

COMMENTARY

Towards One Nation, One Health System: A Pragmatic Approach to Integrative Medicine

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INTRODUCTION AND CONTEXT

India has long been a land of medical pluralism, where multiple healing traditions have coexisted for centuries—ranging from Indigenous systems like Ayurveda, Siddha, and Unani to later imports like homoeopathy from Europe and, of course, modern Western medicine or allopathy. Against this backdrop, in late 2021 and early 2022, reports emerged that the Government of India, under the leadership of Prime Minister Narendra Modi, is contemplating a major overhaul of the country's healthcare landscape under the banner of a "One Nation, One Health System" policy by the year 2030. According to preliminary information, this policy would integrate modern allopathy with traditional systems such as homoeopathy and Ayurveda in medical practice, Education, and research. **(1,2).**

India's health policy landscape has progressively acknowledged the importance of pluralistic medical systems. The National Health Policy (NHP) 2017 promotes medical pluralism, calling for the co-location of AYUSH

services within government hospitals. **(3).** The National Education Policy (NEP) 2020 further supports integrative Education, recommending that allopathic and AYUSH practitioners develop a basic understanding of each other's disciplines. **(4).** These frameworks indicate a long-term government vision to harmonise traditional and modern medicine, making One Nation, One Health System a natural evolution of India's healthcare trajectory.

Additionally, India's global traditional medicine leadership role has expanded with the WHO Global Centre for Traditional Medicine in Jamnagar, Gujarat, signalling a commitment to evidence-based integration. **(5).** This positions India to implement and lead global integrative healthcare initiatives. The policy envisions a scenario where patients—upon arriving at any hospital—could receive treatment from any medical system, depending on the specific nature of their ailment and personal preference. A national committee has been formed to study this proposal's feasibility and modalities, indicating a serious commitment to

reimagining how healthcare is delivered and consumed in India.

This development is significant for several reasons. On a purely administrative level, merging multiple medical systems under one umbrella could redefine how medical professionals are trained, licensed, and regulated. From a patient's perspective, it may open up new options for treatment, particularly in cases where integrated or complementary approaches may be beneficial. At the same time, questions abound regarding the scientific rigour of certain modalities, the standardisation of Education, and the potential for misapplication. This article will delve into the historical roots of medical pluralism in India, examine the specifics and motivations behind the government's new policy, and explore the potential benefits and challenges ahead.

HISTORICAL BACKGROUND AND EVOLUTION OF MEDICAL PLURALISM IN INDIA

Medical pluralism in India is not a new phenomenon. It has existed for centuries. Ayurveda, often considered the oldest codified medical system still in practice, is estimated to be at least 3,000 years old and is rooted in the Vedic tradition. Around the 7th century CE, systems like Siddha and Unani evolved or were introduced and localised. Over time, these systems found patronage under different royal courts and shaped India's healthcare practices at the grassroots level.

With colonial rule came the formal introduction of Western medicine—what we today refer to as allopathy. British colonial administrators established hospitals and medical colleges that primarily taught and practised Western medicine, gradually creating an institutional framework for its dominance. Yet, traditional systems endured due to deep cultural ties and effective home-based remedies, especially in rural communities.

Introduced by European practitioners in the early 19th century, homoeopathy arrived in

India. Despite initial scepticism, homoeopathy's individualised, gentle approach to healing resonated with many. It gained a substantial following, partly due to India's large population and the affordability of homoeopathic remedies, which often cost less than certain conventional treatments.

Globally, 88% of WHO member states have recognised traditional and complementary medicine within their national health policies (WHO, 2022). (6). Countries like China, Germany, and Switzerland have developed integrative healthcare models where traditional and modern medicine coexist within public health systems. (7). India's strategic expansion of AYUSH services within Ayushman Bharat and National Health Mission programs reflects a growing institutional acceptance of integrative healthcare. (8)

The WHO's support for traditional medicine integration, as outlined in the WHO Traditional Medicine Strategy (2014-2023), further aligns with India's longstanding history of medical pluralism. (9). Establishing 37,000 AYUSH dispensaries and nearly 4,000 government AYUSH hospitals demonstrates that India has already laid the foundation for an integrative approach. (10). The question is how to formalise this integration within a structured, evidence-based framework. This ministry is tasked with developing, educating, and regulating these traditional and alternative medical systems. Over time, various attempts have been made to integrate, such as encouraging research collaborations between AYUSH institutions and mainstream medical schools. However, a unified framework that merges different systems at scale has thus far remained elusive.

