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No. U.11018/06/2021-HR(ASM)/ 8116107

Government of India

Ministry of Health and Family Welfare

(Department of Health Research)

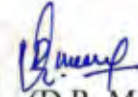
IRCS Building, 2nd Floor,
1, Red Cross Road, New Delhi-110001.

Dated, January 10, 2023.

Subject :Minutes of the Sixth Meeting of the 'Inter-Departmental Committee for Identifying Viable New Systems of Medicine / Therapy' (IDC), held as a 'virtual meeting' on the 17th & 18th October, 2022, to consider proposals for recognition of Electrohomoeopathy as a system of medicine.

The undersigned is directed to forward herewith a copy of the 'Minutes' of the Sixth Meeting of the 'Inter-Departmental Committee for Identifying Viable New Systems of Medicine / Therapy' (IDC), which was held on the 17th & 18th October, 2022, as a virtual meeting in order to consider the proposals, seeking recognition of Electrohomoeopathy as a system of medicine.

Encl. : As stated.



(D.R. Meena)
Director

To

1. Chairperson and Members of the 'Inter-Departmental Committee for identifying viable new systems of medicine / therapy' (*As per the attached list*).
2. Representatives of the joint body of Electrohomoeopathy organisations / other Electrohomoeopathy organisations, who may share the 'minutes' with other members of the joint body/ Electrohomoeopathy organisations, including those who attended the meeting along with them.
3. Other participants.

Copy to :

1. Secretary, Department of Health and Family Welfare, Nirman Bhawan, New Delhi -110011.
2. Secretary, Ministry of AYUSH, Ayush Bhawan, B-Block, GPO Complex, INA, New Delhi – 110023.
3. Secretary, Department of Legal Affairs, Shastri Bhawan, New Delhi.
4. Principal Adviser, NITI Aayog, New Delhi.

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5. Secretary, National Medical Commission, New Delhi.
 6. Secretary, University Grants Commission, New Delhi.
 7. Website of DHR.

Copy, also, to:

Sr.PPS to Secretary (DHR) & DG (ICMR)/ PPS to JS(AN)

No. U.11018/06/2021-HR(ASM)/ 8116107

Government of India
Ministry of Health and Family Welfare
(Department of Health Research)

Dated the 10th January, 2023

Brief record of discussions held in the Sixth Meeting (*First Sitting*) of the 'Inter-Departmental Committee for Identifying Viable New Systems of Medicine / Therapy', held as a 'virtual meeting' on 17.10.2022 at 10.30 A.M. to consider the proposal seeking recognition of Electrohomoeopathy as a system of medicine

The Sixth Meeting of the 'Inter-Departmental Committee for Identifying Viable New Systems of Medicine / Therapy' (IDC) - under the Chairmanship of Dr. V.M. Katoch, former Secretary, Department of Health Research (DHR)-cum-Director General, Indian Council of Medical Research (ICMR) - was held as a virtual meeting in two sittings on 17.10.2022 & 18.10.2022, to consider further the proposal, seeking recognition of Electrohomoeopathy as a system of medicine.

2. This issue was considered thrice in the past by the IDC, but it remained inconclusive as IDC was not satisfied with the scientific material contained in the proposal. In IDC's last meeting, held on 11.01.2021, the committee's common views were that the proposal submitted for recognition of Electrohomoeopathy as a system of medicine, lacked detailed and authentic scientific information and data, without which the committee was unable to properly assess the viability of the system and progress further. It was noted that in spite of the claims that this system was being widely practised in the country for almost a century now, however, necessary records / documents did not appear to have been developed and maintained in combined and standard manner, which were very essential and unavoidable for promotion and further development of any system of healthcare. In that meeting, all the experts had been unanimous in their views that there ought to be properly-compiled detailed clinical data to establish the efficacy /efficiency of electrohomoeopathy treatment, a common standard pharmacopeia for manufacture of medicines in the country and related activities, publications in reputed scientific national / international journals and well-analysed monographs of clinical data from different centres, etc. The joint body of electrohomoeopathy organisations was advised to work together, taking along all in the trade in the country, so that they could compile common solid and valid data/documents for submission to IDC for its further review. While it was agreed that they would require months to complete the exercise, however, they were advised to complete the job as early as possible.

3. Unlike the last two meetings, where the joint body of electrohomoeopathy organisations was mainly heard by the committee, it was decided to hear other parties also in this meeting,



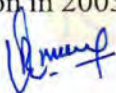
including those, who had broken away from the joint body. The joint body as well as these other bodies submitted huge material on the subject, which were circulated among the IDC members, etc., well in advance of the meeting. Since the number of electrohomoeopathy organisations/ individuals, who were to be heard by the committee, was quite large, it was decided to hold this 6th IDC meeting on virtual mode on two days, i.e., on the 17th & 18th October, 2022, in order to hear each of the participating organisations / individuals in detail.

4. The lists of the participants in the first sitting of the 6th IDC Meeting, held on 17.10.2022, are placed at **Annexure-I & Annexure-II**.

5. At the outset, Shri D.R. Meena, Director, Department of Health Research (DHR) - on behalf of Ms Anu Nagar, Joint Secretary (DHR) & Convener (IDC), who was away to attend another meeting with the Minister for Health and Family Welfare - welcomed the Chairperson and the Members of IDC, the special invitee, the representatives of the joint body of electrohomoeopathy organizations and other organisations/individuals to the meeting. He briefly narrated the background of the case and the purpose of the meeting, and, then, requested the Chairperson to take over for initiating the proceedings, before presentation on behalf of the joint body was made. He also requested the participants to mark their attendance on the system.

6.1 Initiating the deliberations, Dr. V.M. Katoch, Chairperson (IDC) too welcomed everybody, including his colleagues in the IDC and DHR, He observed that IDC would be completing six years of its existence in two days from the meeting day, and that the subject of electrohomoeopathy has been discussed in the last three meetings. He stated that this committee was constituted by the Government, following up on the directions of the committee of secretaries, etc. It has become a forum for recognizing the systems now in the present environment. The Chairperson observed that he has been involved in this matter of electrohomoeopathy since November, 2008, when he joined DHR, and, therefore, he happens to be aware of the issue for the last 14 years. He recollected that in the year 2003, the experts of that time were not convinced that this system had enough material to be considered for the recognition, and now, almost 20 years thereafter, the IDC is to revisit that decision, i.e., whether that decision needs revision or that decision would stand. Of course, he has no opinion on that at the moment.

6.2 Dr Katoch continued that 20 years had gone in between and during its last three meetings, IDC has devoted sufficient time on the issue; it has asked questions, provided guidance and it was acting more like a mental committee. The committee has been trying to help the applicants to present their case better in a proper form. However, apparently, there have been problems among the applicants as they have different voices, and though the committee respects all of them, but it becomes very difficult for the judges to take a decision because the applicants present their cases in their own way. However, the criteria are not new criteria. This is the same criteria which was used by the Dr. Ganguly committee to take a decision in 2003, and the IDC has been following the same criteria, as it is found to be a robust one.



6.3 Dr. Katoch mentioned that 14 monographs have been received, some relating to clinical aspects, some relating to publications, but many of them on the homoeopathy drugs. Then, there have been 12 books, from the Sinha's group in Kanpur, where the electrohomeopathy started being practiced about 100 years back. So, they have some books translated, some books are in the public domain as such. Recently, six books have been received, which they wanted to submit. They were all historical books, some dating back to 1876 and 1880; those are very important from the perspective of evolution of the science, there are one or two books which are from the original Caesar Mattei itself. These provide the thinking at that time. The Chairperson informed that he has circulated to his colleagues, but the other books are to be discussed among the experts, when it meets in the near future and take a decision.

6.4 The IDC Chairperson observed that the committee had decided earlier to hear only one consolidated group, comprising almost all the stakeholders with their collective wisdom, to facilitate a proper appraisal of the proposal, but since, apparently, the applicants did not agree with each other, the decision keeps on getting postponed. In any case, the committee would give opportunity to others to listen and participate, after Dr. Kuldip Tiwari makes a brief presentation on what the joint body has done since the deliberations in the last meeting. For today, there are applicants listed for intervention. Dr. Qureshi also, from Sholapur, he made a good discussion on the last occasion. The participants in the last meeting had contributed. Dr. Bakshi also was part of the original group. Again, Dr. Dharmendra D. Shah too was part of the original group, and, in the same way, Dr. Suresh Babu is from the original group, and attended two meetings. So, all of them would be given time to intervene after Dr. Tewari completes his presentation. There is one more person listed as Dr. Pandey. He did not participate earlier. The Chairperson advised them not to question IDC's decision to listen to others, because it was a very conscious decision taken by it. If it did not want to listen to some other ideas, it would look like that the committee had a closed mind. However, he observed that while the committee had no problem in listening to others, but the best thing would have been if the committee had before it one jointly-compiled consolidated document to examine, which could have made the things much easier for it. In any case, it was a problem on the part of the applicants, he added.

6.5 The Chairperson, then, requested the expert committee members to note down their questions, if any, and ask them only after the applicants make their presentation, so that any one of the applicants can reply to those questions. He mentioned that the committee would listen to some other people also the next day, but, ultimately, the committee, among themselves, would sit together, and take a call as to whether the applicants' presentations have reached a stage to facilitate revising the decision taken 20 years back, or whether to continue to stay with that decision. That will be something the committee will decide in its exclusive meeting(s). Today, he observed, it is applicants' day to briefly summarize the things and emphasize on what they want the committee to listen on their fulfilment of the essential criteria and the desirable criteria.

6.6 Dr. Katoch then asked if Prof. Gupta and Dr. Darshan Shankar had any initial remarks, as they had given their mind earlier also, and which was summarized by him. However, both

of them commented that Chairperson's summary was a fair and perfect one, particularly, that on the essential criteria and the desirable criteria, which the applicants should comply with, and they further said that they would now listen to them (applicants). Dr. Katoch then requested Dr. Kuldeep Tiwari of the joint body to make their presentation, and complete it in 20 minutes.

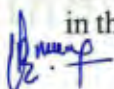
7. Initiating their presentation, Dr. Kuldeep Tiwari mentioned that information was furnished by them in Parts I & II, conforming to essential criteria, and copy of the PPT was also sent by them late last evening. He mentioned that there has been some progress, and the information furnished relating to production of electrohomoeopathy medicines shows that there is difference between homoeopathy and electrohomoeopathy. The Chairperson commented that the PPT sent by the joint body last night was seen by him in the morning only, but he had hardly any time to go through it. He asked Dr. Kuldeep Tiwari to make their presentation in twenty minutes, and establish fulfilment of the essential and desirable criteria.

8. Shri A.P. Maurya from the joint body then proceeded to make the presentation. However, he was mainly mentioning the page numbers of the documents which contained information on different aspects. Prof. Y.K. Gupta intervened to observe that the documents are with the committee, which it would read. He asked Dr. Maurya to summarise their information on the relevant points. The latter was still reading from the books only, which made Prof. Gupta to comment again that it was not a proper presentation, and if they did not have any PPT, they can verbally provide the information. Then, Dr. Deepak Sinha from Count Mattei Association (part of the joint body) gave a brief history on the subject. He stated that Electropathy was invented by Count Mattei in Italy, who used to manufacture medicines by the name of secret remedies, and, later on, the system was developed in Germany. Its name was also changed from electropathy to electro complex homeopathy. First, they established company by the name of Engel. Later on, in 1923, it was converted into Jeso work in Regionsbach. Now this company is owned by Wilmer Schwabbe group. And they are still producing electropathy medicines. Dr. Deepak Sinha then showed some bottle and a pamphlet inside which shows how many plants are there. And by which formulation they have extracted the essence of these plants. He mentioned the names of some companies also. He mentioned that the label on the bottle indicates by which formulation of German Homoeopathic Pharmacopoeia they have extracted this. He then showed monthly general published from Geneva in 1892, and another journal published in 1913 by the name of Modern Medicine. At this point, Prof. Y.K. Gupta asked whether these journals were discontinued or were there any issues after this. Dr. Sinha informed that they were discontinued, but like these, they used to publish the name of modern remedies from Kanpur in India, and that there are other people who are also publishing monthly journals. And, from time to time they also publish the names of patients who get cured from various doctors. They send their evidences to them and they publish it in their magazine. To a specific query from Dr. Kousthubha Upadhyaya, Adviser (Ayurveda), Ministry of AYUSH, Dr. Sinha stated that system is recognized in Germany, and medicines are also being manufactured there. But, Dr. Upadhyay observed that manufacturing one item is not a recognition.

