



PROPOSAL FOR A NEW FIELD OF TECHNICAL ACTIVITY

PROPOSER:

BIS, INDIA

DATE OF CIRCULATION:

2024-10-09

CLOSING DATE FOR VOTING:

2025-01-01

A proposal for a new field of technical activity shall be submitted to the Office of the CEO (to tmb@iso.org), which will process the proposal in accordance with [ISO/IEC Directives, Part 1, Clause 1.5](#).

Furthermore, a proposal will be considered as complete if every information field is complete and follows the guidelines for proposing and justifying a new field of activity given in the [ISO/IEC Directives, Part 1, Annex C](#).

TITLE

(Please see the [ISO/IEC Directives, Part 1, Annex C, Clause C.4.2](#))

Ayurveda and Yoga

SCOPE

(Please see the [ISO/IEC Directives, Part 1, Annex C, Clause C.4.3](#))

Standardization in the field of Ayurveda and Yoga. Both traditional and modern aspects of products and services of these systems are covered. The committee will focus on following fields including but not limited to Terminology; Quality and Safety of ingredients, extracts, finished products, Ayurveda based dietary supplements and nutraceuticals, Ayurveda Pharmaceutical equipments and procedures; Health and Wellness service requirements; Health Assessment tools/equipment; Rejuvenative procedures and tools/equipment /devices; Yoga accessories, Yoga props and common yoga protocol practices.

Excluded: Standardization covered by

ISO/TC 54 - Essential oils

ISO/TC 215 - Health Informatics

ISO/TC 249 - Traditional Chinese Medicine

PURPOSE AND JUSTIFICATION (Please use the field immediately below or attach an annex.)

(Please see the [ISO/IEC Directives, Part 1, Annex C, Clause C.4.13](#))

It is the need of the hour to move towards Sustainable Development Goal 3 (SDG 3) – ensuring healthy lives and promoting well-being for all at all ages – by achieving universal health coverage (UHC), addressing health emergencies and promoting healthier populations. Ayurveda and Yoga can significantly contribute to the goal of UHC by being included in the provision of essential health services. The Declaration of Astana of the World Health Organization (WHO), adopted at the Global Conference on Primary Health Care in October 2018, made clear that the success of

primary health care will be driven by applying scientific as well as traditional knowledge and extending access to a range of health care services, which include traditional medicines.

Ayurveda and Yoga are ancient systems of knowledge that have been integral to Indian culture for thousands of years. These systems offer holistic approaches to health and wellness, encompassing physical, mental, and spiritual dimensions. **(Annexure 1)** Establishing an international committee focused on Ayurveda and Yoga would help preserve, document, and promote these traditional systems of medicine and wellness on a global scale, ensuring that they continue to enrich lives for generations to come.

Ayurveda, the science of life, is one of the oldest medical systems that integrally incorporates the concepts of health and disease and aims at achieving homeostasis of the body, mind, and spirit, referred to as the holistic approach. Ayurveda primarily guides regarding the prevention of disease and the promotion and preservation of health through diet, lifestyle rules and other interventions. Therapeutic modalities in the form of herbal /herbo-mineral drugs and detoxification procedures play an essential role in restoring health in the ailing mankind. **The WHO recognizes Ayurvedic medicine as a distinct practice within the realm of traditional and complementary medicine.** This uniqueness has also been acknowledged by ISO TC 249 while TMB ballot for modification of scope of ISO TC 249 in 2015. It was stated that standardization in Ayurveda requires the involvement of a different range of stakeholders and experts. Due to its historical significance, unique holistic approach, diverse range of therapies, and focus on disease prevention, Ayurveda is identified as a separate traditional and complementary medicine practice in the WHO report on global survey on T&CM.

Yoga is an art and science for healthy living that brings harmony in all walks of life and thus, is known for disease prevention, health promotion and management of many lifestyle-related disorders. The eightfold components of Yoga advocate certain restraints and observances that can improve physical health and induce tranquillity of mind. The benefits of this ancient practice go far beyond increased flexibility and muscle tone as the study and practice of Yoga incorporates mindfulness-based practices such as mindful breathing techniques, focused concentration, meditation and self-reflection.

Ayurveda and Yoga are closely interconnected and share a common philosophical foundation and a holistic approach to health and well-being. While Ayurveda focuses on maintaining balance and harmony through diet, lifestyle, and natural remedies, Yoga complements Ayurveda by providing physical and spiritual practices that promote self-awareness and inner balance. Both Ayurveda and Yoga originated thousands of years ago in the Indian subcontinent and have been practiced and studied for their numerous health benefits ever since. Practicing Yoga can enhance the effectiveness of Ayurvedic treatments by promoting better circulation, flexibility, and strength. Yoga postures can help correct imbalances in the body and improve the flow of energy, which is essential for overall health and vitality. Similarly, Ayurveda can support the practice of Yoga by guiding diet, herbal remedies, and lifestyle changes that can optimize physical and mental health. Ayurvedic principles can help individuals understand their dosha and make informed choices about their Yoga practice, such as choosing specific asanas and pranayama techniques that suit their constitution.

The reach, range, and publications related to Ayurveda and Yoga are extensive and continuously growing. Their reach extends to various corners of the globe, reaching individuals seeking holistic health and well-being. The range of Ayurveda and Yoga practices is extensive, catering to individuals with different needs and preferences. Ayurveda encompasses a wide range of treatments and therapies, including herbal remedies, dietary recommendations, detoxification procedures, and lifestyle modifications. Yoga, on the other hand, offers a multitude of styles and approaches, each with its own focus and benefits. From Hatha Yoga, which emphasizes physical postures and breath control, to Kundalini Yoga, which focuses on awakening the dormant spiritual

energy within, there is a Yoga practice suitable for everyone. Publications related to Ayurveda and Yoga are also abundant and diverse. Numerous books, research papers, and articles have been published to document and disseminate knowledge about these practices. These publications cover a wide range of topics, including the principles and philosophy of Ayurveda and Yoga, their therapeutic applications, and their integration with modern medicine. Additionally, there are magazines, websites, and online platforms dedicated to Ayurveda and Yoga, providing a wealth of information, resources, and guidance to those interested in further exploring these practices.