The "One Nation, One Health System" policy could be the most ambitious step yet in recognising, regulating, and merging these disparate systems into a coherent whole—marking a new chapter in the centuries-long saga of India's medical pluralism.

DEFINING EACH SYSTEM: ALLOPATHY, HOMOEOPATHY, AND AYURVEDA

Allopathy (Modern Western Medicine)

Allopathy, or modern Western medicine, is the dominant system globally. Rooted in scientific research and clinical trials, it relies heavily on pharmacology, surgery, and technological interventions to treat and manage diseases. Treatment approaches are evidence-based, often standardised through clinical guidelines, and require rigorous medical training over multiple years, culminating in professional degrees like an MBBS (Bachelor of Medicine and Bachelor of Surgery), MD (Doctor of Medicine), or MS (Master of Surgery). Laboratories, diagnostic imaging (e.g., X-rays, MRIs), and advanced surgical procedures form the backbone of the allopathic practice.

Homeopathy

Originating in Germany in the late 18th century, homeopathy is based on the principle of "like cures like." Practitioners use highly diluted substances, believing they stimulate the body's self-healing mechanisms. Scientific validation and standardisation will be crucial for India's integrative health model to succeed. Several government-funded research projects are already examining evidence-based applications of AYUSH treatments. (11) Institutions like AIIMS Delhi's Centre for Integrative Medicine and Research are conducting randomised controlled trials (RCTs) on yoga and Ayurveda, particularly in the management of non-communicable diseases (NCDs) such as diabetes, hypertension, and stress disorders. (12,13).

The future of One Nation, One Health System depends on enhancing research collaboration between allopathic and AYUSH disciplines while maintaining a rigorous approach to safety, efficacy, and dosage standardisation. Nonetheless, homeopathy is widely practised in India. Homeopathic practitioners undergo a structured educational process leading to a BHMS (Bachelor of Homeopathic Medicine and Surgery) degree, where they learn to tailor remedies to individual patient profiles. (14).

Ayurveda

Ayurveda is an ancient Indian system that translates to "the science of life." It balances three fundamental energies (doshas)—Vata, Pitta, and Kapha. Treatment approaches often include dietary recommendations, herbal remedies, yoga, meditation, and lifestyle modifications. Preventive care is a cornerstone of Ayurveda, seeking to maintain harmony in body and mind before diseases arise. Ayurvedic practitioners typically earn a BAMS (Bachelor of Ayurvedic Medicine and Surgery) degree. While many Ayurvedic texts are thousands of years old, the field has continued to evolve, with growing interest in scientific validation of Ayurvedic formulations.

By understanding the core philosophies of each system, one can appreciate both their unique strengths and the challenges of merging them. Allopathy's scientific rigour and acute-care focus might complement Ayurveda's holistic viewpoint and Homeopathy's personalised remedy approach—but only with careful planning and standardisation.

RATIONALE AND GOALS BEHIND INTEGRATION

The government's move toward integrating these three systems under one framework emerges from a mix of healthcare, socio-economic, and cultural rationales:

Patient-Centric Flexibility: Proponents argue that no single medical system monopolises effective treatments. By offering multiple streams under one roof, patients can choose or be guided to the modality that best suits their particular condition—whether a chronic ailment best managed by Ayurveda's holistic regimens or an acute infection requiring antibiotic therapy under allopathy.

Cost-Effectiveness: Modern medicine, while life-saving, can be expensive, especially for large segments of India's population living in rural or semi-urban areas. Integrative healthcare could potentially lower costs by providing alternative, and sometimes more affordable, treatments for specific conditions—e.g., certain herbal remedies and homeopathic treatments can cost less than expensive surgeries or long-term drug regimens.

