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Legal Regulation of Homoeopathy in India: A Critical Analysis of the National Commission for Homoeopathy Act, 2020

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ABSTRACT

Homoeopathy is one of the most widely practised systems of traditional medicine in India and plays an important role within the AYUSH healthcare framework. The enactment of the National Commission for Homoeopathy Act, 2020 marked a significant shift from the earlier regulatory regime under the Homoeopathy Central Council Act, 1973 by introducing a governance model focused on transparency, accountability, quality medical education and professional ethics. India currently has more than three lakh registered homoeopathic practitioners and hundreds of recognised teaching institutions, which highlights the need for an effective and uniform regulatory framework. This paper critically examines the legal framework established under the National Commission for Homoeopathy Act, 2020, analyses its institutional mechanisms governing education, registration, ethics and professional standards, and evaluates the reforms introduced to strengthen homoeopathic regulation in India. The study adopts a doctrinal research methodology based on an analytical examination of the National Commission for Homoeopathy Act, 2020, relevant rules and regulations, constitutional provisions, parliamentary materials, judicial decisions, government reports and scholarly literature. The paper analyses the evolution of homoeopathy regulation in India, the establishment and functions of the National Commission, the role of its Autonomous Boards, national examinations, practitioner registration, recognition of qualifications, and the regulatory mechanisms designed to improve educational standards and ethical medical practice. The study finds that the Act modernises homoeopathic governance by introducing competency-based education, transparent institutional assessment, digital registration and strengthened ethical oversight. However, challenges relating to implementation, coordination with State Medical Councils, infrastructure disparities and effective enforcement continue to affect its practical effectiveness. The National Commission for Homoeopathy Act, 2020 represents a progressive legislative reform that seeks to balance professional autonomy with public accountability. Its long-term success will depend upon consistent implementation, institutional capacity building, periodic regulatory review and stronger integration of

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quality assurance mechanisms to ensure accessible, ethical and patient-centred homoeopathic healthcare in India.

Keywords: *National Commission for Homoeopathy Act 2020, Homoeopathy Regulation, Medical Education, Professional Ethics, AYUSH*

I. INTRODUCTION

Homoeopathy has emerged as one of the most widely practised systems of traditional medicine in India and constitutes an important component of the country's pluralistic healthcare framework. Introduced in the nineteenth century, it has gradually evolved from a complementary therapeutic practice into an institutionally recognised medical system supported by educational institutions, research organisations and public healthcare services. The Constitution of India, though it does not expressly recognise any particular medical system, envisages the protection of public health through Articles 21 and 47, which respectively guarantee the right to life and direct the State to improve public health and nutrition. In furtherance of these constitutional commitments, the Government of India established the Ministry of AYUSH to promote Ayurveda, Yoga and Naturopathy, Unani, Siddha, Sowa-Rigpa and Homoeopathy through coordinated policies relating to education, research, regulation and healthcare delivery.¹ The enactment of the National Commission for Homoeopathy Act, 2020 represents a significant legislative effort to modernise the governance of homoeopathic education and professional practice by replacing the earlier regulatory framework with a more transparent, accountable and quality-oriented institutional structure.²

The growing integration of homoeopathy into India's healthcare system has simultaneously increased the need for an effective legal and regulatory framework capable of safeguarding the public interest. Legal regulation is essential not only for maintaining academic standards and professional competence but also for ensuring ethical medical practice, institutional accountability and patient safety. A comprehensive regulatory mechanism contributes to uniform educational standards, transparent licensing procedures, periodic assessment of medical institutions and effective disciplinary control over professional misconduct. Such regulation also strengthens public confidence in homoeopathic services by promoting quality healthcare, protecting patients' rights and ensuring that only duly qualified practitioners are

¹ MINISTRY OF AYUSH, GOV'T OF INDIA, *About Us*, AYUSH CLINICAL CASE REPOSITORY, https://accr.ayush.gov.in/about_us.

² PRESS INFO. BUREAU, GOV'T OF INDIA, *Medical Education of Indian System of Medicine and Homoeopathy to Get Revolutionary Revamp* (Sept. 15, 2020), <https://www.pib.gov.in/PressReleasePage.aspx?PRID=1654384>.

permitted to practise. Regulation therefore serves as a vital instrument for balancing professional autonomy with the broader objectives of public health governance.

Despite the existence of the Homoeopathy Central Council Act, 1973, the earlier regulatory framework increasingly attracted criticism for deficiencies in institutional governance, inconsistent educational standards, delays in granting recognition, inadequate monitoring of medical colleges, limited enforcement of professional ethics, and concerns regarding transparency and accountability. These shortcomings undermined the effectiveness of regulatory oversight and underscored the need for comprehensive legislative reform. Against this background, the National Commission for Homoeopathy Act, 2020 was enacted to establish an independent regulatory architecture incorporating competency-based education, national-level examinations, digital practitioner registration, institutional assessment and stronger ethical governance. The principal question this paper addresses is whether the new statutory framework effectively remedies the deficiencies of the previous regime and provides a robust legal foundation for regulating homoeopathic education and professional practice in India.

