

Unit 5.2. MCQs Set 1

Results



#1. Q1. The “Āyurvedic Pharmacopoeia of India (API)” is primarily

- ☐ (A). A single classical text describing Panchakarma
- ☐ (B). A set of volumes providing quality standards, monographs for raw drugs and formulations
- ☐ (C). A marketing manual for Ayurveda exports
- ☐ (D). A manual for yoga poses only

API volumes give official standards on identity, purity, potency, ensuring uniform quality of Ayurvedic drugs.

#2. Q2. Which organization is mainly responsible for publishing the Āyurvedic Pharmacopoeia of India?

- ☐ (A). Indian Council of Agricultural Research
- ☐ (B). Ministry of AYUSH, through the Pharmacopoeia Commission for Indian Medicine (PCIM)
- ☐ (C). Central Council for Research in Yoga & Naturopathy
- ☐ (D). NITI Aayog

PCIM, under the Ministry of AYUSH, compiles monographs and standards for Ayurveda, Siddha, and Unani pharmacopoeias.

#3. Q3. Which best describes the Ayurvedic Formulary of India (AFI)?

- ☐ (A). A compendium listing classical Ayurvedic formulations recognized officially
- ☐ (B). An index of modern nutraceuticals
- ☐ (C). A listing of raw medicinal herbs only
- ☐ (D). A laboratory procedure manual



AFI details standardized classical formulations (e.g., Cūrṇa, Guṭīkā, Kvātha) taken from recognized Sanskrit texts.

#4. Q4. The main difference between API and AFI is that

- ☐ (A). API focuses on standards for single drugs & some compound formulations, while AFI focuses specifically on classical compound formulations
- ☐ (B). Both are identical
- ☐ (C). AFI deals strictly with single herb monographs
- ☐ (D). API is purely for marketing

AFI enumerates official compound formulations from classical sources, while API sets monographs and standards for raw drugs and some formulations.

#5. Q5. The Drugs and Cosmetics Act, 1940 in relation to ASU drugs means

- ☐ (A). ASU drugs are exempt from all regulation
- ☐ (B). ASU (Ayurveda, Siddha, Unani) drugs have specific provisions (like Chapter IVA) ensuring licensing, safety, labeling
- ☐ (C). Only covers Allopathic medicines
- ☐ (D). Bans Ayurvedic manufacturing

ASU drugs are subject to specific provisions (Chapter IVA) introduced to ensure quality and safety.

#6. Q6. A key amendment ensuring regulation of Ayurvedic drugs in the Drugs & Cosmetics Act was introduced in

- ☐ (A). 1964
- ☐ (B). 1940 original
- ☐ (C). 2001
- ☐ (D). 2017

An amendment in 1964 incorporated provisions for Ayurveda, Siddha, and Unani drugs (Chapter IVA).

#7. Q7. Reasoning: Why is standardization of ASU drugs important under the Drugs and Cosmetics Act?

- ☐ (A). They aim to remain unregulated
- ☐ (B). It ensures safety, efficacy, consistent quality, consumer trust
- ☐ (C). Only for tax purposes
- ☐ (D). Minimizes synergy

Standardization reduces adