



# Rededicating Three Ancient Healthcare Traditions to Humanity

A note on the efforts to standardise the  
diagnostic terminologies in  
Ayurveda, Unani, and Siddha  
systems of medicine



**Central Council for Research in  
Ayurvedic Sciences  
(CCRAS)**



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## INTRODUCTION

Efforts to standardise diagnosis and terminologies of Ayurveda, Siddha and Unani (A-S-U) Systems of Medicine started in 1946 with the Bhore Committee recommending up-gradation of “Indian Systems” of Medicine by standardization and rationalization. The subsequent developments viz., setting up of Research Council (1969), passing of Indian Medicine Central Council Act (IMCC) (1970), introduction of uniform curriculum (1976), creation of Department of AYUSH (1995) and subsequent up gradation of the same to a dedicated Ministry (2014) added momentum to this effort at different stages.

At the international level, the guidance and support given by World Health Organization after Alma Ata declaration (1978) in the form of Appraisal Project Work (APW) and Direct Financial Cooperation (DFC) projects have significantly helped to take the efforts forward. The development of Benchmarks for training and the first phase work on standardised terminologies of Ayurveda, Unani, and Siddha (A-U-S) (2010) were international efforts with WHO support. Further, Project Collaboration Agreement (PCA) signed between the Ministry and W.H.O on 13.05.2016 has led to initiating work on Benchmarks for training in Yoga, Benchmark for practice in Ayurveda, Unani and Panchakarma.

Meanwhile domestic demand led to rigorous efforts in India to come up with A-U-S standardised terminologies and National Morbidity codes. The development of National AYUSH Morbidity and Standardised Terminologies Electronic (NAMASTE) Portal (2017) was a consequence of this. The portal created a platform for testing and validation of A-U-S diagnosis and terminologies. Further, implementation of the same in

real time clinical setting was initiated through AYUSH-Hospital Management Information System (A-HMIS) in the year 2018. These mile-stone initiatives were appraised to the International community at the event “Interaction with Ambassadors on Globalization of Traditional & Complementary Medicine” on 20th December 2018 at New Delhi and the inputs gathered there were suitably adopted by W.H.O team for learning about field level implementation cleared the deck for initiating development of International Terminologies of A-U-S under Project Collaboration Agreement (PCA) signed between the Ministry and W.H.O on 27.12.2017. Subsequently, the work on the Terminologies of A-U-S was initiated and the first international consultative meeting took place at Institute of Postgraduate Training and Research, Gujarat Ayurveda University, Jamnagar from 2-4 December 2019. The deliberations at and inputs from this meeting added considerable momentum to the development process of the standardized terminologies.

The aforesaid standardization and coding efforts are forward looking steps to position the AYUSH systems to take up the health challenges of the 21st century. The Donor Agreement signed between the Ministry of AYUSH and WHO for developing a second module in the traditional medicine chapter of International Classification of Diseases-11, (ICD-11) on 11th February 2020 was a break-through development in this process. This second module will focus on developing a union set of harmonized traditional medicine conditions of Ayurveda, Unani, and Siddha systems of medicine. In many ways, this agreement marks the rededication of these three live and invaluable healthcare traditions to the entire humanity.

Consensus, involvement and participation of all stakeholders are needed to go forward from here. The “International Conference on Standardisation of Diagnosis and Terminologies in Ayurveda, Unani, and Siddha systems of Medicine (ICoSDiTAUS- 2020)” at New Delhi scheduled to be held during 25-26 February 2020 will help to move towards this goal.



## **ABOUT AYUSH SYSTEMS OF HEALTHCARE, THE MINISTRY OF AYUSH AND INTERNATIONAL COOPERATION IN THE FIELD OF AYUSH**

“AYUSH” was originally an acronym representing the Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy systems of healthcare. Over the years the acronym evolved into a word with the meaning “traditional and non-conventional systems of healthcare and healing which include Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa Rigpa, Homoeopathy, etc.”

