

MAHAMANA DECLARATIONS OF THE INTERNATIONAL SEMINAR ON THE ROLE OF AYUSH AND (COVID-19) PANDEMIC 2020

By

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Background:

The Covid-19 pandemic has caused immense disruption to our social and working lives. As we battle through these challenging times, we are being confronted with increasing questions and views as to how this pandemic will impact the sustainability profession. The NINE KEY CONCEPTS OF MAHAMANA DECLARATIONS are outputs from the webinar which minutely examined "The Role of indigenous alternative medicine systems in India, Ayurveda, Yoga & Naturopathy, Unani, Siddha Sowa-Rigpa and Homoeopathy (abbreviated as AYUSH) in fight against Corona Virus globally". As no known treatment is available to fight against Covid -19 type viruses, under the circumstances, a special attention is needed to focus on how to access indigenous alternative medicine systems AYUSH to lessen morbidity and mortality in 1.39 Billion consumers in India and 7.8 Billion consumers around the world.

The first international Virtual Seminar was held from 27th April to 2nd May 2020 during the global lockdown called by more than 100 countries from March 2020 onwards. This Six-Day virtual Webinar was organised by Faculty of Ayurveda, IMS BHU, Varanasi, India. The history of medical education in Varanasi, the oldest living city in the world and the cultural capital of India, is at least 2500 years old. It was here that the great Indian Surgeon Sushruta lived and practiced medicine and surgery around the 5th century B.C. and also compiled his treatise, the Sushruta Samhita. In view of this perspective it was but natural that medical education would become one of the priorities of the then developing BHU way back in 1920s.

This basic idea initiated the training of Ayurveda in BHU in 1922 as a Unit in the Faculty of Oriental Learning and Theology. Soon thereafter, in 1927, a separate Ayurvedic College was started for imparting training in both in Ayurveda and Modern Medical Sciences under the Faculty of Medicine and

Surgery (Ayurveda) and a six years course Ayurvedacharya with Medicine and Surgery (AMS) was started. In 1959, the undergraduate course in Ayurveda was suspended to provide more emphasis on post-graduate education and research. The Ayurvedic college' was converted into the College of Medical Sciences in 1960 under the leadership of Prof. K. N. Udupa, at its helm as founder principal. In 1963 the Post-Graduate Institute of Indian Medicine was established. In 1963 a Postgraduate Institute of Indian Medicine was established as an integral part of the College of Medical Sciences and postgraduate courses in various Ayurvedic specialties were started. Simultaneously, postgraduate medical education was also started in a phased manner in Modern Medicine. In 1971, the College of Medical Sciences was upgraded to the Institute of Medical Sciences. In 1978, the existing Faculty was bifurcated into the Faculty of Ayurveda and Faculty of Medicine. In 1999, the four and half years' duration graduation course in Ayurveda followed by compulsory internship of one year was started, as per the recommendations of Central Council of Indian Medicine, leading to the award of BAMS degree.

The mission of the partnership is to bring about a facelift to this great ancient science by incorporating the best of possible scientific & technological advancements, which would give a strong scientific footing to all the Ayurvedic claims. Apart from BHU the seminar was supported by COF, PSAIIF, FICCI and QCI, New Delhi. All the partners have insight into healthcare delivery system and expertise on quality related issues in the interest of all the stakeholders, especially the citizens. During all the six-days, over 100+ professionals and experts from Government, industry, teaching institutions, patients and consumer organizations both from India and abroad presented their work on the potential of AYUSH as an adjunct therapy alongside modern medicine in fight against Covid-19. The declarations took note of policy issues or legal instruments, such as the Action Plan for the promotion and communication strategy required to enable scientists work in partnership globally to provide credible options to work in a collaborative manner with modern medicine to empower citizens globally to an informed choice based on sound science and evidence of outcomes, which are safe, with uniform standards and of high quality as per global best practices.

Current Agenda Areas:

- To link citizens globally with the benefits of Ayurveda and sensitise them on how to improve access and encourage rational use of quality essential medicines, including traditional and complementary/alternative medicines like the Indian Traditional Medicines (AYUSH)
- To answer all questions from the citizens regarding AYUSH and concerns rose due to COVID-19 Pandemic and the role of AYUSH to tackle the Pandemic now and in future.
- To document the interactive session for future use based on inputs from experts and participants on the way forward on how to make Modern Medical Science collaborate with Indian Traditional Medical Sciences (AYUSH) in the interest of Patients and enhance research and innovation to promote AYUSH globally after the LOCKDOWN is lifted.

