality services of Ayush as per their inherent strength:** Outline the dedicated infrastructure/HR/services etc. for speciality departments in different Ayush system of medicines for delivering the Ayush services such as panchkarma, agnikarma, Ilaj-bit-tadbeer, cupping therapy etc. to cater the various ailments effectively.
4. **Ensuring Optimal Quality of Ayush Care:** Strive to achieve and uphold an acceptable standard of quality in Ayush care at public health facilities, emphasizing evidence-based practices and maintaining adherence to established standards.
5. **Enabling Effective Monitoring and Supervision Mechanisms:** Develop robust systems for monitoring and supervising Ayush facilities to ensure the delivery of effective and reliable Ayush healthcare services, promoting transparency and accountability in service provision.
6. **Facilitating Governance and Leadership in Ayush:** Provide comprehensive guidance and tools to foster effective governance and leadership specifically tailored to the Ayush sector, encouraging innovation, collaboration, and the efficient management of Ayush healthcare facilities.
7. **Strengthening the Health Systems for Ayush Facilities:** Offer comprehensive guidance on various health system strengthening components, including the architectural design of Ayush facilities, human resource management, procurement of Ayush-specific drugs and equipment, and administrative and logistical support services. The aim is to optimize these components to improve overall health-related outcomes and ensure the seamless integration of Ayush healthcare within the existing healthcare framework.

IPHS FOR AYUSH HOSPITALS COMPLIANCE NORMS & CERTIFICATION

To ensure compliance with the Indian Public Health Standards (IPHS) for Ayush Hospitals, it is imperative to establish and adhere to a set of minimum standards that address both the quantity and quality of services provided. The Ayush hospitals can be deemed IPHS compliant when it successfully fulfils the following criteria: ensuring the provision of all 'Essential' services, supported by the necessary infrastructure, skilled human resources, essential drugs, diagnostics, and equipment pertinent to the designated level of the facility. These standards for service delivery, infrastructure and human resource requisites, drug and equipment availability, quality control measures, as well as monitoring and governance protocols, must be uniformly enforced across all facilities, whether situated in rural or urban areas.

Moreover, to streamline the evaluation process and ensure transparency, it is proposed to institute an online certification system for the compliance of IPHS for hospitals under Central Level. Based on the level of compliance and a physical visit from the certifying agency at central level, facilities meeting 80%, 60%, and 30% of the IPHS standards will be eligible for certification at Level 1, Level 2, and Level 3, respectively. This online certification system will enable prompt and efficient recognition of compliance levels, fostering a culture of continual improvement in the delivery of Ayush healthcare services across all levels.

POPULATION NORMS FOR AYUSH HOSPITALS

At present, there are 3844 Ayush hospitals in public sector run by Central and State Governments dispersed throughout the country in various categories. These hospitals together have a bed strength of 60943 to cater the entire population of India. However, considering the requirement of quality in-patient care and increasing demand for services such as Panchakarma etc., it would be essential to have Ayush hospitals spread across the country as per the population norms of 01 Bed per 5000 population as “Essential” and 01 Bed per 2000 population as “desirable”.

The “Essential” number of beds in Ayush hospitals may be provided through the public health system of health care facilities such as Medical colleges, District Hospitals, 10 bedded, 30 bedded, 50 or more bedded Ayush hospitals. To achieve the “Desirable” number of beds, contribution of the private sector (based on the access to private health care in local area), may also be considered while continuing to strengthen and increase bed provision at public health facilities. As a thumb rule, all such beds that are available and functional for a patient for more than 24 hours have been calculated as in-patient hospitals beds.

Population	Required Essential Beds	Required Desirable Beds
50000	10	25
150000	30	75
250000	50	125

SERVICE PROVISIONS

The Ayush hospitals, in adherence to IPHS standards, are expected to provide a comprehensive range of essential services that align with the principles of Ayurveda, Yoga, Unani, Siddha, Sowa-Rigpa and Homoeopathy. This includes but is not limited to promotive, preventive, curative, and rehabilitative services catering to a wide spectrum of health conditions. These services should be delivered with a focus on holistic well-being and should be accessible to the public in a timely and efficient manner, in accordance with the prescribed protocols and guidelines outlined by the Ministry of Ayush from time to time. Additionally, these facilities are encouraged to integrate traditional and complementary medicine practices with the contemporary healthcare system, fostering a harmonious blend that caters to the diverse healthcare needs of the population.

Further, to ensure a continuum of care, the establishment of assured referral systems, along with facility readiness to manage referred cases, is imperative. This includes the development of a well-equipped referral transport services, tailored to population norms, manned by adequately trained personnel. The Indian Public Health Standards (IPHS) for Ayush Hospitals are mandated to offer a comprehensive suite of essential services aligned with the principles of Ayurveda, Yoga & Naturopathy, Unani, Siddha, Sowa-Rigpa and Homoeopathy. These services encompass promotive, preventive, curative, and rehabilitative care, addressing a broad spectrum of health conditions. The delivery of these services should adhere to holistic well-being principles and ensure timely and efficient accessibility for the public, following prescribed protocols from the Ministry of Ayush.

The development and allocation of infrastructure, human resources, and equipment should be meticulously planned, tailored to the specific range of services intended for each facility. Such meticulous planning ensures a rationalized approach to budgetary allocation, facilitating the optimal use of resources. This comprehensive strategy enables the facilities to effectively cater to the diverse healthcare needs of the community, promoting a holistic approach to healthcare delivery and fostering an environment conducive to the advancement of Ayush principles in modern healthcare practices.

6.1 BUILDING, EQUIPMENT & OTHER INFRASTRUCTURE

All Ayush healthcare facilities should be strategically situated to ensure convenient access for the rural and urban communities they serve. Adequate space and infrastructure should be allocated to cater to the evolving healthcare needs. Proactive planning must account for the anticipated disease burden and emerging health trends, such as the rise in non-communicable and lifestyle-related conditions. For new constructions, careful consideration should be given to future scalability, encompassing both the breadth and depth of services to be offered.

When replacing outdated structures with new facilities on the same site, arrangements must be made to ensure uninterrupted service provision during the transition. Several factors should guide the selection of a site for a new facility or the reconstruction of an existing one, including:

- Ensuring accessibility to the general public, with well-maintained road connectivity.
- Ensuring the facility is situated in an area that is not prone to flooding, particularly in low-lying regions.
- Ensuring access to essential public utilities, including water, electricity, telephone connectivity, sewage systems, and storm-water drainage. In areas lacking these utilities, viable alternatives like deep wells for water, generators for electricity, and radio communication for telephony should be identified.
- Creating facilities that are easily accessible for the elderly and disabled.
- Minimizing exposure to environmental pollutants, such as air, noise, water, and soil contamination, and making sure that the facility buildings are designed to prevent the breeding of disease vectors.
- Reviewing land usage in surrounding areas, considering the local topography, proximity to local transportation hubs like bus stands and railway stations, and obtaining the necessary environmental, seismic safety, fire safety, and administrative clearances.
- Strict adherence to local agency by-laws and regulations is imperative.

6.1.1 The foundation of the Ayush hospitals infrastructure should be strong enough to meet the requirements of the seismic zones of that area and any future vertical expansion. It should strictly adhere to the statutory fire safety norms. An open area to facilitate the management of disasters and emergencies is also recommended.

Emphasis should be given to create a positive, client friendly ambience and environment around the facility. This includes due consideration to the provision of facilities for initial screening and holding area, patient registration, waiting areas, clear wayfinding and sign-posting, parking, gardens, washrooms, drinking water, elderly and disabled friendly facilities. Processes such as registration and drug dispensing should be digitalized. The facility should be environment friendly with the scope for adequate natural light, water harvesting and solar energy, as appropriate. Adequate hand washing facilities near entrance, examination and patient waiting areas should be provided. In addition, adequate measures for maintaining privacy of the beneficiaries should be made available.

6.1.2 General Appearance and Upkeep:

The facility should have a high boundary wall. Adequate lighting should be ensured so that the facility is clearly visible from the approach road. There should be no encroachment in and around the facility. It should be plastered and painted in a uniform colour scheme and free from seepage, cracks, and broken windowpanes. Three colours should not be used in clinical service areas of a health facility namely– red/pink, blue and yellow to avoid interference with examining pallor, cyanosis, and icterus respectively. There should be no unwanted/outdated posters or hoardings on the walls of building and the boundary wall of the facility. The floors should be anti-skid and non-slippery.

6.1.3 Way-finding/Signage: Adequate and clear signage should be displayed on the main and connecting roads to the facility. They should be in a font which is easily visible from a distance. A board clearly indicating the name of the facility, should be placed at the front of the facility (including in English, Hindi and local language, if any). The layout of the facility should be displayed near the entrance. Safety, hazard and caution signs should be prominently displayed at relevant places. A fire exit plan with fluorescent signage should be placed where appropriate. Important information such as contact numbers (e.g., fire, police, ambulance, blood banks and referral centres) must be clearly displayed.

6.1.4 Parking Facilities for parking commensurate to the estimated vehicle load (patients, staff, fringe) should be part of the infrastructure plan with ample access for vehicles and ambulances.

6.1.5 Wherever possible, identify and promote greenery and open spaces as Herbal Gardens, other green areas and open spaces give a positive, healing environment that reduces stress, anxiety and mental fatigue. Herbal gardens should be promoted in the campus of the Ayush hospitals.

6.1.6 The facility should be environment friendly and energy efficient. Where possible, the use of rainwater harvesting, solar energy and energy-efficient bulbs/equipment should be encouraged. While constructing the facility building, the effect of sun, rain, wind, soil, and other climatic factors which could have an adverse effect on the building needs to be considered, e.g. dampness and seepage can lead to spoilage of medicines in the drug store.

6.1.7 Disabled and elderly friendly access: For easy access of non-ambulant (wheelchair, stretcher), semi-ambulant, physically, and visually disabled and elderly people, infrastructure norms in line with the 'Guidelines and Space Standards for barrier-free built environment for Disabled and Elderly Persons' of the Government of India should be followed. Provisions of the 'Persons with Disability Act, 2016' should be implemented. Those facilities that lack such amenities must plan and retrofit them in the facilities. In order to support the needs of visually disabled visitors, it is also advised that tactile signs should be installed with a good contrast between letters and background. It is recommended to install one/two rows of tactile guiding blocks along the entire length of the accessible route. Care should be taken to ensure that there are no obstacles, such as trees, poles, or uneven surfaces, along the route traversed by the guiding blocks.

6.1.8. Circulation areas, corridors, and ramps: The flooring of circulation areas such as corridors, ramps, staircases, and other common spaces should be anti-skid and non-slippery. Patient & service lifts are preferred over ramps for buildings with vertical expansion. Ramps for patient

movements from one floor to other are space occupying and costly whereas lifts can operate efficiently with little space. However, if lifts are installed, alternative source of power needs to be ensured with maintenance facility for the lifts. The size of corridors, ramps, and stairs should be conducive for manoeuvrability of wheeled equipment. Ramps shall have a slope of 1:15 to 1:18 and should be checked for manoeuvrability.

6.1.9. Disaster and emergency preparedness: All Ayush hospitals should be resilient to climatic and environmental changes. They should also be able to handle sudden healthcare needs during disasters and unforeseen emergencies/epidemics/pandemics etc. While creating infrastructure seismicity of zones needs to be considered. Wherever the Ayush hospitals are already existing possible retrofitting should be planned. Ayush hospitals shall be inspected by competent licensed engineers after every damaging earthquake to document damages (if any) to Structural Element (SEs) and Non-Structural Element (NSEs) of the buildings, along with recommendations for detailed study and suitable retrofitting as found necessary.

All staff should be trained on relevant disaster prevention and management procedures along with climate and environment resilient features. Structural and non- structural earthquake proof measures (in line with the State Govt. guidelines) should be incorporated. These include simple non-structural measures like fastening of shelves, almirahs and movable equipment, etc., as appropriate. Similarly, in flood prone areas, structural provisions like raised floor, sloping RCC roof for quick rainwater drainage, etc. should be factored in.

6.1.10 Fire safety Compliance as per the State and Central government guidelines for fire regulations should be ensured while planning for an Ayush Hospital. Availability of open spaces, clearly visible fire exits with proper illumination and lighting (even during interruption in electric supply) are some of the important considerations for creating fire safe infrastructure.

As a principle, none of the fire exit doors should be kept locked. These doors should be fire resistant and can be opened towards outside with a push bar system on the doors. Fire detectors, extinguishers, sprinklers, and water connections should be functional and easily accessible. Periodic monitoring and audit for fire safety and drills should be organized and conducted. All hospitals should be so designed, constructed, to minimize the possibility of a Fire emergency requiring the evacuation of occupants. Safety of hospital occupants cannot be assured adequately by depending on evacuation alone. Hence, measures should be taken to limit the development and spread of a fire by providing appropriate arrangements within the hospital through adequate staffing & careful development of operative and maintenance procedures consisting of:

- » Design and Construction.
- » Provision of Detection, Alarm and Fire Extinguishment.
- » Fire Prevention
- » Planning and Training programs for Isolation of Fire; and
- » Transfer of occupants to a place of comparative safety or evacuation of the occupants to achieve ultimate safety

6.1.11 Electric power supply: Ayush hospitals should have access to adequate, affordable, continuous and reliable electricity supply. Distribution of electric load along with load balancing to various equipment and installations in a facility is very important since overloading at any point

can result in mishap like electric fire hazard or can damage the equipment.

6.1.12 Potable Water Supply: Arrangement should be made for round the clock piped water supply along with an overhead water storage tank with a provision to store at least 3 days water requirement. Adequate availability of potable water in various areas needs to be ensured. It should have pumping and boosting arrangements. Separate provision for firefighting should be made available.

6.1.13 Drainage and Sanitation: The construction and maintenance of drainage and sanitation system for wastewater, surface water, sub-soil water and sewerage should be in accordance with the prescribed standards. Reuse of wastewater in irrigation, cleaning and washing, etc. can be demonstrated in villages and urban slums for orientation of the community.

6.1.14 Bio-Medical waste management: Every Ayush hospitals facility should ensure appropriate collection, transportation, treatment, and disposal of bio-medical waste as per Bio-Medical Waste Management Rules (BMWM) 2018 and as amended from time to time.

6.1.15 Other Support Services: Residential Quarters

All the essential medical staff and allied Ayush professionals should be provided with residential accommodation to ensure their availability round the clock at 24 x 7 at Ayush hospitals. Facility for parking, recreational activities and play areas should be made available. Well-equipped transit accommodation facilities Service Provision at larger facilities such as 50/30 bedded Ayush Hospitals can serve as a hub for health workers of all grades posted at nearby AHWCs and Co-located Ayush facilities. Transport arrangements (such as employees led pooled shuttle service to and from the accommodation to the facility) will allow staff to work at remote facilities while providing their families greater opportunities for quality education and employment.

6.1.16 Infrastructure for Clinical Services

Subsequent to general principles for infrastructure, following considerations should be kept in mind while planning for infrastructure of clinical services:

6.1.16.1 Out-Patient Services: The OPD area of Ayush hospitals should be planned keeping in mind the maximum peak hour patient load and should have scope for future expansion.

6.1.16.2 Registration: It should be well ventilated, well-lit, and spacious with each counter ensuring minimum space mentioned in these guidelines for different categories of Ayush hospitals. Two counters including at least one dedicated counter each for women, elderly and disabled should be provisioned for. For registration, computers with attached printers should be available with facility for computerized registration. A patient calling system with electronic display should be installed for easy communication at the registration counter. There should either be no glass barrier between visitors and the registration clerk, or it should be at a height that allows audible communication between them. Patients should be given a computer generated OPD registration slip mentioning the date, patient's particulars and OPD details. The facility should preferably have an electronically supported system or token system for queue management.

6.1.16.3 Waiting Area: Adequate seating arrangement preferably such, which is less space occupying and easy to maintain should be placed. Messages conveying people to provide seats to

elderly, pregnant women, disabled persons, children, and patients should be properly displayed.

6.1.16.4 Consultation Room: This should have enough space with minimum area of 12.5 sq. m. to accommodate the adequate furniture and examination equipment so that interaction with patients can be undertaken ensuring their privacy and dignity. It should be well lit and ventilated with just the required furniture in the room to ensure adequate space for the patient and/or attendants. An examination table, curtains (wheeled, wall mounted, single piece), X-ray view box and hand washing facilities should be provided, as per the need. The services to be provided, cleaning schedule and monthly performance chart should be clearly displayed in the room. The monthly performance chart of the Ayush hospitals should be prominently displayed inside the consultation room.

6.1.16.5 Laboratory: The laboratory should have adequate space from the point of view of workload as well as maintenance of cleanliness and hygiene to prevent cross-contamination and infections. The laboratory must provide space for patient reception, registration, waiting area and a nearby toilet facility. There should be adequate sample collection area for blood, urine, and faeces and a sample processing area. Storage space should be adequate to facilitate storage for refrigeration, reagents, supplies, patient records and separate storage space for inflammable items.

6.1.16.6 Drug Dispensing Counter: The drug dispensing counter should be well ventilated, adequately lit, and spacious ensuring storage space should be built for inventory for enough/sufficient consumption maximum for 5-7 days. Look-Alike Sound-Alike drugs (LASA drugs) should be identified and stored separately. Separate cool dark space for storage of temperature sensitive drugs should be ensured. There should be a computerized system for receiving, inspecting, storing, and dispensing of drugs. Principles for effective storage of drugs such as First In First Out (FIFO) and First Expiry First Out (FEFO), checking of pilferage, date of expiry, and pest and rodent control should be in place. Medicines should be dispensed based on the prescription of the consulting doctor. Proper record of medicine distribution and disposal should be maintained.

6.1.16.7 Minor OT: This caters to patients needing minor surgeries/procedures. It should be well equipped with all the emergency drugs and instruments. Privacy of the patients should be ensured. For ensuring good quality of services, any fixed day procedures should be limited to number of available beds.

6.1.16.8 In-Patient Ward/Day Care Room: There should be required number of beds available as per the need of the Ayush hospital. After stabilizing the patients, adequate referral to higher centres for further management, if required, should be done. Curtains should be available for privacy. There should be facilities for drinking water and separate clean toilets for all genders. Cleaning of the wards/day care room, etc. should be carried out at regular intervals.

6.1.17 Equipment: Medical equipment holds a vital role in ensuring comprehensive patient care. It serves as a fundamental pillar within the healthcare system, facilitating accurate diagnosis, monitoring, and treatment of diverse ailments. Access to appropriate and high-quality medical equipment is imperative to prevent any denial of essential healthcare services. To uphold the standard of care, all necessary equipment, including those for clinical, supportive, and ancillary

services should undergo rigorous quality assurance measures in accordance with State procurement policies and procedures. Moreover, critical areas with electrical equipment should be equipped with conductive flooring and proper earthing to ensure utmost safety. It is important to note that the equipment list outlined in **Annexure I to III** for different categories of health care facilities of these guidelines is not exhaustive, and additional procurement may be necessary to offer a comprehensive range of services at the facility.

The audit should be conducted regularly, with a focus on capturing comprehensive details to ensure meticulous record-keeping. This includes key information such as the equipment's name, cost, purchase date, manufacturing and installation specifics as well as the supplier's name and address. It is also essential to document the department where the equipment is deployed, environmental control measures, spare parts inventory, technical manuals, after-sales service agreements, guarantees, warranty periods, and the projected lifespan of the equipment. The audit report should encompass the annual depreciation, downtime, date of condemnation, and replacement for each item.

In addition to implementing a robust maintenance and monitoring program, there is a critical need for a well-defined condemnation policy across all facilities to prevent the accumulation of unused equipment and furniture. A condemnation committee should conduct periodic evaluations, taking into consideration the codification numbers, dates of purchase and repair and other pertinent details. A meticulous and well-organized list should be prepared by the committee to facilitate effective management and monitoring.

The detailed standards requirement in the context of building, equipment and other infrastructure for 10 bedded Ayush Hospital, 30 bedded Ayush Hospital and 50 bedded Ayush Hospital are at **Annexures- I, II and III respectively.**

6.2 HUMAN RESOURCES AND CAPACITY BUILDING

In order to ensure effective and efficient functioning of Ayush hospitals, it is imperative that the available human resources are highly motivated, empowered, well-trained, and possess the necessary skills. The IPHS guidelines for Ayush hospitals has laid emphasis on strategic planning for service delivery as a priority, before investing in other components such as infrastructure, human resources, drugs, diagnostics, equipment, and others.

To achieve this, the IPHS guidelines for Ayush hospitals has categorized healthcare services as either 'Essential' or 'Desirable', and correspondingly categorize human resources in a similar fashion. For essential services, adequate human resources have provisioned. The number and type of staff required, including Ayush professionals (such as Ayurveda, Yoga & Naturopathy, Unani, Siddha, Sowa Rigpa and Homoeopathy), nurses, allied health professionals, administrative and support staff has been developed in accordance with secondary care services and program requirements. While planning for human resources, it was considered to prioritize staffs which are required for rendering clinical services (e.g., Specialists, GDMOs, Staff Nurses, Technicians, etc.) rather than those whose services can be outsourced, among others like Security guards, Data Entry Operators, and other group-IV employees which can even be outsourced. The IPHS norms should be looked at as standardized norms for achieving Essential services and should aspire to attain desirable norms. The norms permit any addition of human resources based on the criteria given under the these IPHS guidelines.

The guidelines have outlined the necessary qualification and experience requirements for Ayush professionals to ensure they possess the required knowledge and skills to provide quality healthcare services. The guidelines have also defined the training needs assessment for Ayush professionals and established a training plan and schedule for their continuous professional development.

The guidelines have also highlighted the importance of a code of conduct and ethics for Ayush professionals, specifying the ethical standards and behaviours expected of them, as well as the disciplinary actions and consequences for violations.

To attract and retain Ayush professionals, incentives and benefits should be provided. The guidelines have specified the types of incentives and benefits that are available, the eligibility criteria for these incentives and benefits, the process of granting them, and the monitoring and evaluation process.

Furthermore, the guidelines have specified occupational safety and health measures for Ayush therapies and procedures, Ayush-specific ergonomic measures, and psychological well-being measures for Ayush professionals. The guidelines have also included the monitoring and evaluation process for occupational safety and health for Ayush professionals.

The guidelines have also established a clear process for grievance redressal, specifying the channels through which complaints can be filed, the timeline for resolution, and the measures for monitoring and evaluation of the grievance redressal mechanism. The guidelines have also ensured that the identity of the complainant is kept confidential and protection against any retaliation.

The career progression and development of Ayush professionals have been addressed through the IPHS guidelines by outlining the eligibility criteria and the process of promotion, transfer,

and rotation of personnel. The guidelines have also provided a framework for assessing the performance of Ayush professionals and identify areas for improvement. The guidelines have also included a framework for career development of Ayush professionals, which includes training and development programs, continuing education, and research opportunities. The guidelines must outline the process for identifying the training needs of Ayush professionals and provide a schedule for their continuous professional development.

Implementing a public health management cadre guidelines published by Ministry of Health and Family Welfare, Government of India will assume greater significance to the effective functioning of Ayush hospitals. The IPHS guidelines must establish a clear framework for the recruitment, training, and deployment of public health management professionals. The public health management cadre will play a key role in overseeing the management and operations of Ayush hospitals. This includes managing the budget, human resources, supplies, equipment, and infrastructure, as well as developing and implementing policies and procedures to ensure the delivery of high-quality healthcare services.

The public health management professionals have the skills and knowledge necessary to perform their roles effectively. This will help to ensure that they are meeting their responsibilities and that they are providing effective leadership and management to Ayush hospitals.

Implementing a public health management cadre for Ayush hospitals will provide a framework for effective management and operations. This will help to ensure that these facilities are delivering high-quality healthcare services and that they are contributing to the overall strength and resilience of the healthcare system in India. This will further strengthen the healthcare system in India by facilitating the integration of traditional systems of medicine with modern medicine, and enhancing the quality of healthcare services offered.

6.2.1 Human Resource norms for Ayush Hospitals.

6.2.2 Staffing and Recruitment

The Human Resources for Ayush hospitals and general principles for identifying the number of health workforce under 10 bedded, 30 bedded and 50 bedded and above Ayush hospitals are described at **Annexure IV, V, VI**. The appropriate staffing levels for Ayush healthcare facilities, based on the size and complexity of the facility, and the number of patients being served. The detailed of staffing levels in each category of health care facilities are annexed as-

Qualifications and Experience

The qualifications and experience as essential and desired for each category of staff are described in the **Annexure-VII**.

Job Descriptions

A job description gives an employee a clear and concise resource to be used as a guide for job performance. ToRs of all staff at public health facilities as per GoI guidelines should be referred to for detailed job description at **Annexure-VIII**.

Recruitment Process

The recruitment process for the HR of Ayush hospitals will vary depending on the State's rules and regulations. It is important for each State to ensure that their recruitment process is transparent, fair, and follows all relevant laws and regulations. The States/UTs must follow the general recommendations as mentioned in the IPHS guidelines for the recruitment process but the specific recruitment process will be determined by the State/UT government.

General recommendations

Advertise for the Position: States/UTs should advertise the position of HR in a clear and concise manner, specifying the required qualifications, experience, and responsibilities. Advertisements should be widely disseminated to reach a broad pool of potential candidates.

Receive and Review Applications: States/UTs should receive and review applications for the position of HR. The application process should be transparent and follow all relevant laws and regulations. The applications should be reviewed against the job requirements and a shortlist of candidates should be created.

Conduct Interviews and Assessments: States/UTs should follow all the laid down codal formalities for the recruitment of various HR. The interview and assessment process should be fair and objective, and should assess the candidate's qualifications, experience (if applicable), skills, and aptitude for the position. The assessment process may include written tests, oral presentations, or practical demonstrations.

Verify Qualifications and Experience: States/UTs should verify the qualifications and experience of the selected candidate before making a job offer. This may include checking educational certificates, work experience, references, and other relevant documents.

Document the Recruitment Process: States/UTs should document the entire recruitment process, including the job advertisement, application forms, shortlisting criteria, interview questions, and assessment criteria, verification of qualifications and experience, and job offer. Documentation should be retained for future reference and for auditing purposes.

Leaves

Staffing requirements should also include arrangements to cover for leave and holidays. States have the flexibility to determine their own level of 'leave reserve' to be sanctioned and this additional number of nurses and allied health professionals can be deployed to cover for leave and absences. Leave and Training Reserves of 15% or as per the State rule is recommended for all staff in IPHS.

6.2.3 Training and Capacity Building

Along with placement of qualified HRH, the States/UTs should make all efforts to continuously build on their skills and competence as per their job requirement. Special attention should be paid to training of GDMO/MO etc. as he/she not only serves as the lead of the Ayush hospitals and a clinician but also must look after the overall health of the communities and ensure implementation of the Ayush National Health Programs and National Ayush Mission programs in

their catchment area. Different training programmes for induction, skill building, IT and leadership, new programmes and if required, refresher training should be planned systematically. Diligent records of all trainings attended by HRH should be maintained by the facility in-charge. Cross-learning should be promoted where HRH upon successful completion of the training programme briefs other staff about key learnings.

Ayush specific Training Needs Assessment

States/UTs should conduct Ayush specific training needs assessment to identify the training requirements of the Ayush healthcare workforce. Apart from this, if required identify the need for integrating Ayush and modern medicine training for Ayush healthcare professionals. This could be done by conducting training needs assessment and consulting with stakeholders. The assessment should consider the current level of knowledge, skills, and competencies of the workforce and the gaps that needs to be filled. The assessment should be conducted periodically **once in every three years** to ensure that the training plan is relevant and up-to-date.

Training Plan and Schedule

States/UTs should develop a training plan and schedule based on the training needs assessment. The training plan should specify the training objectives, content, duration, target audience, and delivery method. The training schedule should specify the dates, times, and location of the training sessions. The training plan and schedule should be reviewed and updated regularly to ensure that they are relevant and effective.

Training Delivery and Methods

States/UTs should use a variety of training delivery methods, such as classroom lectures, practical demonstrations, hands-on-training, e-learning, and workshops. The training methods should be appropriate for the content and target audience. The training should be delivered by qualified and experienced trainers who are knowledgeable about Ayush healthcare and modern healthcare in case of integration. Cross-learning should be promoted where HRH upon successful completion of the training programme briefs other staff about key learnings.

Monitoring and Evaluation

States/UTs should monitor and evaluate the training to assess its effectiveness and impact. The monitoring should include regular feedback from participants and trainers, observation of training sessions, and review of training materials. The evaluation should assess the changes in knowledge, skills, and competencies of the workforce, as well as the impact on service delivery and patient outcomes. The monitoring and evaluation should be used to improve the training plan and delivery methods.

6.2.4 Performance Management

Performance management is a process of setting goals, monitoring progress, and providing feedback to improve the performance of employees in Ayush hospitals. The following guidelines are recommended for effective performance management:

Performance Appraisal Process

The performance appraisal process should be designed to assess the performance of employees against the set goals and objectives. The process should be transparent, fair, and objective. The following steps should be taken:

- Set clear expectations and goals for each employee or as mentioned in the job description of IPHS guidelines against the category of employee.
- Develop an evaluation form that includes both quantitative and qualitative performance indicators.
- Conduct regular performance appraisals to assess the performance of each employee.
- Provide feedback to employees on their performance.
- Identify areas for improvement and develop a plan for addressing them.
- Use the performance appraisal process as a basis for decisions on promotions, training, and development.

Performance Indicators and Targets

Performance indicators and targets should be established to measure the performance of employees. The indicators and targets should be specific, measurable, achievable, relevant, and time-bound. Examples of performance indicators and targets for Ayush hospitals could include:

- Number of patients treated by each employee.
- Patient satisfaction ratings.
- Compliance with clinical protocols and standards.
- Compliance with behavioural conducts.
- Target oriented achievements in various Ayush specific national programs.
- Completion of training and development programs.

Performance Feedback and Coaching

Effective performance feedback and coaching can help employees improve their performance. The following guidelines should be followed:

- Provide regular feedback to employees on their performance.
- Identify areas where employees need improvement and provide coaching to help them improve.
- Use positive feedback to reinforce good performance.
- Provide feedback in a constructive manner.

Performance Improvement Plan

A performance improvement plan should be developed for employees who are not meeting performance expectations. The following guidelines should be followed:

- Identify areas where improvement is needed.
- Develop a plan that outlines specific actions to be taken to improve performance.
- Set targets for improvement and establish a timeline for achieving them.
- Monitor progress and provide feedback on performance.

6.2.5 Incentives and Benefits

Incentives and benefits play a critical role in attracting and retaining talented and motivated staff in Ayush hospitals. States/UTs should strictly adhere the incentives guidelines of Ayush specific national programs or wherever applicable, while determining the eligibility criteria, types of incentives, and the process of granting incentives to the staff. The monitoring and evaluation of the incentives and benefits system should also be based on the program outcomes and performance indicators. This will ensure that the incentives and benefits provided are aligned with the program objectives and contribute to improving the quality of care provided at the Ayush hospitals.

6.2.6 Grievance Redressal

Grievance Redressal Mechanism

A robust grievance redressal mechanism should be established in all Ayush hospitals. The mechanism should provide a way for patients, their families, and staff to raise their concerns and complaints in different way such as complaints box, complaint register toll number, and receipt provided for a complaint letter, facility for registering the complaint through digital medium or an opportunity to meet with the facility In-charge. The mechanism should be easily accessible, and the procedure for filing a complaint should be clearly communicated to all stakeholders in the area of waiting room. The mechanism should ensure the confidentiality and safety of the complainant and provide timely redressal of grievances.

Grievance Handling Procedures

The grievance handling procedures should be fair, transparent, and unbiased. The complaints should be addressed in a timely and efficient manner; if this is not complied with it should automatically be escalated to the next higher level. This will strengthen efficiency and accountability. The mechanism should ensure that the complainant is informed about the progress of the complaint and the expected timeframe for resolution. The procedures should be communicated to all stakeholders, and staff should be trained to handle complaints.

Grievance Resolution Process

The grievance resolution process should be focused on resolving the complaint and preventing similar complaints in the future. The resolution should be fair and transparent and provide appropriate compensation to the complainant if necessary. The mechanism should ensure that

the staffs involved in the complaint are held accountable and corrective measures are taken to prevent similar incidents in the future.

Monitoring and Evaluation

The grievance redressal mechanism should be monitored and evaluated regularly to ensure its effectiveness. The mechanism should be evaluated based on the number of complaints received, the time taken for resolution, the satisfaction of the complainants, and the implementation of corrective measures. The results of the evaluation should be used to improve the mechanism and address any shortcomings.

6.2.7 Work Environment and Occupational Health in Ayush hospitals

The hospital's environment and facilities operate in a manner to ensure safety of patients, their families, staff and visitors.

Occupational Safety and Health Policy

Every State/UTs should have an Occupational Safety and Health policy for Ayush hospitals that outlines the framework for ensuring the safety, health, well-being of employees, patients, and visitors. The policy should include provisions for identifying and mitigating workplace hazards, ensuring compliance with relevant regulations, providing appropriate training and resources to staff for maintaining a safe & healthy work environment. Yearly health check-up for all employees to be included in the personal records.

Workplace Safety Measures

Ayush hospitals should implement workplace safety measures to protect employees, patients and visitors from physical and environmental hazards. This includes following measures-

- Safe water, fire management and electricity.
- Establishing protocols for handling hazardous materials & waste, equipment management.
- Provision of protective gear like gloves, masks, gowns, caps, PPE, lead aprons, dosimeters etc. and their use by health care workers must be as per standard protocols in place.
- Promotion of hand hygiene and practice of standard precautions by health care workers should be standard practice.
- Display of SoPs at strategic locations in the hospital.
- Regular training of health care workers in standard precautions, patient safety, infection control and BMW management should be part of their training requirements.
- Immunization of health care workers against Tetanus, Typhoid and Hepatitis B should be ensured.
- Provision of round the clock Post Exposure Prophylaxis (PEP) against HIV in case of needle stick injuries should be initiated in the emergency department.
- Workplace safety measures should also include emergency response plans for natural disasters and other unforeseen events.

Y-Break

Encourage and train the employees to use Y- break at least once in daily duty. The Y-Break is a unique five-minute Yoga protocol, designed especially for working professionals to de-stress, refresh and re-focus at their workplace to increase their productivity, and consists of Asanas, Pranayam and Dhyana.

Psychological Well-being Measures

Ayush healthcare facilities should implement measures to promote the psychological well-being of employees. This includes providing access to counselling services, addressing workplace stressors and conflicts, and promoting a positive and supportive work culture. Facilities should also have a system for reporting and addressing instances of workplace harassment or discrimination.

6.2.8 Code of Conduct and Ethics

The HRH placed in the Ayush hospitals should adhere to the highest ethical and behavioral standards, and provide patient care with the utmost respect for the dignity of life.

Ethical Standards and Behaviours

- It is crucial for the States/UTs to provide orientation to healthcare professionals, enabling them to carry out their duties in a professional and courteous manner, thereby increasing their acceptance within the community.
- Additionally, it is essential to orient them towards the concept of gender sensitivity and ensure that they integrate this sensitivity into their conduct and actions.
- All staff members working in Ayush hospitals must adhere to high ethical standards and behaviours that are aligned with the values and objectives of the facility.
- Staff members must maintain professional boundaries and avoid conflicts of interest or any behaviour that could compromise patient care or the reputation of the facility.
- The facility must provide training and resources to support staff members in understanding and upholding the ethical standards and behaviours.
- Soft skills, such as empathy, manners, and courteousness, especially towards marginalized and vulnerable individuals, should be ingrained as a core value.
- It is imperative to maintain patient's privacy & dignity and strictly adhere to patient confidentiality principles.
- Healthcare professionals should also follow a dress code (along with name badges) and prioritize punctuality.

Monitoring and Evaluation

- The facility must have a system in place to monitor and evaluate adherence to the Code of Conduct policy and ethical standards and behaviours by staff members.
- The monitoring and evaluation process must be ongoing and may include audits, surveys, feedback mechanisms, and other tools to assess compliance and identify areas for improvement.
- The facility must use the results of the monitoring and evaluation process to inform policy and practice changes, and to reinforce the importance of the Code of Conduct policy and ethical standards and behaviours among staff members.

6.2.9 Career Progression and Development

Career Progression Plan

Career progression and development is an essential component of any healthcare facility as it ensures that the staff members are motivated, engaged, and invested in their work. It also plays a crucial role in retaining employees and reducing turnover rates. To ensure effective career progression and development, a career progression plan should be developed for each staff member. This plan should include clear objectives, goals, and targets for each role, as well as specific requirements for promotion and advancement. The plan should also outline the necessary training and development programs that employees must undertake to progress in their careers. A system of annual performance appraisals which is objective, built upon key performance indicators from job descriptions and is linked to promotions, incentives and contract renewal should be introduced or strengthened.

Opportunities for Growth and Development

- States/UTs must provide opportunities for growth and development to staff members to enhance their skills, knowledge, and expertise. This can be achieved through in-service training programs, mentorship, coaching, and professional development courses.
- Employees should also be encouraged to participate in conferences, seminars, and other training events to stay up-to-date with the latest developments in their field.
- The states/UTs should provide avenues for employees to undertake research and publish their work.
- Employees should be provided with opportunities to take on additional responsibilities and leadership roles.

Employee Retention Strategies

- States/UTs must develop strategies to retain qualified and experienced employees in Ayush healthcare facilities.
- The States/UTs should provide a conducive work environment, fair remuneration, and benefits to retain employees.
- The States/UTs should recognize and reward employees for their contributions and achievements.
- States/UTs must provide opportunities for career advancement and growth to retain employees.

Monitoring and Evaluation

- The States/UTs must regularly monitor and evaluate the implementation of career progression and development policies and programs.
- The effectiveness of the policies and programs must be evaluated periodically, and feedback should be taken from employees.
- The States/UTs should use the feedback to improve and modify their policies and programs to meet the changing needs of employees and the healthcare system.

6.3 MEDICINES AND QUALITY ASSURANCE

Quality means performing a work or task appropriately and maintaining the same standard every time. However, the understanding of quality differs depending upon the context. Quality plays an important role in respect of both product and services. Quality should ideally be maintained in such a manner that the outcome meets the prescribed standards, even without any supervision. In health care services, both the quality and safety are important pillars for its effective implementation. Therefore, standard protocols for quality assurance are to be prepared and complied in every health facility, to give the roadmap for achieving better healthcare services and patient satisfaction.

Measuring the quality in Ayush health facilities is a typical task, more so, in Public Health Facilities. Any proposed system must incorporate best practices from the contemporary systems like National Quality Assurance system (NQAS). National Accreditation Board for Hospital & Health care Providers (NABH) standards for various Ayush systems will be referred and consulted to customize them for meeting the needs of Ayush Centers.

6.3.1 Action plan for implementation of quality assurance in Ayush Hospitals.

As a healthcare provider, while it is important to ensure provision of safe & secure environment, better quality assurance is only possible with a robust action plan on quality. Subsequently, available resources are channelized, and focused efforts undertaken for ensuring provision of 'Quality of Care'. A structured plan has to be developed by the hospital leaders. This will further provide roadmap for the health facilities to improve the care.

This may include the following:

- **Quality Policy and Objectives including Mission & Vision:** To start with quality journey, the facility has to draw a road map to fulfil the mission and vision envisaged for an Ayush hospitals. The team in the hospitals should be well aware about the mission and vision of hospitals.
- **Formation of the Quality team, Roles & Responsibilities of the team members -** The Ayush Hospital has to constitute a quality team. Further it has to define the roles & responsibilities of each member of the committee.
- **Preparation of SoPs and Work Instructions-** Ayush Hospital has to first prepare the relevant SOPs & work instructions, so that the staff starts working upon.
- **Identification of Key Performance Indicators both clinical & managerial-** Each Ayush facility has to identify their own key performance indicators both clinical & managerial to supervise and to achieve them. For example- (i) Clinical performance indicators: treatment plan is documented, time for initial assessment of an admitted patient etc. (ii) managerial performance indicators: patient waiting time for OPD consultation, percentage of stock outs, number of variations observed in the mock drills etc.
- **Rolling out of Internal Audits-**The Quality team has to rollout department wise internal audits and to capture their present status w.r.t the quality and to define further the targets to achieve.