Cultural Acceptance and Accessibility: India's diverse population includes many people who trust or are familiar with traditional remedies. Integrating these systems in a formal, regulated manner can enhance public trust in the healthcare system.

Research & Global Leadership: India's AYUSH sector has grown into a \$26 billion industry, with exports of herbal and AYUSH-based products reaching \$1.24 billion (Ministry of Commerce, 2023). Integrating AYUSH into medical tourism has positioned India as a global wellness destination, with medical travellers seeking treatments that combine allopathy with Ayurveda, yoga, and naturopathy. (16). Research collaborations with institutions such as ICMR, AIIMS, and CSIR can potentially establish India as a global hub for integrative medicine research. (17). The biomedical industry's growing interest in herbal and natural formulations, particularly in oncology, pain management, and mental health, further strengthens the case for India to capitalise on its rich medical heritage in an evidence-based manner. (18).

Preventive Healthcare Focus: Expanding AYUSH services within Ayushman Bharat Health and Wellness Centres (HWCs) has improved access to preventive care. Over 170 AYUSH treatment packages are available under PM-JAY, covering yoga-based rehabilitation, Ayurveda for metabolic disorders, and Unani therapies for respiratory conditions (Ministry of AYUSH, 2023). Integrating lifestyle-based interventions like yoga and dietary modifications alongside modern medical treatments for chronic diseases can help lower healthcare costs, reduce hospitalisations, and improve quality of life. Standardising these approaches through cross-disciplinary medical training and research collaborations will be essential for successful implementation.

By integrating it into mainstream healthcare, India might reduce the burden of chronic diseases like diabetes, hypertension, and obesity, which have ballooned in recent decades. The goals can be summarised as providing a holistic, culturally resonant, and cost-effective healthcare system that leverages the best of all worlds. The challenge,

however, lies in ensuring scientific rigour and avoiding diluting effective practices.

POTENTIAL BENEFITS AND OPPORTUNITIES

Holistic Patient Care

Bringing multiple systems together encourages a more complete approach to health. Acute conditions like bacterial infections or traumatic injuries may respond best to modern surgical interventions. In contrast, chronic and lifestyle-related conditions might benefit from Ayurveda's diet and lifestyle modifications, supplemented by homoeopathic remedies for symptom relief. Patients could theoretically receive a continuum of care that addresses immediate symptoms and underlying imbalances.

Research and Innovation

Integration opens the door to collaborative research protocols. For instance, the efficacy of certain Ayurvedic herbs could be explored in allopathic clinical trials, or homoeopathic remedies might be studied in combination with standard therapies to evaluate improved outcomes. This cross-pollination of ideas may lead to breakthroughs or novel drugs that draw on traditional knowledge and modern analytical techniques.

Economic and Social Development

India could emerge as a global leader in integrative healthcare, attracting medical tourists seeking holistic treatments. Ayurvedic resorts and wellness centres have already seen a surge in popularity among foreign visitors, boosting the local economy. A robust, government-endorsed framework might expand this trend significantly, creating new jobs and skill sets. Moreover, integrative healthcare could be more readily available in rural areas where indigenous healing traditions remain popular, thus bridging the urban-rural healthcare divide.

Education and Training Reforms

New integrative curricula could be introduced in medical colleges, giving future doctors a broader perspective on patient care, entailing a major overhaul of existing syllabi, and

potentially requiring students to take foundational courses in modern and traditional medicine. Graduates would emerge with a more well-rounded skill set, better prepared to handle India's diverse patient population and potentially more open to collaborative, interdisciplinary research.

Personalised Medicine

Homoeopathy already personalises remedies based on a patient's constitutional type and specific symptoms, while Ayurveda classifies patients into doshic profiles. By bringing these personalised frameworks into the mainstream, alongside evidence-based diagnostics, the policy has the potential to usher in an era of more individualised patient care.