The National Policy on Indian Systems of Medicine & Homoeopathy, 2002 and National Health Policy, 2017 aim at mainstreaming of the AYUSH systems in Public Health activities. The Policy of 2017 envisages access to AYUSH remedies through co-location of AYUSH facilities in public health care facilities and establishing a robust and effective quality control mechanism for AYUSH drugs. The need to nurture AYUSH systems of medicine through development of infrastructural facilities of teaching institutions, improving quality control of drugs and capacity building of institutions and professionals is also recognized in the Policy.

The Ministry of AYUSH through various legislations exercises oversight on the issues of medical education, registration of practitioners, drugs and practice of the systems of Ayurveda, Yoga & Naturopathy, Unani, Siddha & Sowa-Rigpa and Homoeopathy. The matters related to education and practices are regulated through the regulators like Central Council of Indian Medicine (CCIM) and Central Council of Homoeopathy (CCH), which are the statutory bodies established under the provisions of legislations.

India has 799,879 institutionally qualified registered practitioners (Ayurveda-443704, Naturopathy- 2485, Unani-51110, Siddha-9125 and Homoeopathy-293455) in AYUSH disciplines. Education in these systems of medicine is being imparted through recognized colleges. There are about 702

colleges in India which are conducting 5 1/2 years degree courses. Out of these, 203 colleges conduct 3 years Post Graduation courses. These courses are conducted as per the relevant regulations.

The Government of India has established 11 National Institutes in AYUSH disciplines with the objective to develop them as state-of-the-art centers of education, health care and research. These have emerged as model institutions in terms of academics and related aspects, for others to emulate.

Regulation of Ayurveda, Siddha, Unani, and Homoeopathy (ASU&H) medicines in India is governed under the provisions of Drugs & Cosmetics Act 1940. There is a separate chapter in the Act dedicated to regulatory provisions for ASU medicines, whereas the provisions for Homoeopathic medicines are almost the same as for Allopathic drugs. Compliance to Good Manufacturing Practices is mandatory for obtaining manufacturing license.

Pharmacopoeial standardisation of drugs is an important step in the enforcement of quality control of ASU&H drugs as per Drugs & Cosmetics Act. Pharmacopoeia Commission for Indian Medicine and Homoeopathy was established as an umbrella organization for Pharmacopoeia Committees in Ayurveda, Unani, Siddha and Homoeopathy. The Pharmacopoeia Commission is also responsible for publication and revision of Ayurveda, Siddha, Unani, and Homoeopathy Pharmacopoeia and Formularies of India. Quality standards of identity, purity and strength of drugs and permissible limits of heavy metals, pesticide residue, and microbial load as prescribed in the Pharmacopoeia need to be mandatorily followed.

The Government has set up Central Research Councils in AYUSH disciplines to take up research & development in literary, clinical and drug areas, survey, validation and documentation of tribal and folk-lore practices & remedies and other scientific activities. A large network of research institutes, units and centers are thus set up across the country under the Research Councils for Ayurveda, Siddha, Unani, Yoga & Naturopathy and Homoeopathy.



Apart from Intramural Research by Central Research Councils, project-based extramural research activities are also supported by the Government through scientific and medical institutions. With these measures, Government of India strives to facilitate the growth and development of traditional medicine sector.

With the increase in incidence of lifestyle-related disorders there is a worldwide resurgence of interest in holistic systems of health care. This is more prominent in efforts for the prevention and management of chronic, non-communicable, and systemic diseases. The Government of India recognizes that no single health care system can provide satisfactory answers to all the health needs of modern society. There is a need for a new inclusive and integrated health care regime that would guide health policies and programmes in future. India is advantageously placed in this global resurgence

of interest in holistic therapies due to its rich heritage of indigenous medical knowledge coupled with strong institutional infrastructure and availability of skilled manpower. Medical pluralism is a reality and the AYUSH sector has a critical role to play in the emerging situation. The Ministry of AYUSH promotes and propagates Indian Systems of Medicine and Homoeopathy and is committed to infuse the wisdom of traditional medicine with the methodologies of modern science.



### **International cooperation in AYUSH disciplines.**

The growing global popularity of traditional medicine has enhanced the demand for AYUSH services and products in the international arena. Government of India has been receiving requests from several countries for deputation of AYUSH experts to take up teaching, clinical work and for technical assistance in framing regulations and standards of practice and education in these disciplines. Invitations are frequently received for participation of Indian experts and entrepreneurs in international conferences, workshops, exhibitions, trade fairs etc. In all these matters, India consistently extends assistance to

various countries for promotion of AYUSH Systems of Medicine.

The International Cooperation (IC) Scheme of Ministry of AYUSH aims to further these activities. In view of contemporary developments and emerging needs, the Scheme has been revamped recently by effecting changes in the existing provisions and adding new ones to widen its scope.

### **Objectives of IC Scheme**

The scheme is meant for achieving the following objectives:

- *To promote and strengthen awareness and interest about AYUSH Systems of Medicine.*
- *To facilitate International promotion, development and recognition of Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa and Homoeopathy.*
- *To foster interaction of stakeholders and market development of AYUSH at international level.*
- *To support international exchange of experts and information for the cause of AYUSH systems.*
- *To promote AYUSH Products in International Market.*
- *To establish AYUSH Academic Chairs in foreign countries.*

Ministry of AYUSH has signed 22 Federal level MoUs with the WHO, Nepal, Bangladesh, Hungary, Trinidad & Tobago, Malaysia, Mauritius, Mongolia, Turkmenistan, Myanmar, Germany, Iran, Sao Tome & Principe, Equatorial Guinea, Cuba, Colombia, Japan, Bolivia, Gambia, Guinea, China and Saint Vincent & Gredanies for cooperation in the field of traditional medicine. Processing of Federal MoUs with Brazil and Suriname is in final stage. Further thirteen institute to institute MoUs have been signed with institutions in countries like Hungary, Russia, Latvia, Trinidad & Tobago, South Africa, Thailand, Indonesia, Slovenia, Armenia, Argentina, Malaysia, Bangladesh and Mauritius for establishment of AYUSH Academic Chair.

The Ministry has set up 33 AYUSH Information Cells in 30 Countries under the aegis of Indian Embassies/ Missions to take up awareness building and to disseminate authentic information about AYUSH systems of medicine.

## INCLUSION OF TRADITIONAL MEDICINE IN ICD-11

Member states of the World Health Organization (WHO) adopted the eleventh revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-11) on 25 May 2019. ICD-11, for the first time, included a Traditional Medicine (TM) chapter with its module one referring to disorders and patterns which originated in ancient Chinese Medicine and are commonly used in China, Japan, Korea, and elsewhere around the world. Inclusion of TM in ICD-11 is not only a landmark for the ICD system but also a well-regulated all TM systems of the world. This enables collection and statistical analysis of health system data, beyond the conventional medicine, thus allowing for far more comprehensive and holistic picture of the complex matrix that forms the health system. This initiative is in line with the WHO Traditional Medicine Strategy (2014–2023), demonstrating WHO's appreciation of the contributions of TM systems to healthcare worldwide. It also acts upon the current needs of the Member States in their active pursuit to achieve Universal Health Coverage.

The inclusion on TM chapter in ICD will have critical and positive long-term impacts on TM in areas such as improved service quality, patient safety, education, research, and regulation. In addition, this initiative contributes to the possibility of progressive reforms of healthcare systems across the globe, through informed, evidence based and appropriate integration of TM with conventional medicine within the existing health systems. ICD-11 would facilitate this process by the possibility of dual coding that is integral to the TM Chapter. The coding would always include a category from Chapters 1-24 of the ICD-11. TM coding will be supplementary to this, which shall allow the users for easy cross reference of diagnosis and data from the perspectives of diverse medical systems.