- **Capturing Patient Satisfaction-** Every month a patient satisfaction survey through a feedback mechanism may be captured and to analyse the same for the areas to improve.

S.N	Ayush hospital category	Minimum Requirement of patients feedback For patient satisfaction survey /month
1	10 Bedded	Minimum 30
2	30 bedded	Minimum 50
3	50 bedded	Minimum 75
4	>50 bedded	Minimum 100

- **Gap analysis and corrective actions-** The gap analysis of all audits to be done meticulously and the relevant corrective & preventive actions may be planned accordingly.
- **Striving for External Quality Assurance programmes-** Identify the authentic external Quality Assurance programmes as available in the health care and the Ayush hospital has to strive to achieve the same.
- **Sustained Quality assurance activities –** The Ayush hospitals, once on the quality path, needs to sustain the momentum and to raise the bar every time to enhance further, which was already achieved.

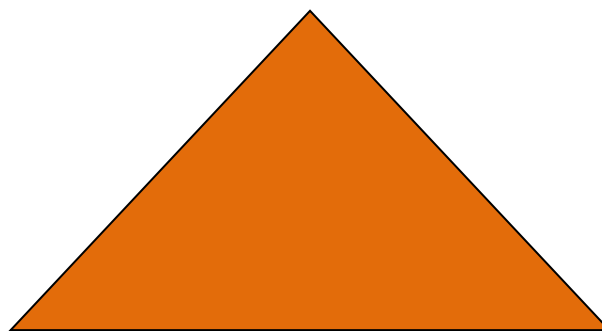
6.3.2 Quality pillars- pivotal parts:

Quality starts from the entrance of Ayush Hospital. The aspects like good infrastructure and its up keeping reduces the risk to the beneficiaries, and visitors there by bringing the comfortable environment to both beneficiaries and employees. Quality assurance is done with the three pillars like structure, process and out come.

QUALITY PILLARS

A. STRUCTURE

(Eg:- Infrastructure, Equipments & Manpower)



B PROCESS

(Eg:- Registration, referral, discharge, etc.)

C. OUTCOME

(Eg:- Patient & Employee Satisfaction, Low infection rates, Hospital Acquired Infection rates)

The illustrative details of the pillars as described above are explained as follows:

A. Structural measures of Quality Assurance:

Structure includes the following:

i) Equipment: Functional equipment & instruments, ensures the fulfilment of the 'Structural' requirements for establishing a well-functional health facility. The facility must be user friendly with all groups of the users like children, old age, pregnant ladies etc.

ii) Human Resources: Adequate & skilled human resource is necessary for good quality service provider. The manpower brings in new ideas, innovations and strength to the existing quality structures of the facility.

In any Ayush Hospitals, aspects mentioned below shall contribute to the quality management.

- **General Appearance and Upkeep-** This will give the first impression of a visitor. The buildings are to be well maintained including Garden and Landscaping. It is also to be seen that no abandoned structures are present within the Ayush hospitals premises.
- **Way-finding Signage-** User friendly signage are most important to locate the service provisions in a facility.
- **Disabled and elderly friendly access, ramps-** Every public facility must have this feature.
- **Proper Parking, circulation areas, Illumination in corridors-** Appropriate measures to be taken to follow this quality measure.
- **Fire Safety & Disaster emergency preparedness-** These provisions should be made while building the infrastructure.
- **Environmentally friendly features-** The rainwater harvesting, and solar panel installation measures may also be installed.

B. Process measures of Quality Assurance:

Many processes in Ayush hospitals have to evolve in a systemic way to accommodate all the actions of the service provisions. For attaining enhanced satisfaction, it becomes equally pertinent to ensure the Quality in the 'Processes' of the care within a health facility. As a part of quality, certain processes are required to be followed for a systemic flow of services, for example- Registration policy, Referral policy, Discharge policy etc. The registration process, referral process, discharge process etc. need to be documented properly. The initial assessment, regular re-assessments of patients are to be done by the authorized persons, and these authorized persons are only to be allowed to make entries in patient related documents. Verbal order policy is also to be documented. Proper SoPs/work instructions are need to be developed for preparation of medications eg; Basti dravya preparation.

Every staff of the facility should understand the various processes adopted in the hospital and to perform their relevant roles. Eg: Staff for the Registration.

Trainings: Regular and Relevant trainings are to be conducted. The feedback may be captured from the participants, to understand the requirement of further trainings. The topics for the trainings are to be selected only from the feedback of previous trainings. The training calendar is to be made for whole year in advance keeping the capacity building requirement of the staff.

C . Outcome measures of Quality Assurance:

The challenging task in a Public Health Facility is measuring the quality in an objective way. Ultimate aim of any quality structures are to bring the patient & employee satisfaction, to report low infection rates including nil reporting of the hospital acquired infection rates following:

Score sheet/ checklist for quality assurance aspects of Ayush Hospitals

Category	Standard	Scoring 0-1-2
Defining the action plan of the quality assurance	Roadmap for bringing Quality	0- No compliance 1- Half compliance 2- Full compliance
	Formation of the Quality team, Assigning the roles & responsibilities of the team	0- No compliance 1- Half compliance 2- Full compliance
	Rolling out of Internal Audits-	0- No compliance 1- Half compliance 2- Full compliance
	Striving for External Quality Assurance programmes.	0- No compliance 1- Half compliance 2- Full compliance
	Sustained Quality assurance activities	0- No compliance 1- Half compliance 2- Full compliance
Infrastructural measures of Quality Assurance	General Appearance and Up keeping	0- No compliance 1- Half compliance 2- Full compliance
	Way-finding Signage	0- No compliance 1- Half compliance 2- Full compliance
	Disabled and elderly friendly access, ramps	0- No compliance 1- Half compliance 2- Full compliance
	Public utilities & its cleanliness, availability of safe drinking water	0- No compliance 1- Half compliance 2- Full compliance

	Proper Parking, circulation areas, Illumination in corridors Appropriate	0- No compliance 1- Half compliance 2- Full compliance
	Fire Safety & Disaster emergency preparedness	0- No compliance 1- Half compliance 2- Full compliance
	Environmentally friendly features-	0- No compliance 1- Half compliance 2- Full compliance
Processes measures of Quality Assurance	Preparation of SoPs and Work Instructions	0- No compliance 1- Half compliance 2- Full compliance
	Relevant Trainings are conducted	0- No compliance 1- Half compliance 2- Full compliance
Outcome measures of Quality Assurance	Identification of Key Performance Indicators both clinical & managerial	0- No compliance 1- Half compliance 2- Full compliance
	Capturing Patient Satisfaction	0- No compliance 1- Half compliance 2- Full compliance
	Gap analysis and corrective actions	0- No compliance 1- Half compliance 2- Full compliance

6.3.3 Medication Management

The Ayush hospital needs to develop a procedure for Medication management, that focuses on the availability of medication in terms of their procurement, storage, prescription and dispensing etc. by maintaining quality and safety of Ayush medicines. These factors influence the public in bringing the patient satisfaction about the medicines and services that are being provided by the Ayush healthcare facility.

Except Yoga & Naturopathy other Ayush systems comprises pharmacological interventions for the mitigation and management of various diseases or disorders. Qualities of "Aushadhi" (~Drugs/medicines) and skilled healthcare provider i.e. Clinician, Nursing staff etc. has also been enumerated in Ayurveda treatises. Thus, quality control and assurance of Ayush medicines/drugs have an imperative role in the effective implementation of Ayush systems of healthcare.

Important parts of effective medication management system are as follows –

A. Procurement

It is to ensure that all essential medicines be made available to the community who are visiting the Ayush hospitals. The essential drug list may be prepared as state specific requirements through its "Essential drug policy". The National List of Essential Ayush Medicines (NLEAM), 2021 prepared by Ministry of Ayush at **Annexure- IX** for procurement of minimum required medicines. The list of

medicines also may be based on the states specific disease prevalence data. The list of Essential Ayush medicines for 10 bedded Ayush Hospitals is at **Annexure-X**.

S.N	Ayush Hospital Category	Drug requirement for EDL
1	10 beds	Minimum 100 drugs
2	30beds	Minimum 200 drugs
3	50beds	Minimum 200 drugs
4	>50 beds	Minimum 200 drugs

Vendor Selection

The vendor may be selected through a written procedure that is evolved by incorporating the relevant guidelines issued by the Central Government from time to time in case of Centrally Sponsored Scheme. While in other cases, the State / UTs will develop their own procedure for vendor selection. The extant Rules and Regulations in force for public procurement may be followed in all cases. Ayush drug manufacturer having valid Ayurveda, Siddha, Sowa-Rigpa, Unani or Homoeopathy drug manufacturing license along with Good manufacturing practices (GMP) certificate should be an essential criteria in selecting the vendor.

Good manufacturing Practices (GMP)

Good Manufacturing Practices (GMP) for Ayurvedic, Siddha and Unani Medicines are prescribed under Rule 155-B & 157 of Drugs & Cosmetics Act, 1940 & Rules. The manufacturing of Ayurvedic (including Siddha) or Unani drugs shall be carried out in such premises and under such hygienic conditions as are specified in Schedule T. Certificate of Good Manufacturing Practices is being issued by Licensing Authority subsequent to the verification of the requirements of schedule T. This GMP certificate is valid for 05 years and renewed thereafter.

Standards for Ayush medicines

Pharmacopoeia Commission for Indian Medicines and Homoeopathy (PCIM&H), is subordinate office under Ministry of Ayush which lays down Pharmacopoeial Standards and Formulary specifications for Ayurveda, Siddha, Unani & Homoeopathy (ASU&H) drugs, which serve as official compendia for ascertaining the identity, purity and strength of the ASU&H drugs. It is an appellate laboratory for testing of Ayurveda, Siddha, Unani & Homoeopathy (ASU&H) drugs. Further, the capacity building training programme on standardization and quality control of ASU&H drugs for State Drug Controlling/licensing authorities is also required to be conducted.

B) Quality assurance of Ayush medicines

In order to ensure quality of Ayush medicines, provisions related to prohibition of Misbranded/ Adulterated/Spurious drugs in respect of Ayurveda, Siddha, Unani systems and penalty for its violation, have also been prescribed under Drugs & Cosmetics Act, 1940 and Rules thereunder.

Further, Pharmacovigilance Centres for Ayurveda, Siddha, Unani and Homoeopathy (ASU&H) Drugs set up in different parts of the country under the Central Scheme of Ministry of Ayush i.e. Ayush Oushadhi Gunvatta Evam Utpadan Samvardhan Yojana (AOGUSY) are mandated to monitor and report the misleading advertisements to the respective State Regulatory Authorities. A three tier structure comprising of a National Pharmacovigilance Co-ordination Centre (NPvCC), Intermediary Pharmacovigilance Centres (IPvCs) and Peripheral Pharmacovigilance Centres (PPvCs) is established. All India Institute of Ayurveda (AIIA), New Delhi under Ministry of Ayush is the National Pharmacovigilance Co-ordination Centre (NPvCC) for the implementation of the National Pharmacovigilance program for Ayurveda, Siddha, Unani & Homoeopathy drugs. Objectionable advertisements are being reported to the respective State Licensing Authorities by PPvC at regular intervals. Format for reporting of pharmacovigilance cases is at **Annexure-XI**.

C) Quality raw material for manufacturing Ayush medicines

Quality raw material is an essential requirement for manufacturing quality drugs/ medicines. Ayush formulations mainly prepared from raw materials based on plant or mineral or animal origin. So it becomes imperative to ensure quality of such raw materials.

As on date, there are 34 State Drug Testing Laboratories and 113 private Drug Testing Laboratories approved or licensed under Rule – 160 A to J of Drugs and Cosmetics Rules, 1945, for quality testing of Ayurvedic, Siddha and Unani drugs and raw materials.



D) Indenting

It is imperative to ensure that medicines are being procured through an established procedure as adopted by the Pharmacotherapeutic committee and to meet the licensing requirements and quality standards as mentioned in the Drugs & Cosmetics Act, 1940 and rules there under. The

Ayush hospitals should have a Standard Operating Procedure (SOP) for indenting, transporting, receiving, safe storage, safe dispensing, safe discarding of unusable medicines etc. which also covers the use of medical supplies and consumables. The formulary is made available to the respective departments.

Local Purchase:

The respective State / UTs government should develop provisions for the local purchase of Ayush medication, which are not listed in the essential drug list.

E) Storage

The pharmacy should ensure correct storage measures like medicines should not be kept on floor, drug stores should avoid dampness (for example, no leaking roofs) etc. Look Alike & Sound Alike Ayush medicines should be identified and be kept separately both in the drug store & pharmacy. Buffer stock to prevent the stock out should be maintained and are required to keep in separate spaces in the drug store. A pharmacist to dispense is made available at the facility.

Central Consumer Protection Authority (CCPA) vide letter no. J-25/64/2022-CCPA dated 14.07.2022 had issued an advisory to e-commerce platforms that the sale or facilitating the sale of Ayurvedic, Siddha and Unani drugs containing ingredients listed in Schedule E (1) of the Drugs and Cosmetics Rules, 1945 shall be done only after a valid prescription of a registered Ayurveda, Siddha or Unani practitioner respectively is uploaded by the user on the platform.

Regarding sale of Ayurvedic, Siddha & Unani drugs containing ingredients listed in schedule E (1) of the Drug & Cosmetics Rules, 1945 on e-commerce platforms, National Commission of Indian System of Medicine (NCISM) vide letter no. 20-28/2022-Regn (AY. Ministry) dated 19.09.2022 had requested all States/ UTs to circulate guidelines/ points of consideration for registered Ayurveda/ Siddha/ Unani (ASU) practitioners and Central Consumer Protection Authority's advisory dated 14.07.2022.

F) Prescription

All prescriptions should be clear & legible, and in capital letters duly signed and stamped by the consulting Ayush physician. Ideally, Standard Treatment Guidelines for the concerned Ayush system should be followed for drug prescriptions. If it is not ready, the Hospital can prepare their standard drug prescription for better patient management. Administration of medicines is done as per requirement and after ensuring the route of administration, dose etc. from the prescription. The duration of Ayush formulation comprising schedule E-1 drugs prescribed under Drugs and Cosmetics, Rules, 1945, should clearly be mentioned in the prescription.

Points of consideration circulated by National Commission of Indian System of Medicine (NCISM) vide letter no.20-28/2022 dated 19.09.2022 includes that all registered Ayush Practitioners must mention duration of intake of formulations containing schedule E (1) drugs under rule 161 (2) of the Drugs and Cosmetics Rules, 1945, in their medical prescription

Long term dispensing:

Considering the chronic ailments being reported at Ayush hospitals, in required cases medicines upto 01 month may also be prescribed. Patients and family members should be educated well about safe medication. It is suggested to keep 1-3 months duration for herbal preparations and 01 month duration for herbo-mineral or rasaushadhis.

G) Quality for Medication Management :

Every effort should be made to make sure addressing the quality issues in the medication management at Ayush hospitals. There should be a system for receiving, inspecting, handing over, and retrieval of drugs at the Ayush hospitals. Internal audit of stores should also be done on a regular basis to assess the implementation of the laid down procedures of respective State/UT governments. Drug recall system should be documented for analysis as part of quality measures. The quality checks of medicine has many aspects like good inventory management, proper pest control measures, taking up of regular prescription audit etc. as furnished below:-

Inventory management - Inventory management is very essential for a seamless flow of availability of medicines. Appropriate inventory control practices should be used to ensure the availability of Ayush medication, which will ensure that there is no stock-outs and the buffer stock is well maintained. Basic principles like 'first expiry, first out' for drugs should be followed. Near expiry medicines list to be informed to different departments at least three months prior date.

- a) Expiry dates are to be checked before dispatch of medicines from the store to the dispensing unit.
- b) Monitoring the rapidly moving drugs and its timely replacement is done.
- c) Proper Pest control measures are to be taken up regularly to maintain the safety and quality of the stored medicines.

Medication errors : To prevent medication errors, Ayush hospitals must keep systems and processes in place. To begin with, one should understand the common causes of medication error, which includes incorrect diagnosis, prescription errors, dose miscalculations, poor drug distribution practices, incorrect drug route administration, failed communication with the patient. Proper training in this regard may be given to the staff.

Prescription Audit- Under quality control measures, a prescription audit may be taken up for missing links and to work upon quality improvements in medication management which includes the observation of adherence to STG & EDL. A minimum of 30 prescriptions per month including the present day ones and the older ones of that to review for its legibility, identification of the author of the prescribing Ayush physician etc. It is also to be reviewed for the drugs being prescribed from outside to assess the need of certain drugs.

Measurements for compliance

Ayush Hospital may self-review for the compliance of the prescribed IPHS for Ayush Hospital standards as mentioned at Score sheet/ checklist for IPHS for Ayush Hospital standards.

6.4 CLINICAL GOVERNANCE AND BRANDING

Quality assurance and improvement in service delivery should be the focus in public healthcare facilities. Clinical governance is a systematic approach to enhance the quality of primary healthcare, ensuring high clinical standards, responsiveness to performance, and continuous improvement in service quality. It is an important aspect of the governance of health facilities that requires healthcare providers to adhere to the principles of clinical services excellence. It is important to ensure continuous improvement in quality-of-service delivery and the highest service delivery standards. The quality of care can be significantly improved by adopting and implementing a robust clinical governance mechanism. It comprises a range of quality improvement initiatives:

6.4.1 Risk management:

Riskmanagement aims to minimize the risk of harm and promote a safe, secure, and effective environment for everyone involved where patients receive high-quality service. It involves having a system to understand, monitor and minimize risks to the patients and staff and to learn from mistakes.

- Various interventions like complying with protocols (wherever applicable and available), risk assessment, training of staff, quality control, incident reporting, and promoting a blame-free culture should be implemented to improve patient safety, reduce clinical errors and improve the quality of care provided.
- Specific attention must be paid to patient safety, infection control, bio-medical waste management, and healthcare worker safety.
- The hospital should have an infection control committee to minimize the risk of hospital-acquired infections.
- Specific protocols should be followed for storing and dispensing medicines, including careful handling of Look Alike Sound Alike (LASA) drugs and disposal of expired medicines and hazardous waste.
- Identifying the warning signs are important, and a proper mechanism needs to be put in place for referring the patients to higher centre at the right time.
- Any notifiable disease or outbreak should be informed to the higher authorities.
- Adverse drug events should be documented and reported within the specified time in the prescribed format to the concerned authorities.
- Fire safety measures need to be ensured within the facility.

6.4.2 Clinical audit:

It is important to assess and improve the quality of care being provided to the patients. It comprises a systematic assessment of patient care against standards, identifying areas for improvement, and instituting corrective measures. A re-audit to ensure that corrective actions are implemented in an appropriate manner and maintained effectively closes the audit loop.

6.4.3 Evidence based care and effectiveness:

This includes adherence to SoPs, Standard Treatment Protocols and the latest guidelines to ensure high-quality, standard, and consistent care. All research activities should be in accordance

with guidelines published by the DHR/Indian Council of Medical Research, Ministry of Ayush, and its institutions. There should be a mechanism to orient staff on standard protocols, wherever applicable. Internal quality control and external quality assurance should be done regularly.

6.4.4 Education, training, and continuing professional development:

The skills of staff posted at public healthcare facilities play a vital role in the quality of care. The quality, skills, and capacity of health workers should be enhanced with continuous professional development. It should also include digital tool literacy. Provisions for periodic refresher courses and in-service training should be made after thorough training needs assessment.

6.4.5 Patient care experience and involvement:

Feedback and suggestions from the patients help in improving the quality of services and are of paramount importance. There should be a provision of feedback from patients and bystanders for both OPD and IPD services. A review of feedback and suggestions received has the potential to identify and address gaps and deficiencies in service delivery. Community participation and involvement of civil society organizations in quality improvement initiatives are vital. Furthermore, an ensured grievance redressal system is required at all facilities. This should include provisions for written complaints (through a help desk or complaints box, letters to administrators, and online reporting) as well as a formal structure for escalation and timely resolution. Facilities should monitor and maintain a record for the number of monthly grievances received and resolved. An appeal system should also be included. Users should be made aware of the existence of this facility through increased awareness.

6.4.6 Using digital tool and IT:

This aspect ensures that the patient data is accurate and up to date, the confidentiality of patient data is respected, and appropriate use of data is made to measure the quality of outcomes. A-HMIS needs to be integrated into the Ayush facilities of all States/UTs to effectively manage all functions of health care delivery systems and patient care. Tele-medicine services and their functioning must be ensured in all States/UTs to allow seamless integration with higher facilities and cross-consultation between modern and Ayush systems. There should be a provision for the generation of ABHA IDs of patients within the facility (if the patient does not have an existing ABHA ID), and it shall be used for recording and accessing patients' health records digitally. Further, geo-mapping and geo-tagging of Ayush facilities need to be done.

6.4.7 Accountability:

The hospital In-charge is responsible for improving the system's effectiveness and efficiency by building mechanisms to strengthen service providers' answerability and responsibility. A proper feedback mechanism needs to be put in place. Input from the community should be encouraged through various means such as patient feedback, community/social accountability, Ayush-Rogi Kalyan Samities (Ayush-RKSs) / Hospital Management Committees. Further, prompt and appropriate action should be taken on the feedback obtained.

Every facility must have a readable and locally suitable Citizens' charter displayed in a prominent place. This should include information on the services offered, as well as timetables, user prices, user rights and obligations, and grievance redressal methods. The total number of essential medicines, diagnostics, and procedures may also be displayed in the Citizens' Charter as well. A list of the available drugs, diagnostics, and treatments accessible at the facility should also be publicly available within the facility.

6.4.8 Monitoring:

It is assumed that rigorous monitoring, constant support and encouragement from supervisors and higher levels of management, and, most significantly, staff ownership will be strengthened as part of continuous quality improvement initiatives.

- Internal and external monitoring is important in maintaining minimum standards, identifying gaps, and addressing deficiencies in mandated service delivery.
- Internal mechanisms include systematic and proper record keeping and timely reporting, daily rounds by the management/ administrative heads of the facility, supportive supervision, and regular systems of audits.
- Systematic record keeping includes a unique hospital identification number generated while registration, recording the referral note/discharge card in the register, completion of IP case record within 48 hrs of admission, documentation of discharge process and summary, and register for maintenance of equipments, among others.
- Based on the identified gaps, an action plan with corrective measures and timelines should be prepared and reviewed periodically.
- There should be provision for Aadhar based biometric attendance system for all staff of the facility.
- External monitoring includes patient satisfaction surveys, social accountability, community surveys, and systematic assessments with a pre-defined validated checklist by the higher officials.
- There shall be a nodal officer for infection control under the supervision of the Hospital in charge.

6.4.9 Patient-Centric Services:

All necessary efforts must be made to ensure patient-centric services, prioritizing patients' needs, comfort, and preferences.

- Priority should be given to personalized care to patients in terms of proper information on their health conditions, treatment options, proper communication, and by providing a comfortable, empathetic, and supportive environment to patients and their attendants.
- This also includes ensuring basic facilities to the patients and bystanders such as provision for safe drinking water, litter-free premises, clean and separate (male, female) toilets, comfortable breastfeeding area, clean linen, help desks, support for navigation, comfortable, patient waiting halls, security, clear signage systems, and prominent display of Citizens' Charter.

- Infrastructure should be disabled and elderly-friendly.
- Patient satisfaction is key in service delivery.
- Continuous efforts should be made to improve the quality of services and ensure the highest standards of service delivery.
- A token system may be adopted for the smooth management of patients waiting for OPD consultation.
- The periodic maintenance of devices and equipment needs to be ensured. Further, there should be a proper mechanism for repairing of devices and equipment.

6.4.10 Grievance Redressal:

Grievance redressal in public healthcare is a critical process that aims to address and resolve complaints, concerns, and feedback from patients and their families. It is essential to ensure quality care, patient satisfaction, and trust in the healthcare system. There shall be a provision for a robust grievance redressal mechanism. There should also be a method to lodge complaints, such as a complaint box, a receipt provided for a complaint letter, or an opportunity to meet the health officials of the facility. A grievance redressal register should be maintained, and all complaints, feedback, and resolutions should be recorded in a register, which can be used for analysis, reporting, and improvement. Complaints should be resolved as soon as possible, and patients should be informed of the outcome. Follow-up may be necessary to ensure that the issue is fully resolved and that the patient is satisfied. Implementation of an effective grievance redressal mechanism leads to improved patient satisfaction, quality of care, and trust in the healthcare system.

6.4.11 Inter-sectoral Convergence:

Inter-sectoral convergence is essential for the success of health promotion strategies and requires close coordination with other allied departments. While organizing health promotion activities on various dimensions of primary care at Ayush Hospitals, support from other relevant departments such as the health department (for making provisions related to National Health Programmes at Ayush Hospitals), WCD, education department (school-based camps), FSSAI (diet counselling), etc., can be taken. Authorities need to encourage joint meetings and outreach activities, specifically with the Health Department, for better convergence and complementarity of work.

6.4.12 Referrals:

Ensure continuity of care with a streamlined cross-referral system with allopathic health facilities i.e., from Ayush to allopathic and allopathic to Ayush facilities.

6.4.13 Compliance with Statutory norms:

Compliance with all concerned statutory acts, rules, and regulations set by the Central/ State Government must be scrupulously followed. Senior authorities will be responsible for enforcing standards and may assign tasks and responsibilities to appropriate officials. They must also provide

a consistent monitoring and feedback mechanism. Although this is not an exhaustive list, the following must be included:

- i. Indian Medicine Central Council Act/ National Commission for Indian System of Medicine Act and the Practitioners of Indian Medicine (Standards of Professional Conduct, Etiquette and Code of Ethics) Regulations
- ii. Homoeopathy Central Council Act/ National Commission for Homoeopathy Act and Homoeopathic Practitioners (Professional Conduct, Etiquette and Code of Ethics) Regulations
- iii. Clinical Establishment (Registration and Regulation) Act
- iv. Drugs and Cosmetics Act and rules/ regulations made under it
- v. No Objection Certificate from the Fire Authority
- vi. Compliance with state by-laws and the National Building Code (NBC) for all infrastructure
- vii. Authorisation under the revised Biomedical Waste (Management and Handling Rules)
- viii. Seismic safety guidelines
- ix. Registration of Births and Deaths Act
- x. Consumer Protection Act
- xi. Gas cylinder rule 1981, ISO 7396-1:2016 and Indian Explosive Acts, 1984
- xii. Persons with Disability Act
- xiii. Mental Health Act
- xiv. Vehicle Registration Certificates for Ambulances
- xv. Right to Information Act
- xvi. Pollution Control Acts
- xvii. Cigarettes and Other Tobacco Products Act, 2003 (COTPA, 2003)
- xviii. Excise permit to store spirits

6.4.14 Branding for Ayush Hospitals

Design Samples need to be developed, and details regarding dimension and cost, material to be used for development, location for placement, target audience, and uses need to be defined for the following items/ components.

1. Facility compound and external area

a. Road Signage

Description: Direction guide for the health facility from the immediate main road.

b. Facility Boundary Walls

Description: A set of wall paintings on the facility compound wall to distinguish it as an Ayush Hospital (10/30/50 bedded).

c. Facility Name Board

Description: Facility name board for the facility to direct the general population to the facility.

d. Facility layout:

Description: The hospital layout with demarcated block-wise establishment needs to be displayed at the entrance of the hospital.

e. Citizen Charter

Description: The citizen charter informs the general population on the Vision, Mission, Objectives, Services Available, Diagnostics Available, and Timings of the facility, etc. This has to be on display as well as in booklets.

f. Yoga Sthal/ Raised Platform

Description: The Yoga Sthal or wellness platform provides a space within the facility for wellness activities such as 'Yoga'.

g. Grievance Board

Description: The grievance board displays the details wherein a client can contact in case of any grievances/ complaints for redressal. Grievance-cum- Suggestion Box also needs to be kept at a suitable place.

h. Information space for current events and campaigns

Description: This information space is to inform the general population about current events and campaigns.

Note: This is a desirable item that can be incorporated in case of availability of funds and space.

2. Registration area in front of the facility building

i. Registration Counter Items

Description: This set of communication material needs to be displayed at the registration counter of the facility to ensure clients register for services availed in the facility. These include:

1. Registration number plate
2. Registration name plate
3. Information Boards providing information on the cost of registration and timings of facility
4. Daily census of OP and IP with date

ii. Other Information Items

Description: This set of communication material needs to be displayed near the registration counter of the facility to ensure clients have information for necessary services as given below:

1. Fixed Day services information
2. Referral facilities information
3. Grievance information

3. Medicinal Plant Garden:

Description: There should be proper signage for the medicinal plant garden and a display of plants available in it. There should be name plates of plants describing their name and benefits in user-friendly language.

4. Waiting area in the facility

Facility Staff Board

Description: This board provides details of the facility staff with details of their names, number, and designation so the general population is informed of the service providers' details as they enter the facility to seek healthcare services.

Utility Boards

Description: Utility boards direct the clients to the various facilities such as OPD & Therapy room, toilets, drinking water, etc.

Direction Signage

Description: Direction Signage directs the clients to the location of various facilities, such as the OPD room, Laboratory, toilets, drinking water etc., that are within the facility.

Television

Description: Television installed in the waiting area for entertainment and for IEC activities.

IEC materials need to be developed for display on the TV.

5. MO I/C and Specialist Room (as applicable)

Angle Name Board

Description: The angle name board displays the doctor's name outside the MO I/C room and specialist rooms.

Catchment Map

Description: The catchment map displays the map of the area to which the facility caters.

6. Breastfeeding area

Description: IEC materials depicting the importance and methods of breastfeeding needs to be displayed in the breastfeeding area.

7. Room-wise communication material

Description: This set of communication material needs to be displayed and guide the clients to the various services offered in the facility in a manner that the client can self-navigate. It will also display tariff charts, turnaround time and instructions to the patients of the services offered.

8. IEC Posters

IEC posters for different places of the facility need to be developed, like the waiting area, OPD, IPD, Examination room, therapy room, and so on. This should include instructions and information regarding major and minor treatment procedures, do's, and don'ts.

9. Instructions Board for patients and bystanders:

Description: Instruction Board for patients and bystanders needs to be developed to provide the necessary information.

ANNEXURES

Building, equipment and other infrastructure for 10 bedded Ayush hospital

(A) Building specification and accommodation details of 10 bedded Ayush Hospital		
Sl. No.	Particulars	Plinth Area (in Sqr. Mt.)
1	Senior Medical Officer (SMO)	30
2	Resident Medical Officer (RMO)	12.5
3	Medical Officer (MO) (2 rooms of 12.5 sq. mtr. each for 4 MOs- 2 essential & 2 desirable)	25
4	Record room & Administrative Office	70
5	Sanitary block (M/F) (11*2)	22
6	Canteen, Kitchen & Store	37
7	Central Medical Record Section with Computer Facilities	22
8	Minor OT Complex (1 theatre + washroom + Changing room + Autoclave + Staff room + recovery room)	56
9	Labor room +Duty Room (22+17)	39
10	Panchakarma/ Thokkanam/ Ilaj-bit-Tadbeer/ Las Nga (external and rejuvenation therapy of sow rigpa) etc. Therapy block including Panchakarma Medicine preparation room (Toilet, bath & circulation area) (55.50*2)	120
11	Central store for linen etc.	20
12	Medicine store with Dispensing room	56
13	Resident Doctors Duty Rooms with Toilets	22
14	2 wards of 5 beds with Toilets (35*2)	70
15	Nurses duty room	15
16	Laboratory for pathological examinations	22
17	X-Ray Room	22
17	Yoga and Naturopathy room	30
18	Rehabilitation & Physiotherapy room	20
19	Waiting hall for patients and attendants	40
20	Seminar Hall	56
21	Staff room with lockers	40
22	Casualty department	30.35
	Total Area (Sq mtr)	876.85

(B) Equipments/Instruments required for 10 bedded Ayush Hospital		
Sl. No.	Particulars	Required Quantity
	Panchakarma	
1.	Droni/Massage Table: Minimum 7ft.X2.5 ft. (wood or Fiber)	2
2.	Appropriate stand to fix droni: 2.5 ft. height	2
3.	Swedana/Sudation chamber and Nadi swedan yantra/ equipments for Inkibab	2
4.	Footstool	2
5.	Stool	2
6.	Arm Chair	2
7.	Heating facilities	2
8.	Heating Pan	2
9.	Shirodhara stand and Shirodhara table	2
10.	Basti yantra/ /Huqna kit	4
11.	Uttara Basti Yantra for males and females	4
12.	Bedpan (male and female)	4
13.	Vamana set	4
14.	Kidney trays	2
15.	Nasyakarma set/ Nutool set	2
16.	Stethoscope	2
17.	Sphygmomanometer	1
18.	Thermometer	1
19.	Hot water – bath	1
20.	Pressure cooker (5 litres) – 1	2
21.	Small pillows covered with rexin sheet	2
22.	Small almirah	2
23.	Knife and scissor	2
24.	Clock	2
25.	Stop watch	2
26.	Hot water facility	2
27.	Exhaust fans	2
28.	Autoclave equipment for sterilization	1
	Ksharasutra	
1.	Ksharasutra Cabinet	1

2.	Autoclave	1
3.	OT instruments	As required
4.	OT table	1
5.	OT light	1
6.	Consumables	As required
Uttarabasti		
7.	Hot water bag	1
8.	Kidney tray	2
9.	Sims speculum	2
10.	Anterior vaginal wall retractor	2
11.	Vulsellum	2
12.	Uterine sound	2
13.	Swab holder	2
Raktamokshana/Fasd/Leech application (Taleeq)		
1.	Syringe for Raktamokshana	1
2.	Storage Aquarium for fresh leeches : 20-25 liters capacity	1
3.	Glass container (1 liter capacity)	2
4.	Leeches	As required
5.	Surgical table	1
6.	Surgical trolley	2
7.	Surgical tray	5
8.	Different types of Forceps, Scissors, Needles, Suturing material etc.	As required
9.	Dressing tray with gloves, Bandage etc.	As required
10.	Materials: Turmeric, Saindhava lavan, Jatyadi Ghrita, Honey	As required
11.	Surgical plates for Prachhan karma/ equipments for Hijambila Shart (Dry cupping) & Hijambil Shart (Wet cupping)	As required
Agnikarma		
1.	Agnikarma Shalaka	5
2.	Dressing tray with gloves, Bandage etc.	As required
3.	Consumables	As required
Physiotherapy		
1.	Shoulder cum Elbow Cycle	1
2.	Shoulder Pulley Set	1
3.	Iron Dumbbells of different weight	5
4.	Static Cycle Exerciser	1

5.	Leg Exerciser	1
Laboratory		
1.	Refrigerator	1
2.	Auto analyzer	1
3.	Auto clave	1
4.	Test tube	20
5.	Test tube holder	2
6.	Haemoglobinometer	1
7.	Glucometer	1
8.	Urinometer	2
9.	Consumables	As required
Others		
1.	X-Ray view box	4
2.	Phototherapy Set	1
3.	Beds	12
4.	Office Chairs	20
5.	Tables	10
6.	Almirah	4
7.	Chairs for patients and attendants	20
8.	Patient stool	10
9.	Rack	4
10.	Colour coded dust bin	As required

Building, equipment and other infrastructure for 30 bedded Ayush hospital

(A) Building specification and accommodation details of 30 bedded Ayush Hospital		
Sl. No.	Particulars	Plinth Area (in Sqr. Mt.)
1.	Medical superintendent	30
2.	Senior Medical Officer (SMO)	25
3.	Medical Officer (2 rooms of 12.5 sq. meter each for 2 MOs)	25
4.	GDMO (1 room of 12.5 Sq. meter for 2 GDMOs)	12.5
5.	M.O. (M.B.B.S)	12.5
6.	Medical Officer (for 2 MOs of other system-desirable)	12.5
7.	Record room & Administrative Office	90.25
8.	Sanitary block (M/F) (10*4)	40
9.	Canteen, Kitchen & Store	60
10.	Central Medical Record Section with Computer Facilities	22
11.	OT Complex (1 theatre + washroom + Changing room+ Autoclave + Staff room+ recovery room)	80
12.	Labor room +Duty Room (40+20)	50
13.	Panchakarma/Thokkanam/Ilaj-bit-Tadbeer Therapy block (Toilet, bath & circulation area) (55.50*2)	120
14.	Central store for linen etc.	25
15.	Medicine store with Dispensing room	80
16.	Resident Doctors Duty Rooms with Toilets	33
17.	3 wards of 9 beds with Toilets 180 (60*3) + 3 Private Rooms 48.75 (3 x16.25)]	228.75
18.	Nurses duty room	15
19.	Laboratory for pathological examinations	22
20.	X-Ray Room	22
21.	Yoga and Naturopathy room	40
22.	Rehabilitation & Physiotherapy room	20
23.	Waiting hall for patients and attendants	40
24.	Seminar hall	56
25.	Staff room with lockers	50
26.	Dressing Room	10
27.	Casualty department	50.3
28.	Total Area (Sq mtr)	1271.8

(B) Equipments/Instruments required for 30 bedded Ayush Hospital		
Sl. No.	Particulars	Required Quantity
	Panchakarma	
1.	Droni/Massage Table: Minimum 7ft.X2.5 ft. (wood or fiber)	2
2.	Appropriate stand to fix droni: 2.5 ft. height	2
3.	Swedana/Sudation chamber and Nadi swedan yantra/ equipments for Inkibab	2
4.	Footstool	2
5.	Stool	2
6.	Arm Chair	2
7.	Heating facilities	2
8.	Heating Pan	2
9.	Shirodhara stand and Shirodhara table	2
10.	Basti yantra/ /Huqna kit	4
11.	Uttara Basti Yantra for males and females	4
12.	Bedpan (male and female)	4
13.	Vamana set/ Complete qai set (Vamanpeeth seth))	4
14.	Kidney trays	2
15.	Nasyakarma set/ Nutool set	2
16.	Stethoscope	2
17.	Sphygmomanometer	1
18.	Thermometer	1
19.	Hot water – bath	1
20.	Pressure cooker (5 litres) – 1	2
21.	Small pillows covered with rexin sheet	2
22.	Small almirah	2
23.	Knife and scissor	2
24.	Clock	2
25.	Stop watch	2
26.	Hot water facility	2
27.	Exhaust fans	2
28.	Autoclave equipment for sterilization	1

	Ksharasutra	
29.	Ksharasutra Cabinet	1
30.	Autoclave	1
31.	OT instruments	As required
32.	OT table	1
33.	OT light	1
34.	Consumables	As required
	Uttarbasti	
35.	Hot water bag	1
36.	Kidney tray	2
37.	Sims speculum	2
38.	Anterior vaginal wall retractor	2
39.	Vulsellum	2
40.	Uterine sound	2
41.	Swab holder	2
	Raktamokshana/Fasd/Leech application (Taleeq)	
42.	Syringe for Raktamokshana	1
43.	Storage Aquarium for fresh leeches : 20-25 liters capacity	1
44.	Glass container (1 liter capacity)	2
45.	Leeches	As required
46.	Surgical table	1
47.	Surgical trolley	2
48.	Surgical tray	5
49.	Different types of Forceps, Scissors, Needles, Suturing material etc.	As required
50.	Dressing tray with gloves, bandage etc.	As required
51.	Materials: Turmeric, Saindhava lavan, Jatyadi Ghrita, Honey	As required
52.	Surgical plates for Prachhan karma/ equipments for Hijambila Shart (Dry cupping) & Hijambil Shart (Wet cupping)	As required
	Agnikarma	
53.	Agnikarma Shalaka	5
54.	Dressing tray with gloves, Bandage etc.	As required
55.	Consumables	As required

Physiotherapy		
56.	Shoulder cum Elbow Cycle	1
57.	Shoulder Pulley Set	1
58.	Iron Dumbbells of different weight	5
59.	Static Cycle Exerciser	1
60.	Leg Exerciser	1
Laboratory		
61.	Refrigerator	1
62.	Auto analyzer	1
63.	Auto clave	1
64.	Test tube	20
65.	Test tube holder	2
66.	Haemoglobinometer	2
67.	Glucometer	2
68.	Urinometer	2
69.	Consumables	As required
Others		
70.	X-Ray view box	4
71.	Phototherapy Set	2
72.	Beds	35
73.	Office Chairs	25
74.	Tables	12
75.	Almirah	6
76.	Chairs for patients and attendants	40
77.	Patient stool	20
78.	Rack	4
79.	Colour coded dust bin	As required

Building, equipment and other infrastructure for 50 bedded Ayush hospital

(A) Building specification and accommodation details of 50 bedded Ayush Hospital		
Sl. No.	Particulars	Plinth Area (in Sq. Mt.)
1	Medical Superintendent	30
2	Senior Medical Officer (2 rooms of 12.5 Sq. meter each for 1 SMO)	25
3	Medical Officer (2 rooms of 12.5 Sq. meter each for 2 MOs)	25
4	General Duty Medical Officer & MOs from other systems (3 rooms of 12.5 Sq. meter each for 2 MOs)	37.5
5	M.O. (M.B.B.S)	12.5
6	Administrative Office & Record Room	96
7	Sanitary block (M/F) (20x2)	40
8	Canteen, Kitchen & Store	91
9	Statistics Deptt. with computer facilities with Central Medical Record section	22
10	Clinical Laboratory for Investigation	50
11	OT Complex (1 theatres + side Theatres + wash + changing + autoclave + staff + recovery room)	115
12	Labor room + Duty room (30+20)	50
13	Panchakarma/ Thokkanam/ Ilaj -bid- Tadbeer theatre (Therapy block) (Toilet, bath & circulation area)	135
14	Central store for linen etc.	25
15	Medicine store for Ayurveda/ Homoeopathy/ Unani/ Siddha/Sowa Rigpa.	70
16	Dispensing Room for Ayurveda/ Homoeopathy/ Unani/ Siddha/ Sowa Rigpa.	30
17	Resident Doctors Duty Rooms with Toilets (12.5x4)	50
18	4 wards of 10 beds each and Private Rooms (10 Nos.) [270 (60x4.5) + 81.25 (5x16.25)]	352
19	Nurses duty room	15
20	Laboratory for pathological examinations	22

21	X-Ray Room & Reporting area	22
22	Store room for linen and equipment	22
23	Accommodation for Rehabilitation therapies including Physiotherapy and Occupational Therapy, Electrotherapy, Diathermy, Ultraviolet and Infrared treatment, Hydrotherapy.	22
24	Separate adequate area for Yoga and Naturopathy practice + Toilets (36 + 9)	45
25	Registration & Record room	17.62
26	Waiting Hall for patients and attendants	50
27	Seminar hall	84
28	Staff room with lockers	55
29	Dressing Room	10
30	Audiometry Room (optional)	20
31	Optometry Room (optional)	36
32	Central Casualty Department accommodation for Resuscitation services (2 Beds)	70
	Total Area (Sq mtr)	1746.62

Note: For each addition of 10 beds appropriate space provision should be made.