CHALLENGES AND CRITICISMS

Despite the optimistic visions of integrative healthcare, several legitimate concerns must be addressed for the policy to succeed:

Scientific Validation and Evidence Base

The biggest challenge to integrative healthcare is ensuring scientific credibility, standardisation, and regulatory oversight. **(19)**. Efforts have already begun to develop pharmacovigilance systems for AYUSH medicines, with the Pharmacopoeia Commission for Indian Medicine & Homoeopathy (PCIM&H) setting quality standards for herbal formulations. **(20,21)**.

Additionally, cross-disciplinary Education must be strengthened. AYUSH practitioners receive minimal exposure to modern diagnostic techniques. At the same time, MBBS students lack formal training in traditional medicine principles. **(22)**. Addressing this gap through medical curriculum reform and interdisciplinary research programs will be critical for integration success.

Similarly, while many Ayurvedic herbs are clinically useful, others require more extensive trials to be validated in line with modern evidence-based medicine. Without rigorous research, mainstream medical bodies may remain sceptical of broad-scale integration,

and patients risk being subjected to unproven methods.

Regulatory Hurdles

Implementing this policy requires a universal safety, efficacy, and quality control standard. Ayurvedic and homoeopathic medicines can vary widely in their constituents. Standardising dosages, active ingredients, and manufacturing practices is essential to avoid inconsistencies. Regulatory bodies like the National Medical Commission (NMC) and the Central Council for Indian Medicine (CCIM) must collaborate closely with the Ministry of AYUSH to develop coherent guidelines.

Professional Resistance

Allopathic practitioners trained intensively in scientifically rigorous methods might view integrating alternative systems as diluting standards. Conversely, practitioners of Ayurveda and homoeopathy might fear that Western medicine's sheer dominance could overshadow their unique approaches. Professional turf wars could derail the integration process without a careful, inclusive strategy before it gains momentum.

Educational and Logistical Complexities

Merging different systems in medical colleges is no small feat. It would require revising textbooks, training faculty with varying expertise, and establishing inter-departmental collaborations. Furthermore, students already spend years mastering one particular branch. Adding mandatory components of other systems could increase the length and complexity of medical training, potentially straining educational institutions and students alike.

Risk of "Mixopathy"

Critics warn of a scenario where bits and pieces of each system are used indiscriminately without maintaining the internal consistency that each approach demands. This phenomenon, sometimes termed "mixopathy," could lead to inappropriate treatments that neither adhere to rigorous scientific testing nor follow the classical protocols of Ayurveda or homoeopathy. The

result might be suboptimal or even harmful outcomes for patients.

Addressing these concerns transparently and systematically is crucial if the "One Nation, One Health System" initiative is to gain credibility and traction among both healthcare professionals and the wider public.

IMPLEMENTATION PATHWAYS

Policy Details and Committees

Preliminary reports indicate that a high-level committee has been formed to explore the feasibility of implementing the "One Nation, One Health System" policy by 2030. The committee is expected to study the legal frameworks, educational reforms, and infrastructural requirements. Although detailed blueprints have not yet been made public, we can glean that the committee will likely seek input from stakeholders: allopathic associations, AYUSH practitioners, regulatory bodies, and perhaps even patient advocacy groups.

Institutional Framework

Multiple agencies share India's healthcare governance. The Ministry of Health and Family Welfare (MoHFW) oversees public health policy. At the same time, the Ministry of AYUSH specifically regulates traditional and alternative medicine. Successful integration would require high coordination, shared decision-making between these bodies, and new frameworks for monitoring quality and efficacy in integrative settings.

Phased Rollout

A phased approach to integration will be essential. In the short term, existing AYUSH hospitals should expand research collaborations with modern medical institutions. AIIMS and ICMR-led studies on AYUSH interventions should be scaled up, with more randomised controlled trials (RCTs) to validate treatments. **(23,24)**. In the medium term, the government can encourage the co-location of AYUSH clinics within district hospitals, allowing patients to access allopathic

and AYUSH-based treatments in a regulated setting. **(25)**.