With an increase in lifestyle-related disorders, there is a worldwide surge in popularity and consequent resurgence of interest in Ayurveda and Yoga, particularly with respect to the prevention and management of chronic and non-communicable diseases. Ayurveda and Yoga can significantly contribute towards ensuring healthy lives and promoting well-being for all at all ages. There is no denying the fact that in India, both these systems play a central and critical role in improving access and quality health care for the population, especially at the grassroot level. At present, the Ayurveda and Yoga are growing in the paradigm of contemporary scientific, technological, and medical parameters. The globalization of both these systems calls for standardization – Not only at the National but also at the International level in terms of terminology, clinical examination, diagnosis, maintenance of health records, interventions in the form of herbs, herbal/herbo-mineral formulations, diet and lifestyle and pharmacovigilance specific to these systems.

The Ayurveda products are currently traded in many countries, and their uptake is increasing rapidly. Meanwhile, interest in practices and practitioners is expanding beyond products. With a greater number of countries gradually accepting Ayurveda and Yoga's contribution to health and well-being, it is essential to have International standards in this domain.

Currently, both these systems are practiced based on inferences and logical conclusions drawn from basic concepts, practical experiences, experimental interventions, and continuing advances in science. However, it is important to note that a significant difference exists between the crude and pure forms of these ancient practices. While the practice of Yoga and Ayurveda is growing globally, there is a need to propagate their pure form. Standardization plays a crucial role in propagating the pure form of Yoga and Ayurveda. It ensures that the original teachings and principles of these ancient practices are passed on accurately. Standardizing guidelines allows for consistency in the practice of Yoga and Ayurveda in a variety of settings and locations. It enables individuals to have confidence in the authenticity and quality of the service they receive, fostering trust and credibility in these disciplines. Further, due to the advances in the manufacturing practice of medicines and treatment approach, there is an urgent need for International standards to be established.

Additionally, due to an inadequate standardization, Products and services related to Ayurveda and Yoga may have significant quality variations. Adulteration, counterfeit products, and improperly trained practitioners pose a threat to the reputation and integrity of these ancient practices. To mitigate these issues, it is imperative to have international standards that ensure the authenticity, safety, and efficacy of Ayurvedic and Yoga offerings. Only through standardization, the potential of Ayurveda and Yoga can be fully realized, benefiting both practitioners and consumers alike. Standardizing this growing and important part of the health care sector will also benefit countries looking to create proactive policies at this level.

In view of the huge potential for growth and international trade in services, products, equipment, accessories and ingredients related to Ayurveda and Yoga, the need for International Standards has become imperative. The development of international Standards is poised to further augment international trade by ensuring the quality of products and services besides bringing benefits to consumers in terms of reducing costs, enhancing performance and improving safety. Therefore, it is envisaged to formulate International Standards to promote the safety, quality and

effectiveness of Ayurveda and Yoga and assist in the trade and commerce of related goods and services. Such an endeavor is poised to not only augment international trade but also build confidence among the consumers.

In conclusion, the proposal for establishing an international committee dedicated to Ayurveda and Yoga is rooted in the desire to share ancient wisdom, promote holistic well-being, and contribute to global healthcare. This initiative holds the potential to preserve cultural heritage, foster international cooperation, validate traditional practices through scientific research, boost economies, and address pressing health challenges. By creating a platform for collaborative exchange and learning, the proposed committee could usher in a new era of integrative healthcare that combines the best of traditional wisdom with modern science.

PROPOSED INITIAL PROGRAMME OF WORK (Please use the field immediately below or attach an annex)

Please see the [ISO/IEC Directives, Part 1, Annex C.4.4 and C-4.5](#))

For each item, the initial work programme shall define the deliverable type and target dates. The initial work programme shall also assign priorities to the different items.

The initial Programme of Work of the proposed ISO/TC shall focus on Standardization in the field of Ayurveda and Yoga. The standards to be developed will be extended, not limited to:

- Glossary of Terminology;
- Quality and Safety of ingredients, extracts, finished products, dietary supplements and nutraceuticals;
- Quality and safety of Pharmaceutical equipments and procedures;
- Health and Wellness service requirements;
- Health Assessment tools/equipment;
- Rejuvenative procedures and tools/equipment /devices;
- Yoga accessories, Yoga props and common yoga protocol practices.

RELATION OF THE PROPOSAL TO EXISTING INTERNATIONAL STANDARDS AND ON-GOING STANDARDIZATION WORK

- The proposer has checked whether the proposed scope of the new committee overlaps with the scope of any existing ISO or IEC committee or JTC1 sub-committee
- If an overlap or the potential for overlap is identified, the affected committee has been informed and an agreement has been reached between proposer and committee on
 - i. modification/restriction of the scope of the proposal to avoid overlapping,
 - ii. potential modification/restriction of the scope of the existing committee to avoid overlapping.
- If agreement with the existing committee has not been reached, please explain why the proposal should be approved.

Presently, the International Standards related to few domains of Traditional Medicine are being taken care of in a scattered manner in the ISO through ISO/TC 249 'Traditional Chinese Medicine', ISO/TC 54 'Essential oils', ISO/TC 215/WG 10 'Health Informatics/ Traditional Medicine' and ISO/TC 83 'Sports and other recreational facilities and equipment'.

There is no overlap with the scope of ISO TC 249 which exclusively deals with Traditional Chinese Medicine. Ayurveda and Traditional Chinese Medicine (TCM) are two different ancient healthcare systems that have been practiced for thousands of years. Despite their shared approach to holistic

health, there are many fundamental differences that set them apart. Both the systems have distinct differences in their origins, diagnostic approaches, treatment modalities, and philosophical foundations. One of the main differences between Ayurveda and TCM lies in the diagnostic approach used in these systems. In Ayurveda, the emphasis is on identifying one's unique mind-body constitution, known as doshas. There are three doshas: Vata, Pitta, and Kapha. Imbalances in these doshas are believed to cause illness. In contrast, TCM focuses on the balance of Qi (pronounced "chee"), which is the vital energy that flows through the body's meridians. TCM practitioners diagnose imbalances in Qi by examining symptoms, tongue, pulse and other signs. The principles of Ayurveda and TCM also differ when it comes to preventive, promotive and therapeutic modalities. Ayurvedic approach focuses on restoring balance through diet, lifestyle modifications, herbal remedies, and various therapies. Ayurvedic approach also include practices like Rasayana (rejuvenation) and Panchakarma (five internal bio-cleansing therapies) etc. Ayurveda recommends specific instruments/ equipment for the Panchakarma (basti yantra, droni, sirodhara yantra, etc.); kriyakalpa (anjana salaka, bidalaka, etc.); Anushastra(agni salaka, alabu, sringa, etc.). Treatment in TCM involves a combination of acupuncture, herbal medicine, dietary therapy and exercises like tai chi or qigong.