(B) Equipments/Instruments required for 50 bedded Ayush Hospital		
Sl. No.	Particulars	Required Quantity
A.	Panchakarma	
1.	Droni/Massage Table: Minimum 7ft.X2.5 ft. (wood or fiber)	2
2.	Appropriate stand to fix droni: 2.5 ft. height	2
3.	Swedana/Sudation chamber and Nadi swedan yantra/ equipments for inkibab	2
4.	Footstool	2
5.	Stool	2
6.	Arm Chair	2
7.	Heating facilities	2
8.	Heating Pan	2
9.	Shirodhara stand and Shirodhara table	2
10.	Basti yantra/Huqna kit	4
11.	Uttara Basti Yantra for males and females	4

12.	Bedpan (male and female)	4
13.	Vamana set/complete qai set	4
14.	Kidney trays	2
15.	Nasyakarma set/Nutool set	2
16.	Stethoscope	2
17.	Sphygmomanometer	1
18.	Thermometer	1
19.	Hot water – bath	1
20.	Pressure cooker (5 litres) – 1	2
21.	Small pillows covered with rexin sheet	2
22.	Small almirah	2
23.	Knife and scissor	2
24.	Clock	2
25.	Stop watch	2
26.	Hot water facility	2
27.	Exhaust fans	2
28.	Autoclave equipment for sterilization	1
B.	Ksharasutra	
1.	Ksharasutra Cabinet	1
2.	Autoclave	1
3.	OT instruments	As required
4.	OT table	1
5.	OT light	1
6.	Consumables	As required
C.	Uttarabasti	
7.	Hot water bag	1
8.	Kidney tray	2
9.	Sims speculum	2
10.	Anterior vaginal wall retractor	2
11.	Vulsellum	2
12.	Uterine sound	2
13.	Swab holder	2
D.	Raktamokshana/Fasd/Taleeq (Leech application)	
1.	Syringe for Raktamokshana	
2.	Storage Aquarium for fresh leeches : 20-25 liters capacity	1
3.	Glass container (1 litre capacity)	2

4.	Leeches	As required
5.	Surgical table	1
6.	Surgical trolley	2
7.	Surgical tray	5
8.	Different types of Forceps, Scissors, Needles, Suturing material etc.	As required
9.	Dressing tray with gloves, bandage etc.	As required
10.	Materials: Turmeric, Saindhava lavan, Jatyadi Ghrita, Honey	As required
11.	Surgical plates for Prachhan Karma/ equipments for Hijambila Shart (Dry cupping) & Hijambil Shart (Wet cupping)	As required
E.	Agnikarma	
1.	Agnikarma Shalaka	5
2.	Dressing tray with gloves, bandage etc.	As required
3.	Consumables	As required
F.	Physiotherapy	
1.	Shoulder cum Elbow Cycle	1
2.	Shoulder Pulley Set	1
3.	Iron Dumbbells of different weight	5
4.	Static Cycle Exerciser	1
5.	Leg Exerciser	1
G.	Laboratory	
1.	Refrigerator	1
2.	Auto analyzer	1
3.	Auto clave	1
4.	Test tube	20
5.	Test tube holder	2
6.	Haemoglobinometer	2
7.	Glucometer	2
8.	Urinometer	2
9.	Consumables	As required
H.	Others	
1.	X-Ray machine	1
2.	X-Ray view box	4
3.	Phototherapy Set	2
4.	Beds	35
5.	Office Chairs	25
6.	Tables	12

7.	Almirah	6
8.	Chairs for patients and attendants	40
9.	Patient stool	20
10.	Rack	4
11	Colour coded dust bin	As required

Human Resources for 10-Bedded Ayush Hospital

S.No.	Human Resources For Ayush	10 Bedded Ayush Hospital	
		E	D
1.	SMO (may be from relevant specialities of disciplines from Ayurveda/ Homoeopathy/Unani/ Siddha/Sowa-Rigpa/Yoga-Naturopathy)	1	
2.	Medical Officers (may be from relevant specialities of disciplines from Ayurveda/ Homoeopathy/Unani/ Siddha/Sowa-Rigpa/Yoga-Naturopathy)	2	
3.	GDMO (may be assigned RMO charge)	1	
4.	MO from other Ayush systems of medicine		2
5.	Assistant Matron	1	
6.	Nursing Staff	2	
7.	Midwife	1	
8.	Panchakarma Technician / Therapist / Assistant / respective other systems of medicine therapist	4 (2 Male & 2 Female)	
9.	Panchakarma Attendants/ respective other systems of medicine therapist	2 (1 male & 1 female)	
10.	Yoga instructor	1	
11.	Physiotherapist		1
12.	Pharmacist/Dispenser	2	
13.	Accounts Officer	1	
14.	Laboratory Technician	1	
15.	X-Ray Technician		1
16.	OT attendant	1	
17.	Labour room attendant		1
18.	Store Keeper/Clerk	1	
19.	Registration Clerk/Data Assistant	1	
20.	Chowkidar	2	
21.	Ward boys/Aayah	2 (1 male & 1 female)	
22.	Cook	1	
23.	MTS	2	
24.	Sweeper/Jamadars	2	

Human Resources for 30-Bedded Ayush Hospital

S.No.	Human Resources For Ayush	30 Bedded Ayush Hospital	
		E	D
1.	Medical Superintendent	1	
2.	SMO (may be from relevant specialities of disciplines from Ayurveda/ Homoeopathy/Unani/ Siddha/Sowa-Rigpa/Yoga-Naturopathy)	2	
3.	Medical Officer (may be from relevant specialities of disciplines from Ayurveda/ Homoeopathy/Unani/ Siddha/Sowa-Rigpa/Yoga-Naturopathy)	4	
4.	GDMO (may be assigned the RMO charge)	2	
5.	MO (M.B.B.S)	1	
6.	MO from other Ayush systems of medicine		2
7.	Assistant Matron	1	
8.	Nursing Staff	4	
9.	Midwife	1*	
10.	Panchakarma Technician/Therapist/Assistant/ respective other systems of medicine therapist	4 (2 Male & 2 Female)	
11.	Panchakarma Attendants/ respective other systems of medicine therapist	2 (1 male & 1 female)	
12.	Yoga instructor	1	
13.	Physiotherapist		1
14.	X-ray Technician		1
15.	OT attendant	1	
16.	Labour room attendant		1
17.	Pharmacist/Dispenser	2	
18.	Accounts Officer	1	
19.	Laboratory Technician	1	
20.	Store Keeper/Clerk	1	
21.	Registration Clerk/Data Assistant	1	
22.	Chowkidar	2	
23.	Ward boys/Aayah	4 (2 male & 2 female)	
24.	Cook	1	
25.	MTS	2	
26.	Sweeper/Jamadars	2	

**Human Resources For District Ayush Hospital, 50-Bedded Ayush Hospital, State Hospital
& above 50-Bedded Ayush Hospital**

S.No.	Human Resources For Ayush	50-Bedded Ayush Hospital/ District Ayush Hospital		State Hospital minimum 50-bedded	
		E	D	E	D
1.	Medical Superintendent	1		1	
2.	SMO (may be from relevant specialities of disciplines from Ayurveda/ Homoeopathy/Unani/ Siddha/Sowa-Rigpa/Yoga-Naturopathy)	2		3	
3.	Medical Officer (may be from relevant specialities of disciplines from Ayurveda/ Homoeopathy/ Unani/ Siddha/Sowa-Rigpa/Yoga-Naturopathy)	4		4	
4.	GDMO (may be assigned the RMO charge)	4		4	
5.	M.O. (MBBS)	1		1	
6.	MO from other Ayush systems of medicine		2		2
7.	Assistant Matron	1		1	
8.	Nursing Staff	8		10	
9.	Midwife	2*		2*	
10.	Panchakarma Technician/Therapist/Assistant/ respective other systems of medicine therapist	6 (3 Male & 3 Female)		6 (3 Male & 3 Female)	
11.	Panchakarma Attendants/ respective other systems of medicine attendants	4 (2 male & 2 female)		4 (2 male & 2 female)	
12.	Yoga instructor	1		2(1 male & 1 female)	
13.	Physiotherapist		1		1
14.	Pharmacist/Dispenser	2		2	
15.	X-ray Technician	1		1	
16.	OT attendant	1		1	
17.	Labour room attendant		1		1
18.	Accounts Officer	1		1	
19.	Laboratory Technician	2		2	
20.	Store Keeper/Clerk	2		2	
21.	Registration Clerk/Data Assistant	2		2	
22.	Chowkidar	2		2	

23.	Ward boys/Aayah	6 (3 male & 3 female)	6 (3 male & 3 female)	
24.	Cook	2	2	
25.	MTS	4	4	
26.	Sweeper/Jamadars	4	4	

Note:- *Where ever labour facility is available.

Each Addition of 10 Beds from above 50 beds, there will be a corresponding increase in Medical officer- 1, Staff Nurse-2, Pharmacist-1 , Ward boy/ Aayah-2.

Qualifications and Experiences

S. No	Human Resources for Ayush	Qualifications
1.	Doctors	
1.1	Medical Superintendent	<p>Essential: A Postgraduate Degree in relevant stream of Ayush from a Recognized University/Statutory State Board/Council/Faculty of Indian medicine/Homoeopathy or equivalent, recognized under the relevant council/commission.</p> <p>Experience: Ten years' experience in Hospital Administration in Hospitals after obtaining the P.G. Degree.</p>
1.2	Senior Medical Officer	<p>Essential: A Degree in relevant stream of Ayush from recognized University/Statutory State Board/Council/Faculty of Indian medicine/Homoeopathy or equivalent, recognized under the relevant council/commission.</p> <p>Enrolment on the central Register of that stream in central or state register of Indian Medicine.</p> <p>Experience: Five years clinical and/or Teaching Experience in a recognized hospital / teaching institution</p> <p>Desirable: A Postgraduate Degree in relevant stream of Ayush from a Recognized University/Statutory State Board/Council/Faculty of Indian medicine or equivalent, recognized under the relevant council/commission.</p>
1.3	Resident Medical Officer/General Duty Medical Officer	<p>Essential Qualification:</p> <p>A Degree in relevant streams of Ayush from recognized University/Statutory State Board/Council/Faculty of Indian medicine/Homoeopathy or equivalent, recognized under the relevant council/commission.</p> <p>Enrolment on the central Register of that stream in central or state register of Indian Medicine.</p> <p>Experience: 3 years clinical and/or Teaching Experience in a recognized hospital / teaching institution</p> <p>Desirable: A Postgraduate Degree in relevant stream of Ayush from a Recognized University/Statutory State Board/Council/Faculty of Indian medicine or equivalent, recognized under the relevant council/commission</p>

1.4	Medical Officer	<p>Essential Qualification:</p> <p>A Degree in relevant streams of Ayush/Allopathy (in case of MBBS) from recognized University/Statutory State Board/Council/Faculty of Indian medicine/Homoeopathy or equivalent, recognized under the relevant council/commission.</p> <p>Enrolment on the central Register of that stream in central or state register of Indian Medicine.</p> <p>Experience: 3 years clinical and/or Teaching Experience in a recognized hospital / teaching institution</p> <p>Desirable: A Postgraduate Degree in relevant stream of Ayush/Allopathy from a Recognized University/Statutory State Board/Council/Faculty of Indian medicine/Homoeopathy or equivalent, recognized under the relevant council/commission.</p>
2. Allied Health Professionals		
2.1	Physiotherapist	Bachelors in Physiotherapy or Masters in physiotherapy
2.2	Yoga Instructor	Diploma in Yoga Science (D. Y. Sc.) or Diploma in Yoga Therapy (DYT)
3. Nursing Staff		
3.1	Staff Nurses	<p>1. B.Sc. Nursing or Nursing (Ayurveda) OR B.Sc. (Post-certificate) or equivalent such as B.Sc. Nursing (Post-basic) (2 year course).</p> <p>2. Possess registration certificate as Nurse and Midwife from the relevant State Nurses and Midwives Council.</p>
3.2	Midwife	GNM/ANM
3.3	Assistant Matron	GNM/ANM
4. Paramedical Staff		
4.1	Pharmacist	Diploma in Ayurvedic Pharmacy OR B. Pharma / B. Pharma (Ay.)
4.2	ANM	As per the existing guidelines of the States/UTs
4.3	ASHA	As per the existing guidelines of the States/UTs
4.4	MPW	12th Pass in science + Paramedical Basic Training Course OR Sanitary Inspector Course.
4.5	Lab Technician	B.Sc MLT / DMLT
4.6	X-ray Technician	As per the existing guidelines of of the States/UTs

4.7	Panchakarma Technician/ Therapist/Assistant	Diploma/Certificate course in Panchakarma
4.8	Panchakarma Attendant	Diploma/Certificate course in Panchakarma

Job responsibilities of Human Resources

Medical Superintendent: -

- ⇒ Overall supervision of the working of the hospital.
- ⇒ Planning, Development and Budget monitoring of the hospital.
- ⇒ Exercise of financial and administrative power delegated to him as “Head of Department”.
- ⇒ Manpower Planning.
- ⇒ Appointing and Disciplinary Authority of Group C & D employees.
- ⇒ Interaction and assigning duties to immediate subordinate officers and Head of Clinical Departments so as to ensure smooth functioning of the hospital.
- ⇒ Official spokesperson of the hospital.
- ⇒ To institute an effective grievance redressal system both for the employees and the patients.
- ⇒ The repository of the information pertaining to the hospital.
- ⇒ To discharge legal responsibilities pertaining to the hospital.
- ⇒ Any other responsibility assigned from time to time.

Kayachikitsa Specialist/ other parallel specialist from respective other system of medicine

- ⇒ Providing quality OPD and IPD services of Kayachikitsa department.
- ⇒ Prescribing and administering medication, therapy, and other specialized medical care to treat or prevent illness, disease.
- ⇒ Managing lifestyle diseases including Hypertension, Diabetes, Bronchial asthma, Obesity etc. and treat chronic ailments of immune disorders like Arthritis and other multisystem diseases, metabolic diseases, hematological or blood-related aberrations through Ayurvedic medications & Therapies.
- ⇒ Following SOP's/ Ayurvedic clinical protocols, evidence-based practices, rational prescription of medication while treating the patient.
- ⇒ Being responsible for all the special cases referred to her/him; providing curative prescription/ procedures based on need.
- ⇒ Referring the patient to other specialists/practitioners when necessary.
- ⇒ Keeping up to date with recent medical developments, new drugs, treatments and medications, including modern medicine.
- ⇒ Maintaining highest standards of ethical practices by adhering to the code of medical ethics.
- ⇒ Following the Acts, Rules, Regulations made by the Central/State Governments or local administrative bodies or any other relevant act relating to the protection and promotion of public health.
- ⇒ Providing teaching/training/capacity building to doctors and other health care staff, as and when required.
- ⇒ Undertaking any additional responsibility as assigned by the authority.

Prasooti Tantra evm Stree Roga chikitsa Specialist/ other parallel specialist from respective other system of medicine

- ⇒ Providing quality OPD, IPD and OT services (if Available) related to Prasooti Tantra evm Stree roga Department.
- ⇒ Counselling and providing family planning services.
- ⇒ Managing common neonatal problems.
- ⇒ Following SoPs/ Ayurvedic clinical protocols, evidence-based practice, rational prescription of medication while treating the patient.
- ⇒ Collecting, recording and maintaining patient's information, such as medical history, reports, and examination results; from patients, family members, or other medical professionals.
- ⇒ Being responsible for all special cases referred to her/him; providing curative prescription/ procedures; based on need, emergency and availability of resources.
- ⇒ Referring the patient to another specialist/practitioner when necessary.
- ⇒ Keeping updated with recent medical developments, new drugs, treatments and medications including modern medicine.
- ⇒ Maintaining highest standards of ethical practices by adhering to the code of medical ethics.
- ⇒ Following the Acts, Rules, Regulations made by the Central/State Governments or local administrative bodies or any other relevant act relating to the protection and promotion of public health.
- ⇒ Providing teaching/training/capacity building to doctors and other health care staff, as and when required.
- ⇒ Participating in community outreach programmes (e.g. anaemia prevention, supraja, save the girl child, adolescent and school health, etc.) throughout the year.
- ⇒ Undertaking any additional responsibility, as assigned by the authority.

Kaumarabhritya chikitsa Specialist/ other parallel specialist from respective other system of medicine

- ⇒ Providing OPD and IPD services related to Kaumarabhritya Department.
- ⇒ Examining infants, adolescents, and young adults to evaluate their mental and physical growth and development. Also, planning and executing medical care programmes for this.
- ⇒ Following SoPs/Ayurveda clinical protocols, evidence-based practice, rational prescription of medication while treating the patient.
- ⇒ Collecting, recording and maintaining patient's information, such as medical history, reports, and examination results; from patients, family members, or other medical professionals.
- ⇒ Referring the patient to another specialist/practitioners when necessary.
- ⇒ Keeping updated with recent medical developments, new drugs, treatments and medications, including modern medicine.

- ⇒ Maintaining highest standards of ethical practices by adhering to the code of medical ethics by following Acts, Rules, Regulations made by the Central/State Governments or local administrative bodies or any other relevant act relating to protection and promotion of public health.
- ⇒ Providing teaching/training/capacity building to doctors and other health care staff, as and when required.
- ⇒ Handling any additional responsibility, as assigned by the authority.

Shalya-Shalkya Chikitsa Specialist/ other parallel specialist from respective other system of medicine

- ⇒ Providing quality OPD and IPD services and also managing all kinds of surgical conditions treated by Ayurveda and modern approach.
- ⇒ Managing cases of mild burns.
- ⇒ Performing surgery on patients to treat injuries, diseases, or deformities.
- ⇒ Working with other physicians and surgeons to decide on treatments and procedures before, during, and after surgery.
- ⇒ Following SoPs/clinical protocols, evidence-based practices, rational prescription of medication while treating the patient.
- ⇒ Maintaining highest standards of ethical practices by adhering to the code of medical ethics.
- ⇒ Collecting, recording, and maintaining patient's information, such as medical history, reports, and examination results; from patients, family members, or other medical professionals.
- ⇒ Being responsible for all special cases referred to her/him; providing curative prescription/procedures/surgeries; based on need.
- ⇒ Conducting Para surgical procedures like Ksharsutra, Agnikarma etc.
- ⇒ Referring patient to another specialist/practitioner when necessary.
- ⇒ Keeping updated with recent medical developments, new drugs, treatments and medications, including complementary medicine.
- ⇒ Following the Acts, Rules, Regulations made by the Central/State Governments or local administrative bodies or any other relevant act relating to the protection and promotion of public health.
- ⇒ Providing teaching/training/capacity building to doctors and other health care staff, as and when required.
- ⇒ Assuming any additional responsibility, as assigned by the authority.

Panchkarma Specialist/ other parallel specialist from respective other system of medicine

- ⇒ Providing quality OPD and IPD services and also managing all kinds Procedures / Therapies.
- ⇒ Referring patient to another specialist/practitioner when necessary.

- ⇒ Being responsible for all special cases referred to her/him; providing curative prescription/procedures; based on need.
- ⇒ Maintaining highest standards of ethical practices by adhering to the code of medical ethics.
- ⇒ Monitoring patient progress or response to treatments and keeping records of the same as directed by the Superintendent/Officer-In-Charge of the Hospital/Health Centre.
- ⇒ Following the Acts, Rules, Regulations made by the Central/State Governments or local administrative bodies or any other relevant act relating to the protection and promotion of public health.
- ⇒ Providing teaching/training/capacity building to doctors and other health care staff, as and when required.

Medical Officer: -

- ⇒ Organising and performing duties necessary for the routine outpatient services.
- ⇒ Making arrangements and providing guidance for rendering health care services at the community level.
- ⇒ Screening cases needing specialized medical attention, referring them to referral institutions and cooperating/coordinating with other institutions to provide medical care services in his/her area.
- ⇒ Ensuring all members of his/her Health Team are fully conversant with the various National Health Programmes including National Ayush Mission to be implemented in the area allotted to each health functionary.
- ⇒ Supervising the work, scrutinizing the programmes of staff and suggesting changes if necessary to suit the priority of work undertaken by the staff working under him/her.
- ⇒ Performing any other duties which a MO is expected to in view of his position and any other which are assigned as and when required.

Staff Nurse: -

- ⇒ She/he will assess the needs of the patients in the ward, make a nursing care plan for all patients consulting with ward sister.
- ⇒ She/he will give direct patient care and allotted responsibility to her/him by the ward sister.
- ⇒ She/he will take steps to ensure the patient are comfortable and maintain the safety of the patient (universal safety precaution).
- ⇒ She/he will carry out procedures of admission, discharge and transfer of patient of the ward.
- ⇒ She/he will be responsible for taking a history of the patient.
- ⇒ She/he will prepare and assist in the diagnostic procedure in the ward.
- ⇒ She/he will ensure sterilization of all articles, maintain all equipment, gadgets, electrical connections, light, fan etc.

- ⇒ She/he will keep abreast of the handling of special gadgets & equipment including in patient care in the place of posting.
- ⇒ She/he will ensure the distribution of the pathya diet etc., as per disease condition.
- ⇒ She/he will be responsible for observation of the patient's condition, take prompt action and report to the concerned medical officer.
- ⇒ She/he will give health education to the patients and their family members under care.
- ⇒ She/he will make records of all procedures of her/his patients and keep them up to date.
- ⇒ Any other assignments given from time to time.

Mid Wife: -

- ⇒ Examining and monitoring pregnant women.
- ⇒ Assessing care requirements and writing care plans.
- ⇒ Undertaking antenatal care in hospitals, homes.
- ⇒ Carrying out screening tests.
- ⇒ Providing information, emotional support and reassurance to women and their partners. taking patient samples, pulses, temperatures and blood pressures.
- ⇒ Caring for women and assisting Prasooti tantra & stree roga specialist in labour.
- ⇒ Monitoring and administering medication, injections and intravenous infusions during labour.
- ⇒ Monitoring the foetus during labour.
- ⇒ Advising about and supporting parents in the daily care of their new-born babies.
- ⇒ Writing records.

Assistant Matron: -

- ⇒ She/ He will work under the Medical Superintendent.
- ⇒ She/ He check and supervision the work of Nursing Staff.
- ⇒ She/ He will take round of the Institution along with Medical Superintendent/ Matron both indoor and outdoor daily.
- ⇒ She/ He should check the records of the wards.
- ⇒ She/ He check the linen, bedding patients suits and in case of any shortage should be brought to the notice of the immediate officer.
- ⇒ She/ He has to make regular rounds of the Hospital wards and departments.
- ⇒ She/ He should prepare duty roster of the staff working under her and keep ensure that night duty services are provided to the patients in the wards.
- ⇒ To escort Special visitors etc. arrange and participate in professional and extracurricular activities.

Panchkarma Technician/Therapist/Assistant

- ⇒ Provide Panchakarma therapy as per the prescription by creating appropriate and conducive ambience, and ensuring the availability of required materials, herbs and related formulations.
- ⇒ These professionals provide support to individuals before, during and after therapy.

Panchakarma Attendants/attendant form other system of medicine

- ⇒ To support the panchkarma therapist/Assistant Occasional lifting to fill water containers, cleaning of the patient's room and bathroom, cleaning of the kitchen after food preparation, putting away laundry, and organizing inventory.

Physiotherapist: -

- ⇒ Making assessments of patients' physical conditions.
- ⇒ Formulating treatment plans to address the conditions and needs of patients.
- ⇒ Conducting complex mobilization techniques.
- ⇒ Assisting trauma patients with how to walk again.
- ⇒ Educating patients, family members, and the community on how to prevent injuries and live a healthy lifestyle.
- ⇒ Referring patients to doctors and other medical practitioners.
- ⇒ Planning and organizing physiotherapy and fitness programs.

X-ray Technician: -

- ⇒ Prepare examination room, equipment, and instruments per patient needs.
- ⇒ Position patient correctly for radiological procedures.
- ⇒ Operate x-ray machine according to established procedures to ensure patient safety and comfort.
- ⇒ Develop, process, and select radiological film.
- ⇒ Review and evaluate images to determine quality and if they need to be redone.
- ⇒ Answer patient questions as they relate to the procedure.
- ⇒ Operate within radiologic standards of care.
- ⇒ Document patient care records in accordance with outlined policies and procedures.

Store Keeper/Clerk: -

- ⇒ Scheduling appointments, processing forms, providing information and maintaining detailed records and files.

- ⇒ Ensuring patient records are filled out and accurate.
- ⇒ Following security measures to ensure patients' information is safe and confidential.
- ⇒ Managing discharge documents, patient health history forms, admission and discharge documents and other paperwork.
- ⇒ Completing receptionist duties, such as sending emails, answering phone calls, ordering supplies, scheduling appointments and placing medical orders.
- ⇒ Greeting patients and showing them to their examination rooms.
- ⇒ Helping colleagues enter patient data into databases.
- ⇒ Coordinate the network of information passing between healthcare personnel.

Registration Clerk/Data Assistant: -

- ⇒ Ensuring patient records are filled out and accurate.
- ⇒ Following security measures to ensure patients' information is safe and confidential.
- ⇒ Managing discharge documents, patient health history forms, admission and discharge documents and other paperwork.
- ⇒ Completing receptionist duties, such as sending emails, answering phone calls, ordering supplies, scheduling appointments and placing medical orders.
- ⇒ Greeting patients and showing them to their examination rooms.
- ⇒ Helping colleagues enter patient data into databases.
- ⇒ Coordinate the network of information passing between healthcare personnel.
- ⇒ Transcribing written medical orders from healthcare staff into a computer system.

MTS: -

- ⇒ Physical maintenance of records of section.
- ⇒ General cleanliness & upkeep of the Section/Unit.
- ⇒ Carrying of files & other papers within the building.
- ⇒ Photocopying, sending of FAX etc.
- ⇒ Other non-clerical work in the Sections/Unit.
- ⇒ Assisting in routine office work like diary, dispatch etc. including on computer.
- ⇒ Delivering of Dak (inside & outside the building).
- ⇒ Watch & ward duties.
- ⇒ Opening & closing of rooms.
- ⇒ Cleaning of rooms.
- ⇒ Dusting of furniture etc.
- ⇒ Cleaning of building, fixture etc.

- ⇒ Work related to his ITI qualification, if it exists
- ⇒ Driving of vehicles, if in possession of valid driving license
- ⇒ Upkeep of parks, lawns, potted plants etc.
- ⇒ Any other work assigned by superior authority.

Yoga instructor: -

- ⇒ Providing a balanced yoga practice for participants of all levels and abilities
- ⇒ Conduct and lead yoga classes.
- ⇒ Demonstrate practice and techniques.
- ⇒ Connect with students during the yoga classes.
- ⇒ Offer training recommendations to improve the practice of yoga.
- ⇒ Engage in administrative duties.

Pharmacist-

- ⇒ Execute physician's prescriptions.
- ⇒ Organize the pharmacy in an efficient manner to make the identification of products easier and faster.
- ⇒ Maintain full control over delivering, stocking and labelling medicine and other products and monitor their condition to prevent expiring or deterioration.
- ⇒ Listen carefully to customers to interpret their needs and issues and offer information and advice.
- ⇒ Provide assistance other medical services such as blood pressure/ temperature measurements etc.
- ⇒ Prepare medicine when appropriate using correct dosages and material for each individual patient.
- ⇒ Make timely indents for medicines.
- ⇒ Comply with all applicable legal rules, regulations and procedures

Laboratory Technician: -

- ⇒ Receive and process samples.
- ⇒ Draw blood samples for testing (primarily by performing vein punctures).
- ⇒ Label specimens/vials accurately and distribute them to the appropriate departments/ processing centres at the recommended transportation condition.
- ⇒ Prepare samples/slides for testing using various types of laboratory equipment.

- ⇒ Conduct all the necessary laboratory investigations including routine microscopy.
- ⇒ Write/print and issue the laboratory reports to the patients.
- ⇒ Ensure that patient confidentiality is always maintained.
- ⇒ Responsible for the upkeep and routine maintenance of the instruments in the laboratory and update of instrument maintenance records.
- ⇒ Cleanliness clean/sterilize and maintain work area and all lab equipment, accessories and supplies.
- ⇒ Make timely indents for chemical, reagents & equipment repairs.
- ⇒ Prepare chemical reagents, stains, solutions and biological media according to formulae, accurately label all reagents and other stock in the laboratory.

MPW

- ⇒ Ensuring patient records are filled and accurate.
- ⇒ Following security measures to ensure patients' information is safe and confidential.
- ⇒ Managing patient health history forms, and other paperwork.
- ⇒ To manage the registration of beneficiaries.
- ⇒ To support the CHO in transcribing written medical records into a computer system.
- ⇒ Physical maintenance of records of section.
- ⇒ General cleanliness & upkeep of the Section/Unit.
- ⇒ Maintenance of medicinal plant Garden.
- ⇒ Any other work assigned by superior authority.

ASHA

- ⇒ Advocacy of Ayush IEC campaigns.
- ⇒ Guiding the beneficiaries to the medicinal plant garden and explain the benefits.
- ⇒ Community empanelment and domiciliary visits.
- ⇒ To support the CHO in community screening and Prakriti pareeksha.
- ⇒ Follow up of cases.
- ⇒ To ensure participation of the community in regular yoga sessions.
- ⇒ Actions to increase the community participation.



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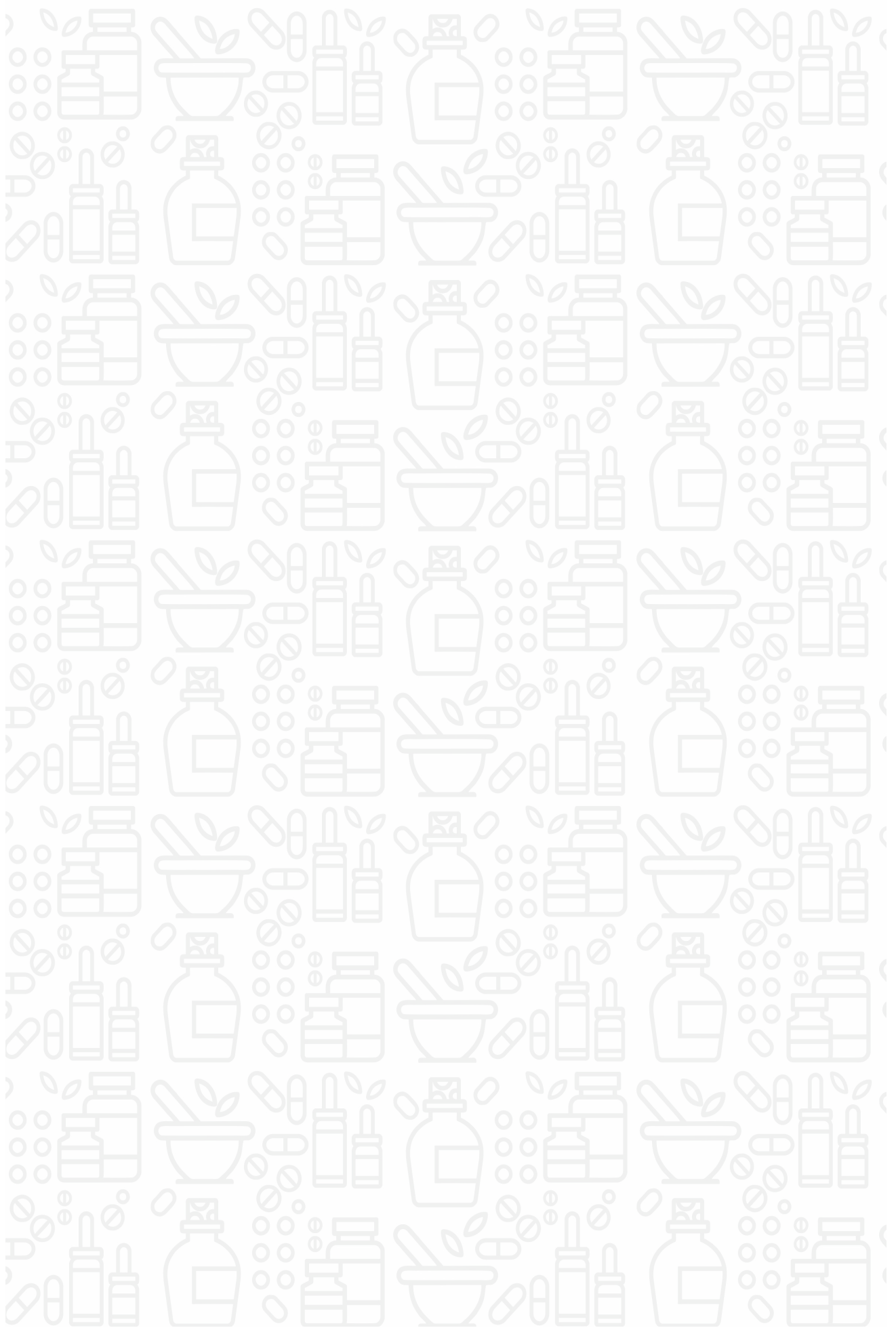
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NATIONAL LIST OF ESSENTIAL AYUSH MEDICINES (NLEAM)

National List of Essential AYUSH Medicines (NLEAM) has been prepared with a consultative process based on inputs received from a number of stake holders and the focus given to include only generic medicines from pharmacopeia, formulary and authoritative texts.







Government of India
Ministry of Ayush



NATIONAL LIST OF ESSENTIAL AYUSH MEDICINES (NLEAM)

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Those who are going to use or refer this NLEAM for procurement of medicines are welcome to provide their feedback and suggestions for any corrections or improvement. In this regard, write to Advisor (Ayurveda), Drug Policy Section, Ministry of AYUSH, 'B' Block, GPO Complex, INA, New Delhi-110023 by post or by email at dcc-ayush@nic.in.

Foreword

Traditional Systems of medicines always played an important role in meeting the global health care needs. India has the unique distinction of having recognised Ayurveda, Yoga, Naturopathy, Unani, Siddha and Homoeopathy and Sowa-Rigpa the traditional health care systems with robust background of ancient literature and wide acceptance globally. While Yoga & Naturopathy are drugless streams, several hundreds of formulations are mentioned in the classical texts of Ayurveda, Siddha, Unani and Homoeopathy (ASU&H). Among them, some are commonly used by the practitioners, many are rarely used and some are out-dated due to non-availability of the ingredients or difficulty in the preparation.

To streamline the manufacturing, sale and prescription of medicine, it was felt that a consolidated list of formulations which are effective and safe to meet the priority health care needs of the community should be published. The Essential Drug List is mandatory in all systems of medicine and is an integral part of the WHO policy for traditional medicines. The first ever essential drug list (EDL) of ASU&H formulations was published by the Ministry of AYUSH in March 2013 with the consensus from the stake holders.

With the changing scenario of disease prevalence and public health relevance, it was felt that the EDLs need to be revised. The main criteria for the selection of revised list of medicines were their ease of availability, widespread use, inclusion in respective formularies and pharmacopoeias, evidence base, safety and cost effectiveness.

Comprehensive essential Ayurveda, Unani, Siddha and Homeopathic drug lists presently drawn with cross sectional consultation offers a wide choice for need-based selection of generic medicines at all levels of healthcare, viz., primary, secondary and tertiary.

*The revised Essential Drugs list (EDL) renamed as **National List of Essential AYUSH Medicines (NLEAM)** is expected to have better results in quality of medical care, management of medicines and cost-effective use of health care resources. I am sure that this list of essential medicines will have a positive impact on the availability and rational use of medicines. This will be a reference guide for the manufacturing, procurement and supply of classical medicines in both the public and private sector. I place on record my appreciation for the excellent efforts and team work put in by the officers and staff of Ministry of AYUSH, Research councils, National Institutes, CGHS officials in completing this stupendous task.*



Vaidya Rajesh Kotecha
Secretary
Government of India
Ministry of Ayush

Preface

I am pleased to present the revised Essential Drug List (EDL) of Ayurveda, Siddha, Unani and Homeopathy (ASU& H) formulations published by the Ministry of AYUSH, Govt. of India.