The TM chapter shall not be used for reporting mortality to avoid ambiguity in this crucial objective of ICD.

## **STANDARDISATION OF AYURVEDA, UNANI, AND SIDDHA TERMINOLOGIES AND DEVELOPMENT AND IMPLEMENTATION OF NATIONAL MORBIDITY CODES: THE INDIAN PERSPECTIVE.**

Traditional and Complementary Medicine play an important role in keeping our population healthy. Most countries regard their Traditional Medicine Systems with pride and consider them a precious part of their heritage. As we all know, the Alma Ata declaration of 1978 that sought to provide Health for All also mentions the role of TM and its practitioners in primary health care in different Member States of WHO. Yet, it is a fact that the role of Traditional Systems of Medicine in public health is often overlooked at the policy level in most countries. Consequently, these systems are often not able to perform to their potential in addressing public health challenges, globally.

It is estimated that over one-third of the population in developing countries lacks access to essential medicines. But a significant feature, according to the World Health Organization, is that traditional medicine meets the primary healthcare needs of almost 80% of the developing world's rural population. Traditional medicines and plant-based products have succeeded in keeping the humankind healthy for thousands of years. Though modern medicine has brought great relief to our species by controlling communicable diseases, it does not offer satisfactory solutions for a wide variety of health challenges relating to chronic ailments, lifestyle and ageing.

The strengths of traditional and alternative medical systems include their holistic approach, affordability and natural origin of the remedies they offer. But the quality of medicinal products in terms of safety and efficacy is a crucial factor for their acceptance by both practitioners as well as consumers. Adherence to quality standards provides credibility to the product on one hand in the marketing side and confidence to the practitioner on the other hand in the clinical side. Today, many questions are raised on the scientific basis of traditional medicine, and on their quality, safety and efficacy. For enabling consumers to use these remedies with confidence, it is necessary to have quality assured products.

Contribution of WHO in the progressive development of Traditional and Complementary medicine and bringing it to the forefront of health delivery system across the globe has been commendable. The WHO Traditional Medicine Strategy 2014–2023 addresses the significant challenges faced by TM Systems.

**Some of these challenges from the strategy document are as follows:**

- Development and enforcement of policy and regulation;
- integration, in particular identifying and evaluating strategies and criteria for integrating TM into national and primary health care (PHC);
- safety and quality, notably assessment of products and services, qualification of practitioners, methodology and criteria for evaluating efficacy;
- ability to control and regulate TM and CM advertising and claims;
- research and development;
- education and training of T&CM practitioners;
- information and communication, such as sharing information about policies, regulations, service profiles and research data, or obtaining reliable objective information resources for consumers.

**The Strategy shows the way to member States to rise to these challenges by organizing their activities in the following three strategic objectives:**

- (i) Build the knowledge base that will allow T&CM to be managed actively through appropriate national policies that understand and recognize the role and potential of T&CM.
- (ii) Strengthen the quality assurance, safety, proper use and effectiveness of T&CM by regulating products, practices and practitioners through T&CM education and training, skill development, services and therapies.
- (iii) Promote universal health coverage by integrating T&CM services into health service delivery and self-health care by capitalizing on their potential contribution to improve health service and health outcomes, and by ensuring users are able to make informed choices about self-health care.

In a nutshell, the strategy aims to support Member States in developing proactive policies and implementing action plans that will strengthen the role traditional medicine plays in keeping populations healthy.