ISO TC 54 is devoted to the standardization of methods of analysis and specifications for essential oils, which is entirely different from proposed scope of work. Ayurveda and essential oils are two distinct domains that differ in their approach, usage, and overall philosophy. Ayurveda takes a holistic approach to health, focusing on diet, lifestyle, and herbal remedies, while essential oils are primarily used in perfumes, cosmetics, soaps, air fresheners and other products, for flavouring food and drink, for adding scents to incense and household cleaning products, and in aromatherapy.

The proposed scope of the Committee clearly excludes subjects related to Health Informatics. ISO TC 215 exclusively deals with the subject of 'Health Informatics', whereas, the proposed Technical Committee will specifically address the fields of Ayurveda and Yoga. However, potential areas of overlap will be identified to reach common understanding/agreement with ISO TC 215, as and when such areas/proposals come up.

The proposed committee does not have any overlap with the ISO/TC 83 'Sports and other recreational facilities and equipment' as well. Yoga and sports promote physical fitness and overall well-being. However, both differ significantly in their goals, techniques, physical impact, and mental well-being. Both activities offer unique benefits and cater to different preferences and interests. Yoga is often misconstrued as "Yogasana" or posture and a form of sport to exhibit flexibility and strength. Yoga is much more than a mere posture. Apart from postures, it involves the component of internal awareness (mindfulness), breath control and relaxation that are known to improve both physical and mental wellbeing. Yoga has been increasingly used as a mind body intervention for stress reduction, it is particularly useful in health conditions where stress is believed to play a role. Several components of yoga such as asana, pranayama (regulated breathing) and meditation have been used to confer clinical benefits in numerous health care conditions.

Yoga is therefore used in wellness, health promotion and disease prevention. Yoga is a holistic practice that focuses on physical, mental and spiritual wellness, which can be used in the management of various psychosomatic conditions. Yoga is a tool for self-appraisal, coping and relaxation. It is defined as a science to calm down the mind. Yoga is therefore not a mere flexibility of body or a sport but flexibility of the mind to accept and adapt to situations.

People of all ages can do yoga with the help of props, accessories etc. to improve flexibility and ease of practice. There are philosophical concepts and scientific methodology in designing a therapeutic yoga module for a given health condition that have their explanation in the ancient yogic texts. The practice of Yoga been tested over the decades in numerous health conditions,

there are more than 16000 articles on Pubmed if the keywords yoga or meditation is used.

Further, there are various yoga props that are commonly used by practitioners to enhance their practice. Each of these props serves a specific purpose and can be utilized to assist in achieving proper alignment, deepening stretches, and modifying poses to accommodate different body types and abilities. Yoga accessories such as the Neti Pot, Sutra Neti, and Vastra Dhauti are integral part of yoga.

There are also key differences between Phytomedicine and Ayurveda in their origins, principles, and approaches to healing. Phytomedicine, also known as herbal medicine or herbalism, is a system of medicine that uses plant-based remedies to prevent and treat various health conditions. Phytomedicine primarily relies on the active constituents present in plants, such as alkaloids, flavonoids, and terpenes, for their therapeutic effects. These plant compounds are believed to possess specific medicinal properties and are used to address specific symptoms or conditions. Ayurveda is based on the concept of balancing the three fundamental energies or doshas known as Vata, Pitta, and Kapha. According to Ayurvedic principles, an imbalance in these doshas leads to disease, and the aim of treatment is to restore the balance through various means, including herbal remedies, diet, lifestyle modifications, and cleansing therapies. Though medicinal plants are predominantly used in Ayurveda, the concepts, method of use etc. are entirely different from phytomedicine. Additionally, Ayurveda encompasses a broader scope of health promotion and disease prevention through diet and lifestyle practices.

Developing international standards in Ayurveda and Yoga is essential for promoting their global acceptance, ensuring quality and safety, fostering research and evidence-based practice, protecting consumers and to bring about uniformity in the diagnostic and therapeutic procedures. Development of International standards for terminologies will facilitate different stakeholders to use the same concepts, understanding, and definitions in communications, healthcare services, and medical records. Further it will also support international cooperation in research, information exchange and standards development in Ayurveda and Yoga. Though the applicability of Ayurveda and Yoga varies according to location, physical condition or personal context, developing a uniform and most acceptable universal guidelines is also need of the hour. Having a standardized procedure/practice will make it easier and simple to adopt across the globe. Some guidelines/ document exist in different countries, but they are not in practice as International Standards.

- Have proposals on this subject been submitted into an existing committee and rejected? If so, what were the reasons for rejection?

No

LISTING OF RELEVANT DOCUMENTS (SUCH AS STANDARDS AND REGULATIONS) AT INTERNATIONAL, REGIONAL AND NATIONAL LEVEL

(Please see the [ISO/IEC Directives, Part 1, Annex C, Clause C.4.6](#))

WHO

- WHO Traditional Medicine Strategy 2014- 2023, WHO, 2013 (ISBN 978 92 4 150609 0);
- Benchmarks for training in Ayurveda. Geneva, WHO, 2010 (ISBN 978 92 4 159962 7);
- WHO benchmarks for the practice of Ayurveda. WHO, 2022, (ISBN: 9789240042674);
- WHO Global report on Traditional and Complementary Medicine, 2019, WHO (ISBN 978-92-4-151543-6);
- Key technical issues of herbal medicines with reference to interaction with other medicines, WHO 2021 [ISBN: 9789240019140 (electronic version) 9789240019157 (print version)]
- Pharmaco-vigilance and Traditional and Complementary Medicine in South-East Asia, WHO

2019 (ISBN: 978-92-9022-725-0)

- Traditional and complementary medicine in primary health care, WHO 2018 (WHO/HIS/SDS/2018.37)
- TRS 1003 - 51st report of the WHO Expert Committee on Specifications for Pharmaceutical Preparations, WHO 2017 (ISBN: 978 92 4 121003 4)
- WHO guidelines for quality assurance of traditional medicine education in the Western Pacific Region, WHO 2013 (ISBN: 9290611995)
- The Regional Strategy for Traditional Medicine in the Western Pacific (2011-2020), WHO 2012 (ISBN: 9789290615590)
- Quality control methods for herbal materials, WHO 2011 (ISBN: 9789241500739)
- Traditional herbal remedies for primary health care, WHO 2010 (ISBN: 9789290223825)
- WHO guidelines on good manufacturing practices (GMP) for herbal medicines, WHO 2007 (ISBN: 9789241547161)
- WHO guidelines for assessing quality of herbal medicines with reference to contaminants and residues, WHO 2007 (ISBN: 9789241594448)
- WHO monographs on selected medicinal plants, WHO 2006 (ISBN: 9241545178)
- Guidelines on minimum requirements for the registration of herbal medicinal products in the EMR, WHO 2006 (WHO-EM/EDB/048/E)
- WHO global atlas of traditional, complementary and alternative medicine, WHO 2005 (ISBN: 9241562862)
- National policy on traditional medicine and regulation of herbal medicines: report of a WHO global survey, WHO 2005 (ISBN: 9241593237)
- WHO guidelines on good agricultural and collection practices (GACP) for medicinal plants, WHO 2003 (ISBN: 9241546271)
- The WHO strategy for traditional medicine: Review of the global situation and strategy implementation in the Eastern Mediterranean Region, WHO 2002 (EM/RC49/13)
- Legal status of traditional medicine and complementary/alternative medicine: a worldwide review, WHO 2001 (WHO/EDM/TRM/2001.2)
- General guidelines for methodologies on research and evaluation of traditional medicine, WHO 2000 (WHO/EDM/TRM/2000.1)

Europe

- The European Academy of Ayurveda: 20 years of Ayurvedic education in Germany, *Anc Sci Life*. 2012 Jul-Sep; 32(1): 63–65, doi: 10.4103/0257-7941.113797, PMID: 23929998, PMCID: PMC3733211.
- Legal status and regulation of CAM in Europe (https://cam-europe.eu/wp-content/uploads/2018/09/CAMBrella-WP2-part_1final.pdf)
Complementary and Herbal medicine in Switzerland (<https://www.swissmedic.ch/swiss-medic/en/home/kpa.html>)

USA

- Complementary and Alternative Medicine Products and their Regulation by the Food and Drug Administration (<https://www.fda.gov/regulatory-information/search-fda-guidance-documents/>)

Australia

- Australian regulatory guidelines for complementary medicines (<https://www.tga.gov.au/sites/default/files/australian-regulatory-guidelines-complementary-medicines-argcm.pdf>)

Asia

- Regulation of Herbal Medicinal Products in Russia, April 2012, *Planta Medica* 78(05),

DOI:10.1055/s-0032-1307488 (https://www.researchgate.net/publication/315047635_Regulation_of_Herbal_Medicinal_Products_in_Russia)

- Regulation of herbal medicines in Japan, June 2000 *Pharmacological Research* 41(5):515-9 DOI: 10.1006/phrs.1999.0645 (<https://www.researchgate.net/publication/12561959>)
- HAAD Standard for Scope of Practice for Traditional Complementary and Alternative Medicine (TCAM) Practitioners- Department of Health-Abu Dhabi (<https://www.doh.gov.ae/en/>)
- Traditional and Complimentary Medicine Blueprint (Economic & Sociocultural) document 2023. (https://hq.moh.gov.my/tcm/ms/phocadownload/TCMBlueprint_Economic_and_Sociocultural.pdf)
- Traditional and Complimentary Medicine Blueprint 2018-2027 Health care document. (https://hq.moh.gov.my/tcm/ms/upload/TCMBlueprint_HealthCare.pdf)
- The Drugs and Cosmetics Act, 1940 and Rules there under;
- The Ayurvedic Pharmacopoeia of India (API);

Indian Standards

- IS 18089 (Part 1) : 2022- Panchakarma equipment Part - 1 Droni Specifications
 - IS 18089 (Part 2) : 2022- Panchakarma equipment Part - 2 Shirodhara yantra Specifications
 - IS 18085 : 2022 -Amalaki (*Phyllanthus emblica* L) Dried fruit for use in Traditional Medicine – Specifications
 - IS 18094 : 2022 -Shunthi (*Zingiber officinale* Roxb) Rhizome for use in Traditional Medicine
 - IS 18098 : 2022 - Ashvagandha (*Withania somnifera* L Dunal) root - Specifications for use in Traditional Medicine
 - IS 18186 : 2023- Mandukaparni (*Centella asiatica* L Urban) Whole Plant for use in Traditional Medicine Specification
 - IS 17874 (Part 1) : 2022 - Glossary of Yoga Terminology Part 1 Standardized Terminology for Commonly used Terms related to Yoga
 - IS 18215 : 2023 - Stainless Steel Neti Pot Specification
- Complete details of published standards is given at https://www.services.bis.gov.in/php/BIS_2.0/dqdashboard/published/subcommitt?depid=MTA5&aspect=&doe=&dt from=&dt to=

LISTING OF RELEVANT COUNTRIES WHERE THE SUBJECT OF THE PROPOSAL IS IMPORTANT TO THEIR NATIONAL COMMERCIAL INTERESTS

(Please see the [ISO/IEC Directives, Part 1, Annex C, Clause C.4.8](#))

Creation of an ISO Technical Committee for Ayurveda and Yoga will catalyze the formulation of international standards to augment the quality, safety and effectiveness of products and practices used by people across the globe. In the “WHO Traditional Medicine Strategy 2014-2023” it is stated that “For many millions of people, herbal medicines, traditional treatments, and traditional practitioners are the main source of health care, and sometimes the only source of care. This is care that is close to homes, accessible and affordable. It is also culturally acceptable and trusted by large numbers of people. The affordability of most traditional medicines makes them all the more attractive at a time of soaring health-care costs and nearly universal austerity.”

As per a WHO Global report on Traditional and Complementary Medicine, 2019, 107 Member States have a national office for traditional medicine and 75 Member States have a national research institute of traditional medicine. A total of 34 Member States across the six WHO regions include traditional or herbal medicines in their national essential medicines lists. Also, out of nine traditional & complimentary medicine practices surveyed (acupuncture, Ayurvedic medicine, chiropractic, herbal medicine, homeopathy, naturopathy, osteopathy, traditional Chinese medicine, and Unani medicine), more than 110 WHO member states use herbal

medicine and more than 50 WHO member states use Ayurveda. The standardization endeavor is therefore intended to involve all countries, considering the numerous sectors covered in the proposed scope.

