



Essential Drugs List (EDL)

HOMOEOPATHY

Department of AYUSH
(Drug Control Cell)
Ministry of Health and Family Welfare
Government of India
www.indianmedicine.nic.in

March 2013



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Disclaimer: This Essential Drugs List (EDL) has been prepared with a consultative process based on inputs received from a number of stakeholders and the focus given to include only generic medicines from pharmacopeia, formulary and authoritative texts. The contributors and reviewers have taken due care to ensure correctness of the contents before publication and cannot be held responsible for any omission or inadvertent errors, nor can they warrant that all aspects of the subject have been covered. The Essential Drugs List is a guiding tool for procurement and stocking of medicines.

Those who are going to use or refer this EDL for procurement of medicines are welcome to provide their feedback and suggestions for any corrections or improvement. In this regard, write to Joint Adviser, Drug Control Cell, Department of AYUSH, 'B' Block, GPO Complex, INA, New Delhi-110023 by post or by email at dcc-ayush@nic.in



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FOREWORD

Medicines form backbone of the health delivery system. Availability of essential medicines is an important aspect to ensure peoples' access to the public health facilities. These have to be carefully selected for supply to health facilities on the basis of assured safety, efficacy and quality to address health needs of the people with success and confidence of the practitioners to use them. In this direction, the Department of AYUSH, Ministry of Health & Family Welfare, Government of India has been striving to safeguard the health of people with a number of measures for quality control of Ayurveda, Siddha, Unani and Homoeopathic medicines.

To overcome the problem of availability of AYUSH medicines in the public health system and facilitate the State & Central authorities for smooth procurement of medicines, the Drug Control Cell in the Department of AYUSH has undertaken a yearlong exercise to review the lists of essential Ayurveda, Siddha, Unani and Homoeopathic (ASU&H) drugs published in the year 2000 and in the process interacted with various stakeholders, including representatives from the fraternity of in-service practitioners, AYUSH Officers and procurement authorities from central and state government organizations. Comprehensive Essential ASU&H drug lists presently drawn with cross sectional consultation take in to account pharmacopoeias, formularies and regional preferences for certain medicines and offer wide choice for need-based selection of generic medicines.

The initiative of formulating AYUSH Essential Drug Lists has been steered with the vision and direction of Shri Anil Kumar, Secretary (AYUSH). I hope the present "Essential Drugs List-Homoeopathy" will act as a guiding tool for the procurement agencies to fulfill the supply of Homoeopathic medicines in dispensaries, hospitals and co-located Homoeopathic facilities in PHCs, CHCs and District Hospitals. On behalf of Department of AYUSH, it is my privilege to convey appreciation to the considerable efforts of AYUSH experts led by Dr. D.C. Katoch, Joint Adviser (Ayurveda) to have accomplished an important task of laying down the foundation to facilitate procurement of ASU&H medicines in the states. The EDL is expected to ease the accessibility of medicines in health facilities and streamline the management of medicinal supplies with meaningful use of resources in the central and state organizations.

22nd March, 2013


(Anil Ganeriwala)



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PREFACE

Essential medicines act as a powerful means to promote health equity and are selected with due regard to disease prevalence, evidence of efficacy and safety, and comparative cost-effectiveness. Such medicines have to be available within the context of functioning health systems at all times, in adequate amounts, in the appropriate dosage forms, with assured quality, and at affordable prices. Careful selection of essential medicines with a limited range results in a higher quality of patients' care, better management of medicines and cost-effective utilization of health resources. Clinical guidelines and list of essential medicines aim at improving the availability and proper use of medicines within the health care delivery system. However, the selection of AYUSH medicines for essential drugs list needs specific consideration in view of their multiple indications, dosage forms and diverse preferences of practitioners, which vary from state to state and region to region.

The concept of essential medicines is forward-looking and important from the perspective of universal health coverage in meeting health needs of the people. Therefore, updating of EDL at regular intervals is essentially required to reflect various therapeutic options in accordance with the therapeutic needs of the populations due to varied prevalence of diseases and changing health seeking behavior. The recent report of Common Review Mission of the National Rural Health Mission has brought out that peoples' demand for and access to AYUSH treatment has increased with co-location of AYUSH facilities in primary health network. This scenario has resulted from Central Government's continuous support to the states for supply of medicines to AYUSH units. However, weak procurement system coupled with lack of easy-to-follow a standard comprehensive list of essential medicines is perhaps the reason that greatly hampers the constant availability of medicines in the health facilities. Sustainable efforts in this direction are required to ensure that essential medicines are regularly available in the health facilities and the people do not have to suffer from paying medicines' cost from their pockets.

AYUSH Essential Drug Lists were last formulated in the year 2000 and their updating was overdue considering the developments that took place in the last 6-7 years with the mainstreaming of AYUSH under NRHM and provision of central government's support to the states for strengthening AYUSH health services. The exercise for updating the EDLs was therefore taken up with a view to formulate practitioners' preference based lists of such Ayurveda, Siddha, Unani and Homeopathy medicines as are documented in the authoritative books and pharmacopoeias and formularies. The inputs of practitioners, who by virtue of being in direct touch with the patients know better about the access, quality and culturally appropriate use of ASU&H medicines, formed the basis to develop the respective EDLs. This harmonized approach helped in accommodating certain medicines in the EDLs,

which are preferred by practitioners in a particular region because of their composition, long history of safe and effective use for certain ailments and which are not much practiced in other parts of the country owing to ignorance as well as lack of their availability.

It is pertinent to mention that the AYUSH EDLs are not the standard lists of medicines but are the outcome of careful selection of a limited range of system-wise medicines meant to guide need-based procurement and stocking of medicines in the health facilities. Based on these lists, States can easily organize purchase of medicines for dispensaries, hospitals and other health facilities. EDLs also influence the production of medicines and should form the basis for manufacturing of medicines in the government and cooperative pharmacies for supply to state dispensaries and hospitals. While these EDLs may be used as the building block for all procurement of medicines done with central funds, the states may have the flexibility to procure medicines from their own resources. However, it is always advisable to follow the EDLs for bulk purchase of medicines for dispensaries, hospitals, mobile clinics and medical camps run by the government and government-aided organizations. 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. Inconsistencies in drug procurement can be easily curbed with reliance on EDLs leading to proper management of supplies and increased public confidence in health services.

New Delhi, 22nd March 2013



(Dr. D. C. Katoch)

Joint Adviser

Drug Control Cell, Department of AYUSH

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Vision

- Shri Anil Kumar, Secretary, Department of AYUSH.

Facilitation

- Shri Anil Ganeriwala, Joint Secretary, Department of AYUSH.

Initiation & Coordination

- Dr. Janardan Panday, Former Joint Adviser (Ayurveda), Department of AYUSH.
- Dr. D.C. Katoch, Joint Adviser (Ayurveda), Department of AYUSH.

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- Dr. V.K. Gupta, Ex-Principal, Nehru Homoeopathic Medical College, Delhi
- Dr. K.V. Prakasan, CMO In-charge, Homoeopathic Store Depot, CGHS, Delhi
- Director In-charge, National Institute of Homoeopathy, Kolkata.
- Dr. Alok Kumar, Deputy Advisor (Homoeopathy), Department of AYUSH, Member Secretary/Convener.

Comments & Suggestions

- Participants of the Discussion Meeting held on 28th February 2012 (List Annexed)

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Technical Editing & Review

- Dr. D.C. Katoch, Joint Adviser, Drug Control Cell, Department of AYUSH.
- Dr. Divya Taneja, Scientist I, CCRH, New Delhi

Guidelines

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








- 1) Essential Drugs List (EDL) 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.
- 2) 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.
- 3) Since medicines are used for multiple indications, it is better to select such medicines from the EDL 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 EDL 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 EDL 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.
- 4) To discourage loose dispensing of medicines to the patients, it is advisable to procure medicines in standard unit pack sizes as indicated in EDL 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. Homoeopathic medicines are particularly dispensed in globules in glass/plastic phials with cork.
- 5) 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.
- 6) The medicines to be procured out of the EDL must be distributed to patients under medical supervision.
- 7) 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.

Essential Drugs List - Homoeopathy

The EDL contains generic homoeopathic medicines based on Homoeopathic Pharmacopoeia of India. Following aspects should be observed while considering procurement of medicines-

- a) The homoeopathic system is based on subjective and objective symptoms of ailments and the medicines are not disease-specific. The same medicines are used by clinicians in different ailments on the basis of symptom complex and individual's psycho-physical characteristics.
- b) Homoeopathic medicines are proven to be effective in treating large number of acute as well as chronic ailments. The successful treatment ensues when a physician understands the dimensions of the disease in the homoeopathic perspective and accordingly prescribes genuine and effective homoeopathic medicines to restore the state of health. Unless the indicated medicine is administered in its correct potency and repeated properly, patient may not respond to the medication. Though the number of homoeopathic medicines has increased over the years, the EDL contains such essential medicines as could effectively manage following common ailments-
 - Headache
 - Fevers
 - Diseases of Eye, Ear, Nose, Mouth, Teeth, Throat and Tonsils
 - Naso-respiratory diseases
 - Gastrointestinal disorders
 - Skin diseases
 - Allergic Disorders
 - Childhood illnesses
 - Menstrual and reproductive health problems
 - Geriatric ailments
 - Psychological illnesses
 - Injuries, Burns, Hemorrhages
- c) In order to prevent wastage and misuse of medicines by the consumers, the procurement of Mother Tinctures (Q) of all homeopathic medicines may be done in 30 ml. sealed packs, Bio-chemic medicines in 20 gm. sealed packs and ointments in 15 gm. cream base dispensable tubes.
- d) Dispensing materials viz. sugar of milk, globules, glass phials, cork, butter paper etc. should also be kept in a store for the purpose of dispensing of medicines to the patients.

Colour Coding for Medicines in the List:

	Mother tincture (External)
	Mother tincture (Internal)
	3X potency
	6 Potency
	30 Potency
	200 Potency
	1M potency

ESSENTIAL DRUGS LIST - HOMOEOPATHY

SI.No.	Name of Medicine	Potency					
		0	3x	6	30	200	1M
1.	Abrotanum						
2.	Absinthium						
3.	Acalypha indica						
4.	Aconitum napellus						
5.	Actaea racemosa						
6.	Aesculus hippocastanum						
7.	Agaricus muscarius						
8.	Allium cepa						
9.	Aloe socotrina						
10.	Alumina						
11.	Ammonium carbonicum						
12.	Ammonium muriaticum						
13.	Ammonium phosphoricum						
14.	Anacardium orientale						
15.	Angustura vera						
16.	Anthracinum						
17.	Antimonium crudum						
18.	Antimonium tartaricum						
19.	Apis mellifica						
20.	Apocynum cannabinum						
21.	Argentum metallicum						
22.	Argentum nitricum						
23.	Arnica montana						
24.	Arsenicum album						

SI.No.	Name of Medicine	Potency					
		0	3x	6	30	200	1M
25.	Arsenicum iodatum						
26.	Asafoetida						
27.	Abies nigra						
28.	Abies canadensis						
29.	Avena sativa						
30.	Aurum metallicum						
31.	Bacillinum						
32.	Badiaga						
33.	Baptisia tinctoria						
34.	Baryta carbonicum						
35.	Baryta muriaticum						
36.	Belladonna						
37.	Bellis perennis						
38.	Benzoic acid						
39.	Berberis vulgaris						
40.	Blatta orientalis						
41.	Blumea odorata						
42.	Borax						
43.	Bovista						
44.	Bromium						
45.	Bryonia alba						
46.	Bufo rana						
47.	Carbo vegetabilis						
48.	Cactus grandiflorus						
49.	Calcarea carbonica						

SI.No.	Name of Medicine	Potency					
		∅	3x	6	30	200	1M
50.	Calcarea fluorica				Light Green	Blue	
51.	Calcarea phosphoricum				Light Green	Blue	Red
52.	Calendula officinalis	Red			Light Green	Blue	
53.	Camphora			Blue		Blue	
54.	Cannabis indica			Blue	Light Green		
55.	Cannabis sativa			Blue	Light Green	Blue	
56.	Cantharis	Red			Light Green	Blue	Red
57.	Capsicum				Light Green	Blue	
58.	Carbo animalis				Light Green	Blue	
59.	Carbolic acid				Light Green	Blue	
60.	Carduus marianus	Green		Blue	Light Green		
61.	Carcinosinum					Blue	Red
62.	Cassia sophera	Green		Blue	Light Green		
63.	Caulophyllum				Light Green	Blue	
64.	Causticum				Light Green	Blue	Red
65.	Cedron				Light Green	Blue	
66.	Cephalandra indica	Green					
67.	Chamomilla			Blue	Light Green	Blue	Red
68.	Chelidonium majus	Green			Light Green		
69.	China officinalis	Green		Blue	Light Green	Blue	
70.	Chininum arsenicosum		Yellow	Blue	Light Green		
71.	Chininum sulphuricum			Blue			
72.	Cicuta virosa				Light Green	Blue	
73.	Cina	Green		Blue	Light Green	Blue	
74.	Cocculus indicus			Blue	Light Green		

SI.No.	Name of Medicine	Potency					
		0	3x	6	30	200	1M
75.	Coca				Light Green	Blue	
76.	Coffea cruda				Light Green	Blue	
77.	Colchicum autumnale			Light Blue	Light Green	Blue	
78.	Collinsonia canadensis				Light Green	Blue	Red
79.	Conium maculatum			Light Blue	Light Green	Blue	Red
80.	Colocynthis			Light Blue	Light Green	Blue	
81.	Crataegus	Green	Yellow		Light Green	Blue	
82.	Crotalus horridus				Light Green	Blue	
83.	Croton tiglium			Light Blue	Light Green		
84.	Condurango	Green			Light Green	Blue	
85.	Cuprum metallicum				Light Green	Blue	
86.	Cynodon dactylon	Green			Light Green		
87.	Digitalis purpurea			Light Blue	Light Green		
88.	Dioscorea villosa			Light Blue	Light Green		
89.	Drosera rotundifolia				Light Green	Blue	
90.	Dulcamara				Light Green	Blue	
91.	Echinacea angustifolia	Red		Light Blue			
92.	Equisetum hyemnale			Light Blue	Light Green	Blue	
93.	Eupatorium perfoliatum				Light Green	Blue	
94.	Euphrasia officinalis	Red			Light Green	Blue	
95.	Eel serum		Yellow	Light Blue	Light Green		
96.	Ferrum metallicum					Blue	
97.	Fluoricum acidum				Light Green	Blue	
98.	Formica rufa			Light Blue	Light Green		
99.	Ficus religiosa	Green					

SI.No.	Name of Medicine	Potency					
		0	3x	6	30	200	1M
100.	Gelsemium sempervirens			Blue	Light Green	Blue	Red
101.	Gentiana chirata	Green		Blue			
102.	Glonoïn				Light Green	Blue	
103.	Geranium maculatum	Green		Blue			
104.	Graphites				Light Green	Blue	Red
105.	Guaiaicum			Blue		Blue	
106.	Gun powder		Yellow				
107.	Hamamelis virginica	Green		Blue		Blue	
108.	Helleborus niger			Blue	Light Green		
109.	Hepar sulphuris calcareum			Blue	Light Green	Blue	Red
110.	Hippozaeninum			Blue			
111.	Hydrastis canadensis	Green					
112.	Hydrocotyle asiatica			Blue			
113.	Hyoscyamus niger					Blue	
114.	Hypericum perforatum	Red			Light Green	Blue	Red
115.	Hecla lava		Yellow	Blue	Light Green		
116.	Ignatia amara				Light Green	Blue	Red
117.	Iodium				Light Green	Blue	Red
118.	Ipecacuanha			Blue	Light Green	Blue	
119.	Iris tenax		Yellow	Blue			
120.	Iris versicolor				Light Green	Blue	
121.	Janosia asoka	Green					
122.	Justicia adhatoda	Green			Light Green		
123.	Kali bromatum		Yellow	Blue	Light Green		
124.	Kali bichromicum				Light Green	Blue	

SI.No.	Name of Medicine	Potency					
		0	3x	6	30	200	1M
125.	Kali nitricum				30	200	
126.	Kali phosphoricum				30	200	
127.	Kali carbonicum				30	200	1M
128.	Kali cyanatum				30	200	
129.	Kali iodatum				30	200	
130.	Kali muriaticum				30	200	
131.	Kali sulphuricum				30		
132.	Kalmia latifolia				30	200	1M
133.	Kreosotum	0			30	200	
134.	Lac defloratum				30	200	1M
135.	Lac caninum				30	200	
136.	Lachesis				30	200	1M
137.	Lapis albus			6	30		
138.	Ledum palustre				30	200	1M
139.	Lillium tigrinum				30	200	1M
140.	Lobelia inflata	0			30		
141.	Lycopodium clavatum				30	200	1M
142.	Lyssin					200	1M
143.	Magnesium carbonicum				30	200	
144.	Magnesium phosphoricum				30	200	1M
145.	Medorrhinum					200	1M
146.	Mercurius corrosivus.			6	30	200	
147.	Mercurius solubilis			6	30	200	1M
148.	Mezereum				30	200	
149.	Millefolium	0			30		

SI.No.	Name of Medicine	Potency					
		0	3x	6	30	200	1M
150.	Muriatic acid				30	200	
151.	Mephitis			6	30		
152.	Murex purpura				30	200	
153.	Mygale lasiodora				30		
154.	Naja tripudians				30	200	
155.	Natrum arsenicum			6	30	200	
156.	Natrum carbonicum				30	200	1M
157.	Natrum muriaticum				30	200	1M
158.	Natrum phosphoricum				30		
159.	Natrum sulphuricum				30	200	1M
160.	Nitric acid				30	200	1M
161.	Nux moschata				30	200	
162.	Nux vomica				30	200	1M
163.	Nyctanthes arbor-tristis	0	3x				
164.	Ocimum canum	0		6	30		
165.	Ocimum sanctum	0					
166.	Oleander			6	30		
167.	Opium				30	200	
168.	Passiflora incarnata	0					
169.	Petroleum				30	200	1M
170.	Phosphoric acid	0			30	200	1M
171.	Phosphorus				30	200	1M
172.	Physostigma				30	200	
173.	Plantago major	1M		6	30		
174.	Platinum metallicum					200	1M

SI.No.	Name of Medicine	Potency					
		0	3x	6	30	200	1M
175.	Plumbum metallicum					Blue	Red
176.	Podophyllum peltatum			Blue	Green	Blue	
177.	Prunus spinosa			Blue	Green	Blue	
178.	Psorinum				Green	Blue	Red
179.	Pulsatilla nigricans				Green	Blue	Red
180.	Pyrogenium					Blue	Red
181.	Ranunculus bulbosus				Green	Blue	
182.	Ratanhia			Blue	Green		
183.	Rauwolfia serpentina	Green			Green		
184.	Rhododendron				Green	Blue	
185.	Rhus toxicodendron			Blue	Green	Blue	Red
186.	Robinia			Blue	Green		
187.	Rumex crispus			Blue	Green		
188.	Ruta graveolens				Green	Blue	
189.	Sabal serrulata	Green		Blue			
190.	Sabina			Blue	Green		
191.	Senega				Green	Blue	
192.	Sarsaparilla	Green			Green		
193.	Secale cornutum				Green	Blue	
194.	Selenium				Green	Blue	
195.	Senecio aureus	Green		Blue			
196.	Sepia				Green	Blue	Red
197.	Silicea				Green	Blue	Red
198.	Spigelia anthelmia			Blue	Green	Blue	
199.	Spongia tosta			Blue	Green	Blue	

SI.No.	Name of Medicine	Potency					
		∅	3x	6	30	200	1M
200.	Stannum metallicum			Blue	Light Green	Blue	
201.	Staphysagria				Light Green	Blue	Red
202.	Sticta pulmonaria			Blue	Light Green		
203.	Stramonium				Light Green	Blue	Red
204.	Sabadilla				Light Green	Blue	
205.	Sulphur				Light Green	Blue	Red
206.	Sulphuric acid			Blue	Light Green		
207.	Syphilinum					Blue	Red
208.	Syzygium jambolanum	Red					
209.	Solanum lycopersicum				Light Green	Blue	
210.	Tabacum				Light Green	Blue	
211.	Tarentula cubensis			Blue	Light Green		
212.	Tellurium				Light Green	Blue	
213.	Terebinthina			Blue	Light Green		
214.	Terminalia arjuna	Green		Blue			
215.	Tarentula hispanica				Light Green	Blue	
216.	Teucrium marum				Light Green	Blue	
217.	Thuja occidentalis	Red			Light Green	Blue	Red
218.	Thyroidinum					Blue	Red
219.	Trillium pendulum	Green			Light Green		
220.	Trombidium		Yellow		Light Green		
221.	Tuberculinum bovinum					Blue	
222.	Uranium nitricum		Yellow		Light Green		
223.	Urtica urens	Green		Blue			
224.	Ustilago maydis	Green			Light Green		

SI.No.	Name of Medicine	Potency					
		∅	3x	6	30	200	1M
225.	Veratrum album						
226.	Viburnum opulus						
227.	Vipera						
228.	Veratrum viride						
229.	Viscum album						
230.	Vanadium						
231.	Wyethia						
232.	Zincum metallicum						
233.	Zincum phosphoricum						
Ointments							
234.	Aesculus hippocastanum						
235.	Arnica montana						
236.	Berberis aquifolium						
237.	Calendula officinalis						
238.	Cantharis						
239.	Hamamelis virginica						
240.	Ledum palustre						
241.	Petroleum						
242.	Rhus toxicodendron						
Biochemics (12 Tissue Salts (6x – 12 x))							
243.	Calcarea phosphorica						
244.	Calcarea sulphurica						
245.	Ferrum phosphoricum						
246.	Kali muriaticum						

247.	Kali sulphuricum
248.	Kali phosphoricum
249.	Magnesium phosphoricum
250.	Magnesium sulphuricum
251.	Natrum muriaticum
252.	Natrum phosphoricum
253.	Natrum sulphuricum
254.	Silicea
	Eye/Ear Drops
255.	Cineraria eye drops
256.	Euphrasiaeye drops
257.	Mullein Oil ear drops

List of participating experts

Discussion Meeting with invited experts for consolidation of ASU&H EDLs on 28th February 2012

