



## PUBLIC EXPENDITURE ON TRADITIONAL MEDICINE IN INDIA

**N. Jeny<sup>1</sup>**

<sup>1</sup>M.Phil Scholar (Batch 13-14), Department of Economics, Lady Doak College, Madurai, Tamil Nadu, India

### ABSTRACT

**N**ow a days there is a shift in modern to traditional life. In health concept traditional medicine itself proved this statement. But in India unfortunately traditional medicine is not given much attention by government. The Ministry of AYUSH is supported with only 3% whereas the Ministry of Health and Family Welfare (MoH&FW) is supported with 97% of total health budget allocation. Still the 70% of rural India population is being served by traditional medicine. This paper examines government's expenditure for AYUSH Ministry based on an annual data series from the period 1997-98 to 2014-15. It is confirmed that expenditure for Ayurveda, Homeopathy, Unani, Yoga, Naturopathy, Siddha and other programmes of AYUSH is very small in amount. In recent years its growth rate found to be negative. Hence, this paper suggests the Union government to take considerable steps for traditional medicine like modern medicine.

**KEY WORDS:** Traditional medicine. Government Expenditure, ISM&H, AYUSH, MoH&FW

### 1. INTRODUCTION

Scientific research and inventions have always been the thrust of mankind and is largely responsible for the standard of living he/she has today. Natural resources of a country are of primary importance of the economic development [1]. The importance of traditional medicines for human being both now and in the past is enormous. In most cases, traditional medicines are used as "first aid or stop-gap measure" before the patient is referred to modern health facilities [2]. Recently there has been a shift in universal trend from synthetic to herbal medicine, which we can say 'Return to Nature'.

Nature has bestowed our country with an enormous wealth of medical plants therefore India has often been referred to as the Medicinal Garden of the World. Countries with ancient civilization such as China, India, South America, Egypt etc. are still using several plant remedies for various conditions. In this regard India has

a unique position in the world, where a number of recognized indigenous system of medicine viz. Ayurveda, Siddha, Unani, Homeopathy, Yoga and Naturopathy are being utilized for the health care of people. No doubts that the herbal drugs are popular among rural and urban community of India. The one reason for the popularity and acceptability is belief that all natural products are safe. The demand for plant based medicines, health products pharmaceuticals, food supplement, cosmetics etc. are increasing in both developing and developed countries due to the growing recognition that the natural products are non-toxic, have less side effects and easily available at affordable prices. Now a days there is a revival of interest with increasing realization of the health hazards associated with the indiscriminate use of modern medicines and the same time having safe primary health care services is becoming a basic human right the issue. As a result



providing best medical care services have become the top rating agenda of all governments [3] includes India too.

As the Indian government, in recent years is facing pressure to increase budget allocation to health sector. On the one hand government is facing financial crunch and on the other hand there is demand for higher allocation in health sector. In this condition keeping view on traditional medicine, still there is a high practice of traditional medicine in rural India which has about 70% of living population. But the government's budget allocation to health sector itself clearly stated that Ministry of Ayurveda, Yoga, Unani, Siddha and Homeopathy (AYUSH) is supported with only 3% whereas Ministry of Health and Family Welfare (MoH&FW) is supported with 97% of total health budget allocation.

## **2. MINISTRY OF AYUSH (Traditional Medicine)**

The umbrella term, Indian System of Medicine and Homeopathy (ISM&H) was created in March 1995; include Ayurveda, Siddha, Unani, homeopathy and therapies such as Yoga and Naturopathy. Practitioners of ISM&H catered to all the health care needs of the people before modern medicine came to India. The ISM&H were renamed as Department of AYUSH in November 2003. The Department of AYUSH envisaged a multipronged approach for achieving the objectives to give focused attention to the development and optimum utilization of ISM&H by way of bringing these systems into the mainstream and gainfully utilizing the vast resources in this sector. The Ministry of AYUSH is formed in 9<sup>th</sup> 2014. Before this, it was a department under Union Ministry of Health and Family Welfare (MoH&FW). The major strength of ISM&H system is that it is accessible, acceptable and affordable [4].