9. Dr. Deepak Sinha stated that formulations were simple, which are part of the German Homoeopathic Pharmacopoeia. Dr. Upadhyaya enquired as to what was the commonality between Homeopathy and Electrohomeopathy. Dr. Sinha stated that like in India, when Homoeopathy was recognized, Biochemics was added to that system, and, in the same way, in Germany, they have added Electrohomoeopathy and many other systems with Homoeopathy as per their laws. Reacting to Dr. Upadhyaya's observation that there are no documents supporting this claim, Dr. Sinha said that they have submitted the entire correspondence of the RTI, which says that German Homoeopathic Pharmacopoeia is duly recognized in India under the Drugs & Cosmetics Act. To a query from Prof. Darshan Shankar as to whether, in Germany, it is a sub-system of homoeopathy, Dr. Sinha said that while he is not very sure as to whether it is being treated as a sub-system over there or it has been treated as a separate system, but he is sure that the system is recognized and it is being practiced and medicines manufactured.

10. The Chairperson commented that the committee wants documents on the claims made. He mentioned that this was discussed in two earlier meetings also, where the argument was that it was different. People from the homoeopathic council also came and said that it was not part of homoeopathy. So, when you can follow a line in the documents, whether it is covered or not, if your argument is different from the beginning, like the first introduction marks of your lead speaker, that the CDRI is still doing the analysis and they are presenting that both medicines are different. So what is the difference in their formulation? The data that you have submitted, you say that it is different. If it is different, then it is different. We should know. Even if it is recognized as a sub-system of homoeopathy, or as a separate entity, then it needs a document. Dr. Deepak Sinha stated that they have submitted the pharmacopoeia, and that in the only physical meeting he had attended, he had clarified that it was entirely different. Secondly, what Ajit Singh and Tiwari Ji are doing in Lucknow with CDRI and Biotech, they are trying to prove that they are extracting by the mode of electro-homeopathy process, and by the mode of homeopathic process also and they are different.

11. The Chairperson commented that the first difference is that it is a distinct system, it is different from others, and it is also a clinical philosophy. For example, we may be talking allopathy and Ayurveda, however, both are separate medical systems. Ayurveda's principles may be elaborated to explain the same thing. That is the clinical thing. You have classified the people to explain disease type, you have used some type of body, you have used red one, you have used some type of classification. So that philosophy is different from others. That is the point which experts are asking. If it is different, then that is the only thing that needs an answer. The basic fundamental principles of the system; how they are different from other things, as a clinical science first, the explanation of the disease is based on the above. If they are different, then for treatment, the drugs are different. They are different. Naturally, the methods of your profession are to be explained, we have also studied, how they are extracted and re-unitized, then naturally its chemical constitution will be different. I don't think I will disagree, or anyone will disagree. But the issue is the principle of the health and disease. And diseases are also classified. And the classification of the treatment method is different. Those things were found in the old documents. Now, that is something like the document of 1886, the document of 1880.



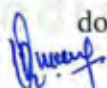
What is the recent one? That is the point which you want to add. Like you have submitted 12-14 monographs. The committee will seek evidence about this.

12. The Chairperson further stated that the text books, recently circulated to members, contain old history; they tell the story of the 19th century or, may be, early part of the 20th century. Then there is a monograph in which there is a publication list. We will review that as well. Now the question is about the pharmacopoeia. The scenario of pharmacopoeia has been answered that the pharmacopoeia is still a standard of the German or the homeopathy. That is the answer I could understand. Now, you have published the pharmacopoeia of India and how did you make it? Is it just a copy of Germany? The experts will like to have the answer. When we will sit and discuss the books, we will make up our mind as to whether it is enough or not enough.

13. Prof. Y.K. Gupta commented that there should be a clear-cut presentation. Pharmacopoeia on electropathy has been given, but it is not clear as to which edition is this, and whether there is any revised edition. Then, what is the difference between the principle of health and disease in this system, compared to that in other systems. Which organ diseases are in the system, and the principle of treating them? What are the dos and how do you treat it? These are all important things. Does Germany consider it as a section of homeopathy or a separate system? Document is required.

14. Dr. Abdulrazzaque Abdulhameed Qureshi then proceeded to differentiate between Ayurveda, Unani, Homoeopathy and Electropathy. He said every system is having its own constitution, like Homoeopathy is based on the animal as well as the plant kingdom, Ayurveda considers vat pitta and kaf, and this is on plant basis, etc. However, Dr. Kousthubha Upadhyaya, Adviser (Ayurveda), Ministry of AYUSH, found all his narration on AYUSH systems not relevant to this case. However, Dr. Qureshi said when Unani was recognised, the difference between Ayurveda and Unani was mentioned. Similarly, differentiation has to be made between homeopathy and electrophotography. He said constitution is different, the method of preparation is different. The Chairperson said all these should be presented in the document. Dr. Qureshi said he would give book reference. The Chairperson said that a clear answer is required, which was observed by Prof. Gupta also earlier. How do you classify the individuals, what is the principle for modifying the same group of medicines, etc. Dr. Katoch commented that they should refer to the book submitted by them, as they have not submitted the way they are saying today. Prof. Gupta commented that if they made their PPT according to the same specific points then it would be better for the committee to understand it. Dr. Qureshi said he has a PPT, but there is no letter for making the presentation. Dr. Katoch told him that he has been given permission to other people to join. They could have made a common PPT.

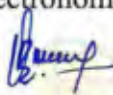
15. The representative of Electrohomoeopathy Foundation intervened to say that they have prepared slides. The Chairperson observed that Electrohomoeopathy is not anybody's own property. The committee has repeatedly stressed on a common submission, and if they can not do it, what the committee would do. Dr. Qureshi went on to say that after the preparation of



medicine, it has been clear that it is entirely different from homeopathy. Because, homeopathy will be based on the single medicine. This is a similar to similar treatment. One medicine is they are considering for the cure of the diseases. But we are considering the complex remedy. Because our body is made by the complex organism. Dr. Deepak Sinha said that he has a letter from Deserbub. It says, in Germany, this medical system is no longer known under the name of electrohomeopathy, and it is now designated as spagyrics according to Klause. And, this is the only process which is being followed in India also for manufacturing of electrohomoeopathic medicines. Spagyrics are being manufactured by the process of Klause. There is no other process, and these are covered in GHP. We don't have any other pharmacopoeia which we are using in India. We are following the same as per GHP.

16. Dr. K.A. Bakshi, from CEHSMRDI, stated that Electrohomoeopathy is a well-made system. Narrating instances of effectiveness of electrohomoeopathy in a variety of diseases, Dr. Bakshi asked is it not then a scientific system? Dr. Katoch observed that he cannot ask this question from him and from his committee. He stated that they have to see the whole thing. He observed that if one thinks that the system is not properly treated, then one can deal with the government. But the committee has a well-laid criteria, and the committee needs proof about fulfilment for that criteria. It is straightforward. The committee has consulted you on three hearings, and advice of each of the experts has been provided. If this does not work, what the committee would do?

17. Dr. Surendra Pandey, Electrohomoeopathy Foundation, wanted to make a presentation. The Chairperson allowed him to make a quick presentation, but both Prof. Y.K. Gupta and the Chairperson advised that the presentation should be strictly w.r.t. the prescribed criteria. Dr. Pandey said that few points are already covered by the joint body members. He said that it should be a comprehensive system of healthcare and not restricted to few diseases only. Their organization has covered more than 21 articles with a different kind of the disease. They have covered the evolution of pharmacological and clinical prophylactic efficacy of SAKRO-pholosophil group of electro-homeopathy medicine eye disorder, they did the comparative study with the atropine, and got very good result, which has been submitted by the joint body committee. Prof. Gupta commented that what Dr. Pandey is talking is about the evaluation of products manufactured through the electrohomoeopathy means. But, the answer required is as to how the electrohomoeopathy method is different from other methods, and what diseases are covered under their system. Dr. Pandey replied that point that the system should have fundamental principles of health and disease which should differ in concepts from other recognized systems, was covered by the joint body proposal. Prof. Y.K. Gupta asked him to refer to the criteria, which states that it should be a comprehensive system of health care and not restricted to a few diseases only, and then elaborate how this system works out, what are the comprehensive diseases it covers, its preventive, curative, and prophylactic effects. You have evaluated a product, but that is not the answer to this question. Dr. Bakshi intervened to say that electrohomoeopathy system is a comprehensive system, covering ordinary to chronic diseases.



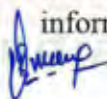
18. Observing that Dr. Bakshi has covered the question, Dr. Pandey mentioned about 21 articles that they have given in different diseases, including diabetes, eye disease, renal calculi, fibrosis Covid-19. Further, they have collected data from some states of India, like Punjab, Rajasthan, Gujarat and Maharashtra. They have documented how their medicine works. He mentioned about a book, containing a review article, and some journal. Dr. Pandey went on to narrate the research he is doing, including animal study. The Chairperson commented that while this is a good presentation for the conference, but the committee needs comprehensive reply that Prof. Gupta is asking for. Dr. A.P. Maurya wanted to speak. Chairperson said that this can not go this way. The committee wants precise answers to the criteria points, and if anyone wants to add to that, can go ahead. Otherwise, he would go to the second question. He asked Dr. Pandey to complete his presentation. W.r.t. the aspect of substantial literature on concepts, aetiology, diagnosis and management of diseases, Dr. Pandey said that reference is in a book by AC Munder, senior member of CCS, New Delhi. As regards pharmacopoeia, he said it can not be prepared without competent authority's permission as it is an official book. Chairperson clarified that until and unless the system is recognised, the pharmacopoeia has to be unofficial, and a proposal only. But, without such a document, how thousands of patients are being treated under this system. He said the pharmacopoeia given was published in Kanpur in the year 2014, and it is mentioned there that it is unofficial. At this stage, the committee requires the unofficial document only. Chairperson then observed that the committee is yet to get the answer as to in which countries the system is recognized. Dr. Pandey said that there are some countries, like US, UK, Australia, Canada, where it is practiced as complementary system, in some it is covered under Naturopathy, and as regards documentation, he has a document but its authentication he is not sure of. He added that one document was submitted by Dr. Sushant Padhi earlier. A list of practitioners in Germany was also given. As regards the aspect of documented information on uniqueness of modalities of treatment, may be the drugs, devices or any other methods such as diet, etc., Dr. Pandey mentioned that they have covered 114 plants, the monogram of which joint body has already submitted. Dr. Katoch said that it has been received and would be shared with the experts. W.r.t. point number 5, i.e., standardised method for preparation of drugs/devices, etc., Dr. Pandey said he has used his PhD work in this, in which they have, with the help of the allopathic medicine, conventional drugs, they had done their analysis. He elaborated and said it is the first PhD in electohomoeopathy.

19. W.r.t. the question being asked as to which diseases are covered by this system, Dr. A.P. Maurya said that they have submitted some clinical data, in respect of the treatment which they have done on bronchial asthma, haemorrhoids, ovarian cysts, dysmenorrhoea, amenorrhoea, arthritis, cervical spondylosis, female diseases, respiratory diseases, common diseases, etc. He elaborated on what they are doing in surgical and non-surgical cases. In surgical cases, patients are referred. In non-surgical cases, they are treated in clinics. Chairperson told Dr. Maurya that when such a book is written, the method of clinical diagnosis is detailed. He said that what Dr. Maurya is narrating, should be in books, which the committee would see. If his statement is backed by records, it would be easy for the committee to take decisions. He assured that the committee, comprising experts like Prof. Darshan Shankar, Prof. Gupta, Prof. Patwardhan, Prof. Talwar, does not have any negative inclination, and, that is why, it has again given the

chance after three 3 meetings. So, the committee is open before closing this chapter, so it is giving a full hearing. The books submitted will be perused, discussed before taking a decision. It is a serious business. He said the representation of the joint body will be heard first, along with others, who could be additional members. So, a copy may be given to the joint body and to the committee, as it will be in their benefit.

20. Dr. Deepak Sinha intervened to say that the system is recognized in Germany and right now it is being practiced all over Germany and the medicines are also available in the open market and in India also medicines are available, and the essences from which these medicines are prepared they are as per GHP only and there is no other method being used. The Chairperson commented that the answer given earlier was that it is acquired and mixed here. However, if they want to revise this answer, then they should submit the proof. He added that the committee has to satisfy itself that the system is safe enough, as it has to see the welfare of the Indian people. Prof. Y.K. Gupta asked Dr. Sinha whether the system is officially recognized in Germany, and whether it is reimbursable, or in free medication or in any national programme. He added that may be it is being practiced in some European countries, India, Pakistan, and there may be medicines, manufacturing, institutions, doctors, but the precise question is whether it is officially recognized anywhere. Official recognition means it may be in the reimbursement scheme in any Government hospital or in referral scheme, etc. If it is there, the committee needs a document. As per the net, it is not recognized in any country.

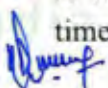
21. Dr. Sanjeev Sharma stated that work is going on in India especially on medicines, many people are doing work in India. Ravishan India Electrical Pharma follow the same protocol which is already mentioned in the G.H.P. There are some labs which are manufacturing. The Chairperson observed that the committee got official answer that it is imported from outside and mixed here. He said that only oral submission does not carry conviction unless a written document is given, with copy to the joint body. Dr. Kousthubha Upadhyaya asked Dr. Sharma to share with the committee the license number and the authority of the license in respect of the medicines that are being manufactured here. The Chairperson supported it. However, Dr. Sharma replied that this may not be possible till the time the government makes a statutory body. He added that he had applied for the licence, but neither the Ayurveda authority nor homeopathy authority declined. Therefore, they are doing it without any licence. The Chairperson clarified that in the year 2010, when he was Secretary in DHR, a decision was taken not to stop practice of the system. Therefore, when they are not being stopped, they should answer where they are making it. If it is made by a company, then it will become illegal, but, as an individual, practicing medicine and are doing something, then there is no action on it, because we said in 2010 that we are not stopping it till we don't take the decision. Dr. Qureshi said they have given the list of the manufactures. Then he went on to narrate about the plants being used for manufacture of drugs, etc. Dr. Katoch told him if these have been mentioned in the records submitted, it is OK. Or they may revise the reply. Prof. Y.K. Gupta asked Dr. Qureshi to indicate the plants that are in Indian pharmacopoeia. Dr. Qureshi wanted to show one old book also. Chairperson asked him to include it in the supplementary information, which may come from Dr. Qureshi and from the joint body.



22. Ms. Anula Singh informed that out of 114 plants, exactly 89 are available in India, and are being used in Ayurveda. She said that she had send a proposal to the joint body, but it was not recognized. However, she said that she would send the entire letter. Dr. Sharma showed some plant on the screen, and said is being used in ayurveda, homoeopathy, and in electropathy also. Chairperson asked him to give a joint reply.

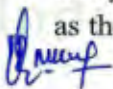
23. Dr. Ajit Singh said that on 30th June they have submitted one document / monograph, in which it has been mentioned that already 25 plants, out of 114, are found in India, and are being used in both Ayurveda and Homoeopathy pharmacopoeia. The Chairperson observed that while Madam Anula Singh said that 89 plants are available, Dr. Ajit Singh is saying it is 25 only. Dr. Dharmendra D. Shah mentioned that many of the plants, which are available in Pune are being used in Ayurveda and in homoeopathy. Dr. Suresh Babu said that almost all the documents regarding the essential criteria and desirable criteria have been submitted, and discussed in the earlier meeting also. Electro-homeopathy is a spagyric. In spagyric electro-homeopathy, medicines are prepared in the form of spagyric that is mentioned in the GHP and other pharmacopoeia. Spagyric is a separate medicine system, is entered in the homeopathy pharmacopoeia of the GHP. And it has its own kind of the fundamental principles, and it is a completely comprehensive system of healthcare system that is mentioned in the many books of the electro-homeopathy. As regards pharmacopoeia, it is an official documentation that needs to prepared by the formation of the committee by the government. Methods of standardization and preparations of drugs and devices have not so far been developed in the system of electro-homeopathy. Dr. Babu commented that all these issues and efficacy / safety / usage that need regulatory bodies, to be formed by the Government. He said there should be documentation by an expert committee, with support from a different department of the Government of India, like AYUSH Ministry, with Homoeopathy and Unani system experts to make the difference. He said differences between electro-homeopathy and other systems have been discussed earlier by the joint body. He further said that for clinical data collection and digitalization preparation, usage of the present technology, there is a need of committee, one authentic committee needs to be formed for the pharmacopoeia development also. He requested for formation of a scientific committee to evaluate the scientific of the electro-homeopathy system. Dr. Upadhyaya, Adviser (Ayurveda), opined that the question of regulatory bodies would arise only after the system is officially recognized. The issue here for discussion now is whether the system can be recognized. For this, they have to substantiate whether system is recognized in any other countries in the world. This is the first thing. The second is why the word "homoeopathy" has been added to the name of the system, and what is the relationship between homeopathy and this system. Dr. Babu said the difference has already been submitted.

24. Dr. Katoch told that the committee would not hear them once again, so this is the final reply from them. He also mentioned that sometime next year, the committee would deliver its judgment. He said that the point was very simple; it will judge if they have met 5 criteria out of 5, or 4 out of 5, or 3 out of 5, etc. That will be committee's judgment and recommendation to the Government. Chairperson said that the applicants have replied earlier, replied second time, and this time. However, the committee still have more questions. So, they are advised to



do something. Chairman admitted that they have provided more material, and it is not that they are stagnating. Whether the work is enough or not, but they have done lot of work. So, there are monographs, there are books. But, they can never be enough every time, as science has to evolve. That is the point. So, their last modified reply will need to be keeping in view the questions today. The suggestion is very simple. Today, most of the people are members of those 29 original applicants, and, therefore, they may try to be part of the joint body, give a joint reply.

25. Then, coming to the two desirable criteria, i.e., the prescribed criteria for admission, curricula, training, details of courses, teaching institutions, etc., the Chairperson said that lot of things have happened during last 100 years. It is said that a huge number of people are practicing, they are trained. Now, what are the details of continued medical education, training, electrohomoeopathic colleges, mortuaries, anatomy departments, and what they are taught. And, then what is the level of empowerment, whether they can independently diagnose a disease, whether they understand the anatomy and physiology, may be, in their own way. So, that means the certification of the person is for this, this, and this. But, is it enough to be an independent doctor? Human life can not be risked. It is not doubting anybody, but their answer should say that this education imparts one this, this, and this knowledge. So, the person is in a position to say this is the organ he is examining, whether name they give to it. Looking at a human being, one should know this is the disease of this part, one is able to identify that part, and able to say what is the abnormality. Is one able to classify in one's own way? Allopathy will classify in their own way. But, is an electrohomoeopath able to identify, classify in his own way and treat, and, in case something goes wrong, what he would do. Therefore, Dr. Katoch opined, these last two points - though they are put as a desirable criteria - are very important. The Chairperson then requested Dr. Kudip Tiwari of the joint body to elaborate on the status and say that what is the status of these aspects. He observed that if a PPT was sent first and then presented here, it would be better. However, he requested Dr. Tiwari to answer as to how many colleges were there, where those are, how training is given, who takes the exams, what are taught, all these things. They have not yet given the material on it. Dr. Tiwari said he has given the full material, and referred to some page number of the PPT. Then Dr. Tiwari gave some information on the certificate / diploma course has just started imparting of education under diploma for 3 years / 4 years, which are conducted by various private councils in the district and state level, the curriculum they have submitted in the name of the joint body. The 4-year BEMS course covers all essential subjects, like anatomy, physiology, practice of medicine, materia medica. And, the faculty in various colleges is from the MBBS or BEMS, according to the management. Dr. Tiwari said that in the presentation they have given a list of 70 colleges along with the curriculum. But, since this system is unrecognized, it is going on in an unorganized way, and depending on their means, the management is maintaining their status quo. However, it has been noted that the syllabus is not uniform. For example, somewhere anatomy is taught in two years and somewhere in one year. Chairperson said that he has two files that were given to him in January, 2021, before the last meeting, which will be seen again. However, he requested Dr. Tiwari to add the fresh reply. He stated that in the last 100 years, many people might have practised in the whole country. Some colleges may have closed down, as there was no patronage to the system. So, the question arises that in today's context, which



are these institutions which are imparting education, no matter whether that is a UGC recognized or not. Dr. Deepak Sinha informed that who are teaching are from recognized system only. Dr. Kuldeep Tiwari said that today a few colleagues came and submitted their own proposals. He requested for Chairperson's intervention for coming together of all to facilitate a common PPT. However, Chairperson observed that they had tried to do this, but still there have been more parties, and the committee can not say whether this is damaging or strengthening their case. But, too many discordant voices create problem. Today, he said, there has been good contribution, but had there been one voice, it would have been better. Dr. Katoch stated that this committee is a scientific committee, comprising experts like Prof. Y.K. Gupta, Prof. Darshan Shankar, Prof. Bhushan Patwardhan, Prof. K.K. Talwar and Prof. Rajababu Panwar, who are all top-level doctors of medicine with impeccable records, and whose voices are heard across, and the committee would decide whether the submissions made so far before the committee are sufficient or not, and the committee will take a view based on the submitted books and documents. Dr. Katoch observed that the committee is happy that it has given them sufficient opportunity, they also have tried to improve, and it is much better today compared to one and a half year back. They have monographs today, there are books /publications. However, whether these are enough or not, that the committee would judge. Then, the Chairperson advised them to give a modified reply in the light of discussions, and give references to the ones already submitted. Dr. Deepak Sinha stated that they have noted the points which have been demanded by IDC today, and agreed that they would do it.

26. W.r.t. anatomy and physiology, Dr. Qureshi mentioned that in their old colleges, in Maharashtra, they used to dissect the surface anatomy and body. Now, they are not getting anything. He requested for Government support. Dr Katoch commented that on the last occasion also, Dr. Qureshi had talked about Government assistance. He said that the government has not banned the system, and has allowed it to grow, and they have been given an environment to generate evidence, thus, they have been given opportunity, and that is good enough. Dr. Qureshi then requested for a website. Chairperson told that they can create their own website, and advised them not to demand any government patronage. Dr. Tiwari told that they have created a website for joint purposes. Chairperson commented that for running a good journal, collective effort is required, for publishing, reviewing, etc. He cited the example of Acupuncture. He said that if they published so many papers in a year, the review will be done internationally.

27. Being requested by the Chairperson for his views, Prof. Darshan Shankar opined that enormous amount of openness is there from this committee to hear the views of practitioners of electrohomeopathy, and he is glad that this opportunity has been taken by the practitioners to present their views. He said that it is very clear that there is a body of practitioners there in the country, not only in the country, but also in other countries, it is also somewhat clear that there are drugs that are being used by them and methods of preparing the same, most of which are imported, but also some of which are domestically prepared. It is also clear that there is some system of training, though not uniform, in the form of certificate and diploma programs. It is also clear that there is no system of registration, no uniform single system of registration of practitioners, and that there are, in fact, diverse sub-groups within this whole community. It

Deepak Sinha

is also clear that there are such many publications that are coming out, but there is no proper system of publication, i.e., publication from PhD theses to reports, but not really in the form of professional journals and so on and so forth. But, what is unclear is what is the relationship of this system or the divergence of the system from homoeopathy. It is not clear. Therefore, what is the system of disease classification in this system, which is distinct, is not clear. What is the system of diagnosis, which is distinct, is also not clear. And, therefore, it is not yet clear what is the distinction in fundamental principles of health and disease of this system. These are still not clear. He commented that it not any judgment that he is making; he is just saying that from what he is hearing, these things are not clear. He said that he is just expressing his understanding at this stage of our dialogue with the representatives of the system.

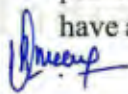
28. The Chairperson said he would urge them to, when they send their revised reply, they should address all these, and make it very clear. So, in the judgment it would be very open and transparent whether this difference projected by you is accepted or not accepted. Chairman commented that this is the issue which has been very clearly brought out.

29. Dr. Kousthubha Upadhyaya, being requested by the Chairperson for comments, stated that (i) they may submit the document for their claim that the system is recognized in Germany, and what is its status in Italy, the country of origin; (ii) they have to say as to how the pharmacopoeia, they have submitted, is different from the homeopathy pharmacopoeia, which is already accredited by the government and what is the justification related to their system indeed; and (iii) they need to clarify and justify as to why word 'homoeopathy' has been included in their nomenclature.