The Essential medicines are meant to promote health equity and are selected mainly on the basis of disease prevalence, evidence of efficacy & safety, and comparative cost-effectiveness. The revision of the list from time to time is needed for reconfiguring and strengthening the health system to align it with the objectives of Universal Health Care (UHC), bridging the presently identified gaps and meeting the health needs of the people. The EDL of ASU& H was initially published in 2000 and was revised in 2013. The present revision is made in consultation with the practitioners and scientists of Ayurveda, Siddha, Unani and Homeopathy. This harmonized approach helped in accommodating wide range of evidence based medicines in the EDLs, which are also preferred by practitioners in a particular region because of their composition and long history of use.

The objective of EDL is to provide a choice to the procurers, manufacturers and suppliers to organize minimally required medicines in inadequate amounts, in the appropriate dosage forms, with assured quality and at affordable prices to achieve high quality patient care. Apart from this, the EDL also aims at ensuring continuous supply of medicines to avoid medicine shortages

leading to rationing of drugs, cancel or delay treatments, or utilize alternative drugs that may be less efficacious, potentially impacting patient care. There is a global rise in the use of traditional medicines including ASU &H and the sector is invigorating its efforts in R&D activities. I hope that this EDL will also provide a basis to take up research programmes for revalidation of classical formulations and approaches.

However, it is pertinent to mention that the ASU&H EDLs are not the standard list of medicines but are the outcome of careful selection of a limited range of system-wise medicines. Relying on EDL-based procurement of medicines has the benefit of objective, transparent and need-based selection of medicines and optimal use of financial resources for health coverage.

This exercise of revision of EDL was greatly enabled by the expert advice provided by a number of stake holders and I express my gratitude to all the contributors.



Dr. Anand Thiru Tharu Gudivada
Adviser (Ayurveda)
Head-Drug Policy section
Government of India
Ministry of Ayush

GENERAL GUIDELINES

Following are the guiding principles to organize procurement and management of essential medicines-

- National List of Essential AYUSH Medicines (NLEAM) should be preferred for selection and procurement of medicines for supply to AYUSH health facilities. It may be taken as building block for need-based selective medicinal procurements.
- It is imperative to ensure that medicines being procured are genuine and meet the licensing requirements and quality standards as mentioned in the Drugs & Cosmetics Act, 1940 and the Rules thereunder.
- Since medicines are used for multiple indications, it is better to select such medicines from the NLEAM for procurement as could effectively meet the priority health needs of the population in the catchment areas of dispensaries, hospitals etc. In this regard, decision for listing out the medicines from NLEAM for procurement should be based on collective recommendations of the in-service doctors at state or district level. It is not necessary that all medicines listed in NLEAM have to be purchased. The procurement agencies may decide the required medicines as per the prevalence of ailments and needs of patients attending the health facilities.
- To discourage loose dispensing of medicines to the patients, it is advisable to procure medicines in standard unit pack sizes as indicated in NLEAM for each medicine. The unit pack size of the medicine has been indicated on the basis of weekly requirement of medicines to be given to the patients. Small dispensable paper bags, plastic bottles, polythene envelopes etc. may be used for dispensing medicines to patients for 3-4 days.
- The indications, contraindications and precautions of use given against each medicine are the general and illustrative. Specific details of proper use of medicines may be seen in the respective authoritative or reference books.
- The medicines to be procured out of the NLEAM must be distributed to patients under medical supervision.
- Due care of the storage conditions and expiry dates of the medicines should be taken. Spoiled or expired medicines should not be used or dispensed.

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ABBREVIATIONS



Ayurveda

AFI	Ayurvedic Formulary of India	IPD	In Patient Department
AH	Ashtang Hridya	ml	Milliliter
ANM	Ayurveda Nibandha Mala	NS	Nothing Specific
API	Ayurvedic Pharmacopoeia of India	OPD	Out Patient Department
BBR	Bharat Bhaishajya Ratnakara	RSTSSPS	Rasatantrasara va Siddhaprayoga Samgraha
BP	Bhavaprakash	RTS	Rasa Tantra Sara
BR	Bhaishajya Ratnavali	RYS	Rasa Yoga Sagar
CA(U)	Chikitsarnava Uttarardha	SBMM	Siddhabhaishajmanimala
CD	Chakradatta	SS	Sharangdhara Samhita
CS	Charaka Samhita	SY	Sahasrayoga
gm	Gram	TSF	Teaspoonful
		YR	Yogaratnakara



Homoeopathy

∅	mother tincture
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Unani

BK-II	BiazKabir Vol.II
gm	Gram
IPD	In Patient Department
ml.	Millilitre
NFUM	National Formulary of Unani Medicine
NS	Nothing Specific
OPD	Out Patient Department
q.s.	Quantity Sufficient
UPI	Unani Pharmacopoeia of India



Siddha

AVCK	Agathiyar Vaidya Chillarai Kovai
gm	Gram
HP	Hospital Pharmacopoeia
IPD	In Patient Department
mg	Milligram
ml	Millilitre.
NS	Nothing Specific
OPD	Out Patient Department
SFI	Siddha Formulary of India
SPI	Siddha Pharmacopoeia of India
SVT	Siddha Vaidya Thirattu
TK	Theraiyar Kudineer

LIST OF ESSENTIAL AYURVEDIC MEDICINES



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Asava Arista

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD /IPD
1.	Abhayarishta	AFI	200 ml	Arsha, Agnimandya, Udararoga, Vibandha	12-24 ml	NS	Both
2.	Amritarishta	AFI	200 ml	Sarvajvara, Jirna Jvara	12-24 ml	NS	Both
3.	Aragvadarishta	AH	200 ml	Kandu, Tvak Vikara, Vibandha	12-24 ml	NS	Both
4.	Aravindasava	AFI	200 ml	Balaroga, Balakshaya, Agnimandya, Aruchi	12-24 ml	NS	Both
5.	Arjunarishta/ Parthadyarishta	AFI	200 ml	Hridroga, Hridrava, Hrid-daurbalya, Moha, Murchha	12-24 ml	NS	Both
6.	Ashokarishta	AFI	200 ml	Asrigdara, Shveta Pradara, Yoniroga	12-24 ml	NS	Both
7.	Ashvagandharishta	AFI	200 ml	Murchha, Apasmara, Shosha, Unmada, Karshya	12-24 ml	NS	Both
8.	Balarishta	AFI	200 ml	Daurbalya, Vataroga, Agnimandya, Karshya	12-24 ml	NS	Both
9.	Chandanasava	AFI	200 ml	Shukrameha, Mutrakriccha, Hridroga	12-24 ml	NS	Both
10.	Dashamularishta	AFI	200 ml	Vata Vyadhi, Daurbalya, Prasavottara roga	12-24 ml	NS	Both
11.	Drakshasava	AFI	200 ml	Aruchi, Hridroga, Pandu Duarbalya, Kshaya	12-24 ml	NS	Both
12.	Draksharishta	AFI	200 ml	Agnimandya, Kasa, Shvasa, Urahkshata, Kshaya, Malavarodha, Daurbalya	12-24 ml	NS	Both

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S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD/IPD
13.	Jirakadyarishta	AFI	200 ml	Sutikaroga, Agnimandya, Atisara, Grahaniroga	12 - 24 ml	NS	Both
14.	Kanakasava	AFI	200 ml	Kasa, Shvasa, Rajayakshma, Kshatakshina	12-24 ml	NS	Both
15.	Kumaryasava	AFI	200 ml	Rajodushti, Krichhrartav, Paktishula, Parinamashula,	12-24 ml	NS	Both
16.	Kutajarishta	AFI	200 ml	Grahaniroga, Pravahika, Raktatisara, Agnimandya	12-24 ml	NS	Both
17.	Khadirarishta	AFI	200 ml	Tvak Roga, Kushtha, Krimi, Arbuda	12-24 ml	NS	Both
18.	Lodhrasava/ Rodhrasava	AFI	200 ml	Prameha, Pradara, Arsha Garbhasayaroga,	12-24 ml	NS	Both
19.	Lohasava	AFI	200 ml	Pandu, Kamala, Shotha, Hridroga, Daurbalya	12-24 ml	NS	Both
20.	Mustakarishtha	AFI	200 ml	Agnimandya, Ajirna, Grahaniroga, Visuchika	12-24 ml	NS	Both
21.	Pippalyadyasava	AFI	200 ml	Grahaniroga, Agnimandya, Gulma, Udararoga,	12-24 ml	NS	Both
22.	Rohitakarishtha	AFI	200 ml	Pliha, Udararoga, Gulma, Kamala	12-24 ml	NS	Both
23.	Sarasvatarishta	AFI	200 ml	Apasmara, Manasa Dosha, Smritibhransha, Udvega	12-24 ml	NS	Both
24.	Ushirasava	AFI	200 ml	Pittajaroga, Daha, Trisha, Pittaja Netravvyadhi	12-24 ml	NS	Both

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S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD/IPD
25.	Vasakasava	AFI	200 ml	Kasa, Shvasa, Raktapitta	12-24 ml	NS	Both
26.	Punarnavasava	AFI	200 ml	Shotha, Pliha-Yakridroga, Mutraroga	12-24 ml	NS	Both

Arka Kalpana

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD/IPD
27.	Arka Yavani/ Arka Ajvayana	AFI	50 ml	Trikshula, Agnimandya, Anaha,	10-25 ml	NS	Both
28.	Arka Shatpushpa/ Mishr eyarka	AFI	50 ml	Mandagni, Adhamana, Shula, Krimi, Yonishula	10-25 ml	NS	Both
29.	Arka Pudina	AFI	50 ml	Chhardi, Ajirna, Udarashula, Agnimandya	10-25 ml	NS	Both

Avaleha, Khand, Pak Kalpana

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD/IPD
30.	Agastya Haritaki/ Agastya Rasayana	AFI	100 gm	Hikka, Kasa, Shvasa, Rasayana	5-15 gm	NS	Both
31.	Bilvadi Leha	AFI	100 gm	Jirna Pravahika, Aruchi, Agnimandya, Praseka, Chhardi	10 - 50 gm	NS	Both
32.	Brahama Rasayana	AFI	100 gm	Manodaurbalya, Jara, Smritibhransha	10-15 gm	NS	Both

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S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD/IPD
33.	Chitraka Haritaki	AFI	100 gm	Pinasa, Kasa, Shvasa,	10-50 gm	Pregnancy, Pitta Prakriti, Paittika Roga	Both
34.	Chyavanprash Avaleha	AFI	100 gm	Kasa, Shvasa, Rasayana	12-24 gm	NS	Both
35.	Drakshavaleha	AFI	100 gm	Pandu, Kamala, Halimaka, Daurbalya, Kshaya	6-12 gm	NS	Both
36.	Haridrakhanda Paka	AFI	100 gm	Shitapitta, Kandu Visphota, Dadru, Udarda, Kotha	6 gm	NS	Both
37.	Kutajavaleha	AFI	100 gm	Atisara, Grahaniroga, Pravahika	6-12 gm	NS	Both
38.	Kalyanak Guda	AFI	100 gm	Udararoga, Gulma, Bhagandar, Arsha	6-12 gm	NS	Both
39.	Kantakarya-valeha	AFI	100 gm	Hikka, Kasa, Shvasa, Jirna Pratishaya, Parshvashula	6-12 gm	NS	Both
40.	Kushmandaka Rasayana	AFI	100 gm	Kasa, Shvasa, Urahkshata, Kshaya, Raktapitta, Amlapitta	6-12 gm	NS	Both
41.	Puga Khanda/Supari Paka	AFI	100 gm	Vandhyaroga, Pradara, Somaroga, Garbhadosha, Daurbalya	6-12 gm	NS	Both
42.	Saubhagya-shunthi Paka	AFI	100 gm	Prasavottara Lakshana, Sutikaroga, Agnimandya,	10-50 gm	NS	Both
43.	Shatavariguda	AFI	100 gm	Rajodosh, Yonidosh, Asrigdara, Padadaha, Karshya	6-12 gm	NS	Both

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S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD/IPD
44.	Vasavaleha	AFI	100 gm	Kasa , Shvasa, Jvara, Parshvashula	6-12 gm	Pregnancy	Both
45.	Vyaghri Haritaki	AFI	100 gm	Kasa, Shvasa, Svarakshaya, Pratishyaya, Pinasa	6-12 gm	Pregnancy	Both

Kvatha Churna/Kashayam

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD/IPD
46.	Ayush Kvatha Churna	AFI	100 gm	Pacana, Kasa, Svasa, Urjaskara, Pratisyaya	3gm in 150 ml boiled water	Pregnant women should take the formulation under medical supervision	Both
47.	Dashamula Kvatha Churna	AFI	100 gm	Jvara, Sutikadosha, Shula, Shotha, Vatavyadhi	25-50 ml	Rasakshaya Bahumutratra	Both
48.	Dashmula Katutraya Kvatha Churna	AFI	100 gm	Kasa,Parshva shula, Vataroga	25-50 ml	NS	Both
49.	Dhanyapanchaka Kashaya Churna	AFI	100 gm	Amashula, Amatisara, Agnimandya, Aruchi	25-50 ml	NS	Both
50.	Guduchyadi Kashaya Churna	AH	100 gm	Agnimandhya, Pitta Dushti, Jvara	25-50 ml	NS	Both
51.	Indukantam Kashayam Churna	SY	100 gm	Vata Roga,Kshaya	25-50 ml	NS	Both
52.	Pancha-vaikala Kashaya Churna	SS	100 gm	Vranashotha, Upadan sha, Shveta Pradara	100 ml Kvatha for washing wound/ vaginal douche	NS	Both

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S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD/IPD
53.	Pathyadi Kvatha (Shadanga) Churna	AFI	100	Shiroroga, Bhru- shankha- Karna Shula, Ardhabhedaka, Suryavarta	25-50 ml	Chhardi, Atisara, Ativirechanajanya Rasakshaya, Vataprakopa	Both
54.	Phalatrikadi Kvatha Churna	AFI	100 gm	Kamala, Pandu	25-50 ml	Chhardi, Atisara, Ativirechanajanya Rasakshaya, Vataprakopa	Both
55.	Rasnasaptaka Kashaya Churna	AFI	100 gm	Janghashula, Urushula, Parshvashula, Trikshula, Prishashula	25-50 ml	Concomitant use of Eranda Taila in Garbhini	Both
56.	Shadanga Kvatha Churna	AFI	100	Trishna, Jvara	25-50 ml	Nausea due to bitterness	Both
57.	Trinapanchamula Kvatha Churna	AFI	100 gm	Mutrakricchra	25-50 ml	NS	Both
58.	Varunadi Kvatha Churna	AFI	100 gm	Ashmari, Mutrasthila	25-50 ml	NS	Both
59.	Vasaguduchyadi Kashaya Churna	AH	100 gm	Pandu, Raktapitta	25-50 ml	NS	Both

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Guggulu

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD/IPD
60.	Amritadi Guggulu	BR	10 gm	Vata Rakta, Dushtavrana,	500 mg - 1gm	Long term use in pregnancy	Both
61.	Gokshuradi Guggulu	AFI	10 gm	Prameha, Mutrakricchra, Mutraghata, Ashmari, Pradara	500 mg - 1gm	Long term use in pregnancy	Both
62.	Kanchanara Guggulu	AFI	10 gm	Galaganda, Gandamala, Apachi, Arbuda, Granthi	500 mg - 1gm	Long term use in pregnancy	Both
63.	Kaishora Guggulu	AFI	10 gm	Vatashonita, Pramehapidika, Vrana, Kustha	Up - 3 gm	Long term use in pregnancy	Both
64.	Lakshadi Guggulu	AFI	10 gm	Asthibhagna, Asthichyuti, Asthiruja	Up - 3 gm	Long term use in pregnancy	Both
65.	Navak Guggulu	BR	10 gm	Sthaulya, Sandhigata Vata	500 mg - 1gm	Long term use in pregnancy	Both
66.	Rasna Guggulu	SS	10 gm	Gridhrasi, Amavata	500 mg - 1 gm	Long term use in pregnancy	Both
67.	Simhanada Guggulu	AFI	10 gm	Amavata, Vatarakta, Sandhi Shula, Agnimandya	Up to 3 gm in divided doses	Pregnancy	Both
68.	Saptavinshati Guggulu	AFI	10 gm	Parshvashula, Kasa Shvasa, Hritshula	Up to 3 gm in divided doses	Pregnancy	Both
69.	Triphala Guggulu	AFI	10 gm	Bhagandara, Arsha, Nadi Vrana, Gulma, Shotha	Up to 3 gm in divided doses	Pregnancy Chronic or recurrent diarrhoea	Both

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S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD /IPD
70.	Trayodashanga Guggulu	AFI	10 gm	Gridhrasi, Sandhigraha, Katigraha	Up to 3 gm in divided doses	Pregnancy	Both
71.	Punarnava Guggulu	AFI	10 gm	Vatarakta, Vriddhiroga, Gridhrasi, Vastigatahula, Amavata	Up to 3 gm in divided doses	Pregnancy	Both
72.	Yogaraja Guggulu	AFI	10 gm	Amavata, Agnimandya, Sandhigatavata	Up to 3 gm in divided doses	Pregnancy	Both

Ghrita

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD /IPD
73.	Brahmi Ghrita	AFI	100 gm	Apasmara, Unmada, Smritikshaya, Budhidaurbalya	10 - 15 gm	NS	Both
74.	Dadimadi Ghrita	AFI	100 gm	Pandu, Parinamshula, Agnimandya	10-15 gm	NS	Both
75.	Guggulutiktaka Ghrita	AH	100 gm	Vata Roga	5-10 gm	NS	Both
76.	Jathyadi Ghrita	AH	100 gm	Vrana, Dagdha Vrana	To be applied on affected part	NS	Both
77.	Kalyanaka Ghrita	AFI	100 gm	Bhutonmada, Apsmara, Balagraha, Visavikara, Garavisha, Smritidaurbalya	10-15 gm	NS	IPD
78.	Kshirashatpala Ghrita	CS	100 gm	Gulma, Grahaniroga, Pliha	Up to 50 gm	NS	IPD

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S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD/IPD
79.	Panchatikta Ghrita	AFI	100 gm	Dushtavrana, Tvak Vikara	5-10 gm	NS	Both
80.	Phala Ghrita	AFI	100 gm	Yonivyapat	10-15 gm	NS	IPD
81.	Shatavaryadi Ghrita	SY	100 gm	Mutraghata	10-15 gm	NS	IPD
82.	Sukumar Ghrita	AFI	100 gm	Vidvibandha, Udararoga, Gulma, Yonishula, Pliharoga	10-15 gm	NS	Both
83.	Indu kanta Ghrita	AFI	100 gm	Shula, Udara, Vishama Jvara	10-15 gm	NS	IPD
84.	Tiktaka Ghrita	AH	100 gm	Tvakroga	10-15 gm	NS	Both
85.	Triphala Ghrita	AFI	100 gm	Kamala, Timira, Netraroga, Visarpa, Khalitya	10-15 gm	NS	Both

Churna - Multi-ingredient

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD/IPD
86.	Ajamodadi Churna	AFI	25 gm	Shula, Gridhrasi, Amvata	3-6 gm	NS	Both
87.	Avipattikara Churna	AFI	50 gm	Amlapitta, Vidagdhajirna	3-6 gm	NS	Both
88.	Balachaturbhadra Churna	AFI	25 gm	Jvara, Atisara, Bala Shosha	250 - 500 mg	NS	Both
89.	Bilvadi Churna	CA(U)	50 gm	Shohta, Shula Yukta Bradhna	3-6 gm	NS	Both
90.	Dadimastak Churna	AFI	50 gm	Grahaniroga, Atisara, Aruchi	3-6 gm	NS	Both
91.	Dashanasanskara Churna	AFI	50 gm	Mukha Roga, Danta Roga	Use as tooth powder	NS	Both

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S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD /IP
92.	Eladi Churna	AFI	25 gm	Kasa, Shvasa	2 -4 gm	NS	Both
93.	Hingvashtaka Churna	AFI	50 gm	Agnimandya, Shula, Gulma, Vataroga	2- 4 gm	NS	Both
94.	Lavanabhaskara Churna/ Bhaskar-lavan churna	AFI	50 gm	Agnimandya, Gulma, Ajirna, Grahaniroga, Vatakaphajaroga,	3-6 gm	Shotha, Jalodara, hypertension, long term use	Both
95.	Nisha-Amalaki Churna	AH	50 gm	Prameha, Madhumeha	3-6 gm	NS	Both
96.	Pushyanuga Churna	AFI	25 gm	Raktapradara, Shwetapradara, Raktarsha	2-3 gm	NS	Both
97.	Panchanimba Churna	AFI	25 gm	Kshudrakushtha, Mahakushtha, Raktadushti	3- 5 gm	NS	Both
98.	Sitopaladi Churna	AFI	25 gm	Shvasa, Kasa, Kshaya, Urdhvaga Raktapitta	2-3gm	NS	Both
99.	Talishadya Churna	AFI	25 gm	Kasa, Shvasa, Pratishtyaya, Jvara	2-4 gm	NS	Both
100.	Trikatu Churna	AFI	25 gm	Arochaka, Ama, Agnimandya	1-2 gm	Paittika Vikara or Prakriti, Raktaj Roga, pregnancy, long term use	Both
101.	Triphala Churna	AFI	50 gm	Anaha, Prameha, Netraroga	3-6 gm	Dehydration	Both
102.	Jatiphaladya Churna	AFI	25 gm	Atisara, Pravahika, Vatashlaimika Pratishtyaya	1-3 gm	Infantile diarrhea, long term use	Both

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Churna - Single Ingredient

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD /IP
103.	Amalaki Churna	API	50 gm	Prameha, Raktapitta, Amlapitta,Daha	3 - 6 gm	NS	Both
104.	Arjuna Churna	API	50 gm	Hridroga, Prameha	3 - 6 gm	NS	Both
105.	Ashvagandha Churna	API	50 gm	Kshaya, Daurbalya, Vatroga,Klaivya	3 - 6 gm	Long term use may increase blood pressure	Both
106.	Gokshura Churna	API	50 gm	Mutraghata, Mutrashmari, Vrishya, Rasayana	2 - 5 gm	NS	Both
107.	Guduchi Churna	API	50 gm	Kushtha,	3 - 6 gm	NS	Both
108.	Haritaki Churna	API	50 gm	Vibandha, Udararoga	3-6 gm	Debility, pregnancy, dehydration, Paittika Roga	Both
109.	Pippali Churna	API	25 gm	Rasayana, Jvara, Shvasa, Kasa	1-2 gm	Long term use in higher doses	Both
110.	Pippali mula Churna	API	25 gm	Udararoga, Anaha, Gulma, Shiroroga	500 mg - 1 gm	NS	Both
111.	Punarnava Churna	API	50 gm	Shotha, Pandu	2-3 gm	NS	Both
112.	Shunthi Churna	API	25 gm	Amavata, Agnimandya Udararoga,Shvasa	2- 3 gm	NS	Both
113.	Sarasvata Churna	BR	25 gm	Medhya, Smriti and Buddhi Vardhaka	1 - 2 gm	NS	Both
114.	Trivritamul Churna / Trivrita Churna	API	25 gm	Malabandha, Gulma, Udararoga	2 - 3gm	Dehydrat ion, malnutrit ion, long term use	Both
115.	Vidanga Churna	API	50 gm	Krimiroga, Medoroga	5 - 10 gm	May prevent or disrupt conception	Both

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S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD /IP
116.	Yashtimadhu/ Madhuyashti/ Yashti Churna	API	50 gm	Rasayana,Kasa, Shvasa, Vranaropana, Kshaya, Svarbheda	Up to 12 gm	Obesity, hyper- tension, oedema, long term use	Both

Taila

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD /IP
117.	Anutaila	AFI	10 ml	Urdhvajatru- gataroga, Palitya	2-10 drops for nasal admini- stration	NS	Both
118.	Apamargkshara Taila	AFI	10 ml	Badhirya, Karnanada, Karnagutha	2-5 drops in each ear	NS	Both
119.	Bala Taila	AFI	50 ml	Kshata,Kshaya, Vatavyadhi, Shosha, Gulma	For Abhyanga	NS	Both
120.	Balashvagand- hadi Taila	AH	50 ml	Balaroga	For Jwara	NS	Both
121.	Bhringaraja Tail	BR	50 ml	Keshapata, Shiroroga, Khalitya, Indralupta	For Nasya, Shiro- abhyanga, Kavalgraha	NS	Both
122.	Dhanvantar Taila/Dhanvantar Taila Avarti	AFI	10 ml	Vataroga, Pakshavadha, Dhatukshaya, Sutikaroga, Balaroga	10-30 drops for internal use	Amadosha	Both
123.	Eranda Taila	CD	50 ml	Vatavikara, Gridhrasi, Vibandha, Katishula	10-30 ml	Peri- conception period, long term use in pregnancy	Both

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S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD/IP
124.	Erimedadi Taila	AFI	25 ml	Mukha Roga , Dantaroga	For Kavalgraha, Pratisarana, Nasya, Shiro-dharana	NS	Both
125.	Gandharvahasta Taila	AFI	50 ml	Vidradhi, Udara, Mahavataroga, Gulma, Udavarta	6-12 ml	Ajirna, Amavast ha	Both
126.	Jatyadi Taila	AFI	25 ml	Vrana, Vranashotha	Application on wound or injury	NS	Both
127.	Kshirbala Taila / Kshirbala Taila Avarti (Shatapaki)	AFI	50 ml	Vatarakta, Vataroga, Sukradosha, Rajodosha, Karshya	Internal use: 10-12 ml External use: Abhyanga and Nasya	NS	Both
128.	Kottamachukkadi Taila	AFI	50 ml	Vataroga, Amavata, Angasthambha	For Abhyanga	NS	Both
129.	Karpuradi Taila	SY	50 ml	Khalli, Angavedana, Sandhivedana	For Abhyanga	NS	Both
130.	Kasisadi Taila	AFI	25 ml	Arsha	External use for Arshankura	NS	Both
131.	Laghuvishagarbha Taila	AFI	50 ml	Vataroga, Pakshaghat,	For Abhyanga	NS	Both
132.	Marichyadi Taila	AFI	25 ml	Kandu, Vicharchika	Application on affected part	NS	Both
133.	Mahanarayan Taila	AFI	50 ml	Vataroga, Pakshaghata, Ardita, Vandhyatva	For Abhyanga, Nasya, Anuvasana Vasti	NS	Both
134.	Brihanmasha Taila / Mahamash Taila	AFI	50 ml	Ardita , Shirokampa, Vidradhi, Bahushosha, Avabahuka	For Abhyanga	NS	Both
135.	Murivenna Tail	SY	50 ml	Abhighataja Vedana and Vata Vikara	For Abhyanga	NS	Both
136.	Narayana Taila	AFI	50 ml	Vataroga, Pangu, Shirogatavata, Manyastambha, Hanustambha	Internal use: 6 gm External use: f Nasya, Abhyanga and Anuvasana Vasti	NS	Both

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S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD /IP
137.	Nalpamaradi Taila	AFI	25 ml	Tvakroga, Kushta, Pama, Kandu	For Pratisarana, Abhyanga	NS	Both
138.	Nirgundi Taila	BR	25 ml	Nadivrana, Pama, Apachi, Gandamala, Galaganda	Internal use: 15- 30 ml External use: Abhyanga and 2-6 drops for Nasya or Karnapurana	NS	Both
139.	Panchaguna Taila	AFI	50 ml	Sandhigatvata, Karnashula, Vrana	For Abhyanga, wound dressing Karnapurana or Karnabindu	NS	Both
140.	Pinda Taila	AFI	50 ml	Vataraktaruja, Daha	Used externally for Abhyanga	NS	Both
141.	Prasarini Taila	AFI	50 ml	Vataroga, Gridhrasi, Khanja, Panguvata	For Abhyanga over affected body part	Not to be used in Gudaroga, Krisharogi, Ajirna, Vomit, Kritnasya, Virikta	IPD
142.	Sahacharadi Taila/ Brihatsahcharadi Taila	AFI	50 ml	Vatavyadhi, Kampa, Unmada, Pinasa, Yoniroga, Akshepa	Internal use: 6-12 ml External use for Abhyanga	NS	IPD
143.	Saindhavadi Taila	AFI	50 ml	Kaphavataja Nadivrana,	For Abhyanga	NS	IPD
144.	Shadabindu Taila	AFI	10 ml	Drishtidaurbalya, Keshashata, Shiroroga,	For Nasya, Kavalgraha, Abhyanga, Shiroabhyanga	NS	IPD
145.	Somaraji Taila / Bakuchi Taila	AFI	25 ml	Shvitra, Kushtha	For local application on affected body part	Discontinue if excessive irritation, vesication, extensive hyperpigmentation appears	Both

LIST OF ESSENTIAL AYURVEDIC MEDICINES

Lavana & Kshara

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD/IP
146.	Apamarga Kshar	AFI	10 gm	Gulma, Grahani, Shvasa, Sharkara, Ashmari	125-500 mg	NS	Both
147.	Yavakshar	AFI	10 gm	Adhamana, Anaha, Gulma, Mutrakricchra	500 mg - 1 gm	NS	Both
148.	Ksharsutra	CD	30 cm thread of 20 No	Bhagandara, Arsha, Nadivrana, Charmkila	To be applied on affected part	NS	IPD

Lepa for local application

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD/IP
149.	Dashanga Lepa	AFI	50 gm	Visarpa, Sthanika Shotha, Kushtha	To apply on affected part	NS	Both
150.	Shveta Malaham	AFI	25gm	Agnidagdha	To apply on affected part	NS	Both
151.	Sarjarasa Malahara	RTS SP S	25 gm	Dushta Vrana, Arsha, Gudapaka, Vidarika	To apply on affected part	NS	Both

LIST OF ESSENTIAL AYURVEDIC MEDICINES

Vati & Gutika

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD/IP
152.	Abhayadi Modakam	SS	20 gm	Malabandha	2-4 modakam	NS	Both
153.	Bilvadi Gutika	AFI	5 gm	Vishuchika, Ajirna, Garadosha, Jvara	1-2 pills	NS	Both
154.	Chandraprabha Vati	AFI	5 gm	Prameha, Mutrakricchra, Mutraghata, Ashmari, Striroga, Daurbalya, Pandu, Kamala	250 mg	NS	Both
155.	Chitrakadi Gutika	AFI	5 gm	Agnimandya, Amadosha, Grahaniroga	250-500 mg	Pregnancy, Uterine bleeding, Pitta Prakriti, Raktpittaj Roga, long term use	Both
156.	Dhanvantar Gutika	AFI	5 gm	Kasa, Shvasa, Hridroga, Yakshma, Hikka	250 -500 mg	NS	Both
157.	Eladi Gutika	AFI	10 gm	Kasa, Shvasa, Chhardi, Bhrama, Svarabheda, Raktanishthivana	500 mg -1 gm	NS	Both
158.	Kankayan Gutika	AFI	10 gm	Gulma, Krimi, Arsha	500 mg-1 gm	NS	Both
159.	Khadiradi Gutika (Mukhroga)	AFI	10 gm	Mukhdaurgandhya, Mukhapaka, Dantaroga, Galaroga	1 - 2 pills	NS	Both
160.	Kutajaghan Vati	AFI	5 gm	Atisara, Grahani, Jvaratisara	250-500 mg	NS	Both
161.	Lavangadi Vati	AFI	5 gm	Kasa, Shvasa	1-2 pills	NS	Both

LIST OF ESSENTIAL AYURVEDIC MEDICINES

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD/IP
162.	Lahsunadi Vati	AFI	10 gm	Visuchika, Ajirna, Atisara	500 mg - 1 gm	Hyperacidity, Peptic Ulcer, Pitta Prakriti, history of Raktapittaja Vikara	Both
163.	Prabhakara Vati	AFI	5 gm	Hridroga, Daurbalya	125-250 mg	NS	Both
164.	Rajahpravartini Vati	AFI	5 gm	Rajorodha, Kastartava	250 mg	Pregnancy, lactation, excessive Uterine Bleeding, kidney disease, discontinue in case of severe abdominal pain	Both
165.	Samshamani Vati / Guduchighana Vati	AFI	5 gm	Jvara, Jirna Jvara, Vishma Jvara, Daha	250-500 mg	NS	Both
166.	Sarpagandhaghana Vati	AFI	5 gm	Anidra, Manodvega	250-500 mg	Concomitant use of medicines made of Vatsanabha or Gokshuru, anti hypertensives/ depressants/ psychotropic medicines postural hypotension, bradycardia	Both
167.	Sanjivani Vati	AFI	5 gm	Mandagni, Ajirna, Gulma, Visuchika, Sarpadamsha	125 mg	Pitta Prakriti individuals, hyper sensitivity to Bhallataka, patients having history of Raktapittaja Vikara, pregnancy, cardiac arrhythmia, long term use	Both
168.	Vettumaran Gulika	SY	5 gm	Jvara, Chhardi, Mutraghata, Gulma	250-375 mg	NS	Both

LIST OF ESSENTIAL AYURVEDIC MEDICINES

Varti, Netrabindu, Anjana

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD /IP
169.	Nalikeranjana	AFI	25 ml	Netravrana, Arma, Timira, Pittaja Netraroga, Abhishyanda	1-2 drops to be instilled in eyes	NS	Both

Sattva

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD /IP
170.	Guduchi Sattva	AFI	25 gm	Jvara, Vatarakta, Kamala, Prameha	500 mg- 1gm	NS	Both

Parpati

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD /IP
171.	Panchamrita Parpati	AFI	5 gm	Grahani, Atisara, Agnimandya, Kshaya	125- 250 mg	Peri-concepti onal period, pregnancy, lactation period, kidney disease, small children	Both
172.	Shveta Parpati/ Kshara Parpati	AFI	10 gm	Ashmari, Mutrakriccha, Mutraghata	500 mg- 1 gm	NS	Both

LIST OF ESSENTIAL AYURVEDIC MEDICINES

Pishti Kalpana

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD /IP
173.	Akika Pishti	AFI	5 gm	Hriddaha, Hridroga, Kshaya, Shiroroga, Kasa,	125 - 250 mg	NS	Both
174.	Mukta Pishti	AFI	2 gm	Manodosha, Unmada, Hridroga	65-125 mg	NS	IPD
175.	Pravala Pishti	AFI	5 gm	Kasa, Pittaroga, Manodaurbalya, Ojakshya, Hridroga	250 mg	NS	Both

Bhasma

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD /IP
176.	Godanti Bhasma	AFI	10 gm	Shirahshula, Pitta Jvara, Jirnajvara, Daha	500 mg- 1 gm with ghee, sugar, warm milk or water	NS	Both
177.	Jaharamohara Bhasma	AFI	5 gm	Hridroga, Raktapitta, Arsha, Raktaj Pravahika	250- 500 mg	NS	Both
178.	Kapardika Bhasma	AFI	5 gm	Parinamashula, Agnimandya, Karnasrava	250 mg	Not to be used on change of physical characteristics	Both
179.	Mandur Bhasma	AFI	5 gm	Kamala, Pandu	250-500 mg	NS	Both
180.	Muktashukti Bhasma	AFI	5 gm	Udarashula, Jvara, Pitta Jvara, Raktajroga	250-500 mg	NS	Both

LIST OF ESSENTIAL AYURVEDIC MEDICINES

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD /IP
181.	Shankha Bhasma	AFI	5 gm	Agnimandya, Amlapitta, Vidagdhajirna, Parinamashula,	250 mg	NS	Both
182.	Sphatika Bhasma	AFI	5 gm	Jvara, Kaphaja Vrana, Shvitra, Visarpa,, Raktasrava, Yonibhransha	125-250 mg	NS	Both
183.	Tankana Bhasma/ Saubhagya Bhasma	AFI	5 mg	Kasa, Shvasa	125 - 250 mg	NS	Both

Mandura

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD /IP
184.	Punarnavadi Mandura	AFI	5 gm	Pandu, Shotha, Pliharoga	250-500 mg	NS	Both



LIST OF ESSENTIAL AYURVEDIC MEDICINES

Rasayoga

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD /IP
185.	Arogyavardhini Vati/Rasa	AFI	5 gm	Kushta, Medoroga, Jvara	250-500 mg	Old age, paediatric age group, periconceptional period, pregnancy, lactation period, kidney disease, karshaya	Both
186.	Arsho Kuthara Rasa	BR	5 gm	Arsha	250 mg	NS	Both
187.	Brahmi Vati	AFI	5 gm	Bhrama, Manoroga, Aptantrak, Akshepa, Hriddaurbalya	125-250 mg	NS	Both
188.	Gandhak Rasayana	YR	5 gm	Kushta, Raktadushti, Prameha	250-500 mg	Hypersensitivity, loose motions	Both
189.	Kamadudha Rasa	RYS	5 gm	Amlapitta, Raktapitta, Daha, JirnaJvara, Pradara	125-250 mg	NS	Both
190.	Laghmalini Vasanta Rasa	AFI	5 gm	Kshaya, Yakshma, Pradara, Netraroga, Arsha, JirnaJvara	125- 250 mg	Kidney disease, long term use	Both
191.	Laghu Sutashekhara Rasa	AFI	5 gm	Pittaja Shirahshula, Ardhabhedaka, Suryavarta, Daha, Urdhvaga raktapitta	250-500mg	Long term use, pregnancy lactation period, paediatric age group	Both

LIST OF ESSENTIAL AYURVEDIC MEDICINES

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD /IP
192.	Navajivana Rasa	RTS	2 gm	Hridya , Balya, Shulahara	625-125 mg	Long term use, hypertension, pregnancy	Both
193.	Shankha Vati	AFI	5 gm	Grahani, Atisara, Amajirna, Visuchika, Shula	250-500 mg in divided doses	Kidney disease, bradycardia, arrhythmia, hypotension, long term use, peri-conceptual period period, pregnancy, lactating mothers and debilitate patients	Both
194.	Shirahshuladi vajra Rasa	AFI	5 gm	Shirahshula, Shiroroga	250-500 mg in divided doses in single or divided dose	Kidney disease, bradycardia, arrhythmia, hypotension, long term use, peri-conceptual period period, pregnancy, lactating mothers and debilitate patients	Both
195.	Shvasakuthara Rasa	AFI	5 gm	Kasa, Shvasa, Vatakaphaja Roga	125-250 mg	Kidney disease, bradycardia, arrhythmia, hypotension, long term use, peri-conceptual period period, pregnancy, lactating mothers and debilitate patients	IPD
196.	Smritisagara Rasa	AFI	5 gm	Apasmara, Smriti Daurbalya	125-250 mg	NS	Both

LIST OF ESSENTIAL AYURVEDIC MEDICINES

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD /IP
197.	Tribhuvankirti Rasa	AFI	5 gm	Jvara, Pratishtyaya, Kasa	125-250 mg	Bradycardia, arrhythmias, small children, Vrikka Roga, long term administration, periconceptual period, pregnancy, debilitate patients	Both
198.	Vatagajankusha Rasa	BR	5 gm	Vata Roga, Avabahuka, Urustambha, Pakshaghata, Gridhrasi	250 mg	Long term use, Vrikka Roga, periconceptual period, pregnancy, lactation and debilitate patients	IPD
199.	Vatavidhavansan Rasa	AFI	5 gm	Vatajashula, Sutika Vata, Grahaniroga	250 mg	NS	IPD

Lauha

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD /IP
200.	Navayasa Lauha	AFI	5 gm	Pandu, Kamala, Hridroga	250 mg	NS	Both
201.	Saptamrita Lauha	AFI	5 gm	Timira, Drishtimandya	250 mg	NS	Both