Recognizing that "Yoga provides a holistic approach to health and well-being", on 11th December 2014, the UN General Assembly adopted a resolution declaring June 21 as 'International Day of Yoga'. The resolution had 175 nations joining as co-sponsors, the highest number ever for any General Assembly resolution. In 2021, the International Day of Yoga (IDY) was celebrated in 192 out of total 193 UN member countries.

Further, according to the Global Wellness Institute (GWI) report, 2020, the global wellness economy having 11 sectors was valued at \$4.9 trillion in 2019 and continue to be above \$4.4 trillion in 2020 despite of world health crisis. The important sectors those would be directly linked to the proposed committee are Healthy Eating, Nutrition, & Weight Loss (\$946 billion); Physical Activity (\$738 billion); Wellness Tourism (\$436 billion); Traditional & Complementary Medicine (\$413 billion); Public Health, Prevention, & Personalized Medicine (\$375 billion). As per the report, the traditional & complementary medicine (T&CM) services/practitioners represent 54% of the market (\$222 billion in 2020), while T&CM medicines/products represent 46% (\$191 billion). Asia-Pacific is by far the largest regional market for T&CM (\$295 billion in 2020).

Currently, Ayurveda is recognized and regulated in Bahrain, Bangladesh, Cuba, Malaysia, Mauritius, Nepal, Oman, Pakistan, Sri Lanka, Tanzania, and United Arab Emirates.

As of now, Government of India has collaborated with more than 50 countries for the promotion of Ayurveda and Yoga by virtue of signing of the country-to-country MoU, research collaborations, MoU for establishing academic chairs in foreign universities, setting up of hospitals/academic institute, setting up of the herbal garden, exchange of experts, the deputation of experts, organizing workshops, conferences, etc.

Important International activities pertaining to Ayurveda and Yoga is provided in **Annexure 2** and International status of T&CM Including Ayurvedic medicine in provided in **Annexure 3**.

LISTING OF RELEVANT EXTERNAL INTERNATIONAL ORGANIZATIONS OR INTERNAL PARTIES (OTHER THAN ISO AND/OR IEC COMMITTEES) TO BE ENGAGED AS LIASONS IN THIS WORK
(Please see the [ISO/IEC Directives, Part 1, Clause C.4.9](#))

WHO

IDENTIFICATION AND DESCRIPTION OF RELEVANT AFFECTED STAKEHOLDER CATEGORIES
(Please see [ISO Connect](#))

	Benefits/Impacts/Examples
Industry and commerce – large industry	<ul style="list-style-type: none"> - Augments quality and safety. - Enhances consistency and reliability. - Promotes Research and Development. - Expands market opportunities.
Industry and commerce – SMEs	Same as that for large Industry
Government	<ul style="list-style-type: none"> - Guide in the formulation of policies. - Establishment of quality control systems, to ensure the safety and efficacy - Assist in establishing a technical foundation for cross-border trade of these systems and positively support the expansion of trade.

Consumers	<ul style="list-style-type: none"> - Effective healthcare delivery through uniform guidelines. - Safeguards consumer by bringing authenticity and quality in Practices. - Bring uniformity in the diagnostic and therapeutic procedures. - Ensures consistent and predictable results.
Labour	-
Academic and research bodies	<ul style="list-style-type: none"> - Facilitate the use of same concepts, understanding, and definitions in Academics and Research. - Clear Communication and Documentation. - Minimizes variations in understanding and application of basic principles. - Assist researchers in gathering data systematically and exchanging meaningful information globally.
Standards application businesses	-
Non-governmental organizations	-
Other (please specify)	- Effective management of medical records

EXPRESSION OF LEADERSHIP COMMITMENT FROM THE PROPOSER

(Please see the [ISO/IEC Directives, Part 1, Annex C, Clause C.4.12](#))

If the proposal is accepted, BIS, India is willing to undertake the work of secretariat of the new TC, and is committed to provide all resources to successfully run the secretariat as per ISO norms.

The proposer confirms that this proposal has been drafted in compliance with iso/iec directives, part 1, annex c

SIGNATURE OF THE PROPOSER

BIS, India

COMMENTS OF THE ISO CENTRAL OFFICE (IF ANY)

Introduction to Ayurveda and Yoga

Ayurveda and Yoga are two ancient systems that have been practiced for thousands of years. Both of these systems originated in India and have played a significant role in the lives of many people around the world. Both Ayurveda and Yoga have their roots in the Vedas, the ancient scriptures of India, and share the common goal of achieving balance and harmony in the body, mind, and spirit.

Ayurveda, is a traditional system of medicine that has been practiced in India for over 5,000 years. It is considered to be one of the oldest healthcare systems in the world. The primary goal of Ayurveda is to restore and maintain the balance through a combination of lifestyle modifications, dietary changes, herbal remedies, detoxification practices etc. Ayurveda recognizes that each person has a unique constitution or prakriti, which determines their physical and mental characteristics. This individualized approach allows Ayurvedic practitioners to tailor treatments and recommendations according to each person's specific needs. One of the key aspects of Ayurveda is the emphasis on prevention rather than cure. It encourages individuals to adopt a healthy lifestyle, eat a balanced diet to maintain a state of wellness. Ayurveda also provides guidelines on seasonal routines, daily routines, and the use of natural remedies to maintain good health. Ayurveda has gained popularity worldwide due to its holistic approach and natural remedies.

Yoga, on the other hand, has its roots in ancient Indian philosophy and is mentioned in the Rigveda, one of the oldest known texts in the world, dating back to around 1500 BC. It is a practice that originated in ancient India and has been widely adopted around the world for its numerous benefits. The word "yoga" itself comes from the Sanskrit word "yuj," which means to join or unite. Yoga encompasses physical postures, breathing exercises, meditation, and ethical principles. The importance of yoga lies in its ability to promote physical, mental, and emotional well-being. Its holistic approach, ethical principles, and ability to foster a sense of community make it a valuable tool for personal growth and well-being.

Both Yoga and Ayurveda share a common philosophy and are closely intertwined. They complement each other in promoting physical and mental well-being. Yoga is often seen as a spiritual practice that helps individuals attain self-realization, while Ayurveda provides a comprehensive framework for maintaining and restoring health. Many Ayurvedic principles, such as the importance of a balanced diet, daily routines, and proper breathing techniques, are integral parts of the practice of Yoga.