The Ministry of AYUSH looks after the popular Traditional and Alternative Healthcare systems practiced in India, namely, Ayurveda, Yoga & Naturopathy, Unani, Siddha, Sowa Rigpa and Homoeopathy. Of these, Ayurveda is the most ancient medical system with an impressive record of safety and efficacy. It is traditionally practiced in most South Asian countries, and in recent years, has

made inroads into distant geographies of Europe and the Americas. Yoga & Naturopathy are drugless systems which are being practised by the young and old alike, to achieve and maintain good health. Now-a-days, practice of Yoga has become a part of everyday life, across the globe. The Unani System has grown out of the fusion of the traditional knowledge of ancient civilizations like Egypt, Arabia, Iran, China, Syria and India. It is practiced in many countries of Central Asia and the Middle East as well. The Siddha System originated in the southern parts of India and is practiced in countries like Sri Lanka and Malaysia also. Sowa Rigpa, commonly known as Amchi medicine, is practised in many parts of the Himalayan region. Sowa Rigpa has also been recently recognized by Govt. of India as traditional system of medicine. Thus, all the AYUSH systems already have international footprints.

Since inception, it has been the objective of the Ministry of AYUSH to forge international partnerships within the WHO framework for mainstreaming the Traditional Healthcare Systems. The support India received from different countries in this regard has been tremendous. The Ministry feels that the time has now come to take the efforts to globalise these TM Systems to a higher level of focus, and greater specialisation. Globalisation requires a common framework for communicating the details of these medicine systems in various contexts like medical research, clinical diagnosis, medical statistics etc. Modern medicine has solved this problem by setting up a global classification system called International Classification of Diseases or “ICD” which facilitates seamless communication in such varied contexts. As is well known, the latest version of ICD, ICD-11, has included a Traditional Medicine (TM) chapter. Its module one refers to disorders and patterns which originated in ancient Chinese Medicine and are commonly used in China, Japan, Korea, and elsewhere around the world. This was possible owing to the combined efforts and collaborative support of China, Japan and Korea to WHO. With this example before us to emulate, Ministry of AYUSH has diligently carried groundwork in this direction (with notable international support) and has come up with National AYUSH Morbidity and Standardised Terminologies Electronic (NAMASTE) Portal



## NATIONAL AYUSH MORBIDITY AND STANDARDISED TERMINOLOGIES ELECTRONIC (NAMASTE) PORTAL

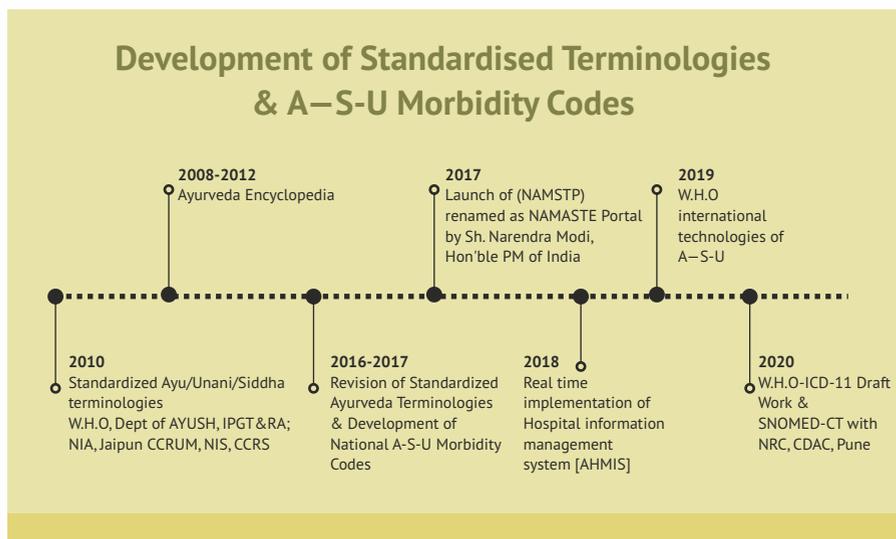


Shri Narendra Modi, Hon'ble Prime Minister of India launched National AYUSH Morbidity and Standardised Terminologies Portal (NAMASTE PORTAL) on the occasion of 2<sup>nd</sup> Ayurveda Day on 17<sup>th</sup> October 2017 at All India Institute of Ayurveda, Sarita Vihar, New Delhi.