Nine Key Concepts:

ONE: Patient First:

WE DECLARE THAT health and safety of citizens can never be compromised and citizens have the right to informed choice based on credible information. The Department of Technical Cooperation for Essential Drugs and Traditional Medicine (TCM) is the lead department in WHO for technical cooperation with countries on medicines issues. Using the WHO Medicines Strategy 2004-2007 as its framework, TCM's priority in technical collaboration is improving access and rational use of quality essential medicines, including traditional and complementary/alternative medicines. In India, Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (abbreviated as AYUSH) apart from modern medicine were made available to the citizens to fight against Corona Virus globally. it was felt that Ministry of AYUSH within Government of India, needs to invest more resources to build awareness amongst the consumers about the benefits from AYUSH and launch a multi-media campaign at the earliest to empower the citizens to demand indigenous solutions on healthcare related challenges. The Citizens have to be made an active partner in the crusade and make them fully aware on safety, efficacy, and quality care standards. Furthermore, bring Consumer in the conversation in every forum wherever AYUSH is discussed in future for confidence building on AYUSH products. Capacity building in all

areas of AYUSH is critical for universally accept AYUSH Systems as a therapy to stay healthy all through life and also to fight against pandemic like Covid-19 in India and globally. It was suggested that a national registry of the beneficiary of AYUSH treatment may be created. This may help in tracing the diseases for which these systems are providing the treatment.

TWO: Value of AYUSH:

WE DECLARE THAT there is an urgent need to invest at least 5% of the GDP into healthcare in our country and substantial amount should be invested in preventive care by linking all the Primary Healthcare Centres with AYUSH, especially with focus on all the 1.5 lakhs Health & Wellness Centres identified in the country under PMJAY (Ayushman Bharat). NABH is a Board under QCI has developed NABH entry level AYUSH certification standards for hospitals and AYUSH Centres, drafted in collaboration with Ministry of AYUSH. The objective is twofold, One is to bring standardization and uniformity in AYUSH healthcare delivery and Secondly to provide as empanelment criteria for coverage under health insurance. Insurance Regulatory and Development Authority of India (IRDAI) wants to ensure quality assurance of Healthcare Organizations (HCOs) on certain benchmarks defined for patient safety so that the regulator has a sizeable number of hospitals, which can cater to the cashless facility extended to AYUSH sector. NABH has partnered with IRDAI to carry out certification of such Healthcare Organizations for establishing a nationwide ecosystem. It is strongly recommended that there should be mandatory entry level quality certification of AYUSH Health and Wellness Centres. These are Govt run centres providing only OPD and day care services. Quality systems are the need of the hour. Peer review and certification by third party instills lots of confidence to community and consumers. Entry level certifications are very easy, practical and doable. They can be freely downloadable from NABH website at following web link: For Entry Level Standards for AYUSH Hospitals [https://www.nabh.co/Images/PDF/AYUSH Hospital Entry Level for print.pdf](https://www.nabh.co/Images/PDF/AYUSH_Hospital_Entry_Level_for_print.pdf) For Entry Level Standards for AYUSH Centers: [https://www.nabh.co/Images/PDF/AYUSH Centre Entry Level for print.pdf](https://www.nabh.co/Images/PDF/AYUSH_Centre_Entry_Level_for_print.pdf)

Similarly, infrastructure must be greatly enhanced in AYUSH Pharmacopoeia India (API) by linking with existing Laboratories accredited/certified by NABL or establish new laboratories in different Government Institutions to ensure prompt service to the citizens and manufacturers. The status of PCIM

(Pharmacopoeial Commission of Indian Medicine) is raised at par with IPC (India Pharmacopoeia Commission). It was agreed that Ministry of Health & Family Welfare (MoHFW) and Ministry of Ayush (MoA) should jointly take the responsibility to regularly examine, revise and update Specifications of plant materials, finished products and packaging materials, as per already available research-facts from different laboratories, across the World. We need to build robust infrastructure of AYUSH pharmacopoeia laboratory for setting quality standards, new monograph development and continuous revision and harmonisation of raw materials monographs used in Ayurveda, Unani and Siddha products. Instead of setting separate laboratories, MoUs should be collaborated with various Universities, IITs and central laboratories, where Incubators and central instrumentation facilities are already available by Govt Agencies like DST, DBT and others. Ayurvedic services need to be strengthened, on a priority basis, for clinical laboratory, imaging facilities and direct (pratyaksha) visualization/intervention by endoscopy. The Ministry of AYUSH should approve Clinical trial hospitals in central and regional levels, which would facilitate researchers & manufacturers to conduct clinical trials as per international norms.