Due to the growing popularity of Ayurveda and Yoga, the Government of India established a separate ministry in 2014 to promote and regulate these practices. This initiative plays a crucial role in promoting research, education, and training in these traditional medicine systems. The Ministry of is responsible for formulating and implementing policies related to the regulation and quality control of Ayurvedic medicines, herbal products, and traditional therapies. It ensures that these products and therapies meet the required standards of safety, efficacy, and quality. (<https://ayush.gov.in/>)

Ayush industry has witnessed considerable growth in market size since the upgradation of Department of Ayush to Ministry of Ayush in the year 2014. Ayush manufacturing industry was Rs. 21,697 crores (USD 2.85 Bn) in 2014-15 and in the latest study of RIS of 2020, the Ayush manufacturing industry size has been estimated at Rs. 1,37,800 crores (USD 18.1 Bn) that is 6 times rise in 7 years. Similarly, preliminary study of RIS shows Rs 1,66,797 Crore Revenue in Ayush Service sector. (https://www.ayush.gov.in/images/annualReport/Annual_Report_2022-2023_English.pdf)

There are adequate provisions for the monitoring of quality, safety and efficacy of drugs belonging to Ayurveda system. Good Manufacturing Practices and adherence to standards of drugs as prescribed in the pharmacopoeia and formularies are mandatory for the manufacturing of licensed products to ensure quality, safety and efficacy of medicines. The Ayurveda pharmacopoeia serves as a reference guide for Ayurvedic practitioners, pharmacists, and manufacturers by providing detailed information about the identity, quality, and purity of more than 550 medicinal plants and more than 150 classical Ayurveda formulation. The Ayurveda formulary of India plays a crucial role in upholding the integrity and authenticity of Ayurvedic medicines by detailing the quality standards of over 1000 compound preparations. (<https://pcimh.gov.in/index.php?lang=1>)

Independent Research Councils dedicated to Ayurveda and Yoga are undertaking research activities through peripheral institutes, centers, and units located across the country. Additionally, they also engage in collaborative studies with various universities, hospitals, and institutes. The research activities encompass a wide range of fields including medico-ethno botanical survey, pharmacognosy, tissue culture, drug standardization, pharmacological research, clinical research, literary research, and outreach activities. Through these activities, Research Councils are contributing to the development of evidence-based practices and therapies in these traditional systems of medicine. (<http://ccras.nic.in/>) (<https://ccryn.org/>)

The National Commission for Indian System of Medicine (NCISM) Act was enacted in 2020 with an objective to bring in reforms in the Ayurveda and Yoga education sector (in line with the vision encompassed in National Education Policy 2020). The Act aims to create a more conducive environment for the growth of Ayurveda and Yoga education in the country. In recent years, there has been a substantial increase in the number of Ayurveda and Yoga Colleges imparting quality medical education. This growth can be attributed to the increasing recognition of the potential benefits of these two ancient medical systems. (<https://ncismindia.org/>)

Hospital Accreditation Program encompasses relevant and comprehensive quality assurance standards for Ayurveda and Yoga Hospitals, Panchakarma clinics and has separate accreditation standards as per individual system of medicine and requirements. These are in natural alignment to the Hospital Standards, with a community focus.

Recognizing that "Yoga provides a holistic approach to health and well-being", on 11th December 2014, the UN General Assembly adopted a resolution declaring June 21 as 'International Day of Yoga'. The resolution had 175 nations joining as co-sponsors, the highest number ever for any General Assembly resolution.

In response to the COVID-19 pandemic, India has taken significant steps in collaboration with internationally and nationally recognized organizations. One of the notable initiatives is the release of the National Clinical Management Protocol based on Ayurveda and Yoga principles for the effective management of COVID-19. A significant number of clinical studies have been conducted to evaluate the efficacy of Ayurveda and Yoga interventions in treating Covid-19 patients. The collective evidence from the 150 studies indicates a growing interest in exploring the potential of these interventions in the context of Covid-19. Ayush 64, an Ayurvedic formulation developed by the Central Council for Research in Ayurvedic Sciences (CCRAS), is one of the repurposed drugs being explored for its potential in treating COVID-19. A total of 76 papers have also been published. These manuscripts comprise of 3 Case Reports, 5 Study Protocols, and 2 Editorials. These publications contributed to

the growing body of knowledge regarding the effectiveness and safety of Ayurveda and Yoga interventions in treating and managing Covid-19.

Through active collaboration, Ayurveda and Yoga have been integrated in healthcare establishments of various Ministries. A strategy has been implemented to promote evidence-based medicine by collaborating with various reputed scientific organizations. This initiative aims to bridge the gap between traditional Ayurveda and conventional research, ensuring that Ayurveda treatments are rooted in credible scientific evidence. Ministry of Ayush has partnered with the Indian Council of Medical Research (ICMR) to explore the areas of collaboration, convergence, and synergy between the two organizations in the field of integrative health research. MoA is also collaboratively working with Department of Biotechnology (DBT) to explore the possibility of cooperation, convergence, and synergy to leverage biotechnological interventions in this sector. Further, Council of Scientific & Industrial Research (CSIR), and Indian Council of Agricultural Research (ICAR) are actively working on documenting, promoting, and facilitating the research and development, validation, and deployment of agri technologies related to medicinal plants and their value-added products.

Ayurveda and Yoga have several key digital initiatives that fall under Health Information Systems (HIS), Research Databases/Libraries (RDLs), Academic, and Information Education and Communication (IEC). Traditional Knowledge Digital Library (TKDL), the major tool to protect traditional knowledge and bio-piracy, was a trendsetter digital initiative. The deployment of the Ayush Sanjivani application to collect millions of users' data regarding their practice of Traditional Indian Medicine during the Covid-19 pandemic demonstrated the ability of digital initiatives to respond effectively to an emerging situation. Introducing the Yoga Break (Y-break) protocol aims to refresh professionals with light yoga practices, and initiatives like Ayush Next serve as digitally-powered platforms for knowledge exchange and career guidance. Implementing A-HMIS effectively has resulted in establishing a tracking database for beneficiaries. This centralized database of unique morbidity codes has standardized and streamlined the classification of diseases and diagnoses. A database of morbidity codes was established on the NAMASTE portal in this context. The Ayush research portal is significant and much-needed initiatives to store and retrieve the research articles. The digital initiatives from the MoA were a key to reform the traditional systems of medicines and could improve the education, quality of research and accessibility of the healthcare services. MoA has collaborated with WHO's Digital Health Vertical International Telecommunication Union (ITU) at University of Helsinki exploring the possibilities of digital health for traditional medicine research and implementation thereby improving public health care delivery system.