Accordingly, this paper critically examines the legal framework established under the National Commission for Homoeopathy Act, 2020, analyses its institutional mechanisms governing medical education, registration, recognition of qualifications and professional ethics, and evaluates the extent to which the legislation advances transparency, accountability and quality assurance within the homoeopathic profession. The study adopts a doctrinal research methodology based on an analytical examination of primary legal sources, including the National Commission for Homoeopathy Act, 2020, relevant rules and regulations, constitutional provisions, parliamentary materials and judicial decisions, supplemented by authoritative books, journal articles and government reports. The scope of the study is confined to the statutory regulation of homoeopathy in India, with particular emphasis on the institutional and legal reforms introduced by the 2020 Act. It does not undertake a clinical evaluation of homoeopathic treatment or assess its therapeutic efficacy, except where such issues bear directly upon the legal and regulatory framework governing the profession.

II. EVOLUTION OF HOMOEOPATHY REGULATION IN INDIA

Stage	Development
1	Arrival of homoeopathy in India (early nineteenth century)
2	Growth during the colonial period
3	Recognition after Independence
4	Establishment of State Homoeopathy Medical

	Councils
5	Enactment of the Homoeopathy Central Council Act, 1973
6	Establishment of the Central Council of Homoeopathy (CCH)
7	Regulatory challenges under the CCH regime
8	Enactment of the National Commission for Homoeopathy Act, 2020
9	Establishment of the National Commission for Homoeopathy (NCH)

Figure 1: Timeline of the Legal Regulation of Homoeopathy in India

The history of homoeopathy in India dates back to the early nineteenth century, when European physicians, missionaries and traders introduced the system during the colonial period. Dr John Martin Honigberger is widely credited with popularising homoeopathic treatment in India after his reported success in treating patients, including Maharaja Ranjit Singh of Punjab.³ Over time, homoeopathy gained wide public acceptance, a popularity commonly attributed to the perceived affordability of its medicines, its reputation for few adverse effects and its holistic approach to patient care.⁴ During British administration, however, there was no comprehensive legal framework governing homoeopathic education or practice. Practitioners largely operated without uniform standards, resulting in considerable variation in qualifications and treatment methods. Following Independence, the Government of India gradually acknowledged the growing significance of indigenous and alternative systems of medicine. This recognition culminated in the establishment of dedicated governmental institutions, research bodies and educational programmes, reflecting the State's constitutional commitment to improving public health under Articles 21 and 47 of the Constitution.⁵ Homoeopathy thereby evolved from a privately practised therapeutic system into a recognised component of India's national healthcare framework.

The increasing institutionalisation of homoeopathy necessitated statutory regulation to ensure consistency in education and professional practice. Initially, several States enacted laws establishing State Homoeopathy Medical Councils to oversee practitioner registration and disciplinary matters. However, the absence of uniform national standards resulted in significant regulatory disparities across the country. To address these inconsistencies, Parliament enacted

³ BISWO RANJAN DAS, HISTORY OF INCEPTION AND DEVELOPMENT OF HOMOEOPATHY IN INDIA (Nat'l Inst. of Indian Med. Heritage, Cent. Council for Rsch. in Ayurvedic Scis. 2022).

⁴ See generally Cemre Cukaci et al., *Against All Odds: The Persistent Popularity of Homeopathy*, 132 WIEN. KLIN. WOCHENSCHR. 232, 232–42 (2020), <https://doi.org/10.1007/s00508-020-01624-x> (examining the reasons for the persistent popularity of homeopathy).

⁵ Kanya Saluja, *Right to Health: A Part of Article 21?*, IPLEADERS (June 13, 2020), <https://blog.ipleaders.in/right-health-part-article-21/>; see INDIA CONST. arts. 21, 47.

the Homoeopathy Central Council Act, 1973, which established the Central Council of Homoeopathy (CCH) as the apex statutory body for regulating homoeopathic education and professional standards.⁶ The CCH was entrusted with prescribing minimum educational standards, recognising qualifications awarded by medical institutions, maintaining the Central Register of practitioners, inspecting colleges and advising the Central Government on matters concerning homoeopathic education. The Act represented the first comprehensive legislative framework for homoeopathy in India and played a significant role in standardising undergraduate and postgraduate education, promoting institutional recognition and enhancing the professional legitimacy of homoeopathic practitioners nationwide.

Key problems under the CCH regime
Poor quality control
Corruption allegations
Inadequate inspection
Lack of transparency
Weak ethics enforcement
Delay in reforms

Figure 2: Key Problems under the CCH Regime

Despite these achievements, the regulatory framework under the Central Council of Homoeopathy increasingly attracted criticism over the years. The Council was frequently criticised for inadequate quality control in medical education, resulting in uneven academic standards and significant disparities in infrastructure and faculty across institutions.⁷ Allegations of corruption and irregularities in granting recognition to medical colleges adversely affected public confidence in the regulatory system. Inspection mechanisms were often considered inconsistent and ineffective, allowing several institutions to continue functioning despite deficiencies in teaching facilities and clinical infrastructure. The regulatory process also suffered from limited transparency, delays in decision-making and insufficient public disclosure of institutional performance. Furthermore, professional ethics received comparatively limited attention, and disciplinary proceedings against practitioners were often slow or ineffective because of fragmented coordination between the Central Council and State authorities. Although various expert committees recommended structural reforms, meaningful legislative change was delayed for several years, resulting in growing concerns regarding accountability, governance and regulatory efficiency.