THREE: AMEND The Standard Setting Exercise for AYUSH MEDICINES:

WE DECLARE THAT while India has a rich heritage of AYUSH, highly dedicated and devoted towards the consumers and patients, enthusiastic professionals, Doctors, Vaidyas, Researchers, Teachers, Growers of herbal plants and Industrialists, entrepreneurs supported by some of the most Historic Ayurveda, Unani and Siddha institutions imparting this ancient wisdom. Although many Ayurvedic drugs have empirically demonstrated their efficacy throughout the ages, the truth is that society has been using a different standard for AYUSH medicines and the synthetic ones. Most AYUSH medicines coexist in the market with synthetic molecules (often sold by the same pharmacies), whilst the latter must undergo long, expensive and complex randomized clinical trials and are strictly controlled by regulatory bodies, the former are not subject to the same evaluation standards and scrutiny. On the other hand, this may precisely be the issue: the fact that regulatory agencies cannot apply the same evaluation standards to the AYUSH medicines does necessarily imply that these products are not valid as therapeutic agents. There is an urgent need for emphasis on safety and efficacy of new AYUSH combination products. For this purpose, the licensing

requirements needs to be updated to include requirement of data related to confirmatory evidence of efficacy claims of the product. Additional safety data should be provided if long term safety data on its usage are not available. Through the provision of these data, one will ensure that the new combinations of ingredients are scientifically proven for their safety and efficacy.

We further pledge that **AYUSH Mark Scheme** should be stressed on mainstreaming the Indian System of Medicine and integrating the AYUSH infrastructure into the healthcare system in imparting preventive, promotive and holistic healthcare to the people. QCI at the behest of Ministry of AYUSH, designed and developed a voluntary certification scheme - AYUSH Mark to certify the quality aspect of Ayurvedic formulation through a combination of process check and testing, and to enhance consumer confidence. The Scheme has two levels of certification: Standard and Premium. As on date, there are 4,584 products covered under the AYUSH Mark (Standard Mark – 1,370, Premium Mark – 3,214) and counting. A total of 56 manufacturers have been granted AYUSH Mark (38 - Premium mark and 19 Standard mark; one has both marks.) The AYUSH Mark Scheme is now widely accepted in international markets which is evident by the number of products carrying the AYUSH Premium Mark. It is a testimony to the trust it lends to global buyers in terms of quality of formulations coming from Indian manufacturers. A recent study has revealed that the AYUSH industry is expected to grow in double digits and the government is aiming a three-fold increase in the AYUSH sector by 2022. The Scheme will be handy in driving the quality while pursuing the indicated growth.

The time is now that we should exploit all the available talents and resources which are invaluable knowledge readily available in the country in the treatment of Covid-19, while world is engaged in search of newer medicines and vaccines. Clinical Trials and Experimental studies of Ayurvedic medicines, procedures and recommendations for healthy mind and body i.e “dos and don’ts” (spiritual and cultural recommendations, which are covered under Astang Ayurveda) in context to corona virus should be speeded up on priority basis so that scientific validation can be conducted and accepted globally. For a rapid development of integrative Ayurveda it is desirable that in-depth clinical research takes a priority. Hits, leads and candidates have processes and products which would emerge from well documented clinical

experience. Such an experiential data will be followed up by Ayurvedic-epidemiology, Ayurvedic-diagnostics/therapeutics and interdisciplinary pharmacology/pathology/nutraceuticals. The experiments can be planned at multiple levels of biological organizations keeping the primal significance of human data; e.g. Sarpagandha led to a revolution in modern therapeutics which could have come from Ayurveda without compromising fidelity to its fundamentals. As an example, if we could include 3-4 questions in "**Aarogya Setu**" app to collect data and by using artificial intelligence, we can do wonders for AYUSH. Such hypothesis for observational studies will help in scientific validation of our basic concepts of 3 pillars of healthy life i.e. Ahar, Nidra and Bramacharya and also importance of spiritual healing and Indian way of living. We must work towards developing a scientifically validated common message for herbal material herbomineral material (separately, not in the name of Ayurveda) and Ayurvedic procedures to propagate Astang-Ayurveda around the World.