National AYUSH Morbidity and Standardised Terminologies (NAMASTE) Portal is a web based portal dedicated to the centralized collection of morbidity statistics of various health care provider institutions across the country under AYUSH systems. The portal was developed and is being maintained by Central Council for Research in Ayurvedic Sciences (CCRAS), the apex body for Research in Ayurvedic Sciences, Ministry of AYUSH, Government of India. This portal was formally launched by Shri Narendra Modi, the Hon'ble Prime Minister of India on the occasion of 2<sup>nd</sup> Ayurveda Day (17<sup>th</sup> October 2017). This portal has the potential to revolutionize morbidity statistics data collection and may have a huge impact on the future policy making decision by bringing to light the contributions of various AYUSH systems in the healthcare delivery system of the country. The key features of the portal includes the Morbidity Codes and Standardised Terminologies of all the AYUSH systems for unambiguous reporting, electronic data submission through individual institution login ids and also an integrated Electronic Health Records (E.H.R.) system for detailed data collection for individual institutions.

## Highlights of web-based NAMASTE PORTAL

- Dual coding system for reporting in the case of A-S-U systems.
- Homoeopathy and Yoga & Naturopathy system of medicine may report by single coding system by ICD – 10/11 of World Health Organization.
- Registered institutions have been given their own user ids and passwords for secure access.
- Standardised terminologies of respective systems can be accessed through the portal.
- Coding of International Classification of Disease – 10 of WHO can be referred through this portal.



## Benefits of development of NAMASTE PORTAL

1. Real time morbidity data collection.
2. Identification of areas of strengths of the various systems under AYUSH.
3. Free E.H.R. systems integrated with morbidity codes.
4. Brings to light, the volume of services provided by AYUSH systems which can help in future policy decision making.

5. The diagnostic guidelines provided along with the disease would serve as a helping tool in diagnosis and also enable cross verification of diagnosis with the case records.
6. Helpful in regulating the healthcare delivery system in AYUSH systems by providing standardised diagnostic terminologies, thus overcoming the barrier of the diagnosis being written in Sanskrit-Arabic-Tamil languages in case of A-S-U systems.
7. The diagnostic codes can serve as a tool for documentation in various other programmes such as outreach activities.
8. This is the first ever initiative taken by the Ministry of AYUSH, Govt. of India as stepping stone for sustainable maintenance of AYUSH Health statistics across the country by adopting uniform terminologies. Furthermore, unique code based AYUSH terminologies would certainly bring an uniform pattern of indicating disease terminologies for academic, research as well as serving the purpose of clinical practice. The ultimate transformation would be uniform presentation of evidences in the country and the world at large. The development and maintenance of this portal would be an important milestone for reporting the contribution of AYUSH systems of medicines in the health care systems of the country.

### **System wise details of Morbidity Codes available on NAMASTE Portal**

<b>Morbidity Code Category</b>	<b>Details</b>
National Ayurveda Morbidity Codes (NAMC)	2971 codes divided into: 1. Disorder (20 Subcategories from A to T), 2. Natural Patterns (3 Subcategories U-W)
National Siddha Morbidity Codes (NSMC)	1623 Codes (with 29 subcategories from A-Z#)
National Unani Morbidity Codes (NUMC)	1354 categorized into: 1. Disorder (14 Subcategories from A to N), 2. Natural Patterns (10 Subcategories)

### **Capacity Building and on-boarding procedure:**

The AYUSH health care service units intending to report on NAMASTE portal will be provided with necessary one to two days training by master trainers; followed by this user credentials will be created to facilitate data entry of consolidated month wise statistics to the NAMASTE Portal.