30. Dr. A. Raghu, DDG(AYUSH), Directorate-General of Health Services, opined that (i) in the context of its recognition as a distinct system, they are actually clear-cut epistemology, which has been developed through various years for making it as a distinct medical system; (ii) in their syllabus and curriculum which they have followed, one can see that almost 80 to 90 percentage of the descriptions are currently involved in all other recognized systems of medicine, and, therefore, the kind of distinctiveness, which is called for making it a clear-cut medical system, could not be gathered. Dr. Katoch asked them to take note of this, and focus on these points, while revising the reply.

31. Dr. Qureshi said that many times question is arising for them to distinguish the system from homoeopathy, and, therefore, can they send a PPT. Dr. Katoch said that many experts are not convinced of what they have presented. So, it requires to be made more convincing, and in the reply format, for which they should talk to each other.

32. Prof. Y.K. Gupta commented that Dr. Darshan Shankar has said it very well, and he would like to add two or three things. He said that he would insist that all these people should have a meeting, and one person only should come to the meeting and present on behalf of the entire system. He will give the consensus. And, the slide that they will make must be hundred percent oriented towards the criteria, which has been laid down. Further, they can also say that have adopted this much from Ayurvedic system, this much from others. Similarly, in diagnosis,



they can say that they have taken this modern diagnosis, this much from here. But they have to describe the system in it. Thirdly, treatment-wise, let them not tell the committee that this paper has published this. The committee want to know how to come to the paper, is there any document in terms of a book, or in terms of any document, which can be part of a training. When a patient comes for treatment, how will they evaluate the patient, how to diagnose it, how to treat after diagnosis, what are the tools, medicines and methods, what medicines they have, what is their validation process. The committee has been told that there is a medicine in that world, and here the medicine is being sold. Then, if we are making it, how are we standardizing it, is there any document of that; you have told us about the pharmacopoeia, who is the regulatory body to standardize it. Then you tell us what are the institutions and training in that? You don't say that there is no recognition, that's why we are sitting here. You tell us that we give training, this is the module of giving training. This module is our common, it doesn't matter in our Trivandrum, it doesn't matter in Delhi, it is a common module of all places, on its basis we give training. The product that is out is uniform, not that electro-homeopathy is different here, we will say one statement, this electro-homeopathy is improved version of homeopathy. I have noted this statement. This improved version of homeopathy, so how much improved version is improved version or different version? If improved version is, that means we remove homeopathy, why don't we say improved homeopathy? Is this acceptable? So if the improved version of homeopathy is, then what is improved? You will call it improved version or you will say different version? The homeopathy is different. So you will say, this is the R of A. You add this point in it, the rest of the points from Dr. Darshan Shankar.

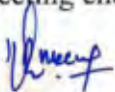
33. Dr Katoch commented that if you do not listen to the other person, then we have also said that we will review the submission of joint body. But there is something that is not happening. So, if you participate, then only the time for the intervention will come. The presentation will be the same. So, the question that is being created is that if you do not want to be a part of the other person's vision, then there is no path. If we do not agree with each other, then there is no path. Individual path can be a little bit different. He stated that the committee has made it clear earlier. But that makes the things very difficult for you. He made it clear to all the applicants that replies based on what has been discussed today, may be sent in another four weeks, after which the committee would sit and take a view in due course.

34. Dr. Sharma suggested to visit organizations, in which case they will be able to give replies in a better way. The Chairperson commented that spot verification is a different issue, and that the scientific evidence is on the document. We have a sequence from the beginning to the end. How to diagnose, how to classify, how to make medicines, where to keep, how to treat. If that sequence is in a document, then the document can be a book, a monograph, a set of publications. But it is actually one document for one thing. If it is more than one, then it needs a list. So, the question is that it needs a standardization, which we will say, we will accept it as standard and permit it to practice further. For that, you will have to make that document yourself. It has been 20 years. He stated, "I have been with you since 2008 and it has been 14 year. Okay, this committee has been with you for about four years. And, when we are repeating this message again and again, now this is the last chance from our committee side. We are giving you two weeks more. You can stay for four weeks instead of two weeks. After that,

when we are doing a joint meeting, we will be together, we will discuss this in the same way. Your reply should be received before that. And after that, the final view of our committee, and after that, let the future decide for you people. We cannot do anything about it. We are giving you four weeks for the final reply”.

35. Dr. Subarna Roy, Director, National Institute of Traditional Medicine, ICMR & Special Invitee to this meeting, said that this is the first time he is attending this particular meeting, and that he would second what Prof. Y.K. Gupta said, that they need to be much more nucleated and put things together in respect of what the committee has asked for, particularly in the last meeting and in today's meeting. So, it is better they are put together, and better to avoid the publications in predatory journals and all, because that generally brings down the level of evidence. So, that can be avoided and more precise answers can be given when they give the next round of the document.

36. Ms Anula Singh, who is not a member of the group, wanted to share her email id, so that she may be able to join and help out whatever is possible. The Chairperson asked her to share the same on his and DHR email ids. The Chairperson asked Dr. Pandey, who has given a monograph, which has a list of publications, to add an addendum if it is not in it, in the PubMed index, where is the index, put it in the record. Then, concluding the discussions for the day, the Chairperson thanked his colleagues and members, and all the participants. The meeting ended with a vote of thanks to the Chair, members and other participants



Annexure-I

LIST OF PARTICIPANTS IN THE 'VIRTUAL' SIXTH MEETING OF THE INTER-DEPARTMENTAL COMMITTEE (FIRST SITTING), HELD ON 17.10.2022 AT 10.30 AM, TO EXAMINE THE PROPOSAL FOR RECOGNITION OF ELECTROHOMOEOPATHY AS A SYSTEM OF MEDICINE

Inter-Departmental Committee

1.	Dr. V.M. Katoch	Former Secretary (DHR) & DG (ICMR) ..In the Chair
2.	Prof. Y.K. Gupta	Former Head (Pharmacology), AIIMS, New Delhi.
3.	Prof. Darshan Shankar	Vice-Chancellor, University of Trans-Disciplinary Health Sciences and Technology, Karnataka.
4.	Dr. Nabendu S. Chatterjee	Scientist 'G' & Head (BMS Division), Indian Council of Medical Research (ICMR).
5.	Dr. Subarna Roy	Director, National Institute of Traditional Medicine (NITM), ICMR, Karnataka (Special Invitee),
6.	Dr. A. Raghu	DDG(AYUSH), Dte.GHS, New Delhi.
7.	Dr. Navin Verma	Deputy Director (EMR), Dte.GHS, New Delhi.
8.	Dr. N. Gopu Kumar	Joint Secretary, University Grants Commission.
9.	Shri Ashok Kumar	Deputy Secretary, National Medical Commission.
10.	Shri Mahendra Khandelwal	Senior Government Advocate, Department of Legal Affairs, Ministry of Law & Justice.
11.	Dr. Bhanu Duggal,	OSD (Health), Health & Family Welfare Division, NITI Aayog.
12.	Dr. Kousthubha Upadhyaya	Adviser (Ayurveda), Ministry of AYUSH.
13.	Dr. Brender Sharma	Deputy Director (Homoeopathy), Directorate of AYUSH (Homoeopathic Wing), Government of NCT of Delhi.
14.	Vaidya G.Y. Khati	Director of Ayush, Directorate of Ayush, Government of Maharashtra.
15.	Dr. Gyanendra Mathur	Senior Medical Officer (II), Directorate of Homoeopathy, Government of Rajasthan.

16.	Dr. Ashis Kumar Ghosh	ADOH cum SNO Ayush HWC, Dte. of Homoeopathy, Government of West Bengal.
17.	Dr. Sushanta Sarkar	ADC (I), DCGL.

S. Sarkar

Annexure-II

LIST OF PARTICIPANTS IN THE 'VIRTUAL' SIXTH MEETING OF THE INTER-DEPARTMENTAL COMMITTEE (FIRST SITTING), HELD ON 17.10.2022 AT 10.30 AM, TO EXAMINE THE PROPOSAL FOR RECOGNITION OF ELECTROHOMOEOPATHY AS A SYSTEM OF MEDICINE

Electrohomoepathy Organisations

Joint Proposalist Electrohomoeopathy Committee (JPEHC)		
1.	Dr. Kuldip Tiwari	IEHRSC
2.	Dr. Kapil Singh Thakur	IEHRSC
3.	Dr. A.P. Maurya	CCEHSM, West Bengal
4.	Dr. Ajit Singh	ERDO
5.	Shri Satish Jagdale	ERDO
6.	Shri Sanjeev Sharma	ERF-India
7.	Dr. Deepak Sinha	Count Mattei Association
8.	Dr. Kaisar Ahmed	IEHI-UP
9.	Dr. S.R. Pandit	VEHI / JSVS – Bihar
10.	Dr. Hemant Sethia	Rajasthan Electrohomoeopathy Chikitsa Parishad
11.	Dr. Saroj Kumar Sahoo	SEPA (Odisha)
Council of Electro Homoeopathic System of Medicine Research and Development Institute – Hyderabad (T.S.) (CEHSMRDI)		
12.	Dr. K.A. Bakshi	
Electrohomoepathy Foundation		
13.	Dr. Surendra Pandey	
Research Institute of Electro-Homeopathy Medical Science (India) (MEPA), Pune.		
14.	Dr. Dharmendra D Shah	
Trans-Disciplinary Research Foundation (TDRF)		
15.	Dr. P. Suresh Babu	

In individual capacity

16. Dr. Abdulrazzaque Abdulhameed Qureshi

OTHERS*(In most cases, names /organizations / offices/ contact details not indicated)*

17. AIEMA, West Bengal

18. Vice-Principal of Durgapur EH Medical College

19. Dr. G.S. Taki

20. Dr. Anupam Chatterjee

21. Ms Anula Singh

22. Dr. Anu Bhatnagar

23. Shri Vinod Mahajan

24. Dr. Rahim

25. Shri Gajanan Patil

26. Dr. Fasiyoddin

27. Dr. R.P. Singh, Dr. (EH), Madhya Pradesh. *Apparently, same person.*

28. Dr. Ravindra Pratap Singh, Dr. (EH), Madhya Pradesh.

29. EHCP

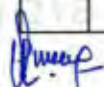
30. Dr. Sharma

31. Dr. N.K. Awasthy

32. Dr. Santosh Jamdade

33. Shri K. Rajeshwar Reddy

34. WAREESHA

They marked their attendance on their own, but did not take part in the discussions (other than Ms. Anula Singh).

No. U.11018/06/2021-HR(ASM)/ 8116107

Government of India
Ministry of Health and Family Welfare
(Department of Health Research)

Dated, the 10th January, 2023

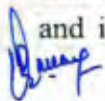
Brief record of discussions held in the Sixth Meeting (*Second Sitting*) of the 'Inter-Departmental Committee for Identifying Viable New Systems of Medicine / Therapy', held as a 'virtual meeting' on 18.10.2022 at 10.30 A.M. to consider the proposal seeking recognition of Electrohomoeopathy as a system of medicine

The **second sitting** of the **Sixth Meeting** of the 'Inter-Departmental Committee for Identifying Viable New Systems of Medicine / Therapy' (**IDC**) - under the Chairmanship of Dr. V.M. Katoch, former Secretary, Department of Health Research (DHR)-cum-Director General, Indian Council of Medical Research (ICMR) - was held on 18.10.2022, as a virtual meeting, to consider further the proposal, seeking recognition of Electrohomoeopathy as a system of medicine. The first sitting of the meeting took place on 17.10.2022, where the IDC heard the submissions made by the joint body of electrohomoeopathy organisations and some other bodies. In this second sitting, IDC heard other bodies.

2. The lists of the participants in the **second sitting** of the 6th IDC Meeting, held on 18.10.2022, are placed at **Annexure-III & Annexure-IV**.

3. In the first sitting of the meeting, held on 17.10.2022, Dr. V.M. Katoch, Chairperson (IDC), initiating the deliberations, had narrated the background. Today, he straightway invited Dr. Rehanul Huda, representing the six-party joint committee - which were part of the twenty-nine bodies who attended the first meeting on the subject, and subsequently broke away from the joint body - to make their presentation. Chairperson stated that since they were part of the original group, it was expected that this group would supplement what has been submitted by the joint body. However, they said that the joint body's submission was not shared with them. Chairperson stressed that the presentation should be focussed, and strictly as per the laid-down seven criteria – five essential as well as two desirable.