FOUR: The Increasing Demand for AYUSH Practitioners:

WE DECLARE THAT all AYUSH practitioners, nurses other paramedics need to sharpen their clinical skills and treatment guidelines based on patient specific treatment requirement. They should be at par with practitioners and healthcare providers engaged with modern medicine without any discrimination based on their knowledge and skills. It was felt by all the participants that regular CME's should be conducted to develop integrative protocols and enhance better understanding and belief, among doctors of all systems of medicine. We should seriously involve all AYUSH Doctors, nurses and paramedics working under all situations of Health Care including Corona or other health emergencies. If some training is needed, we should arrange for the same on priority basis. We must encourage collaborative OPDs for modern and AYUSH doctors for treatment of Human subject and its environment. We must also look towards developing AYUSH nurses and Ayush paramedics. We should seriously involve all AYUSH Doctors, nurses and paramedics working under all situations of Health Care including Corona or other health emergencies. If some training is needed, be should arrange for the same on priority basis. We must encourage common OPD for allopathic and AYUSH doctors for treatment of Human subject and its environment. Also, introduce continuing education, refresher courses to update knowledge. Capacity building in all areas of AYUSH are critical for confidence building in consumers to universally accept AYUSH Systems as a

therapy and a way of life not only in fight against Covid-19 but all areas including Yoga of AYUSH for wellbeing in India and globally. We also need to develop Ayurvedic/AYUSH protocol for treatment of COVID-19 patients in different stages and also a prophylactic medicine, based on research findings. This will encourage AYUSH doctors to do observational studies for the products, they are regularly using, by giving projects and incentives for publications. We must also develop Astang Ayurveda (all 8 Branches) in field of research, teaching and training and health care for their global acceptability.

The Voluntary Certification Scheme for Traditional Community Healthcare Providers (VCS-TCHP) is an excellent initiative in India to certify Traditional Community Healthcare Providers (VCS-TCHP). The National Health Policy, 2017 called for 'developing mechanisms for certification of "prior knowledge" of traditional community healthcare providers and engaging them in the conservation and generation of the raw materials required, as well as creating opportunities for enhancing their skills'. In harmony with this, QCI and FRLHT's Voluntary Certification Scheme for Traditional Community Healthcare Providers (VCS - TCHPs) offers a uniform and standardized assessment framework for TCHPs who manage various streams of health services based on their traditional knowledge, experience, and expertise, namely - jaundice, common ailments, poisonous bites, bone setting, arthritis, and traditional birth attendants. The framework for Third Party Certification has been designed by broadly following the International norms as per ISO 17024 for Personnel Certification, through a multi-stakeholder consultative process. The aim of the scheme is to recognize the unflagging efforts of the TCHPs, and help document, preserve and promote these traditions of healthcare, by ensuring quality in personnel competence. Under this scheme, till date, 12 certification cycles have been conducted pan-India. Nearly 175+ TCHPs have been certified across different states i.e. Assam, Chhattisgarh, Madhya Pradesh, Nagaland, Punjab, Rajasthan, and Tripura. The scheme contributes to all three strategic sectors proposed for Member States in the WHO Traditional Medicine Strategy (2014-2023): "(i) build a knowledge base..; (ii) strengthen the quality assurance..; (iii) promote universal health coverage..." Certified TCHPs report an enhanced sense of self confidence to provide quality healthcare services; in the long term, the scheme can help formulate effective and efficient strategies to provide low cost primary health

care to every villager, moving a step forward towards achieving Universal Health coverage in the country. In the wake of the current healthcare crisis, the VCS-TCHP holds the potential to aid in laying down strong risk management strategies within India's health policy landscape to deal with epidemics.