LIST OF ESSENTIAL UNANI MEDICINES



LIST OF ESSENTIAL UNANI MEDICINES

Arqqiyat

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD/IPD
1.	Arq-e-Ajeeb	NFUM-I	05 ml	Nafkh-e-Shikam, Ghasayan, Qai, Waj-ul-Meda, Ishal, Haiza, Qulanj, Nazla, Zukam, Laza-e-Hashrat, Shaqiqa, Suda	2-5 drops	NS	Both
2.	Arq-e-Ajwayin	NFUM-I	200 ml	Zof-e-Hazm, Nafkh-e-Shikam	50-100 ml	NS	Both
3.	Arq-e-Badiyan	NFUM-I	200 ml	Su-e-Hazm, Nafkh-e-Shikam	60-120 ml	NS	Both
4.	Arq-e-Biranjafif	NFUM-V	200 ml	Warm e Jigar, Warm e Meda-wa-Ama	125 ml	NS	Both
5.	Arq-e-Gaozaban	NFUM-I	200 ml	Zof-e-Aza-e-Raeesa, Khafaqan	60-120 ml	NS	Both
6.	Arq-e-Gulab	NFUM-I	50 ml	Muqawwi-e-Qalb, Mohallil-e-Warm	60-120 ml	NS	Both
7.	Arq-e-Kasni	NFUM-I	200 ml	Warm-e-Kabid,-Yarqan	60-120 ml	NS	Both
8.	Arq-e-Mako	NFUM-I	200 ml	Zof-e-Kabid, Warm-e-Ahsha	60-120 ml	NS	Both
9.	Arq-e-Mundi	NFUM-I	200 ml	Fasad-ud-Dam	60-120 ml	NS	Both
10.	Arq-e-Zeera	NFUM-V	200 ml	Muqawwi-e-Meda & Kasir-e-Riyah	50-75ml	NS	Both

Huboob

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD/IPD
11.	Habb-e-Asgand	NFUM-V	30 pills	Waja-ul-Mafasil & Waja-ul-Warik	500mg-1 gm	NS	Both
12.	Habb-e-Azaraq	NFUM-I	30 pills	Falij, Laqwa, Khadar	250-500 mg	Hypertension	Both
13.	Habb-e-Bawaseer-Amya	NFUM-I	30 pills	Bawaseer-e-Amya, Qabz	250-500 gm	NS	Both

LIST OF ESSENTIAL UNANI MEDICINES

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD/IPD
14.	Habb-e-Bawaseer Damiya	NFUM-I	30 pills	Bawaseer-e-Damiya	250-500 mg	NS	Both
15.	Habb-e-Bukhar	NFUM-I	30 pills	Humma-e-Hadda	250-500 mg	NS	Both
16.	Habb-e-Hilteet	NFUM-I	30 pills	Nafkh-e-Shikam,Zof-e-Hazm,Zof-e-Ishteha	500mg-1gm	NS	Both
17.	Habb-e-Hindi Zeeqi	NFUM-I	30 pills	Zeeq-un-Nafas	125-250 mg	Pregnancy	Both
18.	Habbe Irequn Nisa	NFUM-III	30 pills	Irequn Nisa, Niqris, Wajul Mafasil	5-10 gm	NS	Both
19.	Habb-e-Jadwar	NFUM-I	30 pills	Zof-e-Asab,Zof-e-Bah	250-500mg	NS	Both
20.	Habb-e-Jawahar	NFUM-I	30 pills	Zof-e-Aza-e-Raeesa, Zof-e-Asab	125-250mg	NS	Both
21.	Habb-e-Jaryan	NFUM-III	30 pills	Jaryan,Kasrat-e-Ihtelam	250-500mg	NS	Both
22.	Habb-e-Jund	NFUM-I	30 pills	Umm-us-Sibyan,Sara, Faliq	125-500mg	NS	Both
23.	Habb-e- Marwareed	NFUM-I	30 pills	Zofe Reham, Sailanur Reham	250-500mg	Pregnancy	Both
24.	Habb-e-Kabid Naushadri	NFUM-I	30 pills	Zof-e-Hazm,Waram-e-Kabid	500mg-1gm	Hypertension-	Both
25.	Habb-e-Karanjwa	NFUM-III	30pills	Humma	150-250mg	NS	Both
26.	Habb-e-Khabsul Hadeed	NFUM-I	30 pills	Faqr-ud-Dam,Isstesqa,Bawaseer-e-Damiya	150-500mg	NS	Both
27.	Habb-e-Mudir	NFUM-I	30 pills	Ehtebas-e-Tams	2-4gm	Pregnancy	Both
28.	Habb-e-Mumsik	NFUM-I	30 pills	Surat-e-Inzal,Kasrat-e-Ehtelam	250-500mg	NS	Both
29.	Habb-e-Muqil	NFUM-I	30 pills	BawaseerAmya,Qabz, Waj-ul-Mafasil	500mg-1gm	NS	Both
30.	Habb-e-Mussafi-e-Khoon	NFUM-III	30 pills	Fasad-ud-Dam	250-500mg	NS	Both
31.	Habb-e-Pechish	NFUM-I	30 pills	Zaheer,Nazf-ud-Dam, Ishal	125-250mg	NS	Both

LIST OF ESSENTIAL UNANI MEDICINES

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD/IPD
32.	Habb-e-Raal	NFUM-I	30 pills	Ishal, Qurooh-e-Me-da, Qurooh-e-Isna Ashri	500mg-1gm	NS	Both
33.	Habb-e-Rasaut	NFUM-I	30 pills	Bawaseer-e-Damiya, Zaheer-e-Muzmin	3-5gm	NS	Both
34.	Habb-e-Shifa	NFUM-I	30 pills	Humma, Tashannuj-e-Rewi, Ze-eq-un-Nafas, Niqras,	250-500mg	Pregnancy, infants and small children	Both
35.	Habb-e-Suranjan	NFUM-I	30 pills	Irq-un-nisa, Waj-ul-Mafasil, Warm-e-Mafasil	1-3gm	NS	Both
36.	Habb-e-Surfa	NFUM-I	30 pills	Musakkin-e-Sual	125-250mg	NS	Both
37.	Habb-e-Tankar	NFUM-I	30 pills	Qabz-e-Muzmin, Nafkh-e-Shikam	500-750mg	NS	Both
38.	Habb-e-Tursh Mushtahi	NFUM-I	30 pills	Zof-e-Hazm, Zof-e-Ishteha, Nafkh-e-Shikam	500mg-1gm	Hypertension	Both
39.	Iksir Shifa	NFUM-V	30 pills	Dard-e-Sar, Sahar, Mirgi & Junoon	500mg-1gm	NS	Both

Aqras

40.	Qurs Asfar	NFUM - V	30 pills	Daad, Khujli, Phunsi, Phoda	750 mg-1.5 gm	NS	Both
41.	Qurs-e-Dawa-ul-Shifa	NFUM-IV	30 pills	Zightuddam Qawi, Haijan, Junoon, Sahar	250-500 mg	NS	Both
42.	Qurs-e-Deedan	NFUM-I	30 pills	Deedan-e-Ama	250-500mg	NS	Both

LIST OF ESSENTIAL UNANI MEDICINES

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD/IPD
43.	Qurs-e-Habis	NFUM-V	30 pills	Nakseer, Kasrat-e-Tams, Kasrat-e-Haiz, Baul-ud-Dam	250-500mg	NS	Both
44.	Qurs-e-Kafoor	NFUM-I	30 pills	Humma-e-Haadda, Humma-e-Diq	5-10gm	NS	Both
45.	Qurs-e-Malti Basant	NFUM-V	30 tabs	Ishal, Zof-e-Meda	100-150mg	NS	Both
46.	Qurs-e-Mulaiyin	NFUM-I	30 pills	Qabz, QulanjSuddi, Sudda-e-Muzmin	1-2gm	NS	Both
47.	Qurs-e-Ziabetes Khas	NFUM-I	30 tabs	ZiabetesSadiq	1-2gm	NS	Both

Kushtajat

48.	Kushta-e-Faulad	NFUM-I	10 gm	Su-ul-Qinya, Zof-e-Kabid	15-30mg	NS	Both
49.	Kushta-e-Gaodanti	NFUM-I	10 gm	Hummiyat, Fali-j, Laqwa, Waj-ul-Mafasil, Niqras	60-120mg	NS	Both
50.	Kushta Khabsul Hadeed	NFUM-I	10 gm	Zofe Kabid, Sual Qinya	125-250mg	NS	Both
51.	Kushta-e-Hajr-ul-Yahood	NFUM-I	10 gm	Hasat-e-Masana, Hasat-e-Kulya	125-250mg	NS	Both
52.	Kushta-e-Qalai	NFUM-I	10 gm	Jaryan, Surat-e-Inzal, Sailan-ur-Rahem	125-250mg	NS	Both
53.	Kushta-e-Qaranul Eyyal	NFUM-V	10 gm	Suaal-e-Balghami, Zaat-ur-Riya, Zaat-ul-Janab& Wajus-Sadr.	60-125mg	NS	Both

Itrifalat

54.	Itrifal-e-Fauladi	NFUM-III	100 gm	Bawaseer-e-Amya, Su-ul-Qinya	5-10gm	NS	Both
55.	Itrifal-e-Ghudadi	NFUM-I	100 gm	Khana-zeer, Warm-e-Ghudad	10-20gm	NS	Both

LIST OF ESSENTIAL UNANI MEDICINES

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD/IPD
56.	Itrifal-e-Kishneezi	NFUM-I	100 gm	Nazla Muzmin, Nafkh-e-Shikam, Suda-e-Reehi	10-30gm	NS	Both
57.	Itrifal-e-Mulayin	NFUM-V	100 gm	Qabz, Nazla & Suda	5-10gm	NS	Both
58.	Itrifal-e-Muqawwi Dimagh	NFUM-V	100 gm	Zof-e-Dimagh, Nazla & Dard-e-Sar	5-10gm	NS	Both
59.	Itrifal-e-Shahtra	NFUM-I	100 gm	Fasad-ud-Dam, Suda, Kharish	5-10gm	NS	Both
60.	Itrifal-e-Ustukhud-doos	NFUM-I	100 gm	Nazla Muzmin, Suda, Sara,	5-10gm	NS	Both
61.	Itrifal-e-Zamani	NFUM-I	100 gm	Qabz, Qulanj, Suda, Nazla	5-10gm	NS	Both

Jawarishat

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD/IPD
62.	Jawarish-e-Amla Sada	NFUM-I	100 gm	Zof-e-Meda, Zof-e-Kabid, Nafkh-e-Shikam, Ishal-e-Safrawi, Khafkhan	5-10gm	NS	Both
63.	Jawarish-e-Anarain	NFUM-I	100 gm	Zof-e-Meda, Zof-e-Kabid, Ghasayan, Ishal-e-Safrawi	5-10gm	NS	Both
64.	Jawarish-e-Bis-basa	NFUM-I	100 gm	Zof-e-Meda, Zof-e-Hazm, Bawaseer-Amya, Nafkh-e-Shikam	5-10gm	NS	Both
65.	Jawarish-e-Jalinoos	NFUM-I	100 gm	Zof-e-Aza-e-Raeesa, Zof-e-Meda, Nafkh-e-Shikam	5-15gm	NS	Both
66.	Jawarish-e-Ka-mooni	NFUM-I	100 gm	Humuzat-e-Meda, Qabz, Nafkh-e-Shikam	10-15gm	NS	Both
67.	Jawarish-e-Mastagi	NFUM-I	100 gm	Zof-e-Meda, Sailan-e-Loab-e-Dehan, Ishal	5-10gm	NS	Both

LIST OF ESSENTIAL UNANI MEDICINES

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD/IPD
68.	Jawarish Ood Shirin	NFUM - I	100 gm	Ishal, Zofe Hazm, Zofe Ishteha	5-10 gm	NS	Both
69.	Jawarish-e-Pudina	NFUM-I	100 gm	Zof-e-Hazm, Zof-e-Ishteha, Ishal	5-10 gm	NS	Both
70.	Jawarish-e-Pudina Wilayti	NFUM - V	100 gm	Zofe Hazm, Matli, Qai	5 gm	NS	Both
71.	Jawarish-e-Shahi	NFUM-I	100 gm	Nafkh-e-Shikam, Khafqan, Waswas	5-10 gm	NS	Both
72.	Jawarish-e-Zanjabeel	NFUM-I	100 gm	Nafkh-e-Shikam, Zof-e-Ishteha, Ishal	5-10 gm	NS	Both
73.	Jawarish-e-Zarooni Sada	NFUM-I	100 gm	Zof-e-Kulya, Husat -e-Kulya-o-Masana,	5-10 gm	NS	Both

Khamirajat

74.	Khamira Abresham Hakim Arshadwala	NFUM-I	60 gm	Zof-e Aza-e-Raeesa, Zof-e-Umumi, Khafqan	3-6 gm	NS	Both
75.	Khamira Abresham Sada	NFUM-I	60 gm	Khafqan, Zof-e-Qalb	5-10gm	NS	Both
76.	Khamira Abresham Sheera Unnab wala	NFUM-V	60 gm	Khafqan, Muqawwi-e-Dimagh, Zof-e-Basar	3-6gm	NS	Both
77.	Khamira Banafsha	NFUM-I	60 gm	Nazla, Sual, Qabz	10-20gm	NS	Both
78.	Khamira Gaozaban Ambri-Jadwar Ood Saleebwala	NFUM-V	60 gm	Epilepsy, Ummus-Subiyan & Ikhtenaqur -Rahem	3-5gm	NS	Both
79.	Khamira Gaozaban Sada	NFUM-I	60gm	Zof-e-Dimagh, Zof-e-Qalb, Malikhuliya, Zof-e-Basarat	5-10gm	NS	Both
80.	Khamira Marwareed	NFUM-I	60 gm	Zof-e-Qalb, Zof-e-Asab, Khafqan, Atash-e-Mufrit	3-5gm	NS	Both
81.	Khamira Sandal Sada	NFUM-I	60 gm	Khafqan	5-10gm	NS	Both

LIST OF ESSENTIAL UNANI MEDICINES

Laooqat and Luboob

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD/IPD
82.	Laooq-e-Badam	NFUM-I	100 gm	Sual, Khushunat-e-Halaq	5-10gm	NS	Both
83.	Laooq-e-Katan	NFUM-I	100 gm	Zat-ur-Riya,Sual,Zeeq-un-Nafas	5-10gm	NS	Both
84.	Laooq-e-Khiyar-shambar	NFUM-I	100 gm	Nazla,Zukam,Sual,Qabz	10-20gm	NS	Both
85.	Laooq-e-Sapistan	NFUM-I	100 gm	Anaf-ul-Anza,Sual-e-Muzmin,Nazla,Zukam	10-20gm	NS	Both
86.	Laooq-e-Zeequn Nafas	NFUM - I	100 gm	Zeequn Nafas, Bahatus sout	5-10 gm	NS	Both
87.	Luboob-e- Barid	NFUM - I	100 gm	Zofe Bah, Surate Inzal, Jaryan, Riqqate Mani, Zakawate His	3-5 gm	NS	Both
88.	Luboob-e-Kabir	NFUM-I	100 gm	Zof-e-Bah,Zof-e-Asab, Qillat-e-Mani	5-10gm	NS	Both

Marham (Qairooti & Zimad)

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD/IPD
89.	Marham Gulabi	NFUM-I	50 gm	Qurooh, Busoor, Haraq, Salq	q.s/ for external use	NS	Both
90.	Marham-e-Quba	NFUM-I	50 gm	Quba, Khushunat-e-Jild	q.s/ for external use	NS	Both
91.	Marham Saeeda Chob Neem Wala	NFUM - V	50 gm	Bawaseer	q.s/ for external use	NS	Both
92.	Qairooti -e-Aarad-e-Karsana	NFUM-I	50 gm	Zat-ul-Janb, Zat-us-Sadar, Zat-ul-Riya	q.s/ for external use	NS	Both

LIST OF ESSENTIAL UNANI MEDICINES

Majoonat

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD/IPD
93.	Majoon-e-Arad Khurma	NFUM-I	100 gm	Jaryan, Riqqat-e-Mani, Zof-e-Bah, Qillat-e-Mani	10-15gm	NS	Both
94.	Majoon-e-Azaraq	NFUM-I	100 gm	Falij, Laqwa, Waj-ul-Mafasil, Zof-e-Asab	3-5gm	NS	Both
95.	Majoon-e-Chobchini	NFUM-I	100 gm	Waj-ul-Mafasil, Falij, Hikka, Jarb	5-10gm	NS	Both
96.	Majoon-e-Dabeed-ul-ward	NFUM-I	100 gm	Zof-e-Kabid, Warm-e-Kabid, Faqr-ud-Dam,	5-10gm	NS	Both
97.	Majoon-e-Flasifa	NFUM-I	100 gm	Waj-ul-Mafasil, Zof-e-Bah, Salas-ul-Baul	5-10gm	NS	Both
98.	Majoon-e-Hajr-ul-Yahood	NFUM-I	100 gm	Husat-e-Kulya, Husat-e-Masana	5-10gm	NS	Both
99.	Majoon-e-Hamal Ambari Al-wiKhani	NFUM-I	100 gm	Zof-e-Rahem, Adat-e-Isqat	5-10gm	NS	Both
100.	Majoon-e-Ispand Sokhtani	NFUM-I	100 gm	Waj-ul-Asab, Surat-e-Inzal	5-10gm	NS	Both
101.	Majoon-e-Jograj Guggal	NFUM-I	100 gm	Falij, Laqwa, Rasha, Warm-e-Mafasil	5-10gm	NS	Both
102.	Majoon-e-Kundur	NFUM-I	100 gm	Zof-e-Masana, Taqteer-ul-Baul, Salas-ul-Baul, Baul Fil frash	5-10gm	NS	Both
103.	Majoon-e-Masik-ul-Baul	NFUM-I	100 gm	Salas-ul-Baul, Baul Fil frash, Sailan-e-Mani	5-10gm	NS	Both
104.	Majoon-e-Muqawwi-erahem	NFUM-I	100 gm	Sailan-ur-Rahem, Isterkha -e- Rahem, Kasrate Tams	5-10gm	NS	Both
105.	Majoon-e-Muqil	NFUM-I	100 gm	Qabz, Warm-e- Quloon, Bawaseer Amiya	5-10gm	NS	Both
106.	Majoon-e-Najah	NFUM-I	100 gm	Malikholia, Ikhtinaq -ur-Rahem, Qulanj	5-10gm	NS	Both
107.	Majoon-e- Piyaz	NFUM-I	100 gm	Zof-e-Bah, Jaryan, Surat-e-Inzal	5-10gm	NS	Both
108.	Majoon-e- Sangdana -e- Murgh	NFUM-I	100 gm	Zof-e-Meda, Zof-e-Ama, Zof-e-Kabid, Ishal	5-10gm	NS	Both

LIST OF ESSENTIAL UNANI MEDICINES

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD/IPD
109.	Majoon-e- Seer Alvi Khani	NFUM-I	100 gm	Tasammum, Falij, Laqwa, Rasha	5-10gm	NS	Both
110.	Majoon-e-Suhag Sonth	NFUM-I	100 gm	Waj-ul-Rahem, Zof-e-Rahem, Sailan-ur-Rahem	5-10gm	NS	Both
111.	Majoon-e-Supari Pak	NFUM-I	100 gm	Sailan-ur- Rahem, Uqr	10-15gm	NS	Both
112.	Majoon-e-Suranjan	NFUM-I	100 gm	Waj-ul-Mafasil, Niqras, Warm-e- Mafasil	5-10gm	NS	Both
113.	Majoon-e- Ushba	NFUM-I	100 gm	Waj-ul-Mafasil, Jarb, Hikka	5-10gm	NS	Both

Mufarreh

114.	Mufarreh Barid	NFUM-I	100 gm	Zofe Qalb, Zofe Asab, Khafqan	5-10 gm	NS	Both
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Murabbajat and Gulqand

115.	Murabba Amla	NFUM-I	100 gm	Zofe Dimagh, Zofe Kabid, Zofe Meda	20-30 gm	NS	Both
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Raughaniyat

116.	Raughan-e-Aamla	NFUM-I	50ml	Intesar-e- Shar	q.s/for external use	NS	Both
117.	Roghan -e -Badam Shirin	NFUM-I	50ml	Sahar, Yubs e Jild, Yubs e Dimagh, Qabz	5-10 ml	NS	Both
118.	Raughan-e-Baiza-e-Murgh	NFUM-I	50ml	Da-us-Salab	q.s/for external use	NS	Both
119.	Raughan-e-Gul	NFUM-I	50ml	Suda-e-Muzmin, Warm-e-Mafasil Haad	q.s/for external use	NS	Both

LIST OF ESSENTIAL UNANI MEDICINES

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD/IPD
120.	Roghan- e -Ikseer	NFUM - VI	50ml	Suda, Wajul Uzn, Wajul Asnan, Ishaal, Waj al Sadr	5 Drops with Sugar/ Q.S. Ext	NS	Both
121.	Raughan-e-Kahu	NFUM-I	50ml	Sahar, Sara, Malikhuliya	q.s/ for external use	NS	Both
122.	Raughan-e-Laboob Saba	NFUM-I	50ml	Sahar	q.s/ for external use	NS	Both
123.	Raughan-e-Malkangni	NFUM-I	50ml	Waj-ul-Qutn, Niqras, Khadar,Zof-e-Asab	q.s/ for external use	NS	Both
124.	Raughan-e-Qaranfal	NFUM-I	05ml	Waj-ul-Asnan, Qulanj	q.s/ for external use	NS	Both
125.	Raughan-e-Suranjan	NFUM-I	50ml	Waj-ul-Mafasil, Irq-un-Nisa, Niqras, Warm-e-Mafasil	q.s/ for external use	NS	Both
126.	Raughan-e-Surkh	NFUM-I	50ml	Waj-ul-Mafasil, Irq-un-Nisa, Niqras	q.s/ for external use	NS	Both
127.	Raughan-e-Turb	NFUM-I	05ml	Waj-ul-Uzn	q.s/ for external use	NS	Both
128.	Raughan-e-Zaitoon	NFUM-I	50ml	Irq-un-Nisa,Waj-ul-Mafasil, Qurooh	q.s/ for external use	NS	Both

Sufoof

129.	Sufoof-e-Bars	NFUM-I	50 gm	Bars	10-20gm	NS	Both
130.	Safoof- e -Chobchini	NFUM - I	50 gm	Wajul Mafasil, Niqris, Aatishak, Irqunnisa, Fasad uddam	5-10 gm	NS	Both
131.	Safoof-e-Chutki	NFUM-I	50 gm	Su-e-Hazm, Ishal	250-500mg	NS	Both

LIST OF ESSENTIAL UNANI MEDICINES

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD/IPD
132.	Sufoof-e-Habis-ud-Dam	NFUM-I	50 gm	Kasrat-e-Tams, Nazf-ud-Dam, Ishal-e-Damwi	3-5gm	NS	Both
133.	Safoof e Hazim	NFUM-I	50 gm	Nafakh Shikam, Zofe Hazm	2-5 gm	NS	Both
134.	Safoof e Hijrul Yahud	NFUM-I	50 gm	Hasate Kuliya wa Masana	5-10 gm	NS	Both
135.	Sufoof-e-Mudrr-e-Haiz	NFUM-I	50 gm	Ehtebas-e-Tams	5-10 gm	Pregnancy	Both
136.	Sufoof-e-Muhazzil	NFUM-I	50 gm	Saman-e-Mufrit	5-10gm	NS	Both
137.	Safoof-e-Namak-e-Shaikhur Raees	NFUM-I	50 gm	Zof-e-Hazm, Nafkh-e-Shikam, Ghasayan	3-5gm	Hypertension	Both
138.	Safoof- e - Suranjan	NFUM-I & NFUM-VI	50 gm	Wajul Mafasil & Niqris	2- 6 gm	NS	Both
139.	Sufoof-e-Teen	NFUM-I	50 gm	Ishal-e- Safra io Damwi, Zaheer, Qurooh-e-Meda	5-10 gm	NS	Both

Sharbat

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD/IPD
140.	Sharbat-e-Anjbar	NFUM-I	200 ml	Nafs-ud-Dam, Nazf-ud-Dam, Kasrat-e-Tams	25-50ml	NS	Both
141.	Sharbat-e-Belgiri	NFUM-V	200 ml	Zaheer, Ishal	25-50 ml	NS	Both
142.	Sharbat-e-Bu-zoori Motadil	NFUM-I	200 ml	Ehtebas-e-Baul, Humma-e- Murakkab	25-50 ml	NS	Both
143.	Sharbat-e-Deenar	NFUM-I	200 ml	Warm-e-Kabid, Yarqan-e-Suddi	20-40 ml	NS	Both
144.	Sharbat-e-Ejaz	NFUM-I	200 ml	Sual, Nazla, Zukam	20-40 ml	NS	Both

LIST OF ESSENTIAL UNANI MEDICINES

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD/IPD
145.	Sharbat-e-Faulad	NFUM-VI	200 ml	Faqr -ud- Dam	10-20ml	NS	Both
146.	Sharbat-e-Khaksi	NFUM-V	200 ml	Humma, Moti Jhara,	25-50ml	NS	Both
147.	Sharbat-e-Sadar	NFUM-I	200 ml	Bohat-us-Saut, Warm-e-Lauzatain, Nazla, Sual	20-40ml	NS	Both
148.	Sharbat-e-Toot Siyah	NFUM-I	200 ml	Bohat-us-Saut Haad, Warm-e-Lauzatain, Warm-e-Hanjara, Sual	20-40ml	NS	Both

Miscellaneous

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD/IPD
149.	Sharbat-e-Unnab	NFUM-I	200 ml	Sual	20-60ml	NS	Both
150.	Banadiq-ul-Ba-zoor	NFUM-I	30 pills	Harqat-ul- Baul, Qurooh-e-Kulya, Qurooh-e-Masana	5-10gm	NS	Both
151.	Dawa-ul-Kurkum	NFUM-I	100 gm	Zof-e-Kabid, Zof-e-Hazm, Istisqa	5-10gm	NS	Both
152.	Dawa-ul-Misk Motadil Sada	NFUM-I	100 gm	Zof-e-Aza-e- Raeesa, Khafqan,	5-10gm	NS	Both
153.	Halwa-e-Ghekawar	NFUM-V	100 gm	Waja-ul- Mafasil, Dard-e-Pusht, Zeeq-un- Nafas	12-25 gm	NS	Both
154.	Malerian	NFUM-VI	50 ml	Humma-e- Ajamiya, Zof-e-Tihal, Izm-e-Tihal, Humma-e-Ruba	3-6 ml	Pregnancy	Both

LIST OF ESSENTIAL UNANI MEDICINES

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD/IPD
155.	Qutor-e-Ramad Qawi	NFUM-I	05 ml	Ramad	For Ophthalmicuse	NS	Both
156.	Sunoon-e-Mukhrij-e-Rutubat	NFUM-I	50 gm	Lissa-e-Damiya	Quantity Sufficient	NS	Both
157.	Tiryaq-e-Arba	NFUM-I	100 gm	Tasammum, Tashannuj, Qulanj,	3-5gm	NS	Both
158.	Tiryaq-e-Nazla	NFUM-I	100 gm	Nazla, Zukam, Sual, Suda	5-10 gm	NS	Both
159.	Zuroor-e-Kath	NFUM-I	100 gm	Qula	Q.S. Ext	NS	Both

Single Drugs

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD/IPD
160.	Zuroor-e-Qula	NFUM-I	10 gm	Qula	Quantity Sufficient	NS	Both
161.	Aamla	UPI-Part-I,Vol.I	50gm	Zof-e-Dimagh, Nisyan, Suda, Qarha-e-Meda, Humuzat-e-Meda, Ishal	5-10 gm	NS	Both
162.	Afsanteen	UPI-Part-I,Vol.II	25gm	Deedan-e-Ama, Warm-e-Kabid, Warm-e-Tehal, Sara, Humma	3-5gm	NS	Both
163.	Anjeer	UPI-Part-I,Vol.II	50 gm	Warm-e-Tehal, Sara, Zeeq un Nafas	10-12 gm	NS	Both

LIST OF ESSENTIAL UNANI MEDICINES

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD/IPD
164.	Arjun	UPI-Part-I,Vol.IV	25gm	Zof-e-Qalb,Kha-faqan, Warm-e-Qalb, Fasad-e-Dam, Ishal, Sangrahni, Hummiyat-e-Muzmina	3-5gm	NS	Both
165.	Asl-us-soos	UPI-Part-I, Vol.I	50gm	Sual, Khushun-at-e-Halaq, Bohat-us-SautHaad, ZeequnNafas, Hirqat-ul-Baul	5-10gm	NS	Both
166.	Aspaghhol	UPI-Part-I, Vol.II	50gm	Zaheer, Qabz, Sual-e-Yabis	5-10gm	NS	Both
167.	Babchi	UPI-Part-I, Vol.I	25gm	Fasad-ud-Dam, Juzam, Bars, Bahaq Abyza.	3-5gm	NS	Both
168.	Badiyan	UPI-Part-I, Vol.I	25 gm	Waj-ul-Meda, Nafkh-e-Shikam, Zof-e-Meda, Ethebas-e-Baul, Ethebas-e-Tams, Zof-e-Basarat	5 to 7gm	NS	Both
169.	Banafsha	UPI-Part-I,Vol.III	50gm	Humma, Nazla, Zatul Janb, Zatur-Riya, Sual.	5-10 gm	NS	Both
170.	Bisfayej	UPI-Part-I, Vol.II	50gm	Amraze Balghami wa Saudawi, Juzam, Malikhuliya, Nafakh shikam, Qulanj	10-15gm	NS	Both
171.	Burada Sandal Surkh	UPI-Part I,Vol.V	50gm	Zofe Qalb, Khafqan, Taskeen Hararat, Tasfia khoon	1-4 gm	NS	Both
172.	Burada Sandal Safaid	UPI-Part I,Vol.VI	50gm	Khafqan, Hurqatul Baul, Suzak, Sual	3-6 gm	NS	Both
173.	Burada Sheesham	UPI-Part I,Vol.V	50gm	Fasad ud dam, Deedan Ama,	5-7 gm	NS	Both

LIST OF ESSENTIAL UNANI MEDICINES

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD/IPD
174.	Chiraita	UPI-Part-I, Vol.I	50gm	Su-e-Hazm, Nafkh-e-Shikam, Fasad-ud-Dam, Istisqa-e-Zaqqi, Busoor, Taqteerul Baul, Zof-e-Ishteha	5to7 gm	NS	Both
175.	Chobchini	UPI-Part-I, Vol.V	50gm	Suda Muzmin, Shaiqa, Nazla, Zukam, Zof Bah, Fasad Dam,Waja-ul-Mafasil.	5-10 gm	NS	Both
176.	Gilo	UPI-Part-I, Vol.I	50gm	Humma, Ishal, Zaaheer,Deedan-e-Ama.	5-10 gm	NS	Both
177.	Gaozaban	UPI-Part-I, Vol.II	50gm	Zeeq-un-Nafas, Yarqan, Zukam, Nazla, Khafqan	5-10 gm	NS	Both
178.	Ghafis	UPI-Part-I, Vol.III	25gm	Humma, Waram-e-Kabid, Istisqa, Waram-e-Tehal	3-5 gm	NS	Both
179.	GulTesu	UPI-Part-I, Vol.V	50gm	Mohallilwarm, Musakkiin-a-flam, Mudirr Baul, Qabiz, Rade Mawad	5-10 gm	NS	Both
180.	Gul-e-Surkh	UPI-Part-I, Vol.IV	25gm	Qabz, Aashob-e-Chasm, Warm-e-Jigar, Zof-e-Qalb, Khafaqan	3-5 gm	NS	Both
181.	Gul-e-Babuna	UPI-Part-I, Vol.II	25gm	Suda, Suzak, Ramad, Waj-us-Sadr, Hasat-e-Kuliya Wa Masana, Zof-e-Aam, Ikhtinaq-ur-Rahem,Su-e-Hazm, Humma-e-Naubati	5 gm	NS	Both
182.	Gul-e-Banafsha	UPI-Part-I, Vol.II	100gm	Qabz, Sual, Nazla	10-25 gm	NS	Both
183.	Khar-e-Khasak Khurd	UPI-Part-I, Vol. I	50gm	Husat-e-Masana, Hurqat-ul-Baul, Ehtebas-eHaiz, SurateInzal, Jaryan.	5 -7 gm	NS	Both

LIST OF ESSENTIAL UNANI MEDICINES

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD/IPD
184.	Khiyar Shambar	UPI-Part-I, Vol.I	300gm	Qabz, Sual, Waram-e-lauzatain	20 -40 gm	NS	Both
185.	Khurfa	UPI-Part-I, Vol.IV	50gm	Shiddat-e-Atash, Ghalayan-e-Dam, Ziyadati-e-Safra, Sozish-e-Meda, Amawa Baul.	3-7gm	NS	Both
186.	Khaksi	UPI-Part-I, Vol.V	50gm	Humma,Hasba, Judri. Suale Muzmin	5-10 gm	NS	Both
187.	Khubbazi	UPI-Part-I, Vol.III	50gm	Amraz-e-Riya, Qurooh-e-Meda, Suda, Waj-ul-Kabid	5-10 gm	NS	Both
188.	Konch	UPI-Part-I, Vol.IV	25gm	Jirayan,Zof-e- Bah, Surat-e-Inzal, Riqqat-e-Mani	3-5gm	NS	Both
189.	Mako	UPI-Part-I, Vol.IV	50gm	Warm-e-Jigar wa Meda, Dard-e-Gosh.	5-10gm	NS	Both
190.	Mundi	UPI-Part I, Vol.II	50gm	Jarb wa Hikkah, Quba, Zofe Basarat wa Azae Raeesa	15-20 gm	NS	Both
191.	Neelofar	UPI-Part-I, Vol.IV	50gm	Zof-e Qalb, Khafqan,Warm-e-Halaq, Khunaq	5-7 gm	NS	Both
192.	Revandchini	UPI-Part-I, Vol.II	25gm	Yarqan, Istesqa, Warm-e-Kabid	1-3 gm	NS	Both
193.	Sana	UPI-Part-I, Vol.I	50gm	Waj-ul-Mafasil,Waj-ul-Qutn, Waj-ul-Warik, Irq-un-Nisa, Niqras,- Zeeq-un-Nafas, Jarab, Busoor, Qulanj	5 to 10 gm	NS	Both
194.	Satawar	UPI-Part-I, Vol.VI	50gm	Is-hal, Jaryan, Kasrat-e-Ehtelam, Sailan-ur-Rahem, Surat-e-Inzal, Zaheer	5-10 gm	NS	Both

LIST OF ESSENTIAL UNANI MEDICINES

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD/IPD
195.	Shahatra	UPI-Part-I, Vol.VI	50gm	Aatishak, Busoor, Suzak, Humma	5-10 gm	NS	Both
196.	Sumbul-ut-Teeb	UPI-Part-I, Vol.I	25gm	Suda, Nafkh-e-Shikam, Istisqa, Yarqan, Waram-e-Kabid, Waram-e-Rahem, Waram-e-Masana	3-5 gm	NS	Both
197.	Tukhm-e-Kasni	UPI-Part-I, Vol.VI	50gm	Yarqan Suddi, Waram-e-Kabid, Istisqa, Hummiyat-e-Muzmina	5-7gm	NS	Both
198.	Tukhme Khatmi	UPI-Part-I, Vol.V	50gm	Wajaul Mafasil, Zatul Janab, Zatul Riya, Nazla wa Zukam, Sual	5- 10 gm	NS	Both
199.	Tukhm-e-Karafs	UPI-Part-I, Vol.II	25gm	Zat-ul-Janb, Irq-un-Nisa, Niqras, Waja-ul-Zohar, Nafkh-e-Shikam, Istisqa, Ehtebas-e-Baul, Hasat-e-Kuliya-wa-Masana	3- 5 gm	NS	Both
200.	Zufa Yabis	UPI-Part-I, Vol.II	50gm	Zof-e-Ishteha, Nafkh-e- Shikam, Sual, Nazla, Zeeq-un-nafas, Khushoonat-e-Halq	5-10 gm	NS	Both

LIST OF ESSENTIAL SIDDHA MEDICINES



LIST OF ESSENTIAL SIDHA MEDICINES

Karpam

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution / Contra-indication	Preferred use in OPD/IPD
1.	Ayabirungaraja Karpam	SFI-I	10gm	Rathakkuraivu, Narai, Asathi	500mg	NS	Both
2.	Bavana Kadukkai Mathirai	SFI-I	50gm	Erumal, Vayitru Vali, Seriyamai, Vaandhi	1 – 2 Mathirai	NS	Both
3.	Irunelli Karpam	SFI-I	10gm	Sori, Sirangu	200mg	NS	Both

Chunnam

4.	Vedi Uppu Chunnam	SFI-I	10gm	Neer Adaippu, Neer Erivu, Neer Kattu, Veekkam	100-200 mg	NS	Both
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Parpam

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution / Contra-indication	Preferred use in OPD/IPD
5.	Amai Odu Parpam	SFI-I	10 gm	Maantham, Kanam, Mantha Kazhlichal	80 - 160 mg	NS	Both
6.	Ganthaga Parpam	SFI-I	10gm	Megam, Sori, Sirangu, Tholnoi	100 mg	NS	Both
7.	Kalnar Parpam	SFI-I	10gm	Azhal, Neersurukku, Vellai	65-130 mg	NS	Both
8.	Kungiliya Parpam	SFI-I	10gm	Neer Ericcal, Neer Kattu, Vellai, Vettai	200-500 mg	NS	Both
9.	Muthu Parpam	SFI-I	10gm	Malaikan, Biramai, Perunkazhical, Eruvai Mulainoi	65-120 mg	NS	Both
10.	Muthuchippi Parpam	SFI-I	10gm	Malaikan, Biramai, Perunkazhical, Eruvai Mulainoi	65-120 mg	NS	Both

LIST OF ESSENTIAL SIDDHA MEDICINES

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution / Contra-indication	Preferred use in OPD/IPD
11.	Naga Parpam	SFI-I	10gm	Ilaippu Erumal, Erivayumulainoi, Pavuthiram, Kazhichal	100-200 mg	NS	Both
12.	Nandukkal Parpam	SFI-I	10gm	Neeradaippu, Kalladaippu, Sadhaia-daippu, Neerkkattu	200-400 mg	NS	Both
13.	Nathai Parpam	SFI-I	10gm	Aasanakaduppu, Kaduppu Kazhichal, Kuruthi Eruvaaimulai	200-400 mg	NS	Both
14.	Padikara Parpam	SFI-I	10gm	Neerkkattu, Neererivu, Vaippun	100-300 mg	NS	Both
15.	Palagarai Parpam	SFI-I	10gm	Vettai, Megachoodu, Naccuvidam	50-100 mg	NS	Both
16.	PavalaParpam (Kodi Pavala Parpam)	SFI-I	10gm	Eelai, Erumal, Enburukkinoi	100-200 mg	NS	Both
17.	Pavala Parpam (NarPavalaParpam)	SFI-I	10gm	Enburukki, Eelai, Erumal	100-200 mg	NS	Both
18.	Sangu Parpam	SFI-I	10gm	Sanni, Iyyam, Kanpugaichal	100-200 mg	NS	Both
19.	Silasathu Parpam	SFI-I	10gm	Udalerivu, Neerkattu Neererivu	500 mg	NS	Both
20.	Velvenga Parpam	SFI-I	10gm	Vettai, Pavuthiram, Neermegam	65-130 mg	NS	Both
21.	Vengara Parpam	SFI-I	10gm	Veppunoikkal (Neerkkatu, Neererivu, Thasaiadaippu)	100-300 mg	NS	Both

Chenduram

22.	Annabedi Chenduram - 1	SFI-I	10gm	Veluppu Noi, Kaduppu Kazhichal	50-100 mg	NS	Both
23.	Arumuga Chenduram	SFI-I	10gm	Arai Vatham, Virai Vatham, Eruvai MulaiNoi	65-130 mg	NS	Both