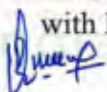
4.1 Dr. Vijai Agnihotri then proceeded to make the presentation on behalf of the six-party joint committee. He stated that electrohomoeopathy system is a comprehensive system, and this is unique because its principle is totally different from those of other systems. It works on blood and lymph, and if there is any difference, then disease is created. It is not curing disease, but curing the cause of disease. If an organ is affected due to blood and lymph differentiation, that organ is treated, not the symptoms. It's medicines work on root cause level/ cellular level, and it treats so many diseases, e.g., blood poisoning, eye disease, cancer, etc. As regards



journals, it was stated that 100 plus books of Indian authors are available because this is being practised here for more than 100 years; 30 plus books of international authors are available; books are available in Italy, Germany and France. Then, Digital Public Library of America has 30 books. Regarding journals, he said that in Mattei formulation 114 plants are used, and relating to these 114 plants, there is plenty of literature. It is published in several good journals, peer-reviewed journals, like Journal of Hachino Pharmacology, Phytomedicine, Journal of Clinical Pharmacology, Phytogenestry, which are very prestigious journals, which are peer-reviewed. So, related to plants, there are very good publications. What people are working on is published in more than 15 journals. Dr. Agnihotri said that they have everything whatever they are presenting, and they can provide everything. As regards the question of whether it is recognized officially as a system of medicine in the country of origin or in any other country where it is currently practiced, they have found literature and everything regarding spagyric medicines. W.r.t. the difference between spagyric medicine and electro-homopathic medicines, there is only one difference, he said. Spagyric is a single plant's spasic formulation that is prepared, whereas in the case of electrohomoeopathic medicine formulation, these spasic is mixed in a certain proportion, which is described by Mattei, and that Mattei formulations are electro-homoeopathic medicines.

4.2 Around ten companies are preparing electro-homoeopathic medicines in Germany; they are selling them, exporting them, and most of the countries are purchasing from them. Availability of so much literature shows that this is practised in so many countries, apart from India. In India, in each and every city, one can find electro-homoeopathic doctor. And, regarding the issue of documented information or uniqueness of modalities of treatment, etc., they have prepared documents, like unique modalities. As regards treatment, if anybody has tumor cancer, so the thing is that they will not go to treat that tumor where there is cancer. They will treat liver, and, automatically, that tumor will be destroyed. There are water-based natural medicines, including aromatic plants, having very quick action. And, there are five types of energy; they are red, yellow, white, blue, and green energies. And, they are electricity; if one drop is dropped on the skin, there will be action. Because, being small molecules, they will immediately get absorbed in the body, and show their action. This is unique. They are taking plant material and then steam distillation is done. By steam distillation, whatever pasteurization process for plant materials is there, that is happening. And also the volatile molecules which are already present in the plant, they are coming into distillate. So, through this, the fermentation process is ready. This way, he dwelt on in detailed preparation process. It was then stated that they assess the type of temperament of the human and what type of remedy should be there. W.r.t. the standard method of preparation of drugs and quality assurance, Chairperson asked that who does it, and who monitors it, and, then, where is the reference and books.

4.3 As regards proposed criteria for admission, it was mentioned that since they have to deal with humans, they should be well-qualified. So, whatever qualification is there for MBBS, as BAMS, or BUNS, etc., that should be for electro homeopathy doctors also. And it can be integrated with them also if the jury wants. So anybody can be selected for electrohomoeopathy with MBBS. W.r.t continued medical education, it was stated that they had conducted various



seminars - national and international, involving scientists and doctors, and they shared their observations during brain-storming sessions, and that they are regularly conducting, and are in regular contact with each other. One training programme for production of electrohomeopathic medicines was also held. The presentation mentioned that the advantages of electrohomeopathic system include less consumption of herbs (low cost for patients), it is easily standardizable, it can be used with other systems of medicine, and time-tested Indian herbal medicines can be utilized for preparation of EH medicines.

4.4 The presentation claimed to justify vis-à-vis the prescribed criteria. Dr. Kausthuba Upadhyaya, Adviser (Ayurveda), Ministry of AYUSH, observed that the presentation was very good, compared to the previous day, and it was presented well. But, no documentary evidence has been submitted regarding recognition of electro homeopathy in the country of origin or in any other country, he added. He said that unless the committee has documentary evidence, it can not go by claims.

5. Agreeing to Dr. Upadhyaya's observations, the Chairperson insisted that whatever they are saying in the presentation must be supported by documents, books, and which and where are those books. It should show the standardised methods for preparation of drugs. He said that reply may be submitted in four weeks. Prof. Darshan Shankar also said that there should be valid documents and evidence. Chairperson further stated that when the whole committee sits, the presentation will be seen. He asked to take this presentation on the record. He said, for example, that Allopathy is a system of medicine, as it is approved in each country. There are medicines and licenses and they are approved. It is about the health of the people. The question is the diagnosis of diseases, the method of diagnosis. All these things are in the system of medicine. So, the things that are approved in each country at what level, that is the document. Many people have said that there is no document. Chairperson said that it may be a part of homoeopathy in Germany, but what about its recognition as a separate system. He said the specific question is whether it is approved as a separate system of medicine in any country. He observed that there is no benefit in arguing, and the committee wants documentary evidence, and this is committee's requirement. He stressed that whatever has been presented, should be backed by the data, and the committee will judge accordingly.

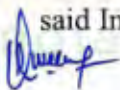
6. Dr. Vinod Kumar, WEHO UK, said that he wants to give a definition on the international level. Dr. Upadhyaya said that the papers that will be given, will be seen. He said the presenter has mentioned that their pharmacies have MOUs which are CERN and IHPT. Those documents also they need to submit, which are all pharmacies and what are the conditions of MOU; all those things let them share with the committee. Chairperson seconded it. Chairperson said that the joint committee has given a lot of things themselves; they have given monographs and books. The committee has 12 books of Sinha Ji. Books in other languages were also there, which have been returned. So, he asked the WEHO representative, who had been part of the joint committee, to submit if they have got something extra available.

7.1 The Chairperson then invited Dr. Prabhat Kumar Sinha from Sinha Electro Homeo Anusandhan Kendra (SEHAK), to present their case. Initiating his submissions, Dr. Sinha said

that he has been working for the project for 50 years, and they have tried to bring the real electropathy forward. Science is in Italy, and they have always tried to understand it from the perspective of Italy, whereas the electropathy doctor in India has understood electropathy in his own way. He said Electro-homoeopathic world is a medical science, a physics based science; it is their religion and their concept of medicine, and they have written their literature. Chairperson said that he has two documents in front of him. He asked Dr. Sinha to just go by the seven points, and mention any special point. Dr. Sinha said they have put up their literature in our proposal. They understand electropathy as a complete energy- based science; that Mattei had made two types of medicine - global medicine and liquid medicine; that they have completely converted it into liquid medicine. The global medicine has two forms of energy, kinetic and potential; potential energy forms a global medicine and liquid medicine. Potential energy, global, and kinetic energy convert liquid medicine. Both the characters of medicine are connected to the energy. They can convert kinetic to potential, and global medicine into liquid medicine. He said that Mattei had tested this medicine in Geneva. We have put the largest laboratory in Geneva in the proposal. At that time, he tested the specific gravity. To Chairperson's query, he said that they could not make PPT. Dr. Katoch asked him to quickly tell about your energy concept. He said the energy is different, and that all the energy is written here. He asked Dr. Sinha that since he has personal experience, which point does want to emphasize, because without PPT, what will IDC members see? He asked him to highlight his points, as others too have to be heard. Dr. Sinha said that electrohomoeopathy is not related to homoeopathy; Lop similarity is also taken in homoeopathy, but in homeopathy, the meaning of Lop similarity is different. And they take Lop similarity in the case of lymph and blood.

7.2 Chairperson observed that what is being said is not in the document, and, therefore, they may add it. He reiterated that the committee would only go through the papers, and it is not convinced of this type of presentation. Dr. Kousthuba Upadhyaya requested Dr. Sinha to clarify as to whether Mattei had used the word electro-homeopathy or whether he used electropathy? Dr. Sinha said that electropathy is a different science, and Mattei used the word electro-homoeopathy. Chairperson observed that what all are being said, is not in the submitted documents, and should be added in the reply, which is to be submitted in four weeks. Then, with reference to the criteria about substantial literature on concept, aetiology, etc., Chairperson asked Dr. Sinha for clarifications and references relating to the documents submitted, and observed that certain replies were too short and there should have been more books, like the joint committee has given. Dr. Sinha clarified that more books are there, but in different languages, and, that is why, have not been submitted. Chairperson commented that they have submitted twelve books in English itself. So in all the lists, those are common books, some can be extra. So you can submit that list actually.

7.3 On being invited by the Chairperson for comments, if any, both Dr. Brender Sharma, Deputy Director (Homoeopathy) in the Directorate of AYUSH, Government of NCT of Delhi, and Dr. Gyanendra Mathur, Senior Medical Officer, Directorate of Homoeopathy, Government of Rajasthan, said that they are listening, and will ask questions later. As regards the third essential criteria, that is, whether any other country has recognized the system or not, Dr. Sinha said India would be the first country to do so, though practice is taking place everywhere, but



it is under development. Chairperson appreciated his frank reply, and commented that, perhaps, that may be the right answer. Chairperson commented that medicines are being made, practice is taking place, but the question is at what level, i.e., whether as a therapy or as a system of medicine, as there is difference between the two. And, then the question is who will be the doctor; he clarified that a doctor should know how to diagnose a case, and by which methods, and that there should be the book, documenting all the standard methods, how can all the diseases be identified, how to select medicines, what are the choices, what is the evidence, etc., etc., Thus, there should be a document, there should be a book, like in ayurveda, allopathy. We need a standardized method, we need a system, which can be referred to, he added. Dr. Sinha referred to a book published from London in 1876. Chairperson asked him to submit relevant details, because the committee has a book which has been sent to experts. Coming to the fourth point, Dr. Sinha stated that they have given a book on preparation of drugs, but the Chairperson asked which authentic book is being followed in India. He said, may be, people is making it in India for 100 years, even in their own house, in their clinic, but their should be a standard formula to mix it. Therefore, which book is being followed, the Chairperson said everybody is being asked. Dr. Sinha said that the medicines that were made in Italy; after the second world war, its development started in Germany. Both the procedures are there, the other one is for the IPL, the other one is for the GIMPL. But, Chairperson asked, what is the reference for today? There should be a book / pharmacopoeia. If it is available, this can be submitted. Since this is for scientific purpose, if photocopies are given to DHR, it may not be illegal, as it is not for commercial purposes.

7.4 Dr. Sinha then showed a book on clinical data, and the Chairperson said that the committee can check if they want. Dr. Sinha said that they have tested all the medicines, they have done the energy testing, and put up the report, and the tool that has been tested is the electronic medicine. On a query from the Chairperson as to whether everyone else does it, the SEHAK representative said they have just done it, and tested the quality control of the medicine. Dr. Sinha then dwelt on testing of medicines, coding of medicines, miraculous achievement they have got' etc. He referred to an English book, which covers all these things. After conclusion of SEHAK's submissions, the Chairperson thanked them, and asked them to provide revised replies w.r.t. criteria, with references of the books, etc.

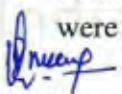
8.1 Chairperson then invited Shri Mukesh Prakash Gothi, representative of 'Mattei Electro Homeopathy Medical Council Maharashtra' (MEHMCM) to make their submissions. He asked him to highlight his points. Shri Gothi said that what the joint committee and others have submitted, he accepts those, and he would to talk on two grounds. The first is he feels that the joint committee proposal is not talking much on the issue related to education, and he is here to clear that issue. He mentioned that in the year 2006, some High Court decision was there regarding consideration of Electrohomoeopathy is as a science and therapy. The second thing is that most followers of the system are from BMS, from Maharashtra. Further, in Maharashtra, Maharashtra State Board of Vocational Education, now known as Maharashtra State Board of Skill Development Education (MSBSDE) ran an official course for electrohomoeopathy, namely 'Advance Diploma in Electro Homeopathy' (ADEH) from 2016 to 2019. And today,

this course is carried on as CCEH (certificate course of electro homeopathy), and this is a professional course.