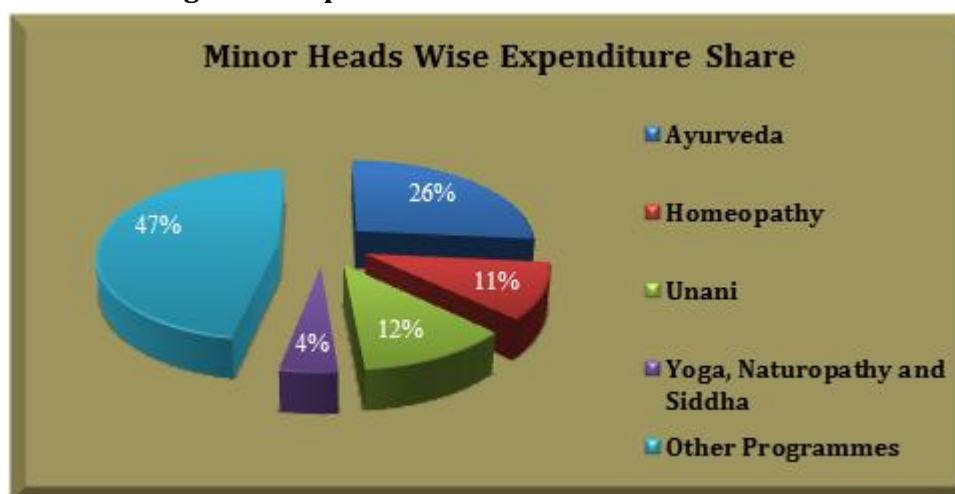
## **3. EXPENDITURE BY INDIAN GOVERNMENT ON AYUSH**

The government's expenditure for AYUSH includes Ayurveda, Homeopathy, Unani, Yoga, Naturopathy, Siddha and other programmes consist of secretariat and social services, national medicinal plants board, development of common facilities for AYUSH industry clusters, development of AYUSH institutions, provision for projects for the benefit of the North Eastern areas and Sikkim, quality control of Ayurveda Siddha Yoga and Homeopathy (ASY and H) drugs, hospitals and dispensaries under National Rural Health Mission (NRHM), national mission on medicinal plants, investment in public enterprises, provision for AYUSH expansion in Central Government Health Scheme (CGHS), international exchange programme, Traditional Knowledge Digital Library (TKDL) and statutory institutions, Central Council of Indian Medicion (CCIM), up gradation of pharmacopoeial committee on Ayurveda Siddha Unani (ASU) and creation of unified pharmacopoeial commission, Pharmacopoeial Laboratory for Indian Medicine (PLIM), Ghaziabad a subordinate office under the department, survey on usage and acceptability of AYUSH system, Re-Orientation Training Programme of AYUSH personnel/ Continuing Medical Education (ROTP/CME), funding of Non-Government Organizations (NSOs) for revitalization of local health traditions/ midwifery practices/ bone setters/ veterinary care etc, AYUSH and public health, scheme for acquisition, cataloging, digitization and publication of text book and manuscripts, development of AYUSH Information Technology (IT) tools, applications and networks. The Ayurveda, Homeopathy, Unani, Yoga Siddha and Naturopathy and other programmes is categorized as minor heads of Ministry of AYUSH for the analytical purpose.