LIST OF ESSENTIAL SIDDHA MEDICINES

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution / Contra-indication	Preferred use in OPD/IPD
24.	Aya Chenduram	SFI-I	10gm	Natpatta Vaayukal, Valippini, Azhalpini, Iyyapini	60-130 mg	NS	Both
25.	Aya Kandha Chenduram	SFI-I	10gm	Oodhal noi	65-130 mg	NS	Both
26.	Ayaveera Chenduram	SFI-I	10gm	Soolai, Valineer, Vidakkadigal	130 mg	NS	Both
27.	Chanda Marutha Chenduram	SFI-I	10gm	Ottu Rogam, Minorand-Major Ailments Dueto-Mummalakuttram	30-60 mg	NS	Both
28.	Gowri Chinthamani Chenduram	SFI-I	10gm	Soolai, Gunmam, Kaasa-Suvasam, Viravatham, Vippuruthi	65-130 mg	NS	Both
29.	Kalameganarayana Chenduram	SFI-I	10gm	Sanni-13, Soolai-15, Tholnoi-18, Putru	30-130 mg	NS	Both
30.	Kantha Chenduram	SFI-I	10gm	Megappinigal, Aiyanoi, Keel Pidippu, Nadukku-Vatham	65-130 mg	NS	Both
31.	Linga Chenduram-No-1	SFI-I	10gm	Kulir Suram, Vali Suram, Mega Noikkal	65-130 mg	NS	Both
32.	Loga Manduram	SFI-I	10gm	Valinoikal, Muppini, Suram, Peruvayiru	30-65 mg	NS	Both
33.	Mandoora Chenduram	SFI-I	10gm	Kamalai, Paandunoikal, Arosagam	50-100 mg	NS	Both
34.	Naga Chenduram	SFI-I	10gm	Gunmam, Peruvayiru, Kavichai, Eruvaimulainoi	65-130 mg	NS	Both
35.	Padigalinga Chenduram	SFI-I	10gm	Perumbadu, Oozhi, Kazhichal	300-600 mg	NS	Both
36.	Padigara Chenduram	SVT	10 gm	Seetha bethi, Perumbadu	200-400 mg	NS	Both
37.	Uppu Chenduram-2	SVT	10gm	Seriyamai, Soolai, Gunmam, Visham	65-130 mg	NS	Both
38.	Suyamakini Chenduram	SFI-I	10 gm	Gunmam, Peruvayiru, Eruvai Ninakazhichal	130 mg	NS	Both

LIST OF ESSENTIAL SIDDHA MEDICINES

Karuppu

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution / Contra-indication	Preferred use in OPD/IPD
39.	Vediannabedi Chenduram	SFI-I	10gm	Peruvayiru, Veluppunoi, Manjalnoi, Oothalnoi	50-100 mg	NS	Both
40.	Kasthuri Karuppu	SFI-I	10gm	Sali, Suram, Irumal, Iraippu	60-130 mg	NS	Both
41.	Pattukkaruppu	SFI-I	10gm	Soothaga Soolai, Soothaga Vettai, Sanni,	65 mg	NS	Both
42.	Sivanar Amirtham	SFI-I	10gm	80Vagai Vatha Noikal, 40Vagai PithaNoikal, 20Vagai Ayya Noikal	100-200 mg	NS	Both

Pathangam

44.	Parangippattai Pathangam	SFI-I	10gm	21Vagai Megam, Soolai, Thol Noikal	100-200 mg	NS	Both
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Kuzhambu

45.	Agasthiya Kuzhambu	SFI-I	10gm	Suram, Irumal, Gunmam, Moolai Noikal	65 mg	NS	Both
46.	Jaathi Jambheera Kuzhambu	SFI-I	10gm	Vaandhi, Pitham, Vikkal, Maanthabedhi	50-100 mg	NS	Both
47.	Kowsikar Kuzhambu	SFI-I	10gm	Swasam, Erigunmam, Eruvaayu Mulai Noi	125-500 mg	NS	Both

Mezhugu

48.	Gunma Kudori Mezhugu	SFI-I	10gm	Poopukaalathilundakum Soodhaga Sanni, Gunmam, Mantham, Seriyamai	500 mg-1gm	NS	Both
49.	Idivallathi	SFI-I	10gm	Tholnoi, Kiranthi, Araiappu, Megam, Sukkila Vaayu	300 mg	NS	Both

LIST OF ESSENTIAL SIDDHA MEDICINES

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution / Contra-indication	Preferred use in OPD/IPD
50.	Kanthi Mezhugu	SFI-I	10gm	Mega Noikal, ThozhuNoi, Eruvai Mulai Noi	100-200 mg	NS	Both
51.	Kumatti Mezhugu	SVT	10 gm	Gunmam, Peruvayiru, Soothaga Vaayu	200-500 mg	NS	Both
52.	Rasaganthi Mezhugu	SFI-I	10 gm	Soolai Noikal, Kandamalai, Puttru Noikal, Pilavai, Tholnoikal, Megam, Silanthi, Pavuttiram, Puraiodiya Pun	300 mg	NS	Both
53.	Vaan Mezhugu	SFI-I	10gm	Sobai, PeruVaiyru, Kalladaippu, Kamalai, Sanni, Manthara Kasam, Valippu	50-100 mg	NS	Both

Theeneer

54.	Oma Theeneer	SFI-I	100 ml	Perun Kazhichal, Seriyaamai, Nina Kazhichal	15-30 ml	NS	Both
55.	Sombu Theeneer	SVT	100 ml	Vayitru Vali, Seriyaamai, Swasam, Peenisam, Suram, Athithummal	15-30 ml	NS	Both

Mathirai

56.	Amirthathikuligai	SFI-I	10 gm	Seriyamai Suram, Vaandhi, Karappan	1 mathirai	NS	Both
57.	Ananthabiravam	SFI-I	10 gm	Seedaanga Sanni	1-2 mathirai	NS	Both
58.	Ashtabiravam	SFI-I	10 gm	64 types of Suram, Theeradha Thodam, Visha Thodam	1 mathirai	NS	Both
59.	Bala Sanjeevi Mathirai	SFI-I	10 gm	Suram, Maantham, Kanamand Vayitrottam-Rathakanam	1 mathirai	NS	Both

LIST OF ESSENTIAL SIDDHA MEDICINES

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution / Contra-indication	Preferred use in OPD/IPD
60.	Bramananda Bairavam Mathirai	SFI-I	10 gm	Suram, Sanni	1 mathirai	NS	Both
61.	Gorochanai Mathirai	SFI-I	5 gm	Iya Noikal, Sanni, Isivu, Allu Maantham	1 - 2 mathirai	NS	Both
62.	Kakkana Mathirai	SFI-I	10 gm	Seriyamai, Malakkattu, Vayitru puzhu	1 - 2 mathirai	NS	Both
63.	Kasthuri Mathirai	SFI-I	10 gm	Sannipatha Thodam Azhal, Aiya Suram	1 - 2 mathirai	NS	Both
64.	Karuppu Vishnu Chakkaram	SVT	10gm	Sanni, Irumal, Tholnoikal	½-1 mathirai	NS	Both
65.	Kustakajakesari	SFI-I	10gm	Thozhu Noi, Megam	1 - 2 mathirai	NS	Both
66.	Kungumappoo Mathirai	SFI-I	10gm	Aiya Kunmam, Malakkattu, Adhi Viyarvai	1 - 2 mathirai	NS	Both
67.	Linga Boopathy	SVT	10gm	Suram, Vayittru Puzhu	1 - 2 mathirai	NS	Both
68.	Maha Vasantha Kusumakaram	SFI-I	10gm	Aiya Noikal, Manjalnoikal, Soodhaga Vaayu	1 mathirai	NS	Both
69.	Mega Nathakuligai	AVCK	10gm	Gunmam, Kulir Suram, Malakkattu	2-4	NS	Both
70.	Murukkanvidai Mathirai	SFI-I	10gm	Kudarpoochigal, Maantham, Vayitru Porumal	1 - 2 mathirai	NS	Both
71.	Pachai karpoora Mathirai	SVT	10 gm	Veppa Suram, 80 types of Valinoikal, 40 types of Azhal noikal, Kapha noikal	1 - 2 mathirai	NS	Both
72.	Sanjeevi Mathirai	SFI-I	10gm	Moola Vaayu, Eruvaimulai, Valigunmam, Soolai Vali	1 - 2 mathirai	NS	Both

LIST OF ESSENTIAL SIDDHA MEDICINES

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution / Contra-indication	Preferred use in OPD/IPD
73.	Santha Shandrothayam	SFI-I	10gm	Azhal Suram	1 - 2 mathirai	NS	Both
74.	Soolai Kudaram	SFI-I	10 gm	Soolai, Gunmam	1 mathirai	NS	Both
75.	Swasakudori Mathirai	SFI-I	10gm	Irumal, Suvasakaasam	1 - 2 mathirai	NS	Both
76.	Thazahambo Mathirai	SFI-I	10gm	Kudal Vaayu	1 mathirai	NS	Both
77.	Vatha Rakshasan	SFI-I	10gm	Sanni, Vathanoikal	1 mathirai	NS	Both
78.	Vasanthakusumakaram	SFI-I	10gm	Aiya Irumal, Siruneer Noi, Thummal	1 - 2 mathirai	NS	Both
79.	Vengara Mathirai	SVT	10gm	Malammilakki, Mookku Noikal, Soolai, Vaatham	1 mathirai	NS	Both
80.	Vishnu Chakkara-Mathirai	AVCK	10gm	Pakkavaatham, Vikkal, Oodhal, 13 types of Sanni, Yeppam, Moorchai, Vaayu	1 mathirai	NS	Both

Thailam

81.	Anda Thailam	SFI-I	30ml	Mantham, Valippu, Nakkuvatham	1-4 drops	NS	Both
82.	Arakku Thailam	SFI-I	50 ml	Udalkaduppu, Padu Gnayiru, Ezhu Gnayiru	For external application on scalp and body	NS	Both
83.	Arugan Thailam	HP	100 ml	Sori, Padai, Natpatta tholnoi	For external application on scalp and body	NS	Both

LIST OF ESSENTIAL SIDDHA MEDICINES

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution / Contra-indication	Preferred use in OPD/IPD
84.	Chirattai Thailam	SFI-I	30 ml	Sori, Padai, Natpattatholnoi	For external use, diluted with equal part of The nkkai-ennaier Amirta Vennai	NS	Both
85.	Chithiramoola Thailam	SFI-I	50 ml	Mandaiyidi, Mandaikuthu	Used externally for bath	NS	Both
86.	Chukku Thailam	SVT	50 ml	Thalainoi, Peenisam, Aama Vaatham, Sevikkuthal	For external application	NS	Both
87.	Citramutti Thailam	SFI-I	50 ml	Karuppai partriya Vaayu, Maathandira poopu kala Gunmam	5 -10 ml internal use twice daily Also used for thokkanam and used as bath oil	NS	Both
88.	Citramutti Madakku Thailam	SFI-I	50 ml	Soothagavaatham, Enburukkinoi, Munneerkovai	5ml internal use twice daily and also used externally for thokanamandas bath oil	NS	Both
89.	Chivapu kukil Thailam	HP	100 ml	Veekkam, Vathavali, Thapitham	For external application	NS	Both
90.	Ganthaga Sudar Thailam	SFI-I	10 ml	Tholnoi, Pun, Vellai, Karumegam, Gunmam	3 drops	NS	Both

LIST OF ESSENTIAL SIDDHA MEDICINES

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution / Contra-indication	Preferred use in OPD/IPD
91.	Kaiyan Thailam	SFI-I	50 ml	Saliyudan Koodiya Erumal	½ -1 tea-spoon-ful for internal use, also used for external application	NS	Both
92.	Kalarchi Thailam	SFI-I	100 ml	Virai Veekkam, Adikudalai patriyavaayu	8-15 ml once a day, empty stomach in the morning	NS	Both
93.	Karappan Thailam	SFI-I	100 ml	Karappan	For external application	NS	Both
94.	Karpoorathi Thailam	HP	100 ml	Veekkam, Vathavali,	For external application	NS	Both
95.	Kunthirika Thailam	SFI-I	100 ml	Veekkam, Vathavali, Thapitham	For external application	NS	Both
96.	Lagu Santhanathi Thailam	SFI-I	100 ml	Azhalnoikal, Kan Erivu, Kai-kaal Udal Erivu	For application on scalp and for massage	NS	Both
97.	Lagu Vishamusti Thailam	SFI-I	100 ml	Valinoikal	For external application	NS	Both
98.	Malai Vembathi Thailam	SFI-I	100 ml	Soothaka Vaayu, 3 vagai Maladugal	15-30 ml	NS	Both

LIST OF ESSENTIAL SIDDHA MEDICINES

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution / Contra-indication	Preferred use in OPD/IPD
99.	Mathan Thailam	SFI-I	50 ml	Karappan, Sori, Puraiodiyapungal	For external application	NS	Both
100.	Mayana Thailam	SFI-I	50ml	Andavaatham, Paarisavaatham, Vali, Keel Vaayu, Sanni, Veekkangal, Virai Veekkam	For external application	NS	Both
101.	Meganatha Thailam	SFI-I	50 ml	Vellai, Vettai, Megam, Katti, Vayitranoi	8-30 ml	NS	Both
102.	Meni Thailam	SFI-I	50 ml	Kudal poochigal, Pavuthiram	5-10 ml	NS	Both
103.	Moolakkudara Thailam	SFI-I	50 ml	Moolam, Rathamoolam, Malakkattu	5-10ml	NS	Both
104.	Nasirognasa Thailam	SFI-I	50 ml	Naatpatta Peenisam, Kan Thimiram, Thalaivali	For external application	NS	Both
105.	Nochi Thailam	SFI-I	50 ml	Erumal, Elaippu Erumal, Udalkaduppu	For external application	NS	Both
106.	Peenisa Thailam	SFI-I	50 ml	All types of Peenisanoikal	Used as nasal drops once in 4 days and used as bath oil once in 8 days	NS	Both
107.	Ponnangaani Thailam	SFI-I	100ml	Azhal veppanoikal, 96 types of Kannoikal	Used as bath oil	NS	Both
108.	Pungan Thailam	SFI-I	100 ml	Azhal Veppanoikal, Kannoikal	For external application	NS	Both
109.	Seeraga Thailam	SFI-I	100 ml	Azhal Mayakkam, Kan Noi, Vaandhi, Thalaivali, Maantham	Used as bath oil	NS	Both

LIST OF ESSENTIAL SIDDHA MEDICINES

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution / Contra-indication	Preferred use in OPD/IPD
110.	Sivanarvembukuzhi Thailam	SFI-I	50 ml	Ulaichal, Vaayu, Karappn, Thozhunoi	5-10 drops internally with Sivanarvembukoo-ranam Also for external application	NS	Both
111.	Ulunthu Thailam	SFI-I	50 ml	Sira Kambam, Karak kambam, Valinoikal	Used externally for thokkanam	NS	Both
112.	Vatha Kesari Thailam	SFI-I	100 ml	Vatha Noikal, Thimir-Vatham, Pakka Vaayu, Mutakku Vaayu, Muttu-Vatham	For external application	NS	Both
113.	Viranasanjeevi Thailam	SFI-I	50 ml	Pungal	A few drops smear edonbetel leaf and applied externally	NS	Both

Ilakam

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution / Contra-indication	Preferred use in OPD/IPD
114.	Impooral Ilakam	SFI-I	200 gm	Kuruthi Erumal, Kuruthi Vaandhii, Kuruthikka-zhichal	5-10gm	NS	Both
115.	Kadukkai Ilakam	SFI -II	200 gm	Neerkkattu, Malakkattu, Moolachoodu	5-10gm	NS	Both
116.	Karaisalai Ilakam	SFI-I	50gm	Veluppunoi, Azhalvettai, Mayakkam, Neer Surappu	2-4gm	NS	Both

LIST OF ESSENTIAL SIDDHA MEDICINES

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution / Contra-indication	Pre-ferred use in OPD/IPD
117.	Karunai Ilakam	SFI-I	50 gm	All types of Eruvaimulainoikal	2-4gm	NS	Both
118.	Kesari Ilakam	SFI-I	50 gm	40 types of Azhal, Nina Kazhichal, Oodhal	3gm	NS	Both
119.	Kumari Ilakam	SFI-II	200 gm	Meganoi, Oodal, Veppam, Madhavidai Pinigal	5-10gm	NS	Both
120.	Maha Vallathi Ilakam	SFI-I	50 gm	21 types of Megam, All types of Vidam, 18 types of Tholnoi	3gm	NS	Both
121.	Mahavilvathi Ilakam	SFI-II	200 gm	Suvasakasam, Veekkam, Vaandhi, Veluppu Noi, Vayitruerichal	5-10gm	NS	Both
122.	Naracimma Ilakam	SFI-II	50 gm	Vali noikal, Narambu thalarchi	1-2 gm	NS	Both
123.	Narathai Ilakam	SFI-I	100 gm	Azhal, Gunmam, Oon veruppu, Vaandhi	5 gm	NS	Both
124.	Nellikai Ilakam	SFI-I	200 gm	Megam, Elumbaipattriyasuram	5-10gm	NS	Both
125.	Sowbakyasundi Ilakam	SFI-II	100 gm	Soothika Vayu, Meganoikal, Pacimantham	3-5gm	NS	Both
126.	Thettran Kottai Ilakam	SFI-I	100 gm	Enbusuram, Vali, Patchimantham, Eruvaai Mulainoi	5gm	NS	Both
127.	Venpoosani Ilakam	SFI-I	200 gm	ManjalNoi, Piramiyam, Neersurukku, Veppunoi	5-10gm	NS	Both
128.	Vilvathi Ilakam	SFI-I	200 gm	Azhalgumam, Azhal Vaandhii, Azhal Erivu	5-10gm	NS	Both

LIST OF ESSENTIAL SIDDHA MEDICINES

Rasayanam

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution / Contra-indication	Preferred use in OPD/IPD
129.	Inji Rasayanam	SFI-I	50 gm	Udal Erivu, Anal, Mantham, Azhal Pinikal	1-2 gm	NS	Both
130.	Kanthaga Rasayanam	SFI-I	50gm	30 Vagai Vali, 40 Vagai Azhal, 18 Vagai Soolai	3 gm	NS	Both
131.	Parangi Rasayanam	SFI-I	50gm	Megam, Parangi Pun, 96 vagai Ayya Noikal, Aan Pen Kuri Puttru	5 gm	NS	Both
132.	Tippili Rasayanam	SFI-I	50gm	Natpatta Irumal, Manthara Kasam, 96 vagai Aiyam	½ to 1 gm	NS	Both

Nei

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution / Contra-indication	Preferred use in OPD/IPD
133.	Adathodi Nei	SFI-I	100 ml	Eelai, Thondaikattu, Mantham, Eruvai Mulai Noi	10-15ml	NS	Both
134.	Birami Nei	SFI-I	100 ml	Valippu, Narambu Thalarchi, Marathi	10-15ml	NS	Both
135.	Serankottai Nei	SFI-I	100 ml	Thol Noikal, Iraippirumal, Keel Vaayu	5-10ml	NS	Both
136.	Thanneer Vittan Nei	SFI-I	100 ml	Perumbadu, Vettai, Kalladaippu, Neeradaippu	10-15ml	NS	Both
137.	Thoothuvalai Nei	SFI-I	100 ml	Azhal Noikal, Megam, Iraippu Vaayu	10-15ml	NS	Both
138.	Vallarai Nei	SFI-I	100 ml	Tontha Mantham, Por-Mantham, Megam, Thol Noikal	5-10ml	NS	Both

LIST OF ESSENTIAL SIDDHA MEDICINES

Manappagu

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution / Contra-indication	Preferred use in OPD/IPD
139.	Adathodai Manappagu	SFI-I	100 gm	Irupal, Suram, Ayya Noikal, Vali Noikal	10-20gm	NS	Both
140.	Mathulai Manappagu	SFI-I	100 gm	VeluppuNoikal, KaiKal Erivu, Vaandhii	10-15gm	NS	Both
141.	Nannari Manappagu	SFI -II	100 gm	Neer Churukku, Kan Erivu, Navaratchi	5-10 gm	NS	Both
142.	Thurunji Manappagu	SFI-I	100 gm	Azhal Noikal, Kai Kal Erivu, Vaandhii	10-20 gm	NS	Both

Vadagam

143.	Inji Vadagam	SFI-I	50 gm	Vellai Noi, Asseranam, Maantham, Udal Nalivu	1 mathirai	NS	Both
144.	Pirandai Vadagam	SFI-I	50 gm	Peruvayiru, Vayitruvali	1 mathirai	NS	Both
145.	Thalisaathi Vadagam	SFI-I	50 gm	Aiyam, Nina Kazhichal, Vaandhi, Perunkazhichal	1 mathirai	NS	Both

Chooranam (Multi-Ingredient)

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution / Contra-indication	Preferred use in OPD/IPD
146.	Amukkara Chooranam	SFI-I	50 gm	Ellaipattralnoi, Kai Kal Erivu, Velluppu Noi	500-1000 mg	NS	Both
147.	Elathy Chooranam	SFI-I	50 gm	Pitha Vaayu, Vaayu	1-2 gm	NS	Both
148.	Kazharchi Chooranam	SFI-I	50 gm	Viravatham, Yannaikalnoi	300-1000 mg	NS	Both
149.	Mayiliragathy Chooranam	SFI-I	50 gm	Vikkal	500-1000 mg	NS	Both
150.	Nila Vaagai Chooranam	SFI-I	50 gm	Malakattu, Porumal, Vikkal, Vaandhi, Erumal	1-2gm	NS	Both
151.	Parangi Pattai Chooranam	SFI-I	50 gm	Megam, Karumpulli, Venpulli	1-2gm	NS	Both

LIST OF ESSENTIAL SIDDHA MEDICINES

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution / Contra-indication	Preferred use in OPD/IPD
152.	Pancha Deepakkini Chooranam	SFI-I	50gm	Seriyamai, Porumal, Soolai, Moolavayu	1-2gm	NS	Both
153.	Seeraga Chooranam	SFI-I	50gm	Azhal, Kirukiruppu, Vaandhi	1-2gm	NS	Both
154.	Seenthil Chooranam	SFI-I	50gm	Mayirvettu, Puzhuvettu, Viravayyu	1-2gm	NS	Both
155.	Sivathai Chooranam	SFI-I	50gm	Malakkattu, Veppu, Vayu	2-4gm	NS	Both
156.	Sundai Vatrak Chooranam	SFI-I	50gm	Vayitraporumal, Mantham, Iraichal Kazhichal, Nina Kazhichal	1-2gm	NS	Both
157.	Thalisathi Chooranam	SFI-I	50gm	Erumal, Vathanoi, Azhalnoi	1-2gm	NS	Both
158.	Thayirchundi Chooranam	SFI-I	50gm	Kazhichal, Seriyamai	1-2gm	NS	Both
159.	Thirikdugu Chooranam	SFI-I	50gm	Paciyinmai, Vayitraporumal	1-2gm	NS	Both
160.	Thiripala Chooranam	SFI-I	50gm	Malakkattu; also used as mouth wash in cases of Vaaipunnand for washing wounds and Ulcers	1-2gm	NS	Both

Kudineer Chooranam

161.	Adathodaikudineer Chooranam	SFI-I	100 gm	Irumal, Paciyinmai, Naatpatta Irumal, Iraippirumal	30-60 ml of decoction	NS	Both
162.	Kalladaip-pukudineer Chooranam	SFI-II	100 gm	Kalladaippu	30-60 ml of decoction	NS	Both
163.	Kaba Sura Kudineer Chooranam	SFI-I	100 gm	Aiyya Suram	30-60 ml of decoction	NS	Both
164.	Mandooraadhi Adaikudineer Chooranam	SFI-I	100 gm	Veluppu, Kamalai, Peruvayiru	30-60 ml of decoction	NS	Both
165.	Nilavembukudineer Chooranam	SFI-I	100 gm	Kulir Suram, Azhal Suram	30-60 ml of decoction	NS	Both
166.	Neermu Ilikudineer Chooranam	SFI-I	100 gm	Oodhal Noi, Veekkam, Peruvayiru, Neerkkattu	30-60 ml of decoction	NS	Both

LIST OF ESSENTIAL SIDDHA MEDICINES

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution / Contra-indication	Preferred use in OPD/IPD
167.	Pitha Sura Kudineer Chooranam	SFI-I	100 gm	Azhalsuram	30-60 ml of decoction	NS	Both
168.	Rathapitha Kudineer Chooranam	TK	100 gm	Ratha Pitham	30-60 ml of decoction	NS	Both
169.	Thiratchadh Kudineer Chooranam	SFI-I	100 gm	Thamaraganoikal, Vanmaiynmai	30-60 ml of decoction	NS	Both
170.	Vatha Sura Kudineer Chooranam	SFI-I	100 gm	Vali Suram, Nadukku Suram	30-60 ml of decoction	NS	Both

Pura Marunthugal Mezhugu

171.	Kilinal Mezhugu	SFI-I	50 gm	Pittha Vedippu	For external use	NS	Both
172.	Vellai Mezhugu	SFI-I	50gm	Pittha Vedippu	For external use	NS	Both

Vennai

173.	Amirtha Vennai	SFI-I	50 gm	Pilavai, Kandamalai, Nerikattu, Puriodiya-Pungal, Veekkangal, Araiappu	For external use	NS	Both
174.	Kungiliya Vennai	SFI-I	50 gm	Mega Vellai, Muga Erivu, Neerkkaduppu, Vayir Erichal, Kai Kal Kanthal	For external use As per direction by physician Internal also may be used	NS	Both
175.	Vanga Vennai	SFI-I	50 gm	Sori, Sirangu, Viranam, Padai, Pun	For external use	NS	Both

LIST OF ESSENTIAL SIDDHA MEDICINES

Kalimbu

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution / Contra-indication	Preferred use in OPD/IPD
176.	Mega Virana Kalimbu	SFI-I	50 gm	Pungal, Parangi Pungal, Mega Pungal	For external use	NS	Both

Podi

177.	Padai Cankaaran	SFI-I	50 gm	Padarthamarai, Padaikal	For external use	NS	Both
178.	Venkara Podi	SFI-I	50 gm	Pun, Purai, Padaikal	For external use	NS	Both

Panneer

179.	Padiga Panneer	SFI-I	100 ml	Vai Pun, KanNoi, Mookil Ratham Vadithal, Pun	For external use as gargling, Nasal drops and eye drops	NS	Both
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Mathirai

180.	Neerkkovai Mathirai	SVT	10 gm	Common cold and headache due to cold	For external use	NS	Both
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Chooranam

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution / Contra-indication	Preferred use in OPD/IPD
181.	Dhanthathava-nachooranam	SFI-I	100 gm	Palvali	For external use as tooth powder	NS	Both

LIST OF ESSENTIAL SIDDHA MEDICINES

Chooranam (Single Ingredient)

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution / Contra-indication	Preferred use in OPD/IPD
182.	Amukkara	SPI-PartI, Vol-I	50 gm	Vindhukuraivu, Veluppu, Valinoikal	3-6 gm	NS	Both
183.	Athimathuram	SPI-PartI, Vol-I	50 gm	Siruneer Erichal, Erumal, Kan noikal, Venpulli	2 - 4 gm	NS	Both
184.	Athividayam	SPI-PartI, Vol-I	50 gm	Moolam, Murai suram, Perunkazhichal, Pun, Vaandhi	600 mg - 2 gm	NS	Both
185.	Karboogaarisi	SPI-PartI, Vol-I	50 gm	Karappan, Nanju, Namaichal, Pun, Venpulli	1-2 gm	NS	Both
186.	Keelkkaine llisamoolam	SPI-PartI, Vol-I	50 gm	Azhalnoikal, Kannoikal, Kuruthikkazhichal, Madhumegam, Maantham	3-5 gm	NS	Both
187.	Maruthampattai	SPI-PartI, Vol-I	50 gm	Suram, Eraippirumal, Kazhichal, Neerizhivu, Vellai	3-6 gm	NS	Both
188.	Masikkai	SPI-PartI, Vol-II	50 gm	Akkaram, Megam, Udalthalarchi, Baalar-kanachoodu	250-500 mg	NS	Both
189.	Mavilinga pattai	SPI-PartI, Vol-I	50 gm	Kalladaippu, Kaanakkadi, Puraiodiya pungal, Vali noi	30 - 50 ml of decoction	NS	Both
190.	Nellivatral	SPI-PartI, Vol-I	50 gm	Enbupuruki, Kuruthiazhal, Utsoodu, Perumbadu, Vellai	3-6 gm	NS	Both
191.	Nerinjilmul	SPI-PartI, Vol-I	50 gm	Sathaiadaippu, Siruneerichal, Siruneerkattu, Kalladaipu	3-6 gm	NS	Both
192.	Poonakkalividai	SPI-PartI, Vol-II	50 gm	Vali, Azhal, Aiya Noikal, Rathapokku, Karappan	3-6 gm	NS	Both

S.NO	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution / Contra-indication	Preferred use in OPD/IPD
193.	Sadamanjil	SPI-PartI, Vol-I	50gm	Kuttam, Puranasuram, Thoockaminmai, Udalsoodu	500 -1000 mg	NS	Both
194.	Sirupeelai-samoolam	SPI-PartI, Vol-I	50gm	Sathaiadaippu, Kazhichal, Kalladaippu, Kuruthivaandhi, Neersuruku, Perumpadu, Veekam	5-10 gm	NS	Both
195.	Thandirkkai	SPI-PartI, Vol-I	50 gm	Aan kuri pun, Seelandhi nanju, Kuruthi azhal	2 - 4 gm	NS	Both
196.	Vaividangam	SPI-PartI, Vol-I	50 gm	Gunmam, Nanju, Nun puzhukkal, Vaayu, Veluppu noi/Pandu	5 - 10 gm	NS	Both
197.	Valmilagu	SPI-PartI, Vol-I	50 gm	Azhal noikal, Aiya noikal, Gunmam, Neer vetkai, Valinoikal, Vellai	1 -2 gm	NS	Both
198.	Vazhuluvai	SPI-PartI, Vol-I	50gm	Soothaganoikal, Erumal, Aiyanoikal, Keelvaayu, Kuruthikkazhichal, Pun, Perumbaadu	1-2 gm	NS	Both
199.	Vellarai vidai	SPI-PartI, Vol-II	50 gm	Neerkkaduppu, Neerkayyu, Kalladaippu, Mega noi	3 -6 gm	NS	Both
200.	Vellarugu Samoolam	SPI-PartI, Vol-II	50gm	Gunmam, Soolainoi, Kiranthi, Sori, Sirangu	1-2 gm	NS	Both



LIST OF ESSENTIAL HOMOEOPATHY MEDICINES



LIST OF ESSENTIAL HOMOEOPATHY MEDICINES

S.No.	Name of Medicine	Potency						
		Oint-ment	∅	3X/6X	6	30	200	1M
1.	Acalypha Indica		√	√	√			
2.	Aconitum Napellus				√		√	√
3.	Actea racemosa						√	
4.	Aesculus hippocastanum	√					√	
5.	Agaricus muscarius						√	
6.	Allium cepa					√	√	
7.	Aloe socotrina						√	
8.	Alumina						√	
9.	Ammonium carbonicum						√	
10.	Anacardium orientale						√	√
11.	Antimonium crudum					√	√	
12.	Antimonium tartaricum				√	√	√	
13.	Apis mellifica					√	√	
14.	Argentum nitricum					√	√	
15.	Arnica montana	√	√			√	√	√
16.	Arsenicum album				√	√	√	
17.	Arsenicum iodatum				√	√	√	
18.	Avena sativa		√				√	
19.	Aurum metallicum					√	√	√
20.	Bacillinum						√	√
21.	Baptisia tinctoria		√			√		
22.	Baryta carbonicum					√	√	√

LIST OF ESSENTIAL HOMOEOPATHY MEDICINES

S.No.	Name of Medicine	Potency						
		Oint-ment	∅	3X/6X	6	30	200	1M
23.	Baryta muriaticum				√			
24.	Belladonna					√		
25.	Bellis perennis		√			√		
26.	Benzoic acid					√	√	
27.	Berberis vulgaris	√	√			√	√	
28.	Blatta orientalis		√			√		
29.	Borax					√		
30.	Bothrops						√	√
31.	Bovista					√	√	
32.	Bromium					√		
33.	Bryonia alba					√		
34.	Carbo vegetabilis					√	√	
35.	Cactus grandiflorous		√			√		
36.	Calcarea carbonica					√	√	
37.	Calcarea fluorica			√		√	√	
38.	Calcarea phosphoricum			√		√	√	√
39.	Calendula officinalis	√	√			√	√	
40.	Cannabis indica				√	√		
41.	Cantharis	√	√			√	√	√
42.	Carduus marianus		√		√	√		
43.	Carcinosinum						√	√

LIST OF ESSENTIAL HOMOEOPATHY MEDICINES

S.No.	Name of Medicine	Potency						
		Oint- ment	∅	3X/6X	6	30	200	1M
44.	Caulophyllum					√	√	
45.	Causticum					√	√	√
46.	Cephalandra indica		√					
47.	Chamomilla				√	√	√	√
48.	Chelidonium majus		√			√		
49.	China officinalis		√		√	√	√	
50.	Chininum arsenicosum			√	√	√		
51.	Chininum sulphuricum				√			
52.	Cicuta virosa					√	√	
53.	Cina		√		√	√	√	
54.	Cocculus indicus				√	√		
55.	Coca					√	√	
56.	Coffea cruda					√	√	
57.	Colchicum autumnale				√	√	√	
58.	Collinsonia canadensis					√	√	√
59.	Conium maculatum				√	√	√	√
60.	Colocynthis				√	√	√	
61.	Crataegus		√	√		√	√	
62.	Crotalus horridus					√	√	
63.	Croton tiglium				√	√		
64.	Condurango		√			√	√	
65.	Cuprum metallicum					√	√	

LIST OF ESSENTIAL HOMOEOPATHY MEDICINES

S.No.	Name of Medicine	Potency						
		Oint-ment	∅	3X/6X	6	30	200	1M
66.	Digitalis purpurea				√	√		
67.	Dioscorea villosa				√	√		
68.	Drosera rotundifolia					√	√	
69.	Dulcamara					√	√	
70.	Echinacea angustifolia		√		√			
71.	Equisetum hyemale				√	√	√	
72.	Eupatorium perfoliatum					√	√	
73.	Euphrasia officinalis		√			√	√	
74.	Eel serum			√	√	√		
75.	Ferrum metallicum						√	
76.	Fluoricum acidum					√	√	
77.	Gelsemium sempervirens				√	√	√	√
78.	Glonoinum					√	√	
79.	Graphites					√	√	√
80.	Guaiacum				√		√	
81.	Gun Powder			√				
82.	Hamamelis virginica	√	√		√		√	
83.	Helleborus niger				√	√		
84.	Hepar sulphuris calcareum				√	√	√	√
85.	Hydrastis canadensis		√			√		
86.	Hydrocotyle asiatica				√			
87.	Hyoscyamus niger						√	

LIST OF ESSENTIAL HOMOEOPATHY MEDICINES

S.No.	Name of Medicine	Potency						
		Oint-ment	∅	3X/6X	6	30	200	1M
88.	Hypericum perforatum		√			√	√	√
89.	Hippozaenium					√	√	
90.	Ignatia amara					√	√	√
91.	Iodium					√	√	√
92.	Ipecacuanha				√	√	√	
93.	Iris versicolor					√	√	
94.	Janosia asoka		√					
95.	Kali bromatum			√	√	√		
96.	Kali bichromicum					√	√	
97.	Kali phosphoricum					√	√	
98.	Kali carbonicum					√	√	√
99.	Kali iodatum					√	√	
100.	Kali muriaticum					√	√	
101.	Kali sulphuricum					√		
102.	Kalmia latifolia					√	√	√
103.	Kreosotum		√			√	√	
104.	Lac defloratum					√	√	√
105.	Lac caninum					√	√	
106.	Lachesis					√	√	√
107.	Lapis albus				√	√		
108.	Ledum palustre	√				√	√	√
109.	Lycopodium clavatum					√	√	√

LIST OF ESSENTIAL HOMOEOPATHY MEDICINES

S.No.	Name of Medicine	Potency						
		Oint-ment	∅	3X/6X	6	30	200	1M
110.	Magnesium carbonicum					√	√	
111.	Magnesium phosphoricum					√	√	√
112.	Medorrhinum						√	√
113.	Mercurius corrosivus				√	√	√	
114.	Mercurius solubilis				√	√	√	√
115.	Mezereum					√	√	
116.	Millefolium		√			√		
117.	Muriatic acid					√	√	
118.	Natrum arsenicum				√	√	√	
119.	Natrum carbonicum					√	√	√
120.	Natrum muriaticum					√	√	√
121.	Natrum phosphoricum					√		
122.	Natrum sulphuricum					√	√	√
123.	Nitric acid					√	√	√
124.	Nux moschata					√	√	
125.	Nux vomica					√	√	√
126.	Ocimum cannum		√		√	√		
127.	Ocimum sanctum		√					
128.	Opium					√	√	
129.	Passiflora incarnata		√					
130.	Petroleum	√				√	√	√
131.	Phosphoric acid		√			√	√	√

LIST OF ESSENTIAL HOMOEOPATHY MEDICINES

S.No.	Name of Medicine	Potency						
		Oint-ment	∅	3X/6X	6	30	200	1M
132.	Phosphorus					√	√	√
133.	Physostigma					√	√	
134.	Plantago major		√		√	√		
135.	Platinum metallicum						√	√
136.	Plumbum metallicum						√	√
137.	Podophyllum peltatum				√	√	√	
138.	Psorinum					√	√	√
139.	Pulsatilla nigricans					√	√	√
140.	Pyrogenium						√	√
141.	Ranunculus bulbosus					√	√	
142.	Ratanhia				√	√		
143.	Rauwolfia serpentina		√			√		
144.	Rhododendron chrysanthemum					√	√	
145.	Rhus toxicodendron	√			√	√	√	√
146.	Robinia pseudacacia				√	√		
147.	Rumex crispus				√	√		
148.	Ruta graveolens					√	√	
149.	Sabal serrulata		√		√			
150.	Sabina				√	√		
151.	Senega					√	√	
152.	Sarsaparilla		√			√		
153.	Secale cornutum					√	√	

LIST OF ESSENTIAL HOMOEOPATHY MEDICINES

S.No.	Name of Medicine	Potency						
		Oint-ment	∅	3X/6X	6	30	200	1M
154.	Sepia					√	√	√
155.	Silicea					√	√	√
156.	Spigelia antihelminthica				√	√	√	
157.	Spongia tosta				√	√	√	
158.	Stannum metallicum				√	√	√	
159.	Staphysagria					√	√	√
160.	Sticta pulmonaria				√	√		
161.	Stramonium					√	√	√
162.	Sabadilla					√	√	
163.	Sulphur					√	√	√
164.	Sulphuric acid				√	√		
165.	Syphillium						√	√
166.	Syzygium jambolanum		√					
167.	Tabacum					√	√	
168.	Tellurium					√	√	
169.	Terebinthina				√	√		
170.	Terminalia arjuna		√		√			
171.	Tarentula hispanica					√	√	
172.	Teucrium marum verum					√	√	
173.	Thuja occidentalis		√			√	√	√
174.	Thyroidinum						√	√
175.	Trillium pendulum		√			√		

LIST OF ESSENTIAL HOMOEOPATHY MEDICINES

S.No.	Name of Medicine	Potency						
		Oint-ment	∅	3X/6X	6	30	200	1M
176.	Tuberculinum bovinum						√	
177.	Uranium nitricum			√		√		
178.	Urtica urens		√		√			
179.	Veratrum album				√	√	√	
180.	Viburnum Opulus		√		√	√	√	
181.	Vipera					√	√	√
182.	Veratrum viride					√	√	
183.	Viscum album				√			
184.	Wyethia helenioides				√	√	√	
185.	Zincum metallicum		√				√	√