8.2 On Chairperson's query, Shri Gothi said it was one-year course. Chairperson commented that no one can be a doctor in one-year course. On a further query from Dr. Katoch, Chairperson, about the eligibility for the course, he said existing doctors who are using the mode of therapy, and this course was made for those people; about 3,000 doctors have done this course. Chairperson asked him to file a supplementary reply, containing all relevant details. Dr. Kaustubha Upadhyay requested Shri Gothi to give a list, giving the names of all those doctors who have done this course, they are qualified doctors in which system and during which period they have been certified. Shri Gothi then went on to narrate on issues like curriculum, process for approving the curriculum, area of specific education, students, campus, theory class, library, qualification of the teachers, infrastructure, what should be all the requirements. He said they have given the list of doctors. He said the institutions that have given training to the people, the government has approved it. Chairperson said that it can be verified with the government, if comprehensive list of doctors is given. Shri Gothi then mentioned some law in which Maharashtra medical practitioners can do practice in acupuncture. He said that in the year 2003, the law of the Centre considered acupuncture as a mode of therapy, and after fact-finding, the IDC has recognized it as system of healthcare. Therefore, he was of the opinion that the ground of acupuncture was very similar to electropathy. The Chairperson clarified that the IDC saw the data for acupuncture, the review of acupuncture was extensive. He said that more than 100 papers were published in PubMed indexed journals from India. And all were allopaths. Foreign papers were also there. The data is scientifically published by the same peer review method. Similarly, he is with them on the electrohomoeopathy issue for two days, and asking for the data, where are these data, in which book, in which journal. If the committee gets such evidence, they can decide quickly. IDC is emphasizing this again and again. There have been three meetings earlier, and every time the committee has emphasized the same point. So, if the data is present, then there is no issue.

8.3 Then Shri Gothi mentioned that he had studied a medicine that he uses in Electrohomopathy. It is sent him from UK. He has studied something in the year of 2011. He has done this on common diseases. Because of his practices in rural areas, he has come here for a specific purpose, as his Electrohomoeopathy is a complementary science, and it is a good one. He has seen the results of all these things in the pain management, and the study he has done on joint pain, loss of appetite, urinary infection, obstructive uropathy, fever. I have studied for fever. Chairperson told Shri Gothi that his personal experience may be good, and the committee may appreciate his feelings, his experience, but until all these are published in any journal, the committee cannot comment on it, as the committee will go by the documented things only, which somebody also has seen. When Shri Gothi mentioned that this study was published under the supervision of an allopathy M.D. doctor. Chairperson observed that it should be published in a peer review journal.

9.1 Dr. Ajay Hardia from 'Madhya Pradesh Research & Development Organization of Electro Homeopathy' (MPRDOEH) was then requested to make their submissions. Since they were part of the original party, Chairperson asked which additional points they would give. Dr.



Hardia said that though they were part of them, but he wants to say their own things, as the joint body does not want to hear their words, and has not shared with them the documents they have submitted to the Government. Chairperson asked him to highlight the points w.r.t. the seven-points criteria. W.r.t. a query from the Chairperson, Dr. Hardia stated that they have submitted their documents. On being informed by Shri D.R. Meena, Director (DHR), that their documents stand circulated to the IDC members, Chairperson asked for an additional copy. He then asked Dr. Hardia to make specific submissions w.r.t. the seven points. Dr. Hardia said they agree with the submissions made by others in this regard. He mentioned that they are working in Devi Ahalya Hospital, started from 1991, and OPD in 1996. In 2003, they have started hospital for the 100-bedded electropathy clinical trial. And, they have also started the hospital in Indore, Madhya Pradesh. They have researched on palliative disease, and got good results. In 2019, they started cancer center in Indore, which is a 100-bedded hospital, and there they have cancer patients, who are returning from other hospitals like Tata's, after chemotherapy, radiation and surgery, and when they are in pain, and the data of such patients they have submitted. Intervening, the Chairperson commented that the documents would be read, and Dr. Hardia may now go by the seven criteria for a system to be recognized.

9.2 When Dr. Katoch asked Dr. Hardia if they have given evidence of their own fundamental principles of health and disease w.r.t. the essential criteria number one, he said they have sent to him on this day. Chairperson commented how he can read if people started to mail him at 8.00 in the morning, which many people have started to. He said while he can read it later on, but how other committee members be able to read it. He enquired whether what they have sent, does that contain entire records relating to the seven points, five essential and two desirable. He asked him to highlight what he wants to highlight. Dr. Hardia said that electrohomoeopathic treatment covers all diseases, which are acupythesis and chronic diseases, and they have also cured the cases of urinal cancer. Patients having metastatic cancer and rejected by allopathy have also been cured them. They have also put a 10-case data, like leukemia case, a breast cancer, a pancreatic cancer, which has completely been cured. In this way, in their hospital, out of the about 5,500 cases that have been mentioned, 60-70% have been cured.

9.3 On a query from the Chairperson, Dr. Hardia stated that in their hospital, treatment is done under four MBBS doctors and electrohomoeopathy medicines are used. That means - the Chairperson observed - when a fresh patient comes, diagnosis is being done by an allopath, which is the job of a doctor, and then they classify according to their electrohomoeopathic classification. After classification, they give electrohomoeopathic medicines. On queries from the Chairperson, Dr. Hardia informed that they prepare medicines in their laboratory as per cohabitation method as given in the books, written by Dr. Anil Sinha, and that medicines are being imported also. He then made a request for visit by an IDC team to Devi Ahalya Hospital for seeing live demonstration of various activities there, including how they treat the patients. Chairperson said the request has been noted down, and it will be in their memory minutes. In this context, the Chairperson mentioned that a committee under the Ministry of AYUSH visited some electrohomoeopathy entities for inspection of data, etc., and it is not known if Dr. Hardia's centre too is listed there or not. This fact came to DHR's notice later on, and they forwarded copy of the letter to him. His request can be forwarded to them.

9.4 Dr. Hardia then suggested that a Government of India hospital be selected where diagnosis / treatment would be done under the Government doctors, but they would treat them with electrohomoeopathic medicines, for example, in case like brain disease, heart disease, renal disease, liver disease and cancer. They will select five diseases, and the medicines will be theirs, the team will be theirs, and the expert doctors will be from the government. And, this can be seen for one/two months. Chairperson observed that while he appreciates their trust and challenge, but how will the government operate the IDC can not say. The committee is doing investigation, where it will decide only by looking at the documents, as the judges' limit is the paper. However, if they do some work for promotion of the alternative system of medicine, the committee has no problem with it. Being a committee, it can not give any direction in the matter, but they can make one letter separately for this request. Chairperson then asked as to in which country this system is recognized. Dr. Hardia replied that nowhere in the world it is recognized. Chairperson observed that then it means that India may have to promote, where it is being used for so long, and there it deserves proper investigation / consideration.

9.5 Dr. A. Raghu, DDG (AYUSH), Dte.GHS, enquired whether the hospital at Indore, which is stated to be dedicated for electrohomoeopathy, has been registered with the state government / local authority, and, if so, which system of medicine it has been registered for. Dr. Hardia said it is registered by the state government for allopathy. However, he said, for electrohomoeopathy, Madhya Pradesh administration has written a letter, telling that they can go to the hospital and practise electrohomoeopathy, and that they do not need registration. At this stage, w.r.t. Dr. Raghu's questions, the Chairperson generally observed that the system in this hospital looks to be completely different, where diagnosis is being done by qualified doctors only. And, in Ayurveda, Siddha, their own method of diagnosis is also there, which is documented. But this hospital is by going by allopathy method to diagnose the disease. Since the year 2010 onwards, the Department of Health Research has stated that we are not stopping anyone from practice, we have not applied a ban on that. We allowed it to happen, but we said that we need a document, in case we want to give it an independent status.

9.6 Dr. Dr. Kousthubha Upadhyaya requested Dr. Hardia to recall that in 1998, the Madhya Pradesh High Court had ordered to make a committee in the matter. That committee recorded submissions by Dr. Hardia and Dr. Bakshi. One of the observations by that committee was that the electrohomoeopathy pharmacopoeia submitted to the committee was photocopy of the German pharmacopoeia on homoeopathy. Dr. Upadhyaya said he would try to upload it, and requested for written comments from Dr. Hardia. Dr. Hardia also mentioned about the judgement of the court regarding recognition of certain medical council by the government, etc., and Dr. Upadhyaya asked him to share the same with the committee. W.r.t. Dr. Upadhyaya's comments, Chairperson commented that there should be clarity in the matter.

10. Chairperson then invited Shri D. Vidyanandam from 'Scientific Institute of Alternative Medicines & Paramedical Science' Council (SIAMPSC) to talk. Shri D. Vidyanandam stated that he is legal advisor to SIAMPSC, and is joining for the first time, but does not have the seven points. Chairperson, with due respects to Shri D. Vidyanandam, clarified that the process has been going on since 1999, and Government has followed a criteria on which basis they also made a decision in the year 2003. And, after that, the people have been

pursuing it, and he himself have been involved in the matter for the last fourteen years - first, in his capacity as a secretary in the government and now, as chairman of this committee (IDC). So, the point is that we are not supposed to give any criteria to anybody, it is all on the website. Even after 2016, when this committee came into being, application was received. Therefore, he requested Shri Vidyanandam to see the department's website, and if he wants to submit something, may do so in four weeks. He thanked Shri Vidyanandam for joining, and Shri Vidyanandam also thanked the Chairperson.

11. Thereafter, Dr. M.K. Shaikh, from 'Amethyst Social and Health Institutions (ASHI)' was invited to talk. Having noted, on enquiry, that Dr. Shaikh has not submitted any document, and is just joining the meeting, the Chairperson informed Dr. Shaikh that it is a serious mission, and there is no point in attending the meeting without submitting any document. He told Dr. Shaikh that he has four weeks to submit his point of view, based on the essential criteria and the desirable criteria.

12.1 Chairperson then invited representatives of WEHO UK, for their submissions. Initiating their submissions, Ms Pardip Kaur stated that WEHO UK is doing work on electropathy in UK and Europe, and the rural society of medicine has acknowledged WHO UK work, however, in India, their references are not being mentioned. Their work has been published in Greek language as well. They had submitted data to ICMR in August, 2016, with a list of 702 diseases treated by electro homeopathy, and they submitted during IDC's first two meetings. She said that in Europe, though electro homeopathy is part of homoeopathy, but still is a separate system at the same time, and that WEHO UK has done research with UK and Europe organisations and have established electro homeopathy separately. She mentioned that JSO was founded by Krauss, and upon his death, the company JSO had changed the name to JSO Komplex Heilweise. In their opinion, she said, no or very few homoeopathy practitioners community is aware that Krauss does not belong to the homoeopathy system, but to the electrohomoeopathy, which was founded by Count Mattei. She mentioned that UK and Indian laws are basically different, as every country has its own system of laws for establishing their pathies. She then passed on to Dr. Vinod Kumar to submit w.r.t. essential criteria.

12.2 Dr. Dr. Kousthubha Upadhyaya requested Dr. Vinod Kumar to give the evidence if any of the European countries, where WEHO UK is working, is having recognition of electrohomopathy. Dr. Kumar stated that when WEHO was established in 2000, they worked with JSO company for 20 years in a partnership, and JSO had given them some criteria, similar to IDC's, that fundamental principle of electro homeopathy should be different from the other pathies. JSO was still existing as an independent electro homeopathy, being a part of homeopathy. WEHO have re-established electro homeopathy as an independent science.

12.3 He mentioned that due to some mistakes by historians, some mistakes were made in research, it was considered as a part of homoeopathy, and so it was not able to have an independent identity. WEHO worked from 2000 to 2007 as a part of homeopathy, but at the same time as an electrohomopathy. But, in 2007, everything was changed by the Royal Society of Medicine. Dr. Nick Black, NHS professor, writing research on a complementary medicine in 2007, acknowledged WEHO in their book and mentioned that WEHO UK re-established

electrohomeopathy medicines in UK and Europe. Intervening, Chairperson asked if a professor says something and says that it should be separated, if any system of medicine is identified in UK, who gives approval. Dr. Kumar said it is the institute of complementary and natural medicine, an organisation of all complementary medicines, and it is not a part of the government.