## Top 5 morbidity conditions based on OPD data from NAMASTE Portal (2017-2019)

### Ayurveda System

NAMC	Disorder Name	Short Definition	Number of cases
AAE-16	Sandhigatavatah	vitiated vāta in joints	301850
AA	Vatavyadhiih	disorders due to vāta	169597
EA-3	Kāсах	cough	71221
ED-4	Kushtham	integumentary disease	61841
EE-3	Arsah	hemorrhoids	58586

### Unani System

NUMC	Name of the disorder	Short Definition	Number of cases
L-4	Waja ‘ al-Mafāsīl	Polyarthritis	129829
J-1	Baras	Vitiligo/ Leukoderma	71956
F-10	Fasād al-Hadm/ Sū’ al-Hadm	Dyspepsia	58923
D-7	Su‘āl-o-Surfa	Cough/Bronchitis	55777
F-96	Bawāsīr	Piles/Hemorrhoid	34905

### Siddha System

NSMC	Name of the disorder	Short Definition	Number of cases
CAB1.1	AzalKil Vāyu	Osteoarthritis	14550
A	Valarcitai Mārṛa Noykal	metabolic disorders	6523
Z34	taṅṅaka vātam	Lumbar spondylosis	5942
ABC1 2	Kuṅṅma Maṅcal Nōy	jaundice with dysentery	5265
DB	Irumal Noy	Cough	5152

## SCOPE FOR INCLUSION OF AYURVEDA, UNANI, AND SIDDHA SYSTEMS OF MEDICINE UNDER TRADITIONAL MEDICINE CHAPTER AS MODULE-2

The International Classification of Diseases (ICD) is the standard diagnostic tool for epidemiology, health management and clinical research. This includes the analysis of the general health situation of population groups. It is used to monitor the incidence and prevalence of diseases and other health problems and provides a picture of the general health situation of countries and populations. ICD is the foundation for the identification of health trends and statistics globally, and the international standard for reporting diseases and health conditions. The utilization of ICD platform allows the Central Bureau of Health Intelligence (CBHI) to generate the National Health Information. ICD also plays a pivotal role in the development and implementation of our ambitious projects such as Integrated Health Information Platform (IHIP) and Integrated Communicable Disease Surveillance (ICDS).

In India, the AYUSH systems have attempted to use the ICD coding developed for conventional medicine, but found it unsuitable for classifying their diagnoses. Developing own ICD codes for AYUSH systems will improve the utilization of these systems not just in India, but internationally. The latest iteration of ICD i.e. ICD-11 for the first time has a chapter on Traditional Medicine (ICD-TM). This chapter has its **First Module** devoted to Traditional Chinese Medicine (TCM).

A Donor Agreement between the Ministry of AYUSH and WHO to work towards developing a second module in the Traditional Medicine (TM) Chapter of the International Classification of Diseases – 11 (ICD-11) was signed on 11th February 2020. The development of the ICD-11 TM Chapter Module- 2 will focus on creating a union set of diagnostic categories derived from Ayurveda, Siddha & Unani systems, to develop ICD codes for Ayurveda, Unani, and Siddha system of medicine for the purpose of inclusion in the ICD-11 TM chapter, as its **Second Module**.

## **International Conference on Standardisation of Diagnosis and Terminologies in Ayurveda, Unani, and Siddha Systems of Medicine (ICoSDiTAUS)- 2020**

The inclusion of the TM Chapter in ICD-11 is in many ways a breakthrough for the Traditional Medicine Systems around the world, as it provides an instrument that will enable counting and comparing TM conditions, and offer the means for comparing research and evaluate its results, to establish efficacy and safety of TM.

The present level of documentation and reporting of TM diagnosis in most countries around the world is inadequate. The TM Chapter could change this by facilitating standardised recording and reporting of TM diagnosis, which in turn will allow to generate international comparable data on TM encounters in terms of form, frequency, effectiveness, safety, quality, outcome and cost.