The participants desired to implement a concept of "Family physician", who can also educate the family members about care of patient and them-selves, as per "Chatuspad" described in Ayurveda. We wish to promote "Palliative care" wing at each Ayurveda college hospitals. This will not only utilize the huge human resources of the AYUSH institutions but also create a positive atmosphere among the society for AYUSH system of medicines. We should also provide regular training programs to AYUSH physicians to provide them updated information on Research, Manufacturing, publications and other areas like communication and counselling to bring focus on the end-users. We should develop institutes which are accredited by National Accredited agencies, which will be actively involved in providing various training & internship programs to UG & PG scholars in the field to share with them the recent advancements in various fields of research & publications pertaining to AYUSH.

FIVE: Assess the Value of Our Bio-Resources:

WE DECLARE THAT India has a richness of flora and fauna. Farmers of herbal plants need training and motivation in the best agricultural practices for farming and cultivation of crops of herbal sustainable collection of plants, growing naturally. Once harvested, the materials need further processing in a scientific manner. An area of concern and controversy relates to the processing of herbs, gums and resins and other ingredients, with solvents other than just water for manufacture of AYUSH drugs. Well recognized processes exist in Ayurveda, wherein self-generated alcohol like in asavas, arishthas, etc. are known to provide improved extractions of the herbal ingredients leading to better quality and efficacy. The participants urged the need for standardization in all sectors of Ayurveda from farm to the consumer. It was felt that farmers should be motivated from across the country to cultivate medicinal plants, especially where there are huge needs of a particular herb & those which are nearing extinction for which we need to provide technical agricultural support for cultivation of suitable herb in their self-owned land. We should also start thinking of providing training on

Organic cultivation practices like (GAP) as organic herbs are having great potential of exports. We should also create a regional repository of raw herbs and Extracts which would possess the best high quality certified (standardized) herbs to be used by Ayurvedic manufacturers across the country. For maintaining quality of raw materials, training of farmers should be done on periodical basis and process of quality certification of their products should be smoothly attainable. All existing helplines for farmers and citizens should get integrated with the National Medicinal Plant Board (NMPB) Govt. of India, which will greatly facilitate individuals and farmers to cultivate growing of medicinal plants in their respective homes and farms. It was proposed that NMPB to set up and manage Help Line for farmers, manufacturers and other interested to grow medicinal plants in their states. States must take a leading role to promote growing of medicinal plants for preventive care of citizens and improve the immunity system within the citizens in an affordable manner. We should focus on NMPB to attract the attention of farmers. Medicinal Plants farming will increase the income of farmers and will help Ayush pharma industry to get fresh and genuine drugs as well as meet the need of exports. Looking at vast biodiversity, farmers must be given due training and encouragement in growing herbal plants. There has to be a strong linkage developed between the farmers and the manufactures of AYUSH Products so that we have strict uniform quality standards as per Bureau of Indian Standards (BIS), which is the legally standard setting body of our country and certified by institutions like Quality Council of India (QCI) so that all our products are of high quality and accepted by consumers in India or abroad.

We should encourage Voluntary Certification Scheme for Medicinal Plant Produce. At the behest of the National Medicinal Plant Board (NMPB), GoI, QCI has developed and designed a **voluntary certification scheme for medicinal plant produce (VCSMPP)**. The VCSMPP Scheme internalizes the best practices in the medicinal plant sector and introduces Good Agriculture Practices (GAP) and Good Field Collection Practices (GFCP) for medicinal plants to enhance confidence in the quality of India's medicinal plant produce among the buyers and consumers. Medicinal plants are at the core of providing livelihood and health security to a large segment of the Indian population since they account for around 90% of AYUSH formulations. Currently, we have 6 Certification Bodies that can certify projects for VCSMPP. We have the Himalaya Drug company certified under the VCSMPP

for over 25 species of medicinal plants. The scheme has been presented to the SAARC Agriculture Centre, Dhaka for considering it as a regional scheme. The NMPB has made provisions for the promotion and marketing of Scheme through the QCI.

It was also agreed, we should provide a state of the art, drug testing facility, with an animal house where toxicity studies & studies on various pharmacological activities could be carried out on Ayurvedic products & herbs. Further it was suggested that a sophisticated Cell line laboratory, where in-vitro pharmacological studies could be performed on herbs and herbal products.