In the long term, integrative medicine courses in medical colleges should be developed, ensuring that future practitioners are trained in both systems in a structured, evidence-based manner instead of a nationwide rollout overnight; a gradual approach could allow for real-time evaluation and refinement. These pilot programs might feature integrative outpatient departments, collaborative research centres, and specialised wards where practitioners from all systems work together under established protocols. If proven successful, these models could be scaled up to more institutions.

Public-Private Partnerships

Large private hospital chains in India might be open to offering integrative services if the government provides sufficient policy and financial support. Many of these hospitals already run wellness wings or alternative therapy units. Formalising these services and embedding them into a unified system could potentially accelerate the adoption of the "One Nation, One Health System" model. On the other hand, government-funded institutions like AIIMS (All India Institute of Medical Sciences) and existing AYUSH hospitals can serve as testbeds for integrative treatment protocols.

Standardising Education

A cornerstone of effective implementation is Education. Specialised bridging courses may be introduced for practitioners who want to expand their skill sets. For instance, an allopathic doctor could enrol in short-term certified programs in Ayurvedic nutrition or homoeopathic prescribing principles. Over time, new integrated curricula might be developed at the undergraduate level, ensuring the next generation of medical professionals is well-versed in a broad range of treatment modalities.

INTERNATIONAL PERSPECTIVE ON INTEGRATIVE MEDICINE

India is not the only nation exploring integrative healthcare. Several other countries offer valuable lessons:

China: Traditional Chinese Medicine (TCM) is practised alongside Western medicine in many hospitals. Acupuncture, herbal remedies, and modern treatments coexist, often leading to novel research in cancer care and pain management. However, China's experience highlights the challenges of ensuring scientific rigour and consistent training across diverse systems.

Germany: Homoeopathy and naturopathy enjoy a measure of acceptance, with many German physicians offering complementary treatments alongside standard care. Health insurance in Germany sometimes covers homoeopathy, reflecting strong patient demand. Still, the practice faces criticism from scientists who question its evidence base.

United States: Integrative Medicine centres exist in prominent institutions like the Mayo Clinic and the Cleveland Clinic. They combine Western medical diagnostics with acupuncture, yoga, meditation, and herbal supplements. However, these services often remain relatively niche, with high costs and limited insurance coverage.

China's Traditional Chinese Medicine (TCM) system has been successfully integrated into mainstream hospitals, with strict government regulations ensuring quality and safety. In Germany, homoeopathy and naturopathy treatments are covered under national health insurance, provided they meet scientific validation criteria. India can learn from these models by ensuring regulatory clarity and strengthening research collaborations. With its millennia-old traditions and robust modern healthcare network, India is uniquely positioned to develop a homegrown model that could eventually serve as a template for other countries.

PUBLIC RECEPTION AND DISCOURSE

Public opinion on the proposed integration runs from enthusiastic support to deep-seated scepticism. Those who value traditional medicine for its cultural resonance and holistic ethos see the policy as long overdue, believing

it grants legitimacy to systems that have long been overshadowed by Western medicine. Rural populations—where Ayurveda and home remedies are still common—may welcome greater institutional support and better regulation of these therapies.

Conversely, a population segment worries that merging these systems could legitimise unproven treatments, especially in urban areas and among scientifically-minded clinicians. Social media debates often illustrate concerns around potential "pseudo-science," especially regarding homoeopathy, which has been called into question by numerous double-blind studies.

The mainstream media's coverage has been somewhat mixed. Some outlets highlight success stories of patients who found relief through integrative approaches. Others question whether the policy is driven more by cultural nationalism than medical necessity, suggesting that the government needs to invest more in basic health infrastructure, including better diagnostic facilities, rural hospital upgrades, and staff training. Ultimately, the discourse underscores the need for transparency, robust data, and clear communication about the goals and methods of integration.

FUTURE PROSPECTS AND RECOMMENDATIONS

Evidence-Based Integrative Framework

For integration to gain credibility, each component—whether it is an Ayurvedic herbal formula or a homoeopathic regimen—must be rigorously evaluated through well-designed clinical trials, which entails greater funding for research institutions, collaborative studies involving allopathy and AYUSH practitioners, and, most importantly, data publication in peer-reviewed journals. Indian medical councils can set up specialised committees to oversee such research, ensuring objectivity and scientific integrity.

