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26/08/2022

**Coroner ME Hassell
Senior Coroner
Inner North London
St Pancras Coroner's Court
Camley Street
London N1C 4PP**

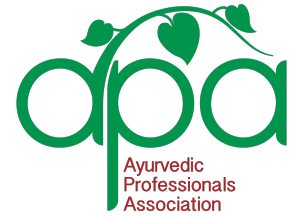
Regulation 28 Prevention of Future Deaths Report

Dear Ms ME Hassell,

Please see below, the Ayurvedic Professional Association (APA) response to Regulation 28: Prevention of Future Deaths, following the tragic death of Seema Haribhai. The APA and its members would firstly like to offer sincere condolences to the family of Seema Haribhai.

Introduction

The APA is a voluntary members association with an elected committee and as such it has no powers to regulate the Ayurvedic profession. The APA was established as, and it remains an unincorporated association with the sole purpose of representing Ayurveda as practiced within the UK. The APA promotes the practice of safe and authentic Ayurveda with a view to improving health and well-being, by and through its membership sharing knowledge and best practice in accordance with the APA's constitution, which can be found at: <https://apa.uk.com>



The APA encourages professional development and it seeks to provide support to its members, as well as using its website to offer the public a platform from which to find trained Ayurvedic professionals in their area. It is within this context that the APA responds to your PFD.

Ayurveda background

Ayurveda is a traditional system of medicine as practiced and taught in India. Ayurveda is regulated in India by The Ministry of Ayush (AYUSH), which was formed on the 9th of November 2014 with a vision of reviving the profound knowledge of ancient systems of medicine and ensuring the optimal development and propagation of the AYUSH systems of healthcare. Earlier, the Department of Indian System of Medicine and Homoeopathy (ISM&H) formed in 1995, was responsible for the development of these systems. It was then renamed as the Department of Ayurveda, Yoga, and Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) in November 2003 with focused attention towards education and research in Ayurveda, Yoga and Naturopathy, Unani, Siddha, and Homoeopathy <https://main.ayush.gov.in/about-the-ministry>

Regarding whether the APA can identify if the Ayurvedic herbs used by the Dr. in this instance, who holds a Bachelor of Medicine and Surgery (BAMS) degree from India, had the potential to cause harm, AYUSH is likely to be the only authority able to answer this question and it may be helpful if the PFD could also be directed to AYUSH via the Indian High Commission. AYUSH can be contacted via its website at:

<https://www.ayush.gov.in>

<https://main.ayush.gov.in>

<https://www.hcilondon.gov.in>

If it will assist the Coroner, the APA will be happy to make this representation to AYUSH.

Regulation

Ayurveda is not currently regulated in the UK, something the APA had campaigned for in the past. Consequently, the APA has no power to oversee, or control how individual's practice other than through advice and guidance. However, as an association, the APA has taken this incident very seriously and has investigated as far as possible how this unfortunate event occurred in order to alert its members and prevent a reoccurrence.

In addressing the specific points directed to the APA in your PFD report:

i. Ayurvedic practitioners training

On receipt of her application for APA membership, the APA requested sight of the Dr's BAMS degree and internship certificates, which were received and recorded. We have investigated more and cannot find evidence of the postgraduate certificate even though mentioned in your report and court document. The Dr was accepted as **Category A** APA member in accordance with the APA's category classification. As with all APA members the APA also requested evidence of the Dr's current insurance.

ii. Recognising risks to patients

The APA provides its members with webinars with guest speakers on a variety of Ayurvedic topics, as a way of keeping members abreast of developments in Ayurvedic practice, but the APA is not a training organisation, nor does the APA accredit any Ayurvedic curriculum. APA members have received recognised training and qualifications from recognised external accredited training providers and the APA satisfies itself that the individuals applying for membership are qualified by an outside training Institute and insured to practice at the appropriate level. UK Ayurveda courses are accredited by organisations such as the Federation of Holistic Therapists and The Complementary Medical Association. The BAMS degree in India is accredited by the National Commission for Indian System of Medicine (India Curriculum):

- <https://www.fht.org.uk/welcome-to-accreditation>
- <https://www.the-cma.org.uk/Articles/Join-The-CMA-as-a-College-and-get-all-these-benefits-4708/>

Identifying potential harm from herbal remedies is part of members' training. In terms of whether the APA can identify if the Ayurvedic herbs used by the BAMS Dr in this case had the potential to cause harm, the APA would again refer the Coroner to AYUSH.