**Table 1: Annual Budget allocation to MoAYUSH as Minor Heads Wise in 1997-98 to 2014-15**

Year	Ayurveda	Homeopathy	Unani	Yoga, Naturopathy & Siddha	Other Programmes	Grand Total
1997-98	28.97	11.39	9.94	2.47	13.58	66.35
1998-99	39.51	12	12.48	5.27	19.79	89.05
1999-00	38.66	12.11	14.55	7.58	20.13	93.03
2000-01	40.17	14.22	18.41	5.41	55.93	134.14
2001-02	40.71	14.18	15.99	5.74	58.22	134.84
2002-03	45.27	18.23	19.05	8.1	65.01	155.66
2003-04	45.35	16.41	19.75	7.49	97.47	186.47
2004-05	51.61	22.9	28.91	8.41	152.87	264.7
2005-06	57.49	24.66	23.5	7	229.35	342
2006-07	72.17	31.91	32.65	9.93	196.63	343.29
2007-08	91.91	42.07	41.45	13.98	245.75	435.16
2008-09	140.77	54.4	61.83	17.73	327.27	602
2009-10	202.58	71.53	79.1	26.44	445.47	825.12
2010-11	225.25	90.02	85.5	48.24	569.37	1018.38
2011-12	211.07	78.14	101.9	48.39	344.83	784.33
2012-13	242.92	102.37	107.59	43.6	258.72	755.2
2013-14	250.48	107.47	126.28	44.19	203.13	731.55
2014-15	202.78	84.1	89.91	26.68	287.53	691

Source: Budget Expenditure, MoAYUSH, Government of India

**Figure 1: Expenditure on MoAYUSH's Minor Heads**

It is evident from the table and the figure that the government's expenditure on other programmes of AYUSH accounted largest share (47 percent). This is because the government focused on enhancing infrastructural facilities and training of physicians, teachers, technicians and research workers in ISM. Yoga, naturopathy and siddha have shown its lowest expenditure share (4 percent). From 1997-98 to 1999-00 ayurveda has given higher priority followed by other programmes. In the subsequent years expenditure on other programmes was accorded the highest priority. The growth rate of expenditure on AYUSH is fluctuating. In the initial years there was an increasing trend although fluctuations are observed. But from 2011 onwards the growth rate of

expenditure was found to be negative. This indicates that the government is slowly opting out from taking responsibility for AYUSH even there is increasing demand for traditional medicine.

#### 4. SUGGESTIONS

In order to measure the government expenditure for traditional medicine the researcher suggests the following policy measures.

1. A monitoring and evaluating committee at the rural and urban level has to be constituted to ensure efficiency in MoAYUSH
2. The government must initiate all India health services by employing workers and by setting up more traditional medical nursing schools particularly in village areas.

3. The government should conduct awareness programme on traditional medicines benefits most importantly in urban areas.
4. The government must review and implement the MoAYUSH related recommendations given by High Level Expert Group (HLEG).

These are some of the ways that the government can increase traditional medicines related services and stride towards a healthier India.

## 5. CONCLUSION

The analysis revealed that the government's fund allocation for traditional medicine is grossly insufficient to meet the demands of the ever increasing population. Since health is an extremely essential traditional medicine service should be available and accessible to the entire population. Privatization of traditional health care facilities should be avoided to ensure healthy human capital.

## 6. REFERENCES

1. Rmanan, Chitra and Ranjith PV and Jay Mehta. (2007). *Future Prospects of Herbal Medicine in India*. Available at <http://www.siescoms.edu/images/pdf/FUTURE%20PROSPECTS%20OF%20HERBAL%20MEDICINES%20IN%20INDIA.pdf>
2. Lemma, Daba, Teferi and M. Sundara Rao. (2013). *Demand for Traditional Health Care Services in Rural Ethiopia*. Available at [http://www.idosi.org/mejsr/mejsr13\(e\)13/1.pdf](http://www.idosi.org/mejsr/mejsr13(e)13/1.pdf)
3. Sharma, Alok, et al. (2008). *Herbal Medicine for Market Potential in India: An Overview*. Available at [http://www.idosi.org/ajps/1\(2\)08/2.pdf](http://www.idosi.org/ajps/1(2)08/2.pdf)
4. Jeny N. (2015). *A Study on Public Expenditure for Health Care in India from 1997-1998 to 2012-2013*. Unpublished M.Phil Dissertation. Lady Doak College. Madurai
5. Kamakshi and Subbash Kumar. (2014). *Role of Traditional Medicine in Improving the Socio-Economic Status of Rural and Urban India*. Available at [http://www.iamj.in/posts/images/upload/591\\_604.pdf](http://www.iamj.in/posts/images/upload/591_604.pdf)
6. *The Planning of Commission of India Website* <http://planningcommission.nic.in/>
7. *The Union Budget of India Website* <http://www.indiabudget.nic.in/>

☆☆☆☆☆☆☆☆