12.4 Chairperson observed that if this institute is authorized to give recognition to any system of medicine in UK, then its details and website should be there, and, also, whether it is approved as electrohomeopathy or as an allied science of the homeopathy or anything, that should also be there, and, therefore, IDC requires papers on these. Dr. Kumar said they have written the system of ICM Complementary Medicine, which is not a part of the government in UK. They have written the system of independent electro homeopathy on their website. Chairperson observed complementary system should be approved by the government. Dr. Vinod Kumar said that is a supportive part of the umbrella organization of complementary medicine. However, Chairperson observed that government should officially approve the system, and that is what the criteria demands. Dr. Vinod Kumar said document would be sent. Chairman commented that so far about twelve persons have been heard, out of which six could give any information, and the rest too could not provide relevant documents. He said that everyone has been given four weeks time for submission of documents, and, similarly, WEHO too may submit specific document and website address, so that the committee can see it when it meets. After that - Dr. Vinod Kumar continued - WEHO has done collaboration, and is now working independently, and has done some research there. We have done some research from Cardiovascular University, results of which have been submitted to the IDC.

12.5 Chairperson said he remembers having read their documents about three years back, but does not have the recent one today. In this context, the Chairperson observed that the Joint Committee should have been one forum, since the system of medicine is the same. But, apparently, they could not take the people along, and therefore, the committee has permitted all. However, answers to all the prescribed criteria are required from all, and, thus, book is very desirable. As Dr. Upadhyaya said, when you give the documents, the committee will see how valid it is, and will examine that. He said WEHO has done new research, and they would submit documents on aetiology, diagnosis, and everything. He also mentioned about the papers published in Germany, and that the latest book is historical, and they have done research on three levels. One is historical part. Second is, Mattei to JSO, and then JSO to the Suave company, and then from Suave company to WEHO. Chairperson said that summary answer is required on the seven points, backed by whatever document WEHO has, that may be sent to DHR.

12.6 Dr. Vinod Kumar said they are sitting in London and trying to communicate with India. He said he has a question for fellow members in India, who are doing a good job. He said WEHO has done a lot of work in independent electrohomeopathy in the UK, with Royal Society, big companies and doctors, and Cardiovascular University has written about them, they are working on electrohomeopathy only and not on other pathies, they are working on the international level in the UK and Europe, so they become concerned with their own families in India, that there reference is not given when the name of any country is asked by the



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IDC. They have tried to keep joint proposal with them, but was denied. Chairperson said no one can comment on anyone's mindset. He added that the rest of the people, who have come from different places, they must be agree that because of some reasons, they also thought that their voice was not heard, but the committee is not commenting on anyone. It is giving opportunity to the science. What is science? Is it worth of independent existence, or as a complementary, or as a mode of therapy. The judgement in 2003 was that they were not worthy of any. After 20 years, this committee is looking at that judgment again. Either that judgment stands, or this committee revise that judgment.

13.1 Next participant was Dr. Debashish Kundu, who wanted to make a presentation. On a query from the Chair, Dr. Kundu said that he had sent his PPT to him by e-mail the previous night, to which the Chairperson said, in a lighter vein, that he sleeps at night, and asked Dr. Kundu to go ahead with his presentation. Through his PPT, Dr. Kundu stated that in Italy, the country of origin, it is registered as Homeopathy, and he has attached the document from the Italian government issued to the pharmaceutical laboratory of Count Mattei. In Germany, it is registered as Mattei Homeopathy, and there is a document from the German government also. Further, Spagyric Homoeopathy is included in the GHP. And, there are different schools for homeopathic spagyric methods, originated from Zimpel, Krauss, Beyersdorff, etc. It is also recognized in American Homeopathic Pharmacopoeia. His presentation also dwelt on criteria on uniqueness of treatment modalities, aetiology, diagnosis, management of disease. Few remedies are also based on color therapy. For example, Blue Electric Fluid is made of blue colour absorbing plants, green from green colour absorbing plants, etc. He has also published one research paper that is on male fruit. As regards uniqueness in preparation method, it was stated that while homoeopathic medicines are prepared following Maceration process, electrohomoeopathy medicines are prepared following plant alchemy or spagyrics. And, while in homeopathy it is symptomatic treatment with symptoms recorded from healthy individuals, in electrohomoeopathy it is clinical treatment, with drug-proving done on sick individuals, and it is also prescribed according to body polarity or the meridians of traditional Chinese medicine and Ayurvedic marma therapy.

13.2 Dr. Kundu also mentioned that Betina Blessing, in her book, explained that Mattei Spagyrics evolved from double remedies of homoeopathy. Chairperson appreciated the very valuable points mentioned by Dr. Kundu. On query from the Chairperson, Dr. Kundu informed that though he is from Kolkata, he is a visiting professor at Khulna Homeopathy Medical College and Hospital, Bangladesh, and teaching homeopathy.

14. On being asked by the Chairperson whether he wants to ask any question, Dr. Santosh Jamdade, introducing himself, said that he had represented Dr. Sadashiv Dhabe from the organization, and submitted proposal to the IDC from Dr. Sadashiv Dhabe, and that in January, 2008, he presented the PPT to IDC. Right now, he is with Dr. Rehanul Huda, on whose behalf the CSR scientist, Dr. Vijay Agnihotri, has just made the presentation. He has also written a proposed unofficial Spagyric Pharmacopoeia of India, and, in that, he has given the full description of the 114 medicinal plants. And, which plants are registered in which pharmacopoeia, has also been mentioned, for example, which medicinal plants are available in German Homeopathic Pharmacopoeia, new Homeopathic Pharmacopoeia, posology,

American herbal pharmacopoeia, British homeopathic pharmacopoeia, Brazilian homeopathic pharmacopoeia. Then, translation of the pharmacopoeia of the Royal College of Physicians, London. He has mentioned all these in his proposed pharmacopoeia, he said. He said he has also mentioned therein the Krauss Zimpel Spagyric process. And, in today's era, in biotechnology field, how do we get the essence out of steam distillation, he has attached that to the procedure.

15.1 Chairperson then asked Dr. Sadashiv Dhabe if he wants to add anything. Dr. Dhabe referred to some letter from AYUSH regarding the matter, and said that their team of Dr. Santosh Jamdade, Dr. Rehanul Huda, Dr. Milind Potdar, and their scientists, Dr. Wilee Takkar, Dr. Vijay Agnihotri, they have made a method in common. He suggested that if they work together with IDC's scientists, then they can get recognition. He mentioned Dr. Potdar's books on therapeutics, and said Dr. Wilee Thakkar can manage this method very well, and Dr. Jamdade has written on British Pharmacopoeia, American Pharmacopoeia, and Dr. Agnihotri, has written in his own Spagyric Pharmacopoeia. He said he himself coordinated in Maharashtra, and he is in Ayush. Therefore, if their team can sit with IDC's scientists, they can fulfil some of the seven points, which may be helpful. Their team has already recruited scientists, who have completed Pharmacopoeia, Therapeutics, Books of Test, Distillation Method, etc. He himself has made the curriculum and the listing of institutions at all India level, but they want IDC's support. This will help the recognition process. Therefore, Dr. Dhabe requested the Chairperson to consider his suggestion.

15.2 Chairperson commented that he has been seeing this matter since the year 2008, first as a secretary in the Government, answering questions in the Parliament on the issue, making bills, and now as a committee chairman since 2016, and all his colleagues in the committee are from the government, from the Ministry of Health and other departments, like Prof. Darshan Shankar, Prof. Patwardhan, Prof. Gupta and other prominent members. And, all of these people are watching this process from time to time. At present, they are on the issue as a judge, so they cannot tell them to put this paper, not to put this paper, etc. However, with reference to the criteria, five essential and two desirable, the committee has given them all the time for submission of papers, since the committee was formed. The committee can not discuss with them, but needs their answer, to listen to their point of view, if there is paper, judgement can be given, but if there is no paper, judgement can not be given. The committee asked the twenty-nine bodies (*who joined the first meeting*) to submit a joint proposal, but it was not listened to, and now there are different points of view, and it does not help. But the committee is giving everyone a chance. The committee needs answer to all the seven points. It is a great effort by the committee to see 12 sets of documents instead of one common one. But, IDC still sees them. Because, it is very clear that this case was dismissed in the year 2003, and twenty years thereafter, whether it would be dismissed again or decision revised, will depend on the data developed in 20 years. Committee's judgment will be on the basis of data. The committee does not have any option. It is a committee, which understands medicine. What do we need in any system? In that, the diagnosis of the disease should be given, it should be different, it should be a separate system. How is it different? How do you make it? How do you keep it? Which quality do you see? We need all these documents. This criteria was made in 2003, and we

haven't changed anything. Therefore, there is no option with the committee to have discussions with anybody except for listening to them today, for the last time, as the committee will close this issue in the next year. If, ultimately, it is decided to promote it, and if we are given the direction, then we may discuss with you, but not now.

16. Ms. Achala Mogra, from 6-party joint committee, wanted to make a short presentation, Since her team had already made one, Chairperson asked her to make presentation on additional points, if any. She said she has already submitted all the papers through Dr. Rehanul Huda. Her presentation was not clearly audible, however it related to diagnosis, as she claimed that they have a comprehensive system of diagnosis, and they diagnose through the temperament and the virus. Chairperson told that whatever she is telling should be backed by documentary references, as the committee, comprising eminent people, who understand all aspects of medicine, would go by documents. So, he asked her to submit that, and said the books that they have submitted should have proper references.

17.1 Dr. Jamdade mentioned about some ordinance, issued in Switzerland, for therapeutic products on to the simplified atherization of the complementary herbal medicine products, and that they have given the documentation in their proposal.

17.2 Chairperson emphasised that it is an essential criteria that in which country this system is practised or originated, whether there it is a recognized system or not. This is a very vital issue, In India too it is going on since 1921, and, so, it is not a new thing. Therefore, how it is going on in India, is the question. The committee is going to the actual science and actual data, where it is going to find it, i.e., in which book, in which journal. He said, ultimately, science is a dynamic phenomenon, and science does not end the day it starts, but it grows.

18. Dr. Vinod Kumar, WEHO UK, then stated that he wants to submit some data, generated in Germany in the in spagyric, and Chairperson permitted him to do that.

19. Chairperson then observed that submissions by all the stakeholders have been covered, and invited the State Government representatives and the Special Invitee for their comments. Dr. Brender Sharma, Deputy Director (Homoeopathy), Govt. of NCT of Delhi, stated that he has gone through all the literature on the subject, that were sent to him, and based on that, he has prepared one point-wise position paper, which he would like to send. Chairperson requested him to send it online to Shri D.R. Meena, Director (DHR), with a copy to him. Chairperson said it would be discussed in the next meeting.

20.1 Dr. Subarna Roy, Director, National Institute of Traditional Medicine, ICMR, and a special invitee to this meeting, commented that he could not understand one or two things. One is that they have multiple claims that they are different from homoeopathy. But then, whatever one has seen it actually emanated out of homoeopathy, and later on, it got a separate status. Secondly, regarding education, mentioned in the meeting, there is no structure for it. And, even the hospitals, where it is conducted as per the list given, recently, the UGC's fake universities or fake institutions list have one name. And, then the third point is that he does not know about any experiments, which they have performed, because they have now said that

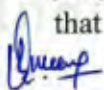
they treat almost all kinds of diseases. Further, he is not very clear about what ethical principles they follow, at what stage they refer to others or what.

20.2 Chairperson commented that this is a common question to all that Dr. Roy has asked. Then, he generally clarified to Dr. Roy that they have given the table of difference between the two systems, have also done structural analysis of which the data shows that they are different. As regards the question about ethics, Dr. Hardia, mentioned that other doctors are also doing the same in the hospital. And, then, the case where the patient himself chooses, or the last one-touch case of cancer, where everyone has done it, and nothing is left, he needs pain relief. For that, no one has made any committee for ethics, but because it was not regulated, the question is that if a proper doctor is available, who is diagnosing and whose system of medicine is approved, then there is no problem with anyone. Now, the problem is that, since 1921, this system has started to be practised in India. When it came up in 2010, when he was a secretary, one of the affidavits was given by the department, telling there was no bar on practice till a law was made. So, this interim period has been given to substantiate their claim to which level they exist. So, they have given a lot of data like yesterday and today. They have been at cross-purpose with each other because some people will be dominant, others will not. That is why, a lot of people had to be independent. So, we are happy that we listened to all. But, we have given some additional points. Everybody's participation has been valuable. The committee is benefitted by allowing the different people to join. Now, the books that have been given, which have monographs, which have books, which have publications, they have very little original, but some are not. So, we have to sit in the committee, and see if it is enough to accept it for future.

21. Dr. Gyanendra Mathur, Senior Medical Officer, Directorate of Homoeopathy, Government of Rajasthan, observed that this system is different from homeopathy, however, he has not been able to identify what is the meaning of the word "electro" in electrohomoeopathy. Chairperson observed that it is called 'electric', which may be due to the fact that it has a direct and prompt effect like an electric effect. However, he added that there should proper reply to the question, which is the point raised by Prof. Bhushan Patwardhan also, who could not join as he was travelling today, but has sent his comments to the Chairperson. There was some discussion on this issue, Chairperson said that if there are authentic text books, reference should be made to it/them and mention the page which contains this information. He said the basis of the word 'electro' needs to be properly justified, backed with papers. He told Dr. Agnihotri to add a rejoinder if it is in his slide. Dr. Upadhyaya also commented that they have to match everything with the document / paper.

22. Dr. Nabendu S. Chatterjee, Head (Division of Basic Medical Sciences), ICMR, said that he does not have any additional points to make, but the main point to be emphasised is the need for submission of supporting documents and evidences for validation.

23.1 Agreeing to Dr. Chatterjee's comments, the Chairperson commented that the basis of the judgment would be the same. It has to be document-based. He mentioned that they had a feeling that there is no justice with them. They approached MPs and called our minister, they contacted



me, and I did not even know what was going on in this channel. But after dialogues happened, they slowly tried to give scientific evidence. Whether it was sufficient or not, that is a separate issue, but the fact is that they have attempted. So, the question is now we are looking at everything backed by science and document only. For example, the last comment of Dr. Mathur, why is this 'electro' word used. But then the question arises that when they say it was by Caesar Mattei, it is possible that he has an iconic status, but God did not directly put it in his brain. So, he might have observed it on the basis of some data. How did they use it? Then there would be empirical evidence. Look, the principle of genetics, the principle of all the principles of Mendel, they made it in the same way. They saw that when two flowers are hybridized, what comes out? But someone had seen some genes in genetics. But they have seen the genes now. So, the evidence of that time was empirical. That this classification was the basis for it. This is written here. Today, we verify this classification.

23.2 Continuing, the Chairperson said that moving down the line, in 150 years, a lot of data has been generated, and today's judgment will have to rely on that data actually. We can not say that someone has said it, someone has accepted it. Documents and evidence are required. Evidence plus the experiences of the people. Evidence of how they are practising. Evidence of how they are kept. And they have presented enough material, but not enough material to say, to conclude actually. So, we need a very clear reply, a clear link to a document. And then we can take a call. He said that all the criteria adopted is a valid criteria. This committee has considered whether to change the Ganguly committee criteria, but decided to go by the same criteria. There is no mistake in the criteria. So, the committee needs a clear answer, as demanded, w.r.t. these criteria.

24.1 Shri Mukesh Prakash Gothi referred to some comments made by Dr. L. Swasthicharan in the last IDC meeting electromephetics, required to fulfil the fundamental measures, and requested for a framework from the government, in which they can make clinical data.

24.2 Chairperson observed this point was suggested by someone last time also. He observed that they were given time for all these things. If the committee had to reject it in summary, it could have been done earlier, in 2018. Continuing, the Chairperson said that, first, a Bill was contemplated, but then Government decided to bring this committee. The members of this committee have been all open, and they are very prominent allopaths, very prominent interdisciplinary persons, they are very prominent transdisciplinary persons. So, in our committee, there are all types of people, and all of them are open-minded. No one has said that they will not hear it again. So, again and again, we have given them a chance to do this, to do that. Now, if someone had heard it, it would have been a good document. Basically, without interaction, people will not be able to get all the points. But, in today's deep interaction, many individuals have given some points which were not highlighted earlier.

24.3 Chairperson requested all the participants to submit revised replies w.r.t. the seven criteria, rejoinders, etc., complete with supporting documents, on the points which the committee has asked from each of them, and that in four weeks. Thereafter, he said, there may be one or two sittings of the committee itself to look into the entire matter to see whether it is enough or not enough. And, if not enough, is it time to close the shop; is it harming the people

or not harming the people. If it is not harming the people, it is potentially useful. First of all, judgment will be if it is doable. So, to make a regulatory system, we will say that it needs a regulatory system. If it feels that it is not like that yet, then what next? We will make a recommendation on that also. Because, the committee's goal is not to prematurely end something. But, at the same time, human health, public health, its safety are also the concern.

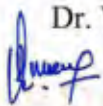
24.4 Dr. Vinod Kumar, WEHO UK, appreciated Chairperson's remarks, and commented that that should be the core goal. He also thanked him for providing opportunity to all the electropaths to present their cases.

25.1 Thereafter, the Chairperson said that though he has already closed the meeting, however, being a senior man, Wg Cdr Giridhargopal (*who wanted to speak*), may say something. Wg Cdr said that he had another colleague also, a colonel from the army, and served as MBBS for thirty; many allopaths also have been associated with them. And, he happens to be a PhD in quantum energy medicine and nano medicine. Now, using modern methodology and basically treating this science as an energy medicine in line with acupuncture, traditional Chinese medicine, Ayurvedic medicine, we have even tried the five element theory and based upon the five element theory, the Panchabhuta, which is more than 5-10,000 years old in this country, we have been able to devise methods by which we can deal with any disease in a very scientific manner. And, Mr. Vinod Kumar, WEHO, has reiterated this even on his website that Mattei also used the five element theory, and it is a wonderful methodology. So, if one looks at it today, the five element theory has one method to identify, diagnose, completely different from allopathy or Ayurveda or Siddha or Yunani, then the five element theory plays a very big role and it is not that the five element theory is something new, the whole universe existence is based on the five element theory, and after so many years of practice in the modern medicine, when we shifted to this complimentary medicine, we have achieved fantastic responses. Coming to think of the last point that you put out that it is important to look at how it is useful for patients. Yes, various people have hundreds of hospitals and 200 million hospitals, allopathic hospitals who are using electro homeopathy from the reception to the ICU to the NICU and the responses have been fantastic.

25.2 Chairperson thanked him, and enquired if he has sent any written submission also, to which Wg Cdr replied that he has not, but will do now. Chairperson requested him to do that in four weeks.

26. Dr. Vinod Kumar displayed small bottles of homoeopathic and electrohomoeopathic medicine to tell the difference between the two, and to make the point that though there is no molecule in the homeopathic medicine, it is still the second largest system in the world. But, in electrohomoeopathy, there is molecule present, but is still misunderstood by the medical faculty. Chairperson, in a lighter vein, observed that no conclusion can be made seeing bottles.

Dr. Vinod Kumar said he would send the references.



27. Conclusion

In the two-day meeting held by the Inter-Departmental Committee (IDC) with the representatives of a large number of electrohomoeopathy organisations / individuals – seeking recognition of electrohomoeopathy as a system of medicine – the committee critically examined various documents submitted by them, and also saw the ‘Presentations’ made before it. The committee had very lengthy and in-depth discussions with them, where each of them was heard in much detail by the committee. However, the committee has found most of the submissions not adequately justified *vis-a-vis* the seven criteria, which the IDC has been following for appraising any proposal, seeking recognition of alternative systems / therapies. As IDC has, by now, already deliberated on the issue four times, and that extensively, with the representatives of the applicant organisations, it has made it clear in the meeting that the committee will now deliberate the matter among themselves only, without any further participation from the applicant organisations, in order to arrive at a decision in the matter. And, for this purpose, the committee decided to extend one last chance to the applicant organisations to submit additional information, documents, etc., which the committee specifically asked each of participating organisations to submit, and that within a period of four weeks, and which all of them have agreed to do.

Thus, the precise action points that have emerged from the very detailed discussions in the meeting are as under:

- i. All the electrohomoeopathy organisations / individuals, who participated in the meeting on two days, will submit, within a period of four weeks, further scientific information, data, evidence, documents, publications, etc., which the IDC advised each of them to do, and which the committee requires for proper appraisal of the proposal, seeking recognition of Electrohomoeopathy as a system of medicine.
 - ii. Thereafter, IDC will hold its exclusive meeting(s), as expeditiously as possible, to examine these additional information/documents, etc., and to review the entire issue in order to arrive at a decision in the matter, and to take action to submit its report to the Government.
28. Meeting ended with a vote of thanks to the Chair, members and all participants.

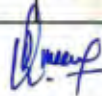


Annexure-III

LIST OF PARTICIPANTS IN THE 'VIRTUAL' SIXTH MEETING OF THE INTER-DEPARTMENTAL COMMITTEE (SECOND SITTING), HELD ON 18.10.2022 AT 10.30 AM, TO EXAMINE THE PROPOSAL FOR RECOGNITION OF ELECTROHOMOEOPATHY AS A SYSTEM OF MEDICINE

Inter-Departmental Committee

1.	Dr. V.M. Katoch	Former Secretary (DHR) & DG (ICMR) In the Chair
2.	Prof. Darshan Shankar	Vice-Chancellor, University of Trans-Disciplinary Health Sciences and Technology, Karnataka.
3.	Dr. Nabendu S. Chatterjee	Scientist 'G' & Head (BMS Division), Indian Council of Medical Research (ICMR).
4.	Dr. Subarna Roy	Director, National Institute of Traditional Medicine (NITM), ICMR, Karnataka (Special Invitee).
5.	Dr. A. Raghu	DDG (AYUSH), Dte.GHS, New Delhi.
6.	Dr. Navin Verma	Deputy Director (EMR), Dte.GHS, New Delhi.
7.	Dr. N. Gopu Kumar	Joint Secretary, University Grants Commission.
8.	Shri Ashok Kumar	Deputy Secretary, National Medical Commission.
9.	Dr. Bhanu Duggal	OSD (Health), Health & Family Welfare Division, NITI Aayog.
10.	Dr. Kousthubha Upadhyaya	Adviser (Ayurveda), Ministry of AYUSH.
11.	Dr. Brender Sharma	Deputy Director (Homoeopathy), Directorate of AYUSH (Homoeopathic Wing), Government of NCT of Delhi.
12.	Dr. Gyanendra Mathur	Senior Medical Officer (II), Directorate of Homoeopathy, Government of Rajasthan.
13.	Dr. Sushanta Sarkar	ADC (I), O/o Drugs Controller General (India).



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Electrohomoepathy Organisations

Six-party Joint Committee	
1.	Ep Rehanul Huda
2.	Dr. Sadashiv B. Dhabe
3.	Dr. Milind D. Potdar
4.	Dr. Susanta Kumar Biswas
5.	Dr. K.P.S. Chouhan
6.	Dr. Vijai Agnihotri
7.	Ms. Achala Mogra
8.	Dr. Santosh Jamdade (<i>Attended on 17.10.2022 also</i>)
9.	Dr. Wilee Takkar
Sinha Electro Homeo Anusandhan Kendra (SEHAK)	
10.	Dr. Prabhat Kumar Sinha
Mattei Electro Homeopathy Medical Council Maharashtra (MEHMCM)	
11.	Shri Mukesh Prakash Gothi
12.	Shri Rahimatullah Yusuf Daryawardi
13.	Shri Gajanan Patil
Madhya Pradesh Research & Development Organization of Electro Homeopathy (MPRDOEH)	
14.	Dr. Ajay Hardia
Scientific Institute of Alternative Medicines & Paramedical Science Council (SIAMPSC)	

15.	Shri D. Vidyanandam	
Amethyst Social and Health Institutions (ASHI)		
16.	Dr. M.K. Shaikh	
WEHO UK		
17.	Dr. Vinod Kumar	
18.	Ms Pardip Kaur	
International Council of Electrohomeopathy		
19.	Dr. Debasish Kundu	
OTHERS		
<i>(In most cases, names /organizations / offices/ contact details not indicated)</i>		
20.	Dr. D. Noorul Mubeei	<i>They marked their attendance on their own, but did not take part in the discussions (other than Wg Cdr Giridhargopal).</i>
21.	Wg Cdr Giridhargopal	
22.	Dr. T.R. Hemnani	
23.	Wilee Takkar	
24.	Mattei Electropathy	
25.	ERF	
26.	Dr. Anjum	
27.	Dr. R.K. Pandit	
28.	Dr. Dharmendra Shah <i>(Attended on 17.10.2022 also)</i>	
29.	Shri Deepak	
30.	Dr. Kaiser Ahmad Shaikh, IEH of India, Director <i>(Attended on 17.10.2022 also along with joint body)</i>	
31.	Shri Hemant Sethia <i>(Attended on 17.10.2022 also along with joint body)</i>	
32.	Council of Electrohomoeopathy	