**Important International activities pertaining to Ayurveda
and Yoga**

- The World Health Organization and Government of India have established World's first Global Centre for Traditional Medicine (WHO GCTM) in India. The centre aims to channel the potential of traditional medicine, by integrating it with technological advancements and evidence-based research.
- The important global summit on traditional medicine, organized by WHO, concluded on a positive note on 18th August 2023 in Gujarat, India. The WHO Traditional Medicine Global Summit was the first-ever international conference on traditional, complementary and integrative medicine systems. It aimed to improve access, policy and collaborations to further the role of traditional medicine in global healthcare.
- WHO had released the outcome document of first WHO Traditional Medicine Global Summit 2023 in form of "Gujarat Declaration". Gujarat declaration talks about scaling up efforts to further implement evidence-based TCIM (Traditional complimentary integrative medicine) interventions and approaches in support of the goal of universal health coverage (UHC) and all health-related Sustainable Development Goals (SDGs). It states the role of multi-regional, multi-disciplinary and multi-stakeholder collaborations demonstrated at the Global Summit through the WHO GCTM that is aligned with and complementary to the work of WHO major offices, to maximize evidence-based benefits of TCIM in global health.
- The Global Ayush investment and Innovation Summit, 2022 was a distinctive effort by the Government of India to attract the world's attention to India's ancient wisdom and traditional knowledge, and capitalize on it to pave the way for a sustainable future. The Summit was organized in line with Sustainable Development Goal Number 3 of promoting 'Good Health and Well-being'. It has concluded on a high note, with witnessing Letter of Intents (LoIs) over One billion, three hundred million USD in just three days. During the summit, more than 70 Memorandum of Understanding (MoUs) were signed between Countries, prestigious research institutes, the farmer groups and industry.
- Observance of International Day of Yoga (IDY) every year since 2015 is also a mile stone in taking Yoga to the global community. The participation of as many as 79 countries in a unique program of "Guardian Yoga ring" aptly demonstrated this. 'The Guardian Ring' is a collaborative exercise between 79 countries and United Nations organizations along with Indian Missions abroad to illustrate Yoga's unifying power that surpasses national boundaries. The importance of Yoga in maintaining the health of people both mental and physical was well observed during the Covid times and has evidently become a soft power of India. The participation of countries as well as people and acceptance of Yoga has witnessed a tremendous growth in these years.
- As part of its global strategy to improve quality, safety and effectiveness of Traditional and Complementary Medicine, WHO is developing a Benchmark Document for Yoga Training

with the support of Government of India. This partnership has gone from strength to strength, and on 17-Jun-2021 WHO launched the mYoga app. This is an app for the general public and for yoga teachers to use in their daily life and teaching. It includes WHO approved yoga teaching and practice sessions of different durations developed through extensive international expert consultation processes. The app is safe and secure, collecting no data from users at all, and can be used as a daily yoga companion for persons aged 12-65 years. It will be available in all six UN languages and in Hindi.

- Creation of forum of Traditional Medicine in G-20 summit: During G20 Summit at Osaka, Japan in 2019 a reference was made to include Ayush System of Medicine along with health. The G20 New Delhi Leaders Declaration 2023 marks a significant step towards recognizing the potential of evidence-based Traditional and Complementary Medicine in health. Further, various multilateral forums like BRICS, IBSA, SCO, Mecong Ganga Cooperation, BIMSTEC, etc. are also being effectively utilized to get global recognition to Ayurveda and Yoga.
- During India's Presidency of Shanghai Cooperation Organization (SCO) Council of Heads of State 2023, an Expert Working Group (EWG) of SCO Member states on Traditional Medicine (TM) was established and Regulations of EWG were adopted to consider the use of traditional medicines and methods to improve the health of citizens of SCO member states in accordance with national legislation and national priorities.
- The collaborations with over 50 countries through country-to-country MoUs, research partnerships, establishment of academic chairs, hospitals, herbal gardens, and exchange programs demonstrate the significance and acceptance of these Ayurveda and Yoga worldwide. Signed 24 Country to Country MoUs for Cooperation in field of Traditional Medicine and Homoeopathy with foreign nations. Signed 46 MoUs with international institutes for undertaking Collaborative Research / Academic collaboration. Thirty-nine Information Cells have been set up in 35 countries to disseminate authentic information about traditional Indian systems of medicine. Total 15 MoUs have been signed for setting up Academic Chairs with foreign universities/institutes in Australia, Mauritius, Latvia, Hungary, Slovenia, Armenia, Russia, Malaysia, South Africa, Bangladesh, Thailand, Mexico, T&T, Indonesia and Argentina, under which experts are deputed to undertake teaching/training/research activities. All these activities are indicative of the growing recognition and interest in traditional practices and the desire to exchange knowledge, experiences, and resources between countries.
- Launch of the Traditional Medicine Morbidity codes of Ayurveda, Siddha and Unani Chapter in International Classification of Diseases (ICD) 11 as Module 2 is a significant step forward in recognizing these traditional health care systems. This effort will lead to global uniformity in traditional Indian medicine as a code of vocabulary defining diseases.
- The Fellowship program of the International Co-operation scheme provides an opportunity to learn the principles and practices of Ayurveda and yoga to students from different countries. The scheme has attracted more than 250 students from 32 countries indicating its global reach and appeal.

- The Yoga Certification Board (YCB) provides Certification of Yoga Teachers Training, Accreditation of Yoga Institutions/Centers, Accreditation of Yoga Institutions, and Certification of Yoga Professionals. Under YCB, 71 institutions have been accredited, 25081 Yoga teachers, 47822 Yoga volunteers, and 69053 Yoga professionals have been certified.
- With an aim to provide a streamlined process for visitors coming from other countries, “Ayush Treatment in India” has been included in the Visa category. Ministry of Home Affairs, Government of India has notified the creation of a new category of Ayush (AY) visa for foreign nationals for treatment under Indian systems of medicine. The introduction of special category of Visa fulfills the proposal for introduction of a special visa scheme for foreigners visiting India for treatment under Indian systems of medicine like therapeutic care, wellness and Yoga.