S.No	Biochemics { 12 Tissue Salts (6X-12X) }
186.	Calcarea phosphorica
187.	Calcarea sulphurica
188.	Ferrum phosphoricum
189.	Kali muriaticum
190.	Kali sulphuricum
191.	Kali phosphoricum

S.No	Biochemics { 12 Tissue Salts (6X-12X) }
192.	Magnesium phosphoricum
193.	Magnesium sulphuricum
194.	Natrum muriaticum
195.	Natrum phosphoricum
196.	Natrum sulphuricum
197.	Silicea

LIST OF ESSENTIAL HOMOEOPATHY MEDICINES

S.No	Eye / Ear Drops
198.	Cineraria eye drops
199.	Euphrasia eye drops
200.	Mullein Oil ear drops

Note: 'ø' means mother tincture



Essential Drug list of Ayurveda for 10 bedded Ayush Hospitals

Asava Arista							
Sl.No	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/ Contraindicaton	Preffered use in OPD/IPD
1	Abhayarishta	AFI	200 ml	Arsha, Agnimandya, Udararoga, Vibandha	12-24 ml	NS	Both
2	Amritarishta	AFI	200 ml	Sarvajvara, Jirna Jvara	12-24 ml	NS	Both
4	Aravindasava	AFI	200 ml	Balaroga, Balakshaya, Agnimandya, Aruchi	12-24 ml	NS	Both
5	Arjunarishta/ Parthadyarishta	AFI	200 ml	Hidroga, Hridrava, Hrid-daurbalya, Moha, Murchha	12-24 ml	NS	Both
6	Ashokarishta	AFI	200 ml	Asrigdara, Shveta Pradara, Yoniroga	12-24 ml	NS	Both
7	Ashvagandha- rishta	AFI	200 ml	Murchha, Apsmara, Shosha, Unmada, Karshya	12-24 ml	NS	Both
9	Chandanasava	AFI	200 ml	Shukrameha, Mutrakriccha, Hidroga	12-24 ml	NS	Both
10	Dashamularishta	AFI	200 ml	Vata Vyadhi, Daurbalya, Prasavottara roga	12-24 ml	NS	Both
11	Drakshasava	AFI	200 ml	Aruchi, Hidroga, Pandu Duarbalya, Kshaya	12-24 ml	NS	Both

12	Kumaryasava	AFI	200 ml	Rajodushti, Krichhrartav, Paktishula, Parinamashula,	12-24 ml	NS	Both
13	Kutajarishta	AFI	200 ml	Grahaniroga, Pravahika, Raktatisara, Agnimandya	12-24 ml	NS	Both
14	Lohasava	AFI	200 ml	Pandu, Kamala, Shotha, Hridroga, Daurbalya	12-24 ml	NS	Both
15	Mustakarishtha	AFI	200 ml	Agnimandya, Ajirna, Grahaniroga, Visuchika	12-24 ml	NS	Both
16	Sarasvatarishta	AFI	200 ml	Apasmara, Manasa Dosh, Smritibhransha, Udvega	12-24 ml	NS	Both

Avaleha, Khand, Pak Kalpana

Sl.No	Name Of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/ Contraindicaton	Preffered use in OPD/IPD
17	Agastya Haritaki/ Agastya Rasayana	AFI	100 gm	Hikka, Kasa, Shvasa, Rasayana	5-15 gm	NS	Both
18	Bilvadi Leha	AFI	100 gm	Jirna Pravahika, Aruchi, Agnimandya, Praseka, Chhardi	10-50 gm	NS	Both
19	Brahama Rasayana	AFI	100 gm	Manodaurbalya, Jara, Smritibhransha	10-15 gm	NS	Both
20	Chyavanprash Avaleha	AFI	100 gm	Kasa, Shvasa, Rasayana	12-24 gm	NS	Both

21	Haridrakhanda Paka	AFI	100 gm	Shitapitta, Kandu Visphota, Dadru, Udarda, Kotha	6 gm	NS	Both
22	Kantakarya-valeha	AFI	100 gm	Hikka, Kasa, Shvasa, Jirna Pratishtaya, Parshvashula	6-12 gm	NS	Both
23	Kushmandaka Rasayana	AFI	100 gm	Kasa, Shvasa, Urahkshata, Kshaya, Raktapitta, Amlapitta	6-12 gm	NS	Both
24	Puga Khanda/ Supari Paka	AFI	100 gm	Vandhyaroga, Pradara, Somaroga, Garbhadosha, Daurbalya	6-12 gm	NS	Both
25	Vasavaleha	AFI	100 gm	Kasa, Shvasa, Javara, Parshvashula	6-12 gm	Pregnancy	Both

Kvatha Churna/Kashayam							
Sl.No	Name Of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/ Contraindicaton	Preffered use in OPD/IPD
26	Ayush Kvatha Churna	AFI	100 gm	Pacana, Kasa, Svasa, Urjaskara, Pratisyaya	3gm in 150 ml boiled water	Pregnant women should take the formulation under medical supervision	Both
27	Dashamula Kvatha Churna	AFI	100 gm	Jvara, Sutikadosha, Shula, Shotha, Vatavyadhi	25-50 ml	Rasakshaya Bahumutrata	Both

28	Pathyadi Kvatha (Shadanga) Churna	AFI	100 gm	Shiroroga, Bhru - shankha- Karna Shula, Ardhvbhedaka, Suryavarta	25-50 ml	Chhardi, Atisara, Ativire- chanajanya Rasakshaya, Vataprakopa	Both
29	Phalatrikadi Kvatha Churna	AFI	100 gm	Kamala, Pandu	25-50 ml	Chhardi, Atisara, Ativirechanjanya Rasakshaya, Vataprakopa	Both
30	Rasnasaptaka Kashaya Churna	AFI	100 gm	Janghashula, Urushula, Parshvashula, Triksula, Prishashula	25-50 ml	Concomitant use of Eranda Taila in Garbhini	Both
31	Trinapanchamula Kvatha Churna	AFI	100 gm	Mutrakricchra	25-50 ml	NS	Both
32	Varunadi Kvatha Churna	AFI	100 gm	Ashmari Mutrasthila	25-50 ml	NS	Both

Guggulu

Sl.No	Name Of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/ Contraindicaton	Preffered use in OPD/IPD
31	Gokshuradi Guggulu	AFI	10 gm	Prameha, Mutrakricchra, Mutraghata, Ashmari, Pradara	500 mg - 1 gm	Long term use in pregnancy	Both
32	Kanchanara Guggulu	AFI	10 gm	Galaganda, Gandamala, Apachi, Arbuda, Granthi	500 mg - 1 gm	Long term use in pregnancy	Both
33	Kaishora Guggulu	AFI	10 gm	Vatasonita, Pramehapidika, Vrana, Kustha	Up - 3 gm	Long term use in pregnancy	Both
34	Lakshadi Guggulu	AFI	10 gm	Asthibhagna, Asthichyuti, Asthiruja	Up - 3 gm	Long term use in pregnancy	Both

35	Simhanada Guggulu	AFI	10 gm	Amavata, Vatarakta, Sandhi Shula Agnimandya	Up to 3 gm in divided doses	Pregnancy	Both
36	Triphala Guggulu	AFI	10 gm	Bhagandara, Arsha, Nadi Vrana, Gulma, Shotha	Up to 3 gm in divided doses	Pregnancy Chronic or recurrent diarrhoea	Both
37	Trayodashanga Guggulu	AFI	10 gm	Gridhrasi, Sandhigraha, Katigraha	Up to 3 gm in divided doses	Pregnancy	Both
38	Punarnava Guggulu	AFI	10 gm	Vatarakta, Vriddhiroga, Gridhrasi, Vastigatahula, Amavata	Up to 3 gm in divided doses	Pregnancy	Both
39	Yogaraja Guggulu	AFI	10 gm	Amavata, Agnimandya, Sandhigatavata	Up to 3 gm in divided doses	Pregnancy	Both

Ghrita

Sl.No	Name Of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindicaton	Preffered use in OPD/IPD
40	Triphala Ghrita	AFI	100 gm	Kamala, Timira, Netraroga, Visarpa, Khalitya	10-15 gm	NS	Both

Churna - Multi-ingredient

Sl.No	Name Of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindicaton	Preffered use in OPD/IPD
41	Ajamodadi Churna	AFI	25 gm	Shula, Gridhrasi, Amvata	3-6 gm	NS	Both
42	Avipattikara Churna	AFI	50 gm	Amlapitta, Vidagdhajirna	3-6 gm	NS	Both

43	Balachaturbhadra Churna	AFI	25 gm	Jvara, Atisara, Bala Shosha	250 - 500 mg	NS	Both
44	Bilvadi Churna	CA(U)	50 gm	Shotha, Shula Yukta Bradhna	3-6 gm	NS	Both
45	Dadimastak Churna	AFI	50 gm	Grahaniroga, Atisara, Aruchi	3-6 gm	NS	Both
46	Dashanasanskara Churna	AFI	50 gm	Mukha Roga, Danta Roga	Use as tooth powder	NS	Both
47	Hingvashtaka Churna	AFI	50 gm	Agnimandya, Shula, Gulma, Vataroga	2 -4 gm	NS	Both
48	Nisha-Amalaki Churna	AH	50 gm	Prameha, Madhumeha	3-6 gm	NS	Both
49	Pushyanuga Churna	AFI	25 gm	Raktapradara, Shwetapradara, Raktarsha	2-3 gm	NS	Both
50	Panchanimba Churna	AFI	25 gm	Kshudrakushtha, Mahakushtha, Raktadushti	3- 5 gm	NS	Both
51	Sitopaladi Churna	AFI	25 gm	Shvasa, Kasa, Kshaya, Urdhvaga Raktapitta	2-3 gm	NS	Both
52	Talishadya Churna	AFI	25 gm	Kasa, Shvasa, Pratishtaya, Jvara	2-4 gm	NS	Both
53	Triphala Churna	AFI	50 gm	Anaha, Prameha, Netraroga	3-6 gm	Dehydration	Both

Churna - Single Ingredient

Sl.No	Name Of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/ Contraindicaton	Preffered use in OPD/IPD
54	Amalaki Churna	API	50 gm	Prameha, Raktapitta, Amlapitta, Daha	3 - 6 gm	NS	Both

55	Arjuna Churna	API	50 gm	Hridroga, Prameha	3 - 6 gm	NS	Both
56	Ashvagandha Churna	API	50 gm	Kshaya, Daurbalya, Vatiroga,Klaivya	3 - 6 gm	Long term use may increase blood pressure	Both
57	Haritaki Churna	API	50 gm	Vibandha, Udararoga	3 - 6 gm	Debility, pregnancy, dehydration, Paittika Roga	Both

Taila

Sl.No	Name Of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/ Contraindication	Preffered use in OPD/IPD
58	Anutaila	AFI	10 ml	Urdhvajatr ugataroga, Palitya	2-10 drops for nasal administration	NS	Both
59	Bala Taila	AFI	50 ml	Kshata,Kshaya, Vatavyadhi, Shosha, Gulma	For Abhyanga	NS	Both
60	Bhringaraja Tail	BR	50 ml	Keshapata, Shiroroga, Khalitya, Indralupta	For Nasya, Shiroa bhyanga, Kaval graha	NS	Both
61	Eranda Taila	CD	50 ml	Vatavikara, Gridhrasi, Vibandha, Katishula	10-30 ml	Periconception period,long term use in pregnancy	Both
62	Jatyadi Taila	AFI	25 ml	Vrana, Vranashotha	Application on wound or injury	NS	Both

63	Kshirbala Taila / Kshirbala Taila Avarti (Shatapaki)	AFI	50 ml	Vatarakta, Vataroga, Sukradosha, Rajodosha, Karshya	Internal use: 10-12 ml External use: Abhyanga and Nasya	NS	Both
65	Laghuvishagarbha Taila	AFI	50 ml	Vataroga, Pakshaghat,	For Abhyanga	NS	Both
66	Mahanarayan Taila	AFI	50 ml	Vataroga, Pakshaghata, Ardita, Vandhyatva	For Abhyanga, Nasya, Anuvasana Vasti	NS	Both
67	Nalpamaradi Taila	AFI	25 ml	Tvakroga, Kushta, Pama, Kandu	For Pratisarana, Abhyanga	NS	Both
68	Panchaguna Taila	AFI	50 ml	Sandhigatvata, Karnashula, Vrana	For Abhyanga, wound dressing Kamapurana or Kamabindu	NS	Both
69	Saindhavadi Taila	AFI	50 ml	Kaphavataja Nadivrana,	For Abhyanga	NS	IPD
70	Somaraji Taila / Bakuchi Taila	AFI	25 ml	Shvitra, Kushtha	For local application on affected body part	Discontinue if excessive irritation, vescication, extensive hyperpig - mentation appears	Both

Lepa for local application

Sl.No	Name Of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/ Contraindication	Preffered use in OPD/IPD
71	Dashanga Lepa	AFI	50 gm	Visarpa, Sthanika Shotha, Kushtha	To apply on affected part	NS	Both

Vati & Gutika							
Sl.No	Name Of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preffered use in OPD/IPD
72	Bilvadi Gutika	AFI	5 gm	Vishuchika, Ajirna, Garadosha, Jvara	1-2 pills	NS	Both
73	Chandraprabha Vati	AFI	5 gm	Prameha, Mutrakricchra, Mutraghata, Ashmari, Striroga, Daurbalya, Pandu, Kamala	250 mg	NS	Both
74	Chitrakadi Gutika	AFI	5 gm	Agnimandya, Amadosha, Grahaniroga	250-500 mg	Pregnancy, Uterine bleeding, Pitta Prakriti, Raktpittaj Roga, long term use	Both
75	Khadiradi Gutika (Mukhroga)	AFI	10 gm	Mukhdaurgandhya, Mukhapaka, Dantaroga, Galaroga	1 - 2 pills	NS	Both
76	Kutajaghan Vati	AFI	5 gm	Atisara, Grahani, Jvaratisara	250-500 mg	NS	Both
77	Lavangadi Vati	AFI	5 gm	Kasa, Shvasa	1-2 pills	NS	Both
78	Lahsunadi Vati	AFI	10 gm	Visuchika, Ajirna, Atisara	500 mg - 1 gm	Hyperacidity, Peptic Ulcer, Pitta Prakriti, history of Raktapitt aja Vikara	Both
79	Rajahpravartini Vati	AFI	5 gm	Rajorodha, Kastartava	250 mg	Pregnancy, lactation, excessive Uterine Bleeding, kidney disease, discontinue in case of severe abdominal pain	Both

80	Samshamani Vati / Guduchighana Vati	AFI	5 gm	Jvara, Jirna Jvara, Vishma Jvara, Daha	250-500 mg	NS	Both
81	Sarpagandha-ghana Vati	AFI	5 gm	Anidra, Manodvega	250-500 mg	Concomitant use of medicines made of Vatsanabha or Gokshuru, anti hypertensives/ depressants/ psychotropic medicines postural hypotension, bradycardia	Both
82	Sanjivani Vati	AFI	5 gm	Mandagni, Ajirna, Gulma, Visuchika, Sarpadamsha	125 mg	Pitta Prakriti individuals, hyper sensitivity to Bhallataka, patients having history of Raktapittaja Vikara, pregnancy, cardiac arrhythmia, long term use	Both

Parpati

Sl.No	Name Of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/ Contraindication	Preffered use in OPD/IPD
83	Panchamrita Parpati	AFI	5 gm	Grahani, Atisara, Agnimandya, Kshaya	125- 250 mg	Periconcepti onal period, pregnancy, lactation period, kidney disease, small children	Both

Pishti Kalpana							
Sl.No	Name Of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preffered use in OPD/IPD
84	Akika Pishti	AFI	5 gm	Hriddaha, Hridroga, Kshaya, Shiroroga, Kasa,	125 - 250 mg	NS	Both

Bhasma							
Sl.No	Name Of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preffered use in OPD/IPD
85	Godanti Bhasma	AFI	10 gm	Shirahshula, Pitta Jvara, Jirnajvara, Daha	500 mg- 1 gm with ghee, sugar, warm milk or water	NS	Both
86	Shankha Bhasma	AFI	5 gm	Agnimandya, Amlapitta, Vidagdhajirna, Parinamashula,	250 mg	NS	Both
87	Tankana Bhasma/ Saubhagya Bhasma	AFI	5 gm	Kasa, Shvasa	125 - 250 mg	NS	Both

Mandura							
Sl.No	Name Of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preffered use in OPD/IPD
88	Punarnavadi Mandura	AFI	5 gm	Pandu, Shotha, Pliharoga	250-500 mg	NS	Both

Rasayoga							
Sl.No	Name Of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preffered use in OPD/IPD
89	Arogyavardhini Vati/Rasa	AFI	5 gm	Kushta, Medoroga, Jvara	250-500 m	Old age, paediatric age group, periconceptional period, pregnancy, lactation period, kidney disease, karshaya	Both
90	Arsho Kuthara Rasa	BR	5 gm	Arsha	250 mg	NS	Both
91	Gandhak Rasayana	YR	5 gm	Kushta, Raktadushti, Prameha	250-500 mg	Hypersensitivity, loose motions	Both
92	Kamadudha Rasa	RYS	5 gm	Amlapitta, Raktapitta, Daha, JirnaJvara, Pradara	125-250 mg	NS	Both
93	Laghu Sutashekhara Rasa	AFI	AFI 5 gm	Pittaja Shirahshula, Ardhabhedaka, Suryavarta, Daha, Urdhvaga raktapitta	250-500mg	Long term use, pregnancy lactation period, paediatric age group	Both
94	Shankha Vati	AFI	5 gm	Grahani, Atisara, Amajirna, Visuchika, Shula	250-500 mg in divided doses	Kidney disease, bradycardia, arrhythmia, hypotension, long term use, periconceptional period, pregnancy, lactating mothers and debilitate patients	Both

95	Shirahshuladi vajra Rasa	AFI	5 gm	Shirahshula, Shiroroga	250-500 mg in divided doses in single or divided dose	Kidney disease, bradycardia, arrhythmia, hypotension, long term use, periconc eptional period period, pregnancy, lactating mothers and debilitate patients	Both
96	Shvasakuthara Rasa	AFI	5 gm	Kasa, Shvasa, Vatakaphaja Roga	125-250 mg	Kidney disease, bradycardia, arrhythmia, hypotension, long term use, periconc eptional period period, pregnancy, lactating mothers and debilitate patients	IPD
97	Tribhuvankirti Rasa	AFI	5 gm	Jvara, Pratishtaya, Kasa	125-250 mg	Bradycar dia, arrhythm ias, small children, Vrikka Roga, long term administ ration, periconc eptional period, pregnancy, debilitate patients	Both

98	Vatavidhavansan Rasa	AFI	5 gm	Vatajashula, Sutika Vata, Grahaniroga	250mg	NS	IPD
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Lauha							
Sl.No	Name Of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/ Contraindication	Preffered use in OPD/IPD
99	Navayasa Lauha	AFI	5 gm	Pandu, Kamala, Hridroga	250 mg	NS	Both
100	Saptamrita Lauha	AFI	5 gm	Timira, Drishtimandya	250 mg	NS	Both

Essential Drug list of Homeopathy for bedded Ayush Hospitals

Name of the Medicine		Potency						
Sl.No.		Oint-ment	∅	3X/6X	6	30	200	1M
1	Aconitum napellus					✓	✓	✓
2	Allium cepa				✓	✓	✓	
3	Aloe socotrina					✓	✓	✓
4	Alumina					✓	✓	
5	Antimonium crudum					✓	✓	✓
6	Antimonium tartaricum					✓	✓	✓
7	Apis mellifica				✓	✓	✓	✓
8	Arnica Montana	✓	✓			✓	✓	✓
9	Arsenicum album					✓	✓	✓
10	Arsenicum iodatum					✓	✓	
11	Bacillinum						✓	✓
12	Baptisia tinctoria					✓	✓	✓
13	Baryta carbonicum					✓	✓	✓
14	Belladonna		✓			✓	✓	✓
15	Berberis vulgaris	✓	✓			✓	✓	

16	Bryonia alba					✓	✓	✓
17	Carbo vegetabilis					✓	✓	✓
18	Calcarea carbonica					✓	✓	✓
19	Calendula officinalis	✓	✓			✓	✓	
20	Cantharis	✓	✓			✓	✓	
21	Carduus marianus		✓			✓	✓	
22	Causticum					✓	✓	✓
23	Chamomilla					✓	✓	✓
24	Chelidonium majus		✓			✓	✓	✓
25	China officinalis		✓			✓	✓	✓
26	Cina					✓	✓	
27	Cocculus indicus				✓	✓	✓	
28	Coffea cruda				✓	✓	✓	
29	Colchicum autumnale					✓	✓	
30	Conium maculatum					✓	✓	✓
31	Colocynthis					✓	✓	✓
32	Crataegus		✓			✓	✓	
33	Croton tiglium					✓	✓	
34	Dulcamara				✓	✓	✓	
35	Echinacea angustifolia	✓			✓	✓	✓	
36	Eupatorium perfoliatum		✓			✓	✓	
37	Euphrasia officinalis		✓			✓	✓	
38	Eel serum				✓	✓		
39	Ferrum metallicum					✓	✓	
40	Fluoricum acidum					✓	✓	✓
41	Gelsemium sempervirens					✓	✓	✓
42	Graphites	✓				✓	✓	✓
43	Glonoinum					✓	✓	
44	Hamamelis virginica	✓	✓			✓	✓	
45	Hepar sulphuris calcareum				✓	✓	✓	✓
46	Hydrastis		✓			✓	✓	
47	Hydrocotyle asiatica		✓			✓		
48	Hypericum perforatum		✓			✓	✓	✓
49	Ignatia amara					✓	✓	✓
50	Ipecacuanha				✓	✓	✓	
51	Kali bichromicum					✓	✓	✓

52	Kali carbnicum					✓	✓	✓
53	Kreosotum					✓	✓	
54	Lachesis					✓	✓	✓
55	Ledum palustre	✓				✓	✓	✓
56	Lycopodium clavatum					✓	✓	✓
57	Magnesium carbonicum					✓	✓	
58	Medorrhinum						✓	✓
59	Mercurius corrosivus					✓	✓	
60	Mercurius solubilis					✓	✓	✓
61	Millefolium					✓	✓	
62	Natrum muriaticum					✓	✓	✓
63	Natrum sulphuricum					✓	✓	✓
64	Nitricum acidum					✓	✓	✓
65	Nux vomica					✓	✓	✓
66	Opium					✓	✓	✓
67	Phosphoric acid					✓	✓	✓
68	Phosphorus					✓	✓	✓
69	Podophyllum peltatum					✓	✓	
70	Psorinum					✓	✓	✓
71	Pulsatilla nigricans					✓	✓	✓
72	Pyrogenium						✓	✓
73	Rhododendron chrysanthemum					✓	✓	
74	Rhus toxicodendron	✓			✓	✓	✓	✓
75	Ruta graveolens	✓			✓	✓	✓	✓
76	Sarsaparilla		✓			✓	✓	
77	Sepia					✓	✓	✓
78	Silicea			✓		✓	✓	✓
79	Spigelia anthelmia					✓	✓	
80	Spongia tosta					✓	✓	
81	Sabadilla				✓	✓	✓	
82	Sulphur				✓	✓	✓	✓
83	Syphillium						✓	✓
84	Syzygium jambolanum		✓					
85	Tabacum					✓	✓	
86	Thuja occidentalis	✓	✓			✓	✓	✓
87	Tuberculinum bovinum						✓	✓

88	Veratrum album					✓	✓	✓
89	Vipera					✓	✓	
S.No.	Biochemics 12 Tissue Salts (6X-12X)	S.No.	Drops					
1	Calcarea phosphorica	1	Cineraria eye drops					
2	Calcarea sulphurica	2	Euphrasia eye drops					
3	Calcarea flourica	3	Mullein Oil ear drops					
4	Ferrum phosphoricum							
5	Kali muriaticum							
6	Kali phosphoricum							
7	Magnesium phosphoricum							
8	Natrum phosphoricum							

Essential Drug list of Unani for 10 bedded Ayush Hospitals

Arqqiyat							
S.No.	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/ Contraindication	Preferred use in OPD/IPD
1	Arq-e-Ajeeb	NFUM-I	05ml	Nafkh-e-Shikam, Ghas-ayan, Qai, Waj-ul-Meda, Ishal, Haiza, Qulanj, Nazla, Zukam, Laza-e-Hashrat, Shaqiqa, Suda	2-5 drops	NS	Both
2	Arq-e-Badiyan	NFUM-I	200ml	Su-e-Hazm, Nafkh-e-Shikam	60-120 ml	NS	Both
3	Arq-e-Gaozaban	NFUM-I	200ml	Zof-e-Aza-e-Raeesa, Khafaqan	60-120 ml	NS	Both
4	Arq-e-Kasni	NFUM-I	200ml	Warm-e-Kabid,-Yarqan	60-120 ml	NS	Both
5	Arq-e-Mako	NFUM-I	200ml	Zof-e-Kabid, Warm-e-Ahsha	60-120 ml	NS	Both
6	Arq-e-Mundi	NFUM-I	200ml	Fasad-ud-Dam	60-120 ml	NS	Both

7	Arq-e-Zeera	NFUM-V	200ml	Muqawwi-e-Meda &Kasir-e-Riyah	50-75ml	NS	Both
Huboob							
S.No.	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD/IPD
8	Habb-e-Asgand	NFUM-V	30pills	Waja-ul-Mafasil & Waja-ul-Warik	500mg-1gm	Hyper-tension	Both
9	Habb-e-Azaraq	NFUM-I	30pills	Falij, Laqwa, Khadar Qabz	250-500mg	NS	Both
10	Habb-e-Bawaseer Damiya	NFUM-I	30pills	Bawaseer-e-Damiya	250-500mg	NS	Both
11	Habb-e-Bukhar	NFUM-I	30pills	Humma-e-Hadda	250-500mg	NS	Both
12	Habb-e-Hindi Zeeqi	NFUM-I	30pills	Zeeq-un-Nafas	125-250mg	Pregnancy	Both
13	Habb-e-Jadwar	NFUM-I	30pills	Zof-e-Asab,Zof-e-Bah	250-500mg	NS	Both
14	Habb-e-Kabid Naushadri	NFUM-I	30pills	Zof-e-Hazm,Waram-e-Kabid	500mg-1gm	Hyper-tension	Both
15	Habb-e-Khabsul Hadeed	NFUM-I	30pills	Faqr-ud-Dam,Is-tesqa, Bawaseer-e-Damiya	150-500mg	NS	Both
16	Habb-e-Mudir	NFUM-I	30pills	Ehtebas-e-Tams	2-4gm	Pregnancy	Both
17	Habb-e-Muqil	NFUM-I	30pills	BawaseerAmya,Qabz, Waj-ul-Mafasil	500mg-1gm	NS	Both
18	Habb-e-Mussafi-e-Khoo	NFUM- III	30pills	Fasad-ud-Dam	250-500mg	NS	Both
19	Habb-e-Raal	NFUM-I	30pills	Ishal,Qurooh-e-Meda, Qurooh-e-Isna Ashri	500mg-1gm	NS	Both

20	Habb-e-Shifa	NFUM-I	30pills	Humma,Tashannuj-e-Rewi,Zeeq-un-Nafas, Niqras,	250–500 mg	Pregnancy, infants and small children	Both
21	Habb-e-Suranjan	NFUM-I	30pills	Irq-un-nisa, Waj-ul-Ma-fasil,Warm-e-Mafasil	1-3 gm	NS	Both
22	Habb-e-Tankar	NFUM-I	30pills	Qabz-e-Muzmin, Nafkh-e-Shikam	125-250mg	NS	Both
23	Iksir Shifa	NFUM-V	30pills	Dard-e-Sar,Sahar, Mirgi &Junoon	500mg-1gm	NS	Both

Aqras

S.No.	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD/IPD
24	Qurs-e-Deedan	NFUM-I	30pills	Deedan-e-Ama	250-500mg	NS	Both
25	Qurs-e-Habis	NFUM-V	30pills	Nakseer, Kasrat-e-Tams,Kasrat-e-Haiz, Baul-ud-Dam	250–500mg	NS	Both
26	Qurs-e-Kafoor	NFUM-I	30pills	Humma-e-Haadda, Humma-e-Diq	5–10gm	NS	Both
27	Qurs-e-Mulaiyin	NFUM-I	30pills	Qabz, Qulanj Suddi, Su- da-e-Muzmin	1–2gm	NS	Both
28	Qurs-e-Ziabetes Khas	NFUM-I	30tabs	Ziabetes Sadiq	1–2gm	NS	Both

Kushtajat

S.No.	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD/IPD
29	Kushta-e-Faulad	NFUM-I	10gm	Su-ul-Qinya,Zof-e-Kabid	15–30mg	NS	Both
30	Kushta-e-Hajr-ul-Yahood	NFUM-I	10gm	Hasat-e-Masana,Ha- sat-e-Kulya	125–250mg	NS	Both

Itrifalat							
S.No.	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD/IPD
31	Itrifal-e-Ghudadi	NFUM-I	100gm	Khana-zeer, Warm-e-Ghudad	10–20gm	NS	Both
32	Itrifal-e-Kishneezi	NFUM-I	100gm	Nazla Muzmin, Nafkh-e-Shikam, Suda-e Reehi	10-30gm	NS	Both
33	Itrifal-e-Mulayin	NFUM-V	100gm	Qabz, Nazla & Suda	5–10gm	NS	Both
34	Itrifal-e-Muqawwi Dimagh	NFUM-V	100gm	Zof-e-Dimagh, Nazla & Dard-e-Sar	5–10gm	NS	Both
35	Itrifal-e-Shahtra	NFUM-I	100gm	Fasad-ud-Dam, Suda, Kharish	5–10gm	NS	Both
36	Itri-fal-e-Ustukhud-dooos	NFUM-I	100gm	Nazla Muzmin, Suda, Sara,	5–10gm	NS	Both
37	Itrifal-e-Zamani	NFUM-I	100gm	Qabz, Qulanj, Suda, Nazla	5–10gm	NS	Both
Jawarishat							
S.No.	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD/IPD
38	Jawarish-e-Amla Sada	NFUM-I	100gm	Zof-e-Meda, Zof-e-Kabid, Nafkh-e-Shikam, Ishal-e-Safra-wi, Khafkhan	5–10gm	NS	Both
39	Jawarish-e-Anarain	NFUM-I	100gm	Zof-e-Meda, Zof-e-Kabid, Ghasayan, Ishal-e-Safrawi	5–10gm	NS	Both
40	Jawarish-e-Jalinoos	NFUM-I	100gm	Zof-e-Aza-e-Raeesa, Zof-e-Meda, Nafkh-e-Shikam	5–10gm	NS	Both

41	Jawarish-e-Ka-mooni	NFUM-I	100gm	Humuzat-e-Meda, Qabz,Nafkh-e-Shikam	10-15gm	NS	Both
42	Jawarish-e-Mastagi	NFUM-I	100gm	Zof-e-Meda,Sailan-e-Loab-e- Dehan,Ishal	5-10gm	NS	Both
43	Jawarish-e-Shahi	NFUM-I	100gm	Nafkh-e-Shikam, Khafqan, Waswas	5-10gm	NS	Both
44	Jawarish-e-Zarooni Sada	NFUM-I	100gm	Zof-e-Kulya,Husat -e-Kulya-o- Masana,	5-10gm	NS	Both

Khamirajat

S.No.	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD/IPD
45	Khamira Abresham Sada	NFUM-I	60gm	Khafqan, Zof-e-Qalb	5-10gm	NS	Both
46	Khamira Gaozaban Ambri-Jadwar Ood Saleebwala	NFUM-V	60gm	Epilepsy,Ummus-Sub- iyan &Ikhtenaqur-Rahem	3-5gm	NS	Both
47	Khamira Gaozaban Sada	NFUM-I	60gm	Zof-e-Dimagh,Zof-e-Qalb, Malikhuli-ya,Zof-e-Basarat	5-10gm	NS	Both
48	Khamira Marwareed	NFUM-I	60gm	Zof-e-Qalb, Zof-e-Asab, Khafqan, Atash-e- Mufrit	3-5gm	NS	Both

Laooqat and Luboob

S.No.	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD/IPD
49	Laooq-e-Katan	NFUM-I	100gm	Zat-ur-Riya,Sual,Ze-eq-un-Nafas	5-10gm	NS	Both
50	Laooq-e-Sapistan	NFUM-I	100gm	Anaf-ul-Anza,Su- al-e-Muzmin,Na-zla, Zukam	10-20gm	NS	Both

51	Laooq-e-Zeequn Nafas	NFUM-I	100gm	Zeequn Nafas, Baha- tus sout	5-10gm	NS	Both
52	Luboob-e-Kabir	NFUM-I	100gm	Zof-e-Bah,Zof-e-Asab, Qillat-e-Mani	5-10gm	NS	Both
Majoonat							
S.No.	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD/IPD
53	Majoon-e-Arad Khurma	NFUM-I	100gm	Jaryan, Riqqat-e-Mani, Zof-e-Bah, Qillat-e-Mani	10-15gm	NS	Both
54	Majoon-e-Azaraqi	NFUM-I	100gm	Falij,Laqwa, Waj-ul-Mafasil,Zof-e- Asab	3-5gm	NS	Both
55	Majoon-e-Chobchini	NFUM-I	100gm	Waj-ul-Mafasil,Falij, Hikka, Jarb	5-10gm	NS	Both
56	Majoon-e-Dabeed-ul-ward	NFUM-I	100gm	Zof-e-Kabid,Warm-e-Kabid, Faqr-ud-Dam,	5-10gm	NS	Both
57	Majoon-e-Flasifa	NFUM-I	100gm	Waj-ul-Mafasil,Zof-e- Bah, Salas-ul-Baul	5-10gm	NS	Both
58	Majoon-e-Hajr- ul-Yahood	NFUM-I	100gm	Husat-e-Kulya, Husat-e-Masana	5-10gm	NS	Both
59	Majoon-e-Masik-ul-Baul	NFUM-I	100gm	Salas-ul-Baul, Baul Fil frash, Sailan-e-Mani	5-10gm	NS	Both
60	Majoon-e-Muqawwi-erahem	NFUM-I	100gm	Sailan-ur-Rahem, Isterkha-e-Rahem, Kasrate Tams	5-10gm	NS	Both
61	Majoon-e-Najah	NFUM-I	100gm	Malikholia,Ikhtinaq-ur -Rahem,Qulanj	5-10gm	NS	Both

62	Majoon-e-Supari Pak	NFUM -I	100gm	Sailan-ur- Rahem, Uqr	10-15gm	NS	Both
63	Majoon-e-Suranjan	NFUM-I	100gm	Waj-ul-Mafasil, Niqras, Warm-e-Mafasil	5-10gm	NS	Both
Marham							
S.No.	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD/IPD
64	Majoon-e-Ushba	NFUM- I	100gm	Waj-ul-Mafasil, Jarb, Hikka	5-10gm	NS	Both
Murabbajat and Gulqand							
S.No.	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD/IPD
65	Murabba Amla	NFUM-I	100gm	Zofe Dimagh, Zofe Kabid, Zofe Meda	20-30gm	NS	Both
Raughaniyat							
S.No.	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD/IPD
66	Raughan-e-Surkh	NFUM-I	50ml	Waj-ul-Mafasil, Irq-un-Nisa, Niqras	q.s/for external use	NS	Both
67	Raughan-e-Baiza-e-Murgh	NFUM-I	50ml	Da-us-Salab	q.s/for external use	NS	Both
68	Roghan-e-Badam Shirin	NFUM- I	50ml	Sahar, Yubs e Jild, Yubse Dimagh, Qabz	5-10ml	NS	Both
69	Raughan-e-Laboob Saba	NFUM-I	50ml	Sahar	q.s/for external use	NS	Both
70	Raughan-e-Suranjan	NFUM-I	50ml	Waj-ul-Mafasil, Irq-un-Nisa, Niqras, Warm-e-Mafasil	q.s/for external use	NS	Both

71	Raughan-e-Surkh	NFUM-I	50ml	Waj-ul-Mafasil,Irq-un-Nisa, Niqras	q.s/for externaluse	NS	Both
Sufoof							
S.No.	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD/IPD
72	Sufoof-e-Bars	NFUM-I	50gm	Bars	10–20gm	NS	Both
73	Safoof -e-Hazim	NFUM- I	50gm	Nafakh Shikam, Zofe Hazm	2-5gm	NS	Both
Sharbat							
S.No.	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD/IPD
74	Sharbat-e-Bu- zoori Motadil	NFUM-I	200ml	Ehtebas-e-Baul, Hum- ma-e-Murakkab	25–50ml	NS	Both
75	Sharbat-e-Deenar	NFUM-I	200ml	Warm-e-Kabid,-Yarqan-e-Suddi	20–40ml	NS	Both
76	Sharbat-e-Khaksi	NFUM-V	200ml	Humma,Moti Jhara,	25–50ml	NS	Both
77	Sharbat-e-Toot Siyah	NFUM-V	100gm	Waja-ul- Mafasil, Dard-e-Pusht, Zeeq -un- Nafas	12–25gm	NS	Both
78	Sharbat-e-Unnab	NFUM-I	200ml	Sual	20–60ml	NS	Both
Miscellaneous							
S.No.	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/Contraindication	Preferred use in OPD/IPD
79	Banadiq-ul-Ba- zoor	NFUM-I	30pills	Harqat-ul- Baul, Qurooh-e-Kulya, Qurooh-e-Masana	5–10 gm	NS	Both
80	Dawa-ul-Kurkum	NFUM-I	100gm	Zof-e-Kabid,Zof-e-Hazm, Istisqa	5–10 gm	NS	Both
81	Dawa-ul-Misk Motadil Sada	NFUM-I	100gm	Zof-e-Aza-e-Raeesa, Khafqan,	5–10 gm	NS	Both

82	Halwa-e-Ghekawar	NFUM-V	100gm	Waja-ul- Mafasil, Dard-e-Pusht,Zeeq-un- Nafas	12-25 gm	NS	Both
83	Tiryaaq-e-Arba	NFUM-I	100gm	Tasammum, Tashannuj,Qulanj,	3-5gm	NS	Both
84	Tiryaaq-e-Nazla	NFUM-I	100gm	Nazla, Zukam, Sual, Suda	5-10gm	NS	Both
85	Zuroor-e-Kath	NFUM- I	100gm	Qula	Q.S.Ext	NS	Both
86	Zuroor-e-Qula	NFUM-I	10gm	Qula	Quantity Sufficient	NS	Both

Single Drugs

S.No.	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/ Contraindication	Preferred use in OPD/IPD
87	Afsanteen	UPI, Part-I, Vol.II	25 gm	Deedan-e-Ama, Warm-e-Kabid, Warm-e-Tehal, Sara, Humma	3-5gm	NS	Both
88	Aamla	UPI-Part-I, Vol.I	50gm	Zof-e-Dimagh, Nisyan, Suda, Qarha-e-Meda, Humuzat-e-Meda, Ishal	5-10 gm	NS	Both
89	Anjeer	UPI, Part-I, Vol.II	50 gm	Warm-e- Tehal, Sara, Zeeq un Nafas	10-12 gm	NS	Both
90	Arjun	UPI, PartI, Vol.IV	25gm	Zof-e-Qalb, Khafaqan, Warm-e-Qalb, Fasad-e-Dam, Ishal, Sangrahni, Hummiyat-e-Muzmina	3-5gm	NS	Both
91	Aspaghool	UPI-Part-I, Vol.II	50gm	Zaheer, Qabz, Sual-e-Yabis	5-10 gm	NS	Both