SIX: Strong Regulatory Body:

WE DECLARE THAT there is an urgent need for a robust and independent Regulatory Body for AYUSH consisting of highly skilled manpower, state-of-the-art facilities and infrastructure for uniform implementation of quality and safety standards across industry on GMP guidelines, GMP Certification and Accreditation of manufacturing facilities to boost domestic and export promotion. The Mashelkar Committee recommended that the regulatory control of all drugs should be under the overall umbrella of one national agency, which may have separate divisions and experts for effective management. The Central Regulatory Authority similar to DCGI-AYUSH, should be managed by competent and knowledgeable professionals under an exclusive law passed by the Parliament of India to uphold the traditional knowledge base of our country on indigenous alternative medicine systems in India and use it appropriately in a scientific manner within the World Health Organisation (WHO) guidelines and objectives of The Department of Technical Cooperation for Essential Drugs and Traditional Medicine (TCM), which is the lead department within WHO. Inadequate manpower, facilities and skills of Regulatory body for implementing uniformly quality and safety standards across industry, GMP certification and Accreditation of facilities is a necessity to bridge the existing gaps between front line (WHO-GMP) AYUSH manufacturers, and remaining 9,000 manufacturers in India with reference to common rules and regulation, which needs to be reviewed. Implementation of national theme of "Locally grown and locally utilized" in AYUSH system of health care is the cornerstone of success in enabling citizens to look at preventive care more than curative care. We must establish finished product testing on Ayurvedic products to test all analytical

aspects of the drug as per pharmacopoeial & international standards. Regarding global acceptance, Ministry of foreign affairs, may be involved by organizing AYUSH programmes for their citizens and business houses. Because of common biodiversity, ASIAN and African countries must be educated and encouraged to grow our medicinal plants for our import of raw material and export of finished products after value addition. A scientific attaché/consultant of scientific background may be appointed in embassies.

SEVEN: Institutionalize AYUSH:

WE DECLARE THAT It is strongly recommended to establish a Center of Excellence in the form of National Institute of Ayurvedic Education and Research (NIEAR) on priority at Faculty of Ayurveda at IMS, BHU with an objective to assess current situation in reference to and inter alia all recommendations made in this global webinar on Ayurveda and Covid-19. The objective of the Center should be to prepare a Roadmap for implementation in one-year timeframe. The overall objective of all such institutes should be to contribute in improving health and saving lives by supporting countries and regions to develop, implement and monitor national policies on medicines, including traditional medicines and complementary/alternative medicines, based on: Equity of access to essential medicines, traditional medicines and complementary/alternative medicines. We should also consider rational use of essential medicines; traditional medicines and complementary/alternative medicines. Quality, safety and efficacy of essential medicines, traditional medicines and complementary/alternative medicines and consider the context of international, regional and bilateral trade agreements. In course of time, several such institutes should come up in different geographic areas of the country and overseas to create awareness for a cost effective complimentary treatment with indigenous know how and expertise. Such Centres of Excellence should encourage e-learning among all Ayush Colleges/ Universities/ Institutions in present scenario of Corona calamity because yet after lockdown, Corona will persist in world until an effective vaccine is invented. Research only prospers by collaboration hence it is most vital to actively promote multi-disciplinary, inter-disciplinary and trans-disciplinary well identified national priorities e.g. the claimed anecdotes of natural products efficacy in dengue, Chikungunya, malaria deserve a nationwide R & D network to investigate the evidence. There was a strong view that ashtang-Ayurveda in its totality including some of the neglected domains

need to be developed at major Ayurveda institutes first and later at other teaching institutes. Department of Ayurveda, IMS BHU has already taken a decision to start specialized department at the university campus. Regarding UG and PG education, the need of classroom teaching Vs online teaching, Attendance requirement and teacher-student ratio for establishing new colleges must be reviewed to have more academic institution to meet the demand of teachers. These rules must be users friendly with very high standard of examination of knowledge. For hospital training, private and Govt hospitals may be engaged with these Institutions, who are focusing more on "online" teaching. We should also encourage research on Yoga. We should consider the implementation of Yoga and Meditation from primary education to address the physical and mental health needs of School going Children.