1.	Dr. Sheela Karalam. B, Special Officer (R&D) Oushadha Kuttanellur, Trissur, Kerala.
2.	Sh. R.R. Shukla IFS, Managing Director, Oushadhi, Trissur, Kerala.
3.	Vd .Mangala Jadhav, Directorate of Ayurveda, Maharashtra.
4.	Dr. Anitha Jacob, Director (Indian Systems of Medicine), Kerala.
5.	Dr. Jamuna.K, Director Homoeopathy, Kerala.
6.	Dr. P.V. Santhosh, Managing Director, Kerala State Homoeopathy Cooperative Pharmacy, Alappuzha, Kerala.
7.	Dr. Mohd. Waseem Khan, In-charge Govt. Unani Pharmacy, Bhopal, Madhya Pradesh.
8.	Dr. Pradeep Chaturvedi, Superintendent , State Ayurvedic Pharmacy, Gwalior, M.P.
9.	Dr. Ramesh P. R, Chief Physician and Medical Superintendent, Arya Vaidyasala Ayurveda Hospital & Research Centre, Karkardooma, Delhi.
10.	Dr.S.Deepa, SMO (Ay.) CGHS Wellness Centre, Jangura Extension, New Delhi.
11.	Dr. K.G. Radhakrishana, Secretary In-charge, IMPCOPS, Chennai, Tamilnadu.
12.	Dr.C.Lallunghnema, Dy. Director, Department of Health & Family Welfare, Mizoram.
13.	Dr. Mridula Dua, Research Officer (Scientist-IV), CCRAS.
14.	Prof.(Dr.) Bichirtrananda Mishra, Head, Department of RasShastra & Bhaisajya Kalpana and Superintendent, Government Ayurvedic Pharmacy Bolangir, Odisha.
15.	Dr. Narender Singh Bisht, Manager Production, IMPCL, Mohan, Uttrakhand.
16.	Shri Prakesh Bhatt, F&D Executive, IMPCL Mohan, Uttrakhand.
17.	Dr. Jagbir Sharma, Asstt. Director (Ay.), Directorate of Ayurveda, Himachal Pradesh.
18.	Dr. S.S.Suman, Medical Officer (Homeopathy), Punjab Govt.
19.	Dr. Ramesh Sharda, Joint Director- Homoeopathy, Punjab.
20.	Dr. Shardindu Sharma, Supdtt. Punjab Govt. Ayurvedic Pharmacy and Stores, Patiala.
21.	Shri Om Prakash, Office Superintendent, Govt. Ay. Pharmacy & Stores, Patiala, Punjab.
22.	Dr. A. Guneshwor Sharma, State AYUSH Officer, Medical Directorate, Manipur.
23.	Dr. H.Y. Rathod, Drug Inspector, Department of AYUSH, Govt. of Karnataka.
24.	Dr. M. A. Dasar, Deputy Director, Central Pharmacy, Bangalore, Govt. of Karnataka.
25.	Shri Chandra Mohan Arora, Senior Manager I/C, State Cooperative Drug Factory, Ranikhet, Uttarakhand.

26. Dr. Anand T. Gudivada, CMO I/C ,CGHS Ayurvedic Medical Store Depot, New Delhi.
27. Dr. A.M Abdul Kadher, Joint Director (Indian Medicine & Homeopathy), Govt. of Tamilnadu.
28. Dr. Sangeeta Nehra, AYUSH Department, Haryana.
29. Dr. Janardan Panday, Ex. Joint Advisor (Ayurveda), Department of AYUSH.
30. Dr. Nilesh Ahuja Assistant Director (ISM), Govt of NCT, Delhi.
31. Dr. Y.D. Sharma, Deputy Director (ISM), Govt. of NCT, Delhi.
32. Dr. K.V.Prakashan SMO I/C, CGHS Homeopathic Medical Store Depot, New Delhi.
33. Dr. P.K. Shukla, PCCF & M.D., M.P State Minor Forest Produce Federation, Bhopal.
34. Shri R. R.Okhandian, CCF & CEO Minor Forest Produce Processing Centre, Vindhya Herbals, Barkheda Pathan, Bhopal, Madhya Pradesh.
35. Dr. S.V. Tripathi, Chief and Head of Ayurvedic Research Institution, Mool Chand Hospital, Lajpat Nagar, New Delhi.
36. Dr. Renu Batra, Chief Medical Officer (NFSG) In-charge, NDMC Central Ayurvedic Medical Stores, New Delhi.
37. Officers of Department of AYUSH: Dr. D. C. Katoch, Dr. S.A. Pasha, Dr. G.C. Gaur, Dr. Anupam, Dr. Gaurav Sharma, Dr. Hanumant Kathait, Dr. Senthilvel.



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