Strengthening Regulatory Mechanisms

A new regulatory framework may be required to standardise integrative medicine's licensing, Education, and practice. While multiple

councils already regulate allopathy, Ayurveda, and homoeopathy, an overarching body that oversees integrative protocols could help maintain uniform standards. Additionally, manufacturing standards for Ayurvedic and homoeopathic products must align with rigorous good manufacturing practices (GMP).

Curriculum Reform and Capacity Building

Medical education reform is a monumental but necessary undertaking. In an ideal scenario, medical colleges would incorporate foundational knowledge of each system. Specialised training and fellowship programs could be offered for those interested in deeper cross-system expertise. Alongside theoretical knowledge, hands-on experience with integrative patient care should be an integral part of the curriculum. Such capacity building ensures that future practitioners have the knowledge and the clinical acumen to deliver integrated care safely and effectively.

Public Awareness and Outreach

Public awareness is key to the success of any healthcare policy. The government, medical institutions, and professional bodies should invest in clear, evidence-based communication explaining how integration works and what patients expect. Educational campaigns might be rolled out to rural areas, informing communities about preventive health measures and the availability of integrative options. In urban areas, seminars, workshops, and media engagement could clarify doubts and counter misinformation.

International Collaboration

India's move toward integrative healthcare could position it as a global leader. Collaborations with institutions in countries already embarking on integrative models can help India avoid potential pitfalls. International conferences, joint research projects, and student exchange programs would further the country's stature and accelerate the development of robust, integrative medical science.

CONCLUSION

The Indian government's plan to create a "One Nation, One Health System" by merging

allopathy, homoeopathy, and Ayurveda by 2030 is a bold and multifaceted initiative that could potentially reshape the nation's healthcare paradigm. India's rich tapestry of healing traditions has historically coexisted but has rarely been integrated systematically and standardised. If executed with due diligence, this policy could deepen patient choice, catalyse new areas of medical research, and elevate India's standing in global healthcare. (26).

Yet, caution must be exercised. Seamless integration requires more than just good intentions and policy declarations. It demands rigorous scientific validation, transparent regulatory oversight, and professional buy-in from practitioners across different fields. Medical Education must undergo significant overhauls, ensuring that upcoming generations of healthcare providers are prepared to navigate—and contribute to—this interdisciplinary environment. Equally important is public trust, which hinges on consistent communication of benefits, risks, and evidence-based practices.

In many ways, India has the opportunity to set a global benchmark for integrative healthcare. A balanced, evidence-based approach, backed by medical research, cross-disciplinary Education, and strong regulatory mechanisms, will be critical for success. With careful implementation, India can lead the world in integrative medicine, combining its rich medical heritage with cutting-edge scientific advancements. The potential dividends are vast: reduced healthcare costs, improved accessibility in rural areas, and a globally appealing holistic medicine brand that celebrates modern science and ancient wisdom. However, the road ahead is strewn with scientific, logistical, and ideological challenges. The policy's success will ultimately hinge on whether the government, practitioners and the public at large can align under a common vision that respects the unique strengths of each medical system without compromising on patient safety or empirical rigour.

If the committees studying the policy's feasibility can chart out clear, evidence-based guidelines, build consensus among stakeholders, and foster a truly collaborative medical culture, then "One Nation, One Health System" could be an iconic shift for India—demonstrating to the world a new model of how diverse healing traditions can coexist and enrich one another for the betterment of humanity's health. The promise is enormous, but so is the responsibility to ensure this integration is carried out ethically, safely, and transparently.

DECLARATION OF GENERATIVE AI AND AI ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

During the preparation of this work, the author(s) used **OpenAI's ChatGPT (GPT-4)** to assist in structuring the content, refining the language, enhancing clarity, and developing evidence-informed arguments in line with journalistic and academic standards. After using this tool, the author(s) thoroughly reviewed, edited, and revised the manuscript to ensure its accuracy, contextual relevance, and originality. The author(s) take full responsibility for the content and integrity of this publication.

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