⁶ The Homoeopathy Central Council Act, No. 59 of 1973, § 3, INDIA CODE (1973).

⁷ Sundip Charmode et al., *Systemic Shortcomings in Medical Education System of India: A Review with Radical Solutions*, 14 J. CLINICAL & DIAGNOSTIC RSCH. JE01, JE01–JE07 (2020), <https://doi.org/10.7860/JCDR/2020/45785.14060>.

Against this backdrop, Parliament enacted the National Commission for Homoeopathy Act, 2020 to replace the Homoeopathy Central Council Act, 1973 and to establish a modern regulatory architecture for homoeopathic education and practice.⁸ The long title of the Act and its legislative framework emphasise improving access to quality and affordable medical education; ensuring the availability of competent homoeopathic professionals; promoting equitable healthcare; encouraging research and innovation; strengthening ethical standards; and introducing transparent assessment and regulatory mechanisms. The Act fundamentally restructures governance by replacing the single regulatory body with a National Commission supported by specialised Autonomous Boards responsible for education, institutional assessment, and ethics and registration. It also introduces competency-based education, national entrance and exit examinations, digital practitioner registration, periodic institutional assessment and enhanced regulatory oversight. These reforms demonstrate Parliament's intention to shift from a predominantly inspection-based regulatory model towards a transparent, outcome-oriented system focused on quality assurance, professional accountability, patient protection and continuous improvement in homoeopathic medical education and healthcare delivery in India.

III. INSTITUTIONAL FRAMEWORK UNDER THE NATIONAL COMMISSION FOR HOMOEOPATHY ACT, 2020

A. Objectives of the Act

The National Commission for Homoeopathy Act, 2020 represents a transformative legislative reform aimed at modernising the governance of homoeopathic education and professional practice in India. As reflected in its long title, the Act seeks to establish a medical education system that ensures access to quality and affordable education, promotes the availability of competent homoeopathic professionals and supports equitable and universal healthcare. The legislation further emphasises community health, the adoption of the latest medical research, objective, periodic and transparent assessment of medical institutions, high ethical standards in medical services, and an effective grievance redressal mechanism. Unlike the earlier regulatory regime, which primarily focused on maintaining educational standards, the 2020 Act adopts a comprehensive governance model integrating education, institutional regulation, professional ethics, research and public accountability.⁹ The statutory objectives reflect a shift towards

⁸ PRS LEGISLATIVE RESEARCH, *The National Commission for Homoeopathy (Amendment) Bill, 2021*, PRS INDIA (Aug. 9, 2021), <https://prsindia.org/billtrack/the-national-commission-for-homoeopathy-amendment-bill-2021>; see The National Commission for Homoeopathy Act, No. 15 of 2020, § 58(1), INDIA CODE (2020).

⁹ National Commission for Homoeopathy Act, long title; see also Sony Emeka Ali et al., *Ethical Standards in Research: A Professional Imperative*, 13 INT'L J. INNOVATIVE SCI. & ENG'G TECHS. RSCH. 94, 94–104 (2025),

outcome-based regulation, recognising that public confidence in homoeopathy depends not only on professional competence but also on transparency, accessibility, affordability and continuous quality improvement. Consequently, the Act seeks to align homoeopathic governance with broader national health priorities while strengthening institutional capacity to respond to changing healthcare needs.

B. Constitution of the National Commission

The institutional foundation of the legislation is laid by Sections 3 to 10, which provide for the constitution of the National Commission for Homoeopathy (NCH) as a body corporate having perpetual succession and a common seal.¹⁰ Under Section 4, the Commission comprises a Chairperson, seven ex officio Members and nineteen part-time Members. The ex officio Members include the Presidents of the three Autonomous Boards, the Advisor or Joint Secretary in charge of homoeopathy in the Ministry of AYUSH, and the heads of national homoeopathy and research institutions, while the part-time Members are drawn from persons with expertise in fields such as homoeopathy, management, law and health research and from nominees of the States and Union Territories, thereby promoting multidisciplinary decision-making. Section 5 prescribes an appointment process through a Search Committee, which is chaired by the Cabinet Secretary when it selects the Chairperson and the Presidents of the Autonomous Boards. The Act specifies fixed tenure, qualifications, declarations of assets and liabilities, conflict-of-interest safeguards and removal procedures to enhance institutional integrity and accountability. The Commission is entrusted with broad regulatory functions, including framing policies on medical education, institutional regulation, professional standards, ethics, healthcare planning and fee regulation, while exercising appellate jurisdiction over decisions of the Autonomous Boards. Although these provisions substantially improve governance compared with the previous framework, the Act also confers considerable supervisory authority upon the Central Government through appointment powers and policy directions. While such oversight may facilitate national uniformity, it raises questions about the extent of the Commission's institutional independence and the need to balance governmental supervision with autonomous professional regulation.