92	Badiyan	UPI-Part-I, Vol.I	25gm	Waj-ul-Meda, Nafkh-e-Shikam, Zof-e-Meda, Ethebas-e-Baul, Ethebas-e-Tams, Zof-e-Basarat	5 to 7gm	NS	Both
93	Banafsha	UPI, PartI, Vol.III	50gm	Humma, Nazla, Zatul Janb, Zatur- Riya, Sual.	5-10 gm	NS	Both
94	Chiraita	UPI-Part-I, Vol.I	50gm	Su-e-Hazm, Nafkh-e-Shikam, Fasad-ud-Dam, Istisqa-e- Ziqqi, Busoor,Taqteer ul Baul, Zof-e-Ishteha	5to7gm.	NS	Both
95	Mako	UPI, Part-I, Vol.IV	50gm	Warm-e-Jigar wa Meda, Dard-e-Gosh.	5-10gm	NS	Both
96	Khaksi	UPI-Part-I, Vol.V	50gm	Humma, Hasba, Judri,Suale Muzmin	5-10gm	NS	Both
97	Neelofar	UPI-Part-I, Vol.IV	50gm	Zof-e Qalb, Khafqan,Warm-e- Halaq, Khunaq	5-7 gm	NS	Both
98	Revand chini	UPI-Part-I, Vol.II	25gm	Yarqan,Istesqa, Warm-e-Kabid	1-3 gm	NS	Both
99	Shahatra	UPI-Part-I, Vol.VI	50gm	Aatishak, Busoor, Suzak, Humma	5-10 gm	NS	Both
100	Sumbul- ut-Teeb	UPI-Part-I, Vol.I	25gm	Suda, Nafkh- e-Shikam, Istisqa,Yarqan, Waram-e-Kabid, Waram-e-Rahem, Waram-e-Masana	3-5 gm	NS	Both

Essential Drug list of Siddha for 10 bedded Ayush Hospitals

Karpam							
Sl.NO	Name Of Medicine		Pack Size	Main Indications	Dose	Precaution/ Contra-indication	Preffered use in OPD/IPD
1	Ayabirungaraja Karpam	SFI-I	10gm	Rathakkuraivu, Narai, Asathi	500mg	NS	Both
2	Bavana Kadukkai Mathirai	SFI-I	50gm	Erumal, Vayitru Vali, Seriyamai, Vaandhi	1 – 2 Mathirai	NS	Both
3	Irunelli Karpam	SFI-I	10gm	Sori, Sirangu	200mg	NS	Both
Parpam							
4	Amai Odu Parpam	SFI-I	10 gm	Maantham, Kanam, Mantha Kazhlichal	80 - 160 mg	NS	Both
5	Kungiliya Parpam	SFI-I	10gm	Neer Ericcal, Neer Kattu, Vellai, Vettai	200- 500 mg	NS	Both
6	Muthuchippi Parpam	SFI-I	10gm	Malaikan, Biramai, Perunkazhical, Eruvai Mulainoi	65-120 mg	NS	Both
7	Naga Parpam	SFI-I	10gm	Ilaippu Erumal, Erivayumulainoi, Pavuthiram, Kazhichal	100- 200 mg	NS	Both
8	Nandukkal Parpam	SFI-I	10gm	Neeradaippu, Kalladaippu, Sadhaia-daippu, Neerkkattu	200- 400 mg	NS	Both
9	Nathai Parpam	SFI-I	10gm	Aasanakaduppu, Kaduppu Kazhichal, Kuruthi Eruvaaimulai	200- 400 mg	NS	Both

10	Padikara Parpam	SFI-I	10gm	Neerkattu, Neererivu, Vaippun	100-300 mg	NS	Both
11	Palagarai Parpam	SFI-I	10gm	Vettai, Megachoodu, Naccuvidam	50-100 mg	NS	Both
12	Pavala Parpam (Kodi Pavala Parpam)	SFI-I	10gm	Eelai, Erumal, Enburukkinoi	100-200 mg	NS	Both
13	Sangu Parpam	SFI-I	10gm	Sanni, Iyyam, Kanpugaichal	100-200 mg	NS	Both
14	Silasathu Parpam	SFI-I	10gm	Udalerivu, Neerkattu, Neererivu	500 mg	NS	Both
15	Velvenga Parpam	SFI-I	10gm	Vettai, Pavuthiram, Neermegam	65-130 mg	NS	Both

Chenduram

16	Annabedi Chenduram - 1	SFI-I	10gm	Veluppu Noi, Kaduppu Kazhichal	50-100 mg	NS	Both
17	Arumuga Chenduram	SFI-I	10gm	Arai Vatham, Virai Vatham, Eruvai, MulaiNoi	65-130 mg	NS	Both
18	Aya Kandha Chenduram	SFI-I	10gm	Oodhal noi	65-130 mg	NS	Both
19	Chanda Marutha Chenduram	SFI-I	10gm	Ottu Rogam, Minorand-Major Ailments Dueto-Mummalakuttram	30-60 mg	NS	Both
20	Gowri Chinthamani Chenduram	SFI-I	10gm	Soolai, Gunmam, Kaasa-Suvasam, Virai vatham, Vippuruthi	65-130 mg	NS	Both
21	Kalameganarayana Chenduram	SFI-I	10gm	Sanni-13, Soolai-15, Tholnoi-18, Putru	30-130 mg	NS	Both

22	Linga Chenduram- No-1	SFI-I	10gm	Kulir Suram, Vali Suram, Mega Noikkal	65-130 mg	NS	Both
23	Mandoora Chenduram	SFI-I	10gm	Kamalai, Paandunoikal, Arosagam	50-100 mg	NS	Both
24	Padigalinga Chenduram	SFI-I	10gm	Perumbadu, Oozhi, Kazhichal	300- 600 mg	NS	Both
25	Uppu Chenduram-2	SVT	10gm	Seriyamai, Soolai, Gunmam, Visham	65-130 mg	NS	Both
26	Vediannabedi Chenduram	SFI-I	10gm	Peruvayiru, Veluppunoi, Manjalnoi, Oothalnoi	50-100 mg	NS	Both
Karuppu							
27	Kasthuri Karuppu	SFI-I	10gm	Sali, Suram, Irumal, Iraippu	60-130 mg	NS	Both
28	Pattukkaruppu	SFI-I	10gm	Soothaga Soolai, Soothaga Vettai, Sanni,	65 mg	NS	Both
29	Sivanar Amirtham	SFI-I	10gm	80Vagai Vatha Noikal, 40Vagai PithaNoikal, 20Vagai Ayya Noikal	100- 200 mg	NS	Both
Pathangam							
30	Parangippattai Pathangam	SFI-I	10gm	21Vagai Megam, Soolai, Thol Noikal	100- 200 mg	NS	Both
Kuzhambu							
31	Agasthiya Kuzhambu	SFI-I	10gm	Suram, Irumal, Gunmam, Moolai Noikal	65 mg	NS	Both

32	Jaathi Jambeera Kuzhambu	SFI-I	10gm	Vaandhi, Pitham, Vikkal, Maanthabedhi	50-100 mg	NS	Both
Mezhugu							
33	Gunma Kudori Mezhugu	SFI-I	10gm	Poopukaalat hilundakum Soodhaga Sanni, Gunmam, Mantham, Seriyamai	500 mg- 1gm	NS	Both
34	Idivallathi Mezhugu	SFI-I	10gm	Tholnoi, Kiranthi, Araiappu, Megam, Sukkila Vaayu	300 mg	NS	Both
35	Kanthi Mezhugu	SFI-I	10gm	Mega Noikal, ThozhuNoi, Eruvai Mulai Noi	100- 200 mg	NS	Both
36	Kumatti Mezhugu	SVT	10 gm	Gunmam, Peruvayiru, Soothaga Vaayu	200 -500 mg	NS	Both
37	Rasaganthi Mezhugu	SFI-I	10 gm	Soolai Noikal, Kan- damalai, Puttru Noikal, Pilavai, Tholnoikal, Megam, Silanthei, Pavut- tiram, Puraiodiya Pun	300 mg	NS	Both
Theeneer							
38	Oma Theeneer	SFI-I	100 ml	Perun Kazhichal, Seri- yaamai, Nina Kazhichal	15-30 ml	NS	Both
Mathirai							
39	Bala Sanjeevi Mathirai	SFI-I	10 gm	Suram, Maantham, Kanamand Vayitrottam- Rathakanam	1 mathirai	NS	Both

40	Bramananda Bairavam Mathirai	SFI-I	10 gm	Suram, Sanni	1 mathirai	NS	Both
41	Karuppu Vishnu Chakkaram	SVT	10gm	Sanni, Irumal, Tholnoikal	½ - mathirai	NS	Both
42	Linga Boopathy	SVT	10gm	Suram, Vayittru Puzhu	1 - 2 mathirai	NS	Both
43	Maha Vasantha Kusumakaram	SFI-I	10gm	Aiya Noikal, Manjalnoi- kal, Soodhaga Vaayu	1 mathirai	NS	Both
44	Santha Shandrothayam	SFI-I	10gm	Azhal Suram	1 - 2 mathirai	NS	Both
45	Thazahambo Mathirai	SFI-I	10gm	Kudal Vaayu	1 mathirai	NS	Both
46	Vasantha kusumakaram	SFI-I	10gm	Aiya Irumal, Siruneer Noi, Thummal	1 - 2 mathirai	NS	Both
47	Vishnu Chakkara Mathirai	AVCK	10gm	Pakkavaatham, Vikkal, Oodhal, 13 types of Sanni, Yeppam, Moorchai, Vaayu	1 mathirai	NS	Both
Thailam							
48	Anda Thailam	SFI-I	30ml	Mantham, Valippu, Nakkuvatham	1-4 drops	NS	Both
49	Arakku Thailam	SFI-I	50 ml	Udalkaduppu, Padu Gnayiru, Ezhu Gnayiru	For external application on scalp and body	NS	Both
50	Arugan Thailam	HP	100 ml	Sori, Padai, Natpatta tholnoi	For external application on scalp and body	NS	Both

51	Chirattai Thailam	SFI-I	30 ml	Sori, Padai, Natpattatholnoi	For external use, diluted with equal part of The nkkai-ennaiaor Amirta Vennai	NS	Both
52	Chithiramoola Thailam	SFI-I	50 ml	Mandaiyidi, Mandaikuthu	Used externally for bath	NS	Both
53	Chukku Thailam	SVT	50 ml	Thalainoi, Peenisam, Aama Vaatham, Sevikkuthal	For external application	NS	Both
54	Citramutti Thailam	SFI-I	50 ml	Karuppai partriya Vaayu, Maathandira poopu kala Gunmam	5 -10 ml internal use twice daily Also used for thok kanam and used as bath oil	NS	Both
55	Kaiyan Thailam	SFI-I	50 ml	Saliyudan Koodiya Erumal	½ -1 tea-spoonful for internal use, also used for external application	NS	Both
56	Karappan Thailam	SFI-I	100 ml	Karappan	For external application	NS	Both

57	Karpoorathi Thailam	HP	100 ml	Veekkam, Vathavali,	For external application	NS	Both
58	Kunthirika Thailam	SFI-I	100 ml	Veekkam, Vathavali, Thapitham	For external application	NS	Both
59	Lagu Vishamusti Thailam	SFI-I	100 ml	Valinoikal	For external application	NS	Both
60	Malai Vembathi Thailam	SFI-I	100 ml	Soothaka Vaayu, 3 vagai Maladugal	15-30 ml	NS	Both
61	Mathan Thailam	SFI-I	50 ml	Karappan, Sori, Puraiodiyapungal	For external application	NS	Both
62	Meni Thailam	SFI-I	50 ml	Kudal poochigal, Pavuthiram	5-10 ml	NS	Both
63	Moolakkudara Thailam	SFI-I	50 ml	Moolam, Rathamoolam, Malakkattu	5-10ml	NS	Both
64	Peenisa Thailam	SFI-I	50 ml	All types of Peenisanoikal	Used as nasal drops once in 4 days and used as bath oil once in 8 days	NS	Both
65	Pungan Thailam	SFI-I	100 ml	Azhal Veppanoikal, Kannoikal	For external application	NS	Both
66	Sivanar vembu kuzhi Thailam	SFI-I	50 ml	Ulaichal, Vaayu, Karappn, Thozhunoi	5-10 drops internally with Sivanar vembu chooranam Also for external application	NS	Both

67	Ulunthu Thailam	SFI-I	50 ml	Sira Kambam, Karak kambam, Valinoikal	Used externally for thokkanam	NS	Both
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Ilakam							
68	Impooral Ilakam	SFI-I	200 gm	Kuruthi Erumal, Kuruthi Vaandhii, Kuruthikka- zhichal	5-10gm	NS	Both
69	Karisalai Ilakam	SFI-I	50gm	Veluppunoi, Azhalvettai, Mayakkam, Neer Surappu	2-4gm	NS	Both
70	Karunai Ilakam	SFI-I	50 gm	All types of Eruvaimulainoikal	2-4gm	NS	Both
71	Kumari Ilakam	SFI-II	200 gm	Meganoi, Oodal, Veppam, Madhavidai Pinigal	5-10gm	NS	Both
72	Maha Vallathi Ilakam	SFI-I	50 gm	21 types of Megam, All types of Vidam, 18 types of Tholnoi	3gm	NS	Both
73	Naracimma Ilakam	SFI-II	50 gm	Vali noikal, Narambu thalarchi	1-2 gm	NS	Both
74	Nellikai Ilakam	SFI-I	200 gm	Megam, Elumbaipattriyasuram	5-10gm	NS	Both
75	Venpoosani Ilakam	SFI-I	200 gm	ManjalNoi, Piramiyam, Neersurukku, Veppunoi	5-10gm	NS	Both
76	Vilvathi Ilakam	SFI-I	200 gm	Azhalgumam, Azhal Vaandhii, Azhal Erivu	5-10gm	NS	Both
Rasayanam							
77	Tippili Rasayanam	SFI-I	50gm	Natpatta Irumal, Man- thara Kasam, 96 vagai Aiyyam	½ to 1 gm	NS	Both

Nei							
78	Birami Nei	SFI-I	100 ml	Valippu, Narambu Thalarchi, Marathi	10-15ml	NS	Both
79	Serankottai Nei	SFI-I	100 ml	Thol Noikal, Iraippirum- al, Keel Vaayu	5-10ml	NS	Both
Manappagu							
80	Adathodai Manappagu	SFI-I	100 gm	Irumal, Suram, Ayya Noikal, Vali Noikal	10-20gm	NS	Both
81	Mathulai Manappagu	SFI-I	100 gm	VeluppuNoikal, KaiKal Erivu, Vaandhii	10-15gm	NS	Both
Vadagam							
82	Thalisaathi Vadagam	SFI-I	50 gm	Aiyam, Nina Kazhichal, Vaandhi, Perunkazhichal	1 mathirai	NS	Both
Chooranam (Multi-Ingredient)							
83	Amukkara Chooranam	SFI-I	50 gm	Ellaipattralnoi, Kai Kal Erivu, Velluppu Noi	500-1000 mg	NS	Both
84	Elathy Chooranam	SFI-I	50 gm	Pitha Vaayu, Vaayu	1-2 gm	NS	Both
85	Kazharchi Chooranam	SFI-I	50 gm	Viraivatham, Yannaik- kalnoi	300-1000 mg	NS	Both
86	Mayiliragathy Chooranam	SFI-I	50 gm	Vikkal	500-1000 mg	NS	Both
87	Nila Vaagai Chooranam	SFI-I	50 gm	Malakattu, Porumal, Vikkal, Vaandhi, Erumal	1-2gm	NS	Both

88	Parangi Pattai Chooranam SFI-I	50 gm	Megam, Karumpulli, Venpulli	1-2gm	NS	Both
89	Seeraga Chooranam SFI-I	50gm	Azhal, Kirukiruppu, Vaandhi	1-2gm	NS	Both
90	Thayirchundi Chooranam SFI-I	50gm	Kazhichal, Seriyamai	1-2gm	NS	Both
91	Thirikdugu Chooranam SFI-I	50gm	Paciyinmai, Vayitraporumal	1-2gm	NS	Both
92	Thiripala Chooranam SFI-I	50gm	Malakkattu; also used as mouth wash in cases of Vaaippunand for wash- ing wounds and Ulcers	1-2gm	NS	Both
Kudineer Chooranam						
93	Kalladaippu kudineer Chooranam SFI-II	100 gm	Kalladaippu	30-60 ml of decoction	NS	Both
94	Kaba Sura Kudineer Chooranam SFI-I	100 gm	Aiyya Suram	30-60 ml of decoction	NS	Both
95	Nilavembu kudineer Chooranam SFI-I	100 gm	Kulir Suram, Azhal Suram	30-60 ml of decoction	NS	Both
Vennai						
96	Amirtha Vennai SFI-I	50 gm	Pilavai, Kandamalai, Nerikattu, Puriodiya- Pungal, Veekkangal, Araiappu	For external use	NS	Both
97	Kungiliya Vennai SFI-I	51 gm	Mega Vellai, Muga Erivu, Neerkkaduppu, Vayir Erichal, Kai Kal Kanthal	For external use As per direction by physician Internal also may be used	NS	Both

Mathirai (External Use)					
98	Neerkkovai Mathirai 10 gm	Common cold and headache due to cold	For external use	NS	Both
Chooranam (Single Ingredient)					
99	Karboogaarisi 50 gm Karappan, Nanju, Namaichal, Pun, Venpulli	1-2 gm		NS	Both
100	Vellarugu Samoolam 50gm Gunmam, Soolainoi, Kiranthi, Sori, Sirangu	1-2 gm		NS	Both

DRUG LIST OF ESSENTIAL SOWA RIGPA MEDICINES FOR 10 BEDED AYUSH HOSPITALS

S.No	Name of Medicine	Pack size	Pack size	Main Indications	Dose	Precaution/ Contra-indication	Preferred use in OPD/ IPD
THANG GI SDE TSHAN							
1	'bras bu gsum thang	G4	Decoction	Krag tsat smin pa byed	2gm	NS	Both
2	sle tres lnga thang	G4	Decoction	grum bu gdong ldog	2gm	NS	Both
3	ma nu bzhi thang	G4	Decoction	rims tsat smin par byed	2gm	NS	Both
4	nor bu bdun thang	PDS	Decoction	krag rlung 'krugs la 'phen	2gm	NS	Both
5	yung ba bzhi thang	DBZ	Decoction	gchen snye nad	2gm	NS	Both
6	sro lo bzhi thang	G4	Decoction	glo ie krag tsat sel	2gm	NS	Both
7	gze ma gsum thang	G4	Decoction	chhu 'gags sel	2gm	NS	Both
PYE MAI SDE TSHAN							
8	mkhris phye bdun pa	G4	Powder	krag mkhres tsa 'kru gchod	2gm	NS	Both
9	lcags phye bcu gsum	DBZ	Powder	khya ya nag poi gnyen po	2gm	NS	Both
10	blon po gsum sbyor	G4	Powder	byes pai tsad pa sel	1gm	paediatric use only	Both
11	star byang	DBZ	Powder	rus chhag sbyor	2gm	NS	Both
RILBU YI SDE TSHAN							
12	a gar 15	PDS	1 pill	krag rlung dang glo gsog sel	1gm	NS	Both
13	a gar 20	DBZ	1 pill	gza nad rtsa dkar la 'phen	1gm	NS	Both

14	a gar so lnga	MNLT	1 pill	gnyan tsad rlung sum thab	1gm	NS	Both
15	a gar brgyad pa	PDS	1 pill	g r a m s kryugs smyu lkugs	1gm	NS	Both
16	a ru bcu pa	DBZ	3 pills	mkhal tsad ma lus sel	1gm	NS	Both
17	a ru bco brgyad	MNLT	3 pills	mkhal rtsa 'grams byer	1gm	NS	Both
18	'ba' bsam bla rlung	PDS	3 pills	m k h a l g c h o n g mkhal 'bras	1gm	NS	Both
19	bi la la'i sbyor ba	ZT	1 pill	ro stod rgyab mdun gzer	1gm	NS	Both
20	brag zhun dgu pa	G4	3 pills	pho bai krag mkhres tsad sel	1gm	NS	Both
21	bre ga bcu gsum	DBZ	3 pills	lgang pai nad rigs sel	1gm	NS	Both
22	grub thob ril dkar	PDS	3 pills	bzhi rgya rtsa bzhi nad la phen	1gm	NS	Both
23	byang chos so bdun	DBZ	1 pill	drag grum mzhe rtsa dkar la phen	1gm	NS	Both
24	byi tang bdun pa	G4	3 pills	g z h a n g 'brum la phen	1gm	NS	Both
25	tsan dan bco brgyad	PDS	1 pill	snying rlung rgyu ba nyan phen	1gm	NS	Both
26	gcin snyi ya ru bco brgyad	PDS	3 pills	mkhal sked gchin nye nad la phen	1gm	NS	Both
27	gcin snyi skyu ru drug pa	MNLT	3 pills	gchin nye nad la phen	1gm	NS	Both
28	cong zhi nyer gcig	PDS	1 pill	dus nad smug poi rigs la phen	1gm	NS	Both
29	cong zhi drug pa	G4	1 pill	bad kan brag tsa chhu tsan 'joms	1gm	NS	Both

30	cu gang nyer lnga	MNLT	1 pill	byang khog stod kyid tshad pa 'joms	1gm	NS	Both
31	da lis bcu drug	PDS	1 pill	glo lu skyad 'gags lus po skrang	1gm	NS	Both
32	da lis bco bryad	MJST	1 pill	rtsa dkar dang yan lag rtsa sbrid	1gm	NS	Both
33	dngas sman bco lnga	MNBRS	1 pill	pho glong r g y u gchong la mchog	1gm	NS	Both
34	bde byed snyoms ldan	MNLT	1 pill	bad kan ldan 'dus 'tha dag la	1gm	NS	Both
35	bdud rtsi gsum sbyor	PDS	3 pills	bad mkhres za khu gchod pa	1gm	NS	Both
36	rga lo sman dmar	PDS	1 pill	bad krag nad mchog du phen	1gm	NS	Both
37	gar nag bco pa	MNLT	1 pill	ma zhu bad skrin nad la phen	1gm	NS	Both
38	dga' ba bcu drug	DBZ	3 pills	ya ma dkar nag khra gsum la phen	1gm	NS	Both
39	gi wam dgu pa	G4	3 pills	chhin tsad bad kan smug pa sel	1gm	NS	Both
40	go yu nyer bryad	MNLT	1 pill	bras bu skrang pa 'joms	1gm	NS	Both
41	rgun 'brum bdun pa	G4	3 pills	glo'i nad dbugs mi bde ba sel	1gm	NS	Both
42	gur gum bcu gsum	G4	3 pills	mchin rgud 'byar dug mkhan bsnd 'grams	1gm	NS	Both
43	khrag gcod gur bryad	G4	3 pills	khrag shor ma lus gcod par byed	1gm	NS	Both

44	khyung lnga	G4	5 pills	chu ser mdze nad 'joms pa'i mchog	1gm	NS	Both
45	ko byi bcu gsum	PDS	1 pill	khrag rlyung tod gzer 'bam la phan	1gm	NS	Both
46	'khrugs glo kun sel	MNLT	1 pill	cham 'jug la sogs kun la mchog tu 'gyur	1gm	NS	Both
47	li shi drug pa	MNLT	3 pills	glo nad gre ba tsha skam skad 'gags sel	1gm	NS	Both
48	klu bdud bco brgyad	MNLT	3 pills	khyad par thig nag 'bam dang grum bu 'joms	1gm	NS	Both
49	man ngag bsil sbyor	PDS	3 pills	dug smug mkhris pa mchin pa rgyas la phan	1gm	NS	Both
50	mu tig nyer lnga	NTMG	1 pill	rtsa dkar nad la mchog tu bsangags	1gm	NS	Both
51	ol se nyer lnga	CNP	1 pill	mo nad k h r a g tshabs rlung tshabs srin tshabs sel	1gm	avoid during pregnancy	Both
52	pad rag mdog ldan	DBZ	3 pills	tsha 'dzag grang 'dzag grang 'thab sel	1gm	NS	Both
53	spang rgyan bco lnga	MNRGN	3 pills	khyad par pad tshad sel ba'i bdud rtsi yin	1gm	NS	Both
54	spang rtsi bcu gnyis	PDS	3 pills	gnyan tshad ma lus gsod par byed pa'i mchog	1gm	NS	Both

55	ril dkar pad mdog	MNRGN	3 pills	bad mkhris mgo nad spyi la phan	1gm	NS	Both
56	ru rta drug pa	G4	3 pills	glang thabs s g r e g skyugs pho khar zug pa sel	1gm	NS	Both
57	gsal byed a wa bco lnga	PDS	1 pill	yun ring bsten na mig gi bdud rtsir gyur	1gm	NS	Both
58	bsam 'phel nor bu	G4	1 pill	khyad par rtsa dkar nad kyi gnyen po yin	1gm	NS	Both
59	se 'bru bzhi pa	MNBRS	3 pills	pho ba'i gzhi 'dzin me drod gso bar byed	1gm	NS	Both
60	se 'bru lnga pa	G4	3 pills	pho snying rlung mkhal rked nad la mchog tu phan	1gm	NS	Both
61	se 'bru dngas gnas	DBZ	3 pills	bad kan be snabs rtsa sbugs 'gags pa sel	1gm	NS	Both
62	se 'bru kun bde	DBZ	3 pills	me drod stobs 'phel zas len shed che zhing	1gm	NS	Both
63	se 'bru nyi dkyil	MNLT	3 pills	lus stobs bskyed cing tshe ring bcud len 'gyur	1gm	NS	Both
64	seng ldeng nyer lnga	PDS	3 pills	zha rengs gza' phog rtsa 'grams rtsa dkar phan	1gm	NS	Both
65	gser mdog bcu gcig	CNP	3 pills	mkhris srin dug thabs bad mkhris mgo nad sel	1gm	NS	Both

66	gser mdog Inga pa	MNLT	3 pills	mkhris rlung ma zhu mig ser pho bar bsangags	1gm	NS	Both
67	skyer shun brgyad pa	MNLT	1 pill	khrag mkhris las gyur tsha 'dzags kun sel	1gm	NS	Both
68	skyu ru nyer Inga	DBZ	1 pill	khrag shed ma lus gcog pa'i spyi sman yin	1gm	NS	Both
69	spos dkar bcu pa	G4	3 pills	dreg grum chu ser ku ler tsha 'khyug 'joms	1gm	NS	Both
70	shin kun nyer Inga	MNLT	1 pill	stod smad bar gsum zhugs pa'i rlung la phan	1gm	NS	Both
71	sug smel bcu pa	G4	3 pills	mkhal ma'i grang nad rde nad chu 'gagags sel	1gm	NS	Both
72	rta bzi dmar po	MNLT	3 pills	tshad rims bzhi brgya rtsa bzhi nad la phan	1gm	NS	Both
73	tig ta nyer Inga	PDS	1 pill	mkhris nad tsha ba ma lus sel	1gm	NS	Both
74	tig ta brgyad pa	G4	1 pill	mkhris tshad mig chu sha mdangs ser ba 'joms	1gm	NS	Both
75	gtso bo nyer Inga	MNLT	1 pill	glo nad brgyad la sman 'di slebs pas mchog	1gm	NS	Both
76	gtso bo brgyad pa	G4	1 pill	tshad pa gsar rnying ma lus 'joms par byed	1gm	NS	Both

77	g.yu ril bcu gsum	MNLT	3 pills	k h r a g mkhris bad kan pho ba'i nad la bsangags	1gm	NS	Both
78	ya sman rdo rje rab 'joms	MNRGN	3 pills	ya ma dkar nag khra gsum la phan	1gm	NS	Both
79	zhi byed drug pa	PDS	3 pills	b s h a n g 'gags sogs la shin tu phan	1gm	avoid during pregnency	Both
80	zla shel so bdun	MNBRS	1 pill	ldal 'dus nad rnams 'joms pa'i rdo rje yin	1gm	NS	Both
81	zla shel bdud rtsi ma	MNRGN	1 pill	rgyun tu bsten na bcud len gyur	1gm	NS	Both
82	gur khyung	G4		Rims tshad ya ma sna nad sel	1.5gm	A v o i d pregnency	Both
83	bsam khyung	G4	1 pill	rtsa dkar gnyan gzer ma lus 'joms	1.5gm	A v o i d pregnency	Both
84	spos khyung bco Inga	G4	3+3 pills	dreg grum chu ser rtsa dkar la phan	1.5gm	avoid during pregnency	Both
SMAN DMAR SDE TSHAN							
85	bras gsum sman mar	G4	30 PEC	rgyas ka sra mig dang rna so sna nad sel	10gm	A v o i d Diabetic	Both
86	ba' bsam sman mar	G4	30 PEC	stod smad kun la bsnags	10gm	A v o i d Diabetic	Both
KHANTA SDE TSHAN							
87	brag zhun khanta	G4	100gm	pho ba m c h e n mkhal mig nad sel	0.5gm	NS	Both
88	skyer shun khanta	G4	100gm	mig la bdud rtse yin	0.5gm	NS	Both

89	seng ldeng khanta	G4	100gm	mzhe la mchog tu phan	0.5gm	NS	Both
RINPOCHE SDE TSHAN							
90	rin chen byur dmar	DBZ	1 pill	rtsa dkar nad la mchog	1gm	NS	Both
91	rin chen lcags ril	DBZ	1 pill	mig la mchog	1gm	NS	Both
92	rin chen mang sbyor	DBZ	1 pill	dug nad la mchog	1gm	NS	Both
93	rin chen g.yu rnying nyer lnga	DBZ	1 pill	dug dand mchin pai tsa ba sel	1gm	NS	Both
94	rin chen rad na bsam 'phel	DBZ	1 pill	rtsa dkar rtsa grebs nad la phan	1gm	NS	Both
CHUK PAI SDE TSHAN							
95	zab lag bryad pa		Ointment	lpags nad la phan	2gm	for extranal use only	Both
96	rtsa byug	DBZ	Ointment	rtsa nad la phan	2gm	for extranal use only	Both
97	rma sman	DBZ	Ointment	rma dsar rnying la phan	0.5gm	for extranal use only	Both
98	'byar chen	MNRGN	Powder	dreg grum rkang 'bam la phan	2gm	for extranal use only	Both
99	grum bu'i byug pa	DBZ	Ointment	grum bui' nad la mchog tu phan	10ml	for extranal use only	Both
100	bya kyung sgon po	DBZ	Ointment	dreg grum chu ser rkang 'bam shu thor sel	10ml	for extranal use only	Both

Note- 30 or more bedded Ayush hospitals, the National List of Essential Ayush Medicines published by Ministry of Ayush should be mandatory followed.

PHARMACOVIGILANCE OF AYURVEDA, SIDDHA, UNANI and HOMOEOPATHY (ASU & H) DRUGS

Reporting Form for Suspected Adverse Reactions

Note:

- i. Personal information of the consumers / patients / ADR reporter's will be kept confidential.
- ii. All suspected reactions are to be reported with relevant details.
- iii. All completed forms are to be submitted to the program coordinator of nearby centre.

A / U / S / H	
Code	Ay-NIA/Code of Peripheral Centre/ADR Number/Year
	Ay-IPGT/Code of Peripheral Centre/ADR Number/Year
	Un-NIUM/Code of Peripheral Centre/ADR Number/Year
	Si-NIS/Code of Peripheral Centre/ADR Number/Year
	Ho-NIH/Code of Peripheral Centre/ADR Number/Year

1. Patient / consumer identification (please complete or tick boxes below as appropriate)

Name		Patient Record Number (PRN)
Place of Birth	IPD / OPD	
Address		Age:
Village / Town		Sex: Male / Female
Post / Via		
District / State		
Diagnosis:	Constitution and Temperament:	

2. Description of the suspected Adverse Reactions

Date and time of initial observation	
Description of reaction	

3. Whether the patient is suffering with any chronic disorders?

Hepatic Renal Cardiac Diabetes Any Others

4. Addictions, if any? If yes, please specify:

5. H/O previous allergies / Drug reactions, if any: If yes, please specify:

6. List of all ASU & H drugs used by the patient during the period of one month:

Name of the drug	Manufacturer / Batch no.	Dose	Form / Route of administration	Date of		Reason for use	Any unwanted occurrences
				Starting	Stopped / Continued		

7. List of other drugs used by the patient during the period of one month:

Name of the drug	Manufacturer / Batch no.	Dose	Form / Route of administration	Date of		Reason for use	Any unwanted occurrences
				Starting	Stopped / Continued		

8. Details of the drug suspected to cause ADR:

- a. Name of the drug:
- b. Manufacturing date and Expiry date (if available):
- c. Remaining pack / label (if available):
- d. Consumed orally along with (water / milk / honey / or any other)
- e. Whether any dietary precautions have been prescribed?
If yes, please specify :
- f. Whether the drug is consumed under medical supervision or used as self medication.
- g. Any other relevant information associated with drug use:

9. Management provided / taken for suspected adverse reaction

10. Please indicate outcome of the suspected adverse reaction (tick appropriate)

Recovered:	Not recovered:	Unknown:	Fatal:	If Fatal Date of death:
Severe: Yes / No.	Reaction abated after drug stopped or dose reduced:			
	Reaction reappeared after re administration of drug:			
Was the patient admitted to hospital? If yes, give name and address of hospital				

11. Any abnormal findings of relevant laboratory investigations related to the episode done pre and post episode of ADR:

12. Particulars of ADR Reporter:

Please tick: Patient / Attendant / Nurse / Doctor / Pharmacist / Health worker / Drug Manufacturer / Any others (please specify)
Name:
Address:
Telephone / E - mail:

Signature of the reporter:

Date:

Please send the completed form to: The centre from where the form is received or to
 The Coordinator, National Pharmacovigilance Centre
 All India Institute of Ayurveda, Sarita Vihar,
 New Delhi - 110 076
 Email: pharmacovigilanceayush@gmail.com

The ADR Probability Scale
 (Program Coordinator has to fill this scale)

	Questions	Yes	No	Don't Know
1	Are there previous conclusive reports on the reactions?	+1	0	0
2	Did the ADR appear after the suspected drug was administered?	+2	-1	0
3	Did the ADR improve when the drug was discontinued a specific antagonist was administered ?	+1	0	0
4	Did the adverse reaction reappear when the drug was re-administered?	+2	-1	0
5	Are there alternatives causes that could solely have caused the ADR?	-1	+2	0
6	Was the drug detected in the blood (or other fluids) in a concentration known to be toxic?	+1	0	0
7	Was the reaction more severe when the dose was increased, or less severe when the dose was decreased?	+1	0	0
8	Did the patient have a similar reaction to the same or similar drugs in any previous exposure?	+1	0	0
9	Was the adverse event confirmed by objective evidence?	+1	0	0
	Total Score			

Score: > 9 = Certain; 5-8 = Probable; 1-4 = Possible; 0 = Unlikely

Signature
Program Coordinator

List of Contributors for Indian Public Health Standards for Ayush Hospitals

National Steering Committee

1. Vaidya Rajesh Kotecha, Secretary, Ministry of Ayush	-	Chairman
2. Prof. (Dr.) Atul Goel, DG, DGHS, Ministry of Health and Family Welfare	-	Co-Chairman
3. Smt. Kavita Garg, Joint Secretary, Ministry of Ayush	-	Member
4. M.A. Balasubhranaya, Adviser, NHSRC	-	Member
5. Dr Pawan Godatwar, Technical Officer, SEARO, WHO	-	Member
6. Principal Secretary Health/Secretary Ayush, Government of Madhya Pradesh	-	Member
7. Additional Chief Secretary Health (Ayush)/ Principal Secretary Health (Ayush), Government of Uttar Pradesh	-	Member
8. Additional Chief Secretary Health (Ayush)/ Principal Secretary Health (Ayush), Government of Gujarat	-	Member
9. Principal Secretary Health/Secretary Ayush, Government of Kerala	-	Member
10. Additional Chief Secretary Health (Ayush)/ Principal Secretary Health (Ayush), Government of Karnataka	-	Member
11. Additional Chief Secretary Health (Ayush)/ Principal Secretary Health (Ayush), Government of Tamil Nadu	-	Member
12. Additional Chief Secretary Health (Ayush)/ Principal Secretary Health (Ayush), Government of Assam	-	Member
13. Additional Chief Secretary Health (Ayush)/ Principal Secretary Health (Ayush), Government of Jammu and Kashmir	-	Member
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15. Dr. M.A. Qasmi, Advisor (Unani), Ministry of Ayush	-	Member
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17. Ms. Mona Gupta, Advisor, Human Resource for Health Policy & Integrated Planning, NHSRC	-	Member
18. Dr. R. Meenakumari, Director, National Institute of Siddha, Chennai	-	Member
19. Dr. A. Raghu, DDG (Ayush), DGHS, MoHFW	-	Member Secretary
20. Dr.L. Swasticharan, Addl. DDG, DGHS, MoHFW	-	Member
21. Dr. Neha Garg, Director, NHM-II, MoHFW	-	Member
22. Dr. Vandana Siroha, Deputy Director, NABH, QCI	-	Member
23. Dr.K.Madan Gopal, Senior Consultant, NITI Aayog	-	Member
24. Vd. Rajeshwari Singh, OSD to Secretary Ayush	-	Member

Working Group Members

1. Dr. A. Raghu, DDG (Ayush), DGHS, MoHFW- **Chairman**
2. Representative from Ministry of Health and Family Welfare
3. Dr. P.C. Sharma, Deputy Director, Ayush Department, Government of Madhya Pradesh
4. Dr. Anant S Desai, Project Director, Ayush Department, Government of Karnataka
5. Dr. Jayanarayan, Programme Manager, NAM, Government of Kerala
6. Dr. Sumeet Goel, OSD (T) to Secretary Ayush, Ministry of Ayush
7. Dr. Virendrakumar Bhakare, Assistant Adviser (Ayu.), Ministry of Ayush
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9. Dr. Shobhit Kumar, Research Officer (Ayu.), H& FW Vertical, NITI Aayog
10. Dr. Rupesh Vilas Patil, Research Officer (Ayu.), Ayush Vertical, DGHS, MoHFW
11. Dr. Padma Gurmeet, Director, National Institute of Sowa Rigpa (NISR), Leh (co-opt member)

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a. Human Resource and capacity Building

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2. Dr. Ramavtar Sharma, Research Officer (Ayu.), Ayush Vertical, DGHS, MoHFW
3. Dr. Rupesh Vilas Patil, Research Officer (Ayu.), Ayush Vertical, DGHS, MoHFW
4. Other co-opt members from the State/UTs as per requirement.

b. Medicines and Quality Control

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2. Dr. Raghuram Ayyagiri, CMO, Government of NCT of Delhi
3. Dr. Anurag Mittal, Hospital Quality Expert
4. Dr. Raman Kaushik, Research Officer (Ayu.), Ministry of Ayush
5. Other co-opt members from the State/UTs as per requirement

c. Building, Equipment & Other Infrastructure

1. Dr. Suresh Kumar, Joint Adviser, Ministry of Ayush.
2. Dr. Virendrakumar Bhakare, Assistant Adviser (Ayu.), Ministry of Ayush.
3. Other co-opt members from the State/UTs as per requirement.

d. Ayush Branding & Clinical Governance

1. Dr. K. Madan Gopal, Senior Consultant, NITI Aayog
2. Dr. Shobhit Kumar, Research Officer (Ayu.), H& FW Vertical, NITI Aayog.
3. Other co-opt members from the State/UTs as per requirement.

Others Representatives

1. Dr. Mahendra Pal, Assistant Adviser (Hom.), Ministry of Ayush.
2. Dr. S.D. Muralidass, Research Officer (Siddha), Ministry of Ayush.
3. Dr. Waqar Ahmed, Research Officer (Unani), Ministry of Ayush.
4. Dr. Pooja Rose C.J, Research Officer (Ayu.), Ministry of Ayush
5. Dr. Vinay Kumar, Programme Manager, NAM
6. Dr. Jasmine M. M., Senior Consultant, NAM
7. Dr. Swati Juneja, Junior Consultant, NAM