International status of T&CM Including Ayurveda and Yoga

As a strategic priority, WHO's 13th General Programme of Work (GPW13) for 2019–2023 sets an overarching goal of reaching 3 billion more people, to move towards Sustainable Development Goal 3 (SDG 3) – ensuring healthy lives and promoting well-being for all at all ages– by achieving universal health coverage (UHC), addressing health emergencies and promoting healthier populations. Traditional and complementary medicine (T&CM) which includes Ayurveda can make a significant contribution to the goal of UHC by being included in the provision of essential health services.

The WHO's Declaration of Astana, adopted at the Global Conference on Primary Health Care in October 2018, emphasized the importance of incorporating both scientific and traditional knowledge in driving the success of primary health care. This recognition highlights the need to leverage the benefits of traditional medicines alongside modern medical practices.

As per the WHO global (updated) survey on T&CM during 2016 - 2018, 88% Member States have acknowledged their use of T&CM which corresponds to 170 Member States. These are the countries that have, for example, formally developed policies, laws, regulations, programmes and offices for T&CM, and the actual number of countries using T&CM is likely to be even higher.

Out of total 194 member states, 179 member states participated in the survey. A gist of the survey {**WHO Global report on Traditional and Complementary Medicine, 2019, WHO (ISBN 978- 92-4-151543-6)**} which includes Ayurveda and Yoga is recapitulated as follows:

S. No.	WHO region	Attribute of Traditional and Complimentary Medicine(T&CM)	Number of Member States with Affirmative Response
1.	African region (47 countries) Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cabo Verde, Central African Republic, Chad, Comoros, Congo, Cote d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Eritrea, Eswatini, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Le- one, South Africa, South Sudan, Togo, Uganda, United Republic of Tanzania, Zambia, Zimbabwe.	National Policy	40
		Regulations on T&CM	39
		National Programme	34
		National Office	39
		Expert Committee	34
		National Research Institute	29
		Regulation of Herbal medicines	20
		Registration of herbal medicines	23
% population using T&CM	87		
2.	Region of the Americas (35 countries) Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia (Plurinational State of), Brazil, Canada, Chile, Colombia, Costa	National Policy	11
		Regulations on T&CM	15
		National Programme	13
		National Office	17
		Expert Committee	12
		National Research	9

	Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, United States of America, Uruguay, Venezuela (Bolivarian Republic of)	Institute	
		Regulation of Herbal medicines	18
		Registration of herbal medicines	19
		% population using T&CM	80
3.	Eastern Mediterranean region (21 countries) Afghanistan, Bahrain, Djibouti, Egypt, Iran (Islamic Republic of), Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Pakistan, Qatar, Saudi Arabia, Somalia, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates, Yemen	National Policy	9
		Regulations on T&CM	12
		National Programme	4
		National Office	13
		Expert Committee	11
		National Research Institute	10
		Regulation of Herbal medicines	18
		Registration of herbal medicines	17
		% population using T&CM	90
4.	European region (53 countries) Albania, Andorra, Armenia, Austria, Azerbaijan, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Georgia, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Luxembourg, Malta, Monaco, Montenegro, Netherlands, Norway, Poland, Portugal, Republic of Moldova, Republic of North Macedonia, Romania, Russian Federation, San Marino, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Tajikistan, Turkey, Turkmenistan, Ukraine, United Kingdom of Great Britain And Northern Ireland, Uzbekistan	National Policy	11
		Regulations on T&CM	21
		National Programme	7
		National Office	15
		Expert Committee	15
		National Research Institute	11
		Regulation of Herbal medicines	45
		Registration of herbal medicines	45
		% population using T&CM	89
5.	South-East Asia region (11 countries) Bangladesh, Bhutan, Democratic People's Republic of Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand, Timor-Leste	National Policy	10
		Regulations on T&CM	9
		National Programme	10
		National Office	10
		Expert Committee	10
		National Research Institute	7
		Regulation of Herbal medicines	10
		Registration of herbal medicines	10

		% population using T&CM	91
6.	Western Pacific region (27 countries) Australia, Brunei Darussalam, Cambodia, China, Cook Islands, Fiji, Japan, Kiribati, Lao People's Democratic Republic, Malaysia, Marshall Islands, Micronesia (Federated States of), Mongolia, Nauru, New Zealand, Niue, Palau, Papua New Guinea, Philippines, Republic of Korea, Samoa, Singapore, Solomon Islands, Tonga, Tuvalu, Vanuatu, Vietnam	National Policy	17
		Regulations on T&CM	13
		National Programme	11
		National Office	13
		Expert Committee	11
		National Research Institute	9
		Regulation of Herbal medicines	13
		Registration of herbal medicines	11
		% population using T&CM	93

Status of presence of Ayurveda in the WHO member states

The recognition of Ayurvedic medicine as a distinct practice within traditional and complementary medicine by the World Health Organization underscores its significance in the global healthcare landscape. Following countries acknowledged the existence of Ayurveda through different means such as national policies, regulations, national programs, national offices, expert committees, national research institutes, and the regulation and registration of herbal medicines.

S.No.	Region	Member Country (participated in the WHO surveys regarding T&CM)
1.	WHO AFRICAN REGION (AFRO)	Burundi, Cameroon, Comoros, Congo, Cote d Ivoire, Gabon, Gambia, Ghana, Guinea-Bissau, Liberia, Madagascar, Mali, Mozambique, Namibia, Sao Tome and Principe, Senegal, South Africa, Uganda, United Republic of Tanzania,
2.	WHO REGION OF AMERICAS (AMRO)	Bolivia (Plurinational State of), Brazil, Canada, Chile, Colombia, Costa Rica, El Salvador, Paraguay, Trinidad and Tobago
3.	EASTERN MEDITERRANEAN REGION (EMRO)	Bahrain, Oman, Pakistan, Tunisia, United Arab Emirates
4.	WHO EUROPEAN REGION (EURO)	Germany, Ireland, Serbia, Slovenia, Sweden, Switzerland, United Kingdom of Great Britain and Northern Ireland
5.	WHO SOUTH – EAST ASIA REGION (SEARO)	Bangladesh, India, Indonesia, Maldives, Nepal, Sri Lanka, Thailand
6.	WHO WESTERN PACIFIC REGION (WPRO)	Brunei Darussalam, Cambodia, Lao People's Democratic Republic