<https://doi.org/10.5281/zenodo.14875237>.

¹⁰ National Commission for Homoeopathy Act §§ 3–10.

C. Advisory Council

Recognising India's federal governance structure, the Act establishes the Advisory Council for Homoeopathy under Sections 11 to 13 as a representative platform for coordination between the National Commission, State Governments, Union Territories and educational institutions.¹¹ The Council includes representatives of the States and Union Territories, State Medical Councils, universities, the University Grants Commission, the National Assessment and Accreditation Council and eminent academic institutions, thereby ensuring wider participation in policy formulation. Its principal function is to advise the Commission on matters relating to medical education, research and development, minimum standards and equitable access to homoeopathic education. The Advisory Council also enables States to communicate regional concerns and practical challenges affecting implementation, thereby strengthening cooperative federalism within the regulatory framework. Although the Council performs only an advisory role and its recommendations are not legally binding on the Commission, it serves as an important consultative mechanism that can promote policy coordination, institutional cooperation and greater uniformity in educational standards across States and Union Territories.

D. National examination system

Another significant innovation introduced by the Act is the establishment of a uniform national examination system under Sections 14 to 17. The legislation provides for the National Eligibility-cum-Entrance Test (NEET) for undergraduate admissions, the National Exit Test (NExT) for licensing and registration, the Post-Graduate National Entrance Test for postgraduate admissions, and the National Teachers' Eligibility Test for postgraduates who wish to enter teaching.¹² This integrated examination framework seeks to standardise admissions, licensing and faculty selection by replacing fragmented institutional procedures with nationally uniform assessment mechanisms. Such reforms are expected to improve educational quality, merit-based admissions, professional competence and public confidence in homoeopathic practitioners. Nevertheless, successful implementation depends upon adequate institutional preparedness, transparent examination processes, timely framing of regulations and equitable access for students from diverse linguistic and socio-economic backgrounds. Concerns have also been expressed regarding transitional challenges, additional examination burdens and the administrative capacity required for effective nationwide implementation. Despite these

¹¹ The National Commission for Homoeopathy Bill, 2019, Bill No. II of 2019, cls. 11–13 (India); *see* National Commission for Homoeopathy Act §§ 11–13.

¹² National Commission for Homoeopathy Act §§ 14–17; *see also* NAT'L TESTING AGENCY, *Medical Exam*, NTA, <https://www.nta.ac.in/medicaalexam> (last visited Sept. 26, 2026).

practical issues, the examination framework represents an important step towards competency-based regulation and the harmonisation of educational standards across India.

E. Autonomous Boards

Perhaps the most distinctive feature of the National Commission for Homoeopathy Act, 2020 is the establishment of three specialised Autonomous Boards, constituted under Section 18 and assigned their functions by Sections 26 to 28, each entrusted with clearly defined regulatory responsibilities. The Homoeopathy Education Board is responsible for developing competency-based curricula, prescribing educational standards, determining infrastructure and faculty requirements, recognising medical qualifications, facilitating faculty development and promoting research activities.¹³ The Medical Assessment and Rating Board for Homoeopathy regulates the establishment of new institutions, grants permission for new postgraduate courses and increased student intake, conducts inspections, assesses institutional performance, publishes ratings, and takes measures against institutions that fail to maintain minimum standards. By introducing periodic assessment and public disclosure of institutional performance, the Act replaces a purely inspection-based approach with a more transparent quality assurance mechanism. These reforms encourage institutional accountability while promoting continuous improvement in educational infrastructure, research and healthcare delivery.

Equally significant is the establishment of the Board of Ethics and Registration for Homoeopathy, which constitutes one of the most progressive legal reforms introduced by the Act. The Board is entrusted with maintaining the National Register of licensed practitioners, regulating professional conduct, promoting ethical medical practice, coordinating with State Medical Councils and exercising appellate jurisdiction in disciplinary matters. The legislation also provides for electronic synchronisation between the National and State Registers, thereby improving the transparency, accuracy and public accessibility of practitioner information. Through a structured disciplinary framework and defined appellate mechanisms, the Act strengthens professional accountability while protecting patient interests. Collectively, the National Commission, the Advisory Council, the national examination system and the Autonomous Boards establish an integrated institutional framework capable of regulating every stage of homoeopathic medical education and professional practice, from admission and curriculum development to licensing, ethics, institutional assessment and continuing regulatory oversight. Although effective implementation remains dependent on adequate administrative

¹³ NAT'L COMM'N FOR HOMOEOPATHY, *Homoeopathy Education Board*, NCH, <https://nch.org.in/heb>; see National Commission for Homoeopathy Act §§ 18(1), 26, 28.

capacity, financial resources and coordination between the Central Government and State authorities, the institutional architecture introduced by the National Commission for Homoeopathy Act, 2020 marks a substantial advance towards a transparent, accountable and quality-driven regulatory regime for homoeopathy in India.

IV. REGULATION OF EDUCATION, REGISTRATION AND PROFESSIONAL ETHICS

A. Educational standards

The National Commission for Homoeopathy Act, 2020 introduces a comprehensive regulatory framework to strengthen educational standards and improve the quality of homoeopathic medical institutions in India. Under Section 26, the Homoeopathy Education Board is entrusted with developing a competency-based curriculum that equips students with the knowledge, clinical skills, professional values and ethical standards necessary for contemporary healthcare practice. The Board is empowered to determine standards for undergraduate, postgraduate and super-speciality education, set norms for infrastructure, faculty and quality of education, and facilitate medical research. It also frames guidelines for setting up new medical institutions and grants recognition to medical qualifications in accordance with statutory requirements. Simultaneously, under Sections 28 to 30, the Medical Assessment and Rating Board for Homoeopathy evaluates medical institutions through inspections, institutional assessments and public rating mechanisms to ensure compliance with prescribed standards. Persons intending to establish a new college, start a postgraduate course or increase student intake are required to obtain the prior permission of that Board, which must consider statutory criteria relating to infrastructure, financial resources, teaching faculty and hospital facilities. By combining competency-based education with continuous institutional assessment and recognition, the Act seeks to replace the earlier inspection-oriented approach with a transparent quality-assurance model that promotes academic excellence, institutional accountability and research-oriented medical education. These reforms encourage continuous improvement while ensuring that homoeopathic institutions contribute effectively to national healthcare objectives.

B. Registration of practitioners

An equally significant reform introduced by the Act concerns the regulation of practitioner registration and licensing through an integrated digital framework established under Sections 31 to 34.¹⁴ The legislation requires every State that does not already have one to establish a State Medical Council for Homoeopathy within three years, and these Councils function in

¹⁴ National Commission for Homoeopathy Act §§ 31–34; see also Dipika Jain, *Regulation of Digital Healthcare in India: Ethical and Legal Challenges*, 11 HEALTHCARE 911 (2023), <https://doi.org/10.3390/healthcare11060911>.

coordination with the Board of Ethics and Registration for Homoeopathy. The Board maintains a National Register containing the names, addresses, recognised qualifications and other prescribed particulars of licensed practitioners, while each State Medical Council maintains a corresponding State Register. The Act mandates electronic synchronisation between the National and State Registers, ensuring that any change in one register is automatically reflected in the other. Registration is linked to successful completion of the National Exit Test, thereby integrating licensing with competency assessment and preventing unqualified persons from practising homoeopathy; persons entered in the Central Register of Homoeopathy under the 1973 Act before the new Act came into force, and before the Test becomes operational, are deemed to be registered under the new Act. Only practitioners enrolled in the National or a State Register are legally authorised to practise as qualified practitioners, sign medical or fitness certificates, or give expert evidence in court on matters relating to homoeopathy. This digital registration system significantly enhances legal certainty, administrative efficiency and public transparency by enabling easy verification of practitioners' credentials. From a governance perspective, the integrated electronic registration mechanism strengthens accountability, minimises duplication of records and supports evidence-based regulatory oversight while protecting patients from unauthorised medical practice.

C. Recognition of qualifications

The Act further establishes a uniform mechanism for the recognition of medical qualifications under Sections 35 to 38, thereby ensuring consistency in educational standards across India and facilitating international recognition where appropriate.¹⁵ The Homoeopathy Education Board is responsible for maintaining the list of recognised undergraduate, postgraduate and super-speciality qualifications awarded by Indian universities and medical institutions. Educational institutions offering new programmes must obtain statutory recognition before their qualifications become valid for registration and professional practice. The Act also prescribes a separate mechanism for recognising qualifications awarded by foreign medical institutions, subject to verification by the Commission and compliance with statutory requirements, including qualification in the National Exit Test wherever applicable. Importantly, the legislation empowers the Commission to withdraw or de-recognise qualifications where educational institutions fail to maintain prescribed academic standards, infrastructure or faculty requirements. Such withdrawal is subject to procedural safeguards, including further inquiry and consultation with the State Government and the university or institution concerned, which

¹⁵ National Commission for Homoeopathy Act §§ 35–38; *cf.* The National Medical Commission Act, No. 30 of 2019, § 35, INDIA CODE (2019).

reflect the principles of natural justice. These provisions significantly strengthen regulatory oversight by linking recognition directly with educational quality rather than treating it as a permanent statutory privilege. Nevertheless, continuous monitoring and objective assessment criteria remain essential to ensure that recognition procedures are implemented fairly, transparently and consistently across institutions without adversely affecting students' academic interests.

D. Professional ethics

Professional ethics constitute another central pillar of the National Commission for Homoeopathy Act, 2020, reflecting the legislature's commitment to patient safety and professional accountability. The Board of Ethics and Registration for Homoeopathy is entrusted with regulating professional conduct, promoting ethical standards and maintaining the National Register of practitioners. The Board works in coordination with State Medical Councils, which continue to exercise disciplinary jurisdiction wherever empowered under State legislation. Complaints relating to professional or ethical misconduct may be investigated by the State Medical Council or, where no such Council has yet been established, by the Board of Ethics and Registration directly. The Act provides practitioners with a structured appellate mechanism, enabling appeals from decisions of the State Medical Councils to the Board and, thereafter, to the National Commission, thereby ensuring procedural fairness and regulatory consistency. This layered disciplinary framework strengthens patient protection by providing effective remedies against professional negligence, unethical conduct and statutory violations while preserving the principles of natural justice. Equally important, the collaborative relationship between the National Commission and the State Medical Councils promotes uniform ethical standards nationwide without undermining the federal structure of healthcare governance. Although the effectiveness of these provisions ultimately depends on efficient implementation, institutional capacity and timely disposal of disciplinary proceedings, the ethical governance framework introduced by the Act represents a substantial advance in ensuring responsible, transparent and patient-centred regulation of the homoeopathic profession in India.

V. CRITICAL EVALUATION OF THE NATIONAL COMMISSION FOR HOMOEOPATHY ACT, 2020

Major strengths
Institutional autonomy
Transparency
National standards

Merit-based admissions
Quality assurance
Digital registers
Ethics regulation
Research promotion

Figure 3: Major Strengths

The National Commission for Homoeopathy Act, 2020 represents one of the most comprehensive regulatory reforms in the history of homoeopathic governance in India. By replacing the Homoeopathy Central Council Act, 1973, the legislation introduces a modern institutional framework based on transparency, accountability and quality assurance. One of its most significant strengths lies in the creation of specialised Autonomous Boards responsible for education, institutional assessment, and ethics and registration, thereby ending the earlier concentration of regulatory functions within a single body. This institutional restructuring promotes administrative efficiency, functional specialisation and greater professional accountability. The introduction of competency-based curricula, national entrance and licensing examinations, uniform educational standards and transparent institutional assessment enhances the quality of medical education while ensuring merit-based admissions across the country. The Act further strengthens regulatory governance through electronic National and State Registers, promoting digital transparency and facilitating verification of practitioners' credentials. The establishment of the Board of Ethics and Registration significantly reinforces professional ethics by providing statutory mechanisms to regulate professional misconduct and conduct disciplinary proceedings. Equally important is the emphasis on research promotion, faculty development and periodic institutional evaluation, reflecting a shift from mere regulatory compliance towards continuous quality improvement. Collectively, these reforms align homoeopathic regulation with contemporary governance principles by encouraging evidence-based policymaking, public accountability and patient-centred healthcare. The legislative framework therefore possesses considerable potential to enhance public confidence in homoeopathic education and professional practice while contributing to the broader objectives of universal healthcare and institutional excellence.

Major challenges
Implementation gaps
Excessive Central Government control
Overlap with State Councils
Faculty shortages
Infrastructure disparities

Limited financial support
Research quality
Regulatory capacity
Absence of strong grievance redressal
Slow implementation of the Exit Test

Figure 4: Major Challenges

Despite these notable achievements, the effectiveness of the National Commission for Homoeopathy Act, 2020 depends substantially upon its practical implementation. Several challenges continue to limit the realisation of its regulatory objectives. Although the Commission has been granted statutory autonomy, significant appointment powers, policy directions and supervisory authority remain vested in the Central Government, raising concerns about the extent of its institutional independence. The coexistence of the National Commission and State Medical Councils may also create jurisdictional overlap and administrative inconsistency, particularly in disciplinary proceedings and practitioner registration. Furthermore, considerable disparities in infrastructure, faculty availability and financial resources among homoeopathic medical institutions continue to hinder the uniform implementation of competency-based education. Faculty shortages, inadequate clinical exposure and unequal institutional capacities may restrict compliance with newly prescribed educational standards. While the Act promotes research, sustained financial investment, interdisciplinary collaboration and evidence-based scientific evaluation remain limited in many institutions.¹⁶ Another concern relates to the gradual implementation of the National Exit Test and other national examinations, which require robust administrative preparedness and extensive regulatory coordination.¹⁷ Moreover, although the Act provides appellate remedies in disciplinary matters, it does not establish a comprehensive and independent grievance redressal mechanism specifically addressing complaints of students, patients and institutional stakeholders. Strengthening regulatory capacity, improving financial support, enhancing digital governance and ensuring effective monitoring at both the national and state levels therefore remain essential for achieving the legislative objectives envisaged by Parliament.

Parameter	National Commission for Homoeopathy Act,	National Medical Commission Act, 2019	National Commission for Indian System of	Lessons for homoeopathy
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¹⁶ Sunil Kumar Raina, *Is the National Medical Commission Aligning with Discontinuity and Transitory in Times of Uncertainty by Making the Science and Art of Family Medicine Redundant?*, 13 J. FAM. MED. & PRIMARY CARE 2541, 2541–44 (2024), https://doi.org/10.4103/jfmpe.jfmpe_1648_23.

¹⁷ Sarthak et al., *Immediate NExT Rollout Is Vital for MBBS Students and the Medical Education Ecosystem of India*, 15 J. FAM. MED. & PRIMARY CARE 499, 499–503 (2026), https://doi.org/10.4103/jfmpe.jfmpe_430_26; see National Commission for Homoeopathy Act § 15(3).

	2020		Medicine Act, 2020	
Primary objective	Regulation of homoeopathic education and practice	Regulation of modern medical education and practice	Regulation of Ayurveda, Unani, Siddha and Sowa-Rigpa	Adopt integrated quality assurance mechanisms
Regulatory structure	National Commission with three Autonomous Boards	National Commission with four specialised Autonomous Boards	National Commission with four specialised Autonomous Boards	Functional specialisation improves governance efficiency
Educational standards	Competency-based curriculum and national standards	Competency-based medical education	Uniform standards for Indian Systems of Medicine	Continuous curriculum revision is essential
Admission and licensing	NEET, National Exit Test, Post-Graduate National Entrance Test and National Teachers' Eligibility Test	NEET and National Exit Test (NExT), the latter also to serve as the basis for postgraduate admission	NEET, National Exit Test, Post-Graduate National Entrance Test and National Teachers' Eligibility Test	Uniform examinations strengthen merit, competence and transparency
Registration system	Electronic National Register and State Registers	National Medical Register	National Medical Register for Indian System of Medicine	Digital registration enhances transparency and accountability
Ethics regulation	Board of Ethics and Registration for Homoeopathy	Ethics and Medical Registration Board	Board of Ethics and Registration for Indian System of Medicine	Independent ethics oversight strengthens professional accountability
Major challenges	Implementation gaps, research capacity, faculty shortages and infrastructure disparities	Workforce distribution, regulatory coordination and implementation challenges	Institutional diversity, regulatory harmonisation and implementation challenges	Effective implementation is as important as legislative reform

Table 1: Comparative Analysis

From a comparative perspective, the National Commission for Homoeopathy Act, 2020 closely resembles the National Medical Commission Act, 2019 and the National Commission for Indian System of Medicine Act, 2020, reflecting the Government's broader policy of replacing traditional professional councils with specialised commission-based regulatory models. All three enactments emphasise competency-based education, transparent governance, institutional assessment, national-level examinations, digital registration and ethical regulation. Nevertheless, each statute addresses the particular requirements of its own healthcare system. The National Medical Commission primarily regulates modern allopathic medicine and places greater emphasis on expanding healthcare workforce capacity; its power to frame guidelines on fees in private medical institutions, however, is mirrored in Section 10(1)(i) of the 2020 Act. The National Commission for Indian System of Medicine governs Ayurveda, Unani, Siddha

and Sowa-Rigpa while accommodating the diversity of traditional medical practices.¹⁸ In contrast, the National Commission for Homoeopathy Act specifically focuses on strengthening homoeopathic education, research and professional ethics through specialised regulatory institutions. The comparative analysis demonstrates that although all three enactments pursue similar governance objectives, successful implementation depends upon institutional autonomy, adequate financial resources, effective coordination with State authorities and continuous quality monitoring. Accordingly, the National Commission for Homoeopathy should adopt best practices from the National Medical Commission, particularly in digital governance, institutional accreditation and research promotion, while preserving the distinctive educational philosophy and clinical identity of homoeopathy. Such an approach would enable the regulatory framework to balance national uniformity with professional autonomy, thereby ensuring the sustainable development of homoeopathic education and healthcare in India.

VI. REFORM AGENDA AND POLICY RECOMMENDATIONS

Key suggestions
Strengthen institutional independence
Transparent inspections
Digital governance
Periodic ethics training
Stronger patient grievance mechanisms
Independent accreditation
Better coordination with State Medical Councils
Greater research funding
International collaboration
AI-enabled regulatory monitoring

Figure 5: Key Suggestions

Although the National Commission for Homoeopathy Act, 2020 establishes a progressive regulatory framework, its long-term effectiveness depends upon continuous institutional reform and efficient implementation. A primary policy priority should be strengthening the institutional independence of the National Commission and its Autonomous Boards while maintaining appropriate governmental oversight. Appointment procedures should be made more transparent through wider stakeholder participation and objective selection criteria to minimise the possibility of executive influence. Similarly, inspection and assessment of medical institutions should rely upon transparent, technology-driven evaluation systems based on measurable

¹⁸ The National Commission for Indian System of Medicine Act, No. 14 of 2020, INDIA CODE (2020); *see also* NAT'L COMM'N FOR INDIAN SYS. OF MED. (official website).

performance indicators rather than periodic compliance-based inspections alone. Independent accreditation agencies with expertise in healthcare quality assessment may be authorised to complement statutory inspections, thereby promoting impartiality, institutional accountability and continuous quality improvement. Greater emphasis should also be placed on digital governance through integrated online regulatory platforms that facilitate institutional approvals, inspections, practitioner registration, academic compliance and public disclosure of regulatory information. Such reforms would improve administrative efficiency, reduce procedural delays and strengthen public confidence in the governance of homoeopathic education and practice.

Professional ethics and patient protection require equally significant policy attention. While the Act establishes the Board of Ethics and Registration for Homoeopathy, continuing professional development should be made mandatory through periodic ethics training, legal awareness programmes and competency enhancement courses for registered practitioners. Ethical regulation should extend beyond disciplinary proceedings by encouraging preventive education, evidence-based clinical practice and patient-centred healthcare. Furthermore, the regulatory framework should incorporate a stronger, independent patient grievance redressal mechanism capable of receiving complaints, conducting timely investigations and ensuring effective remedies for patients affected by professional misconduct or institutional deficiencies. Coordination between the National Commission, the Board of Ethics and Registration and the State Medical Councils should be strengthened through uniform disciplinary guidelines, integrated digital complaint management systems and regular intergovernmental consultations to minimise jurisdictional inconsistencies. Such collaborative governance would facilitate uniform regulatory enforcement while respecting the federal structure of healthcare administration and ensuring greater consistency in professional accountability nationwide.¹⁹

Future reforms should also focus on strengthening research capacity, technological innovation and international engagement so that homoeopathy remains responsive to evolving healthcare needs. Increased government funding should be allocated to clinical research, interdisciplinary collaboration, faculty development and modern laboratory infrastructure to improve the scientific quality and global credibility of homoeopathic education. Strategic partnerships with international academic institutions, research organisations and regulatory authorities can facilitate the exchange of best practices, collaborative research and the harmonisation of educational standards. In addition, the National Commission should gradually adopt artificial

¹⁹ Yazhini, *Emerging Legal and Ethical Challenges in Telemedicine, Emergency Medical Practice, and Professional Liability*, 5 INDIAN J. LEGAL REV. 863, 863–79 (2025), <https://ijlr.iledu.in/wp-content/uploads/2025/12/V5I1486.pdf>.

intelligence (AI)-enabled regulatory monitoring to support data-driven governance through predictive analytics, automated compliance monitoring, digital institutional assessment, fraud detection and real-time analysis of regulatory performance. AI-assisted systems can improve transparency, identify potential deficiencies at an early stage and enable evidence-based policy decisions without replacing human regulatory oversight. Collectively, these reforms would strengthen institutional resilience, enhance public trust, promote scientific advancement and ensure that the National Commission for Homoeopathy Act, 2020 evolves into a dynamic and future-ready regulatory framework capable of delivering high-quality, ethical and accessible homoeopathic healthcare in India.

VII. CONCLUSION AND FUTURE RESEARCH DIRECTIONS

The National Commission for Homoeopathy Act, 2020 represents a landmark reform in the legal regulation of homoeopathy in India, replacing the outdated regulatory framework under the Homoeopathy Central Council Act, 1973 with a more structured, transparent and quality-oriented governance model. The Act introduces significant institutional innovations, including the National Commission, specialised Autonomous Boards, competency-based medical education, national-level examinations, digital practitioner registration and strengthened ethical regulation. Collectively, these reforms seek to improve educational standards, institutional accountability and professional competence while aligning homoeopathic regulation with contemporary principles of healthcare governance. By promoting research, transparency and continuous quality assessment, the legislation establishes a stronger statutory foundation for the development of homoeopathy as an integral component of India's healthcare system.

From a critical perspective, the Act succeeds to a considerable extent in balancing professional autonomy, educational quality, public accountability and patient safety. The establishment of specialised regulatory institutions enables functional decentralisation and professional expertise, while national educational standards and competency-based assessment enhance the quality and credibility of homoeopathic education.²⁰ Simultaneously, digital registration systems, institutional inspections, ethical oversight and disciplinary mechanisms strengthen accountability and protect the public interest. Nevertheless, the effectiveness of these reforms ultimately depends upon consistent implementation, adequate financial and human resources, robust institutional capacity and effective coordination between the National Commission and the State Medical Councils. Concerns relating to implementation gaps, faculty shortages,

²⁰ HOMOEOPATHY EDUC. BD., NAT'L COMM'N FOR HOMOEOPATHY, COMPETENCY BASED DYNAMIC CURRICULUM FOR MD (HOMOEOPATHY) COURSE (2024), <https://nch.org.in/upload/Preamble-4.pdf>.

infrastructure disparities, research quality, institutional independence and the delayed operationalisation of certain statutory provisions continue to require sustained policy attention.

Future reforms should therefore focus on strengthening institutional autonomy, expanding digital governance, improving research funding, enhancing faculty development, establishing independent accreditation mechanisms and creating stronger patient grievance redressal systems. Greater collaboration with international regulatory authorities and wider adoption of artificial intelligence for regulatory monitoring may further improve transparency, compliance and evidence-based decision-making. Future research may evaluate the practical impact of the National Commission for Homoeopathy Act, 2020 on educational quality, institutional performance, professional ethics and patient outcomes through empirical and comparative studies. Such research would provide valuable evidence for assessing the effectiveness of the new regulatory framework and guiding future legislative and policy reforms in homoeopathic healthcare governance.