The APA has a Pharmacopoeia document that is available to all APA members as part of its information programme. All APA members are encouraged to familiarise themselves with the content of all documentation that the APA provides. Members are made aware of this documentation both on joining the APA and annually thereafter.

Within the pharmacopoeia documentation there are references to possible adverse effects from some known drug/herb interactions and some known herb contraindications. This information is not exhaustive, however, possible complications form part of all APA members initial training.

The APA does operate a voluntary yellow card adverse event reporting system under which is designed to be completed by the member and emailed to relevant authorities and the APA for escalation if needed, this did not happen with this incident.

A report on the regulation of herbal medicines and practitioners, 26th March 2015, by; Prof. [REDACTED]
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/417768/Report_on_Regulation_of_Herbal_Medicines_and_Practitioners.pdf provides that:

“Some herbal sector representative bodies have attempted to collect data on adverse reactions to herbal medicines using the Yellow Card system used for conventional drugs but the number of reports is relatively small and it is not clear whether this is because there are few adverse reactions or whether the low numbers recorded are due to under-reporting”.

iii. Recommending medical advice/treatment

As previously mentioned, the APA is a member's association for pre-trained professionals who have undergone extensive training that includes them being able to identify situations where they (a BAMS Dr.) may need to advise on whether their patient needs more urgent medical attention, specifically a medical intervention. In the case of the BAMS Dr involved in this incident, this training is set to the curriculum set by the **National Commission for Indian Systems of Medicine** as she held a BAMS degree. Details of the training provided to BAMS doctors can be found at <https://ncismindia.org>, but it is not within the APA's remit to provide individual advice on treatment protocols.

iv. Consideration of possible complications

Although the APA conducts regular webinars with guest speakers on Ayurvedic topics including herbs, this is simply an opportunity for these members to undertake **Continued Professional Development** as the APA is not a training organisation. As a part of their training, APA members are taught to consider possible complications and this should therefore be within their routine frame of reference.

In terms of identifying potential harm from herbal remedies, again this is covered in the members training, which is beyond the APA's remit. In this case, the BAMS Dr was trained in India under the BAMS curriculum, as set out by the NCISM India and approved by AYUSH. Safety and potential harm in using herbs is covered in the *Dravya Guna* (Indian medicine pharmacopoeia). Within the APA's pharmacopoeia document, there are references to known possible adverse effects from drug/herb interactions, as well as to the voluntary yellow card adverse event reporting form.

The Herbs mentioned in this incident are all of Indian origin and as such they come under the remit of the Indian High Commission and imports. The APA has no control over herbs or treatments given by its members. However, the APA committee has in the past considered an approved supplier scheme of herbs for members, but as APA membership is voluntary it was found that it would be very difficult to enforce.



In order to prevent future deaths, the APA will, within 90 days, write to the Indian High Commission to **suggest that** Indian herbal imports could benefit from a review and ask the Commission to consider its role in the import of Indian herbs into the UK.

The APA believes that all herbs sold in the UK should, at the very least, display the botanical name as well as the Ayurvedic common name, to ensure correct identification of all herbal material and reduce the risk of potential harm by misidentification. The APA will, within 90 days, petition the Food Standards Agency to change UK labelling to require herb labelling to display both the botanical and common name of herbs.

We trust that the above information adequately responds to your PFD report in this case. However, please do not hesitate to contact the President if the APA can be of further assistance in this case.

Yours sincerely,

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APA President

On behalf of the APA Committee