The First Module of the TM Chapter of ICD- 11 classifies traditional medicine conditions that originated in ancient China and are now commonly used in China, Japan, Republic of Korea and other countries. Additional modules classifying diagnostic concepts of other standardized forms of traditional medicine may be developed provided that key requirements and use-cases are sufficiently developed for starting the process of international standardisation. The stage is thus set for other major TM Systems to strive for finding a place in the subsequent Modules of the TM Chapter.





## ICoSDiTAUS-2020

The International Conference on Standardisation of Diagnosis and Terminologies in Ayurveda, Unani, and Siddha systems of Medicine (ICoSDiTAUS) -2020 draws its inspiration from the newly introduced TM Chapter of ICD- 11. The conference aims to mobilize commitment and ownership among senior policy makers for ICD-11 implementation and further development of the supplementary chapter on traditional medicine diagnoses in ICD-11. The conference presentations and discussions will focus on topics like relevance and regulation of Traditional Medicine in Health Systems as well as status and challenges for collection and classification of clinical data in traditional medicine. It is expected that around 25 stake-holding countries will participate in ICoSDiTAUS-2020. The conference is organized by the Ministry of AYUSH in collaboration with WHO and will be held during 25- 26 February 2020 in New Delhi.



## **International Conference on Standardisation of Diagnosis and Terminologies in Ayurveda, Unani and Siddha Systems of Medicine**

## Participating Countries



- Antigua & Barbuda
- Australia
- Bangladesh
- Bhutan
- Brazil
- Cuba
- Curacao
- Equatorial Guinea
- Germany
- Hungary
- India
- Iran
- Jamaica
- Japan
- Mongolia
- Mauritius
- Myanmar
- Nepal
- Qatar
- Serbia
- South Africa
- Sri Lanka
- Switzerland
- Trinidad & Tobago
- Uzbekistan

## Draft Declaration

### ***New Delhi declaration on Collection and Classification of Traditional Medicine Diagnostic data***

*We, Ministers of Health and senior health policy makers gathered in New Delhi, India from 25 to 26 February 2020, for the first ever ministerial conference organized on the collection and classification of Traditional Medicine Data in Ayurveda, Unani and Siddha Systems of Medicine.*

*Recalling resolution of the Seventy-second World Health Assembly on 28 May 2019 (WHA72.15) adopting the eleventh revision of the International Classification of Diseases (ICD-11) with effect of 1 January 2022.*

*Recalling the declarations on Primary Health Care made in Alma Ata (1978) and Astana in 2018*

- 1. Note that Traditional medicine is an area of health care in our countries.*
- 2. Note that efforts to effectively regulate Traditional Medicine as an integral part of the health system requires standardised and evidence-based information.*
- 3. Acknowledge the importance of ICD as the international standard for systematic recording, reporting, analysis, interpretation and comparison of mortality and morbidity data at individual and population level.*
- 4. Welcome the improvements made in the ICD-11 in terms of having an up-to-date and clinically relevant classification system which is digital health ready for use in electronic environments.*
- 5. Recognize the importance of including and further developing the supplementary chapter on traditional medicine diagnoses in ICD-11 which enable the counting of traditional medicine services and encounters; the measurement of their form, frequency, effectiveness, safety, quality, outcomes, cost; comparison with mainstream medicine; and research, due to standardised categories, terms and definitions, nationally and internationally.*
- 6. Seek the opportunity to collaborate with WHO in the further development of the supplementary chapter on traditional medicine diagnoses in ICD-11*
- 7. Affirm our commitment to take appropriate policy measures to facilitate the implementation of ICD-11 in our health information system*

*We thank the Government of India for hosting and organizing this successful Conference. We especially thank the Honourable Minister of AYUSH, His Excellency Mr Shripad Yesso Naik for his leadership in this endeavour to improve collection and classification of TM diagnostic Data.*





**Central Council for  
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