EIGHT: Make AYUSH Popular: FOUR PERSPECTIVES:

WE DECLARE THAT four-prong strategy should be adapted:

- I. Preventive interventions:** We may include both pharmacologic as well as non-pharmacological strategies. Our traditional practices i.e. fumigation of living place by ayurvedic herbs such as Neem leaves, Ajwain seeds, Loban, Turmeric powder, Garlic etc can be used according to availability. Community based Swarna Prashana and mass prophylaxis through rasayana (Chyavanprasha, Brahma Rasayana, or Amrit Bhallataka) having the predominant effects upon respiratory tract can be useful. Rasayana confer immunity against diseases, and act as vaccine adjuvant, antioxidant, anti-stress, anti-inflammatory, anti-microbial. It may also interfere with the viral RNA synthesis.
- II. Novel scientific studies:** We are ready to prepare drug/nanoparticles against SARS-CoV-2 but before that we should do some molecular docking as well as system dynamics simulation studies of the useful secondary metabolites of targeted medicinal herbs against the viral spike proteins. It will provide us more specific knowledge related to mode of drug action and restrict wastage of time/efforts/manpower.
- III. Immunity:** Indirect protection from infectious disease that occurs when a large population has become immune to an infection,

whether through previous infections or vaccination is referred as herd immunity. At the moment, we do not have any vaccine developed against this virus however, we can improve our immune system by daily intake of immune boosters viz., Gudhuchi kwatha, Chyavanprasha, Tulsi, Parijata, Chirayita, Turmeric powder, Zinger, Lemmon, Star Anise, Dalchini, Cloves, Pepper etc.

IV. Up-scaling and marketing: Commercialization of plants with their medicinal value is the need of present time and this can be achieved through Plant Tissue Culture strategies such as micro propagation, batch culture, bioreactors etc. Tissue culture-based industries should step forward and contribute to the best in this respect. In addition, technology transfer/ MoU must be generalized for the benefit of human welfare. Another good option can be home to home plantation practice, which we need to encourage among people at block level. Government organizations/ Research institutes and their staffs including research scholars should participate and create awareness through diverse programmes/activities.

NINE: AYUSH Leadership:

WE DECLARE THAT finally this is the right time and opportunity for the Govt. of India and Ministry of AYUSH to consider in providing all necessary resources to support this important International Initiative with priority and conviction to realize the dream of Bharat Ratna Mahamana Pandit Madan Mohan Malviya, the illustrious founder of BHU, had in his vision of integrating the best of Ayurvedic and modern systems of medicine. We should collaborate with institutions like National Medicinal Plant Board, Govt of India, All India Institute of Ayurveda (AIIA), Pharmacopoeial Commission of Indian Medicine (PCIM) Gujarat Ayurveda University, Jamnagar, India Pharmacopeia Commission (IPC), Central Drug Standard Control Organisation (CDSCO), Bureau of Indian Standards (BIS), Quality Council of India (QCI), Federation of Indian Chamber of Commerce & Industry (FICCI), Patient Safety and Access Initiative of India Foundation (PSAIIF) and Consumer Online Foundation (COF). In order to efficiently and effectively implement the nine key concepts of the declarations, it was resolved that a nine member working group will be constituted to oversee the implementation of the nine key concepts of the Mahamana Declarations

within the next 12 months. The members of the working group shall be the following:

01	Prof. Y. B. Tripathi, Dean Faculty of Ayurveda IMS BHU, Varanasi.	Chairman
02	Dr. Meenakshi Datta Ghosh, IAS Reid. Former Secretary to the Govt. of India	Member
03	Dr. K. K. Aggarwal, Former President Indian Medical Association, HQ, New Delhi.	Member
04	Prof. Dr. Tanuja Nesari, Director All India Institute of Ayurveda, New Delhi	Member
05	Shri Prafull D. Sheth, Former Vice President FIP, Board Member PSAIIF Vadodara Gujarat	Member
06	Shri Arvind Varchaswi Managing Director Sri Sri Tattva, Bengaluru, Karnataka	Member
07	Prof. R. N. Acharya Dean Gujarat Ayurveda University, Jamnagar, Gujarat	Member
08	Prof. Bejon Kumar Misra, Adviser/Consultant IMS, BHU, New Delhi	Member
09	Prof. Dr. K. N. Dwivedi HoD Dravyaguna Faculty of Ayurveda, IMS BHU, Varanasi.	Member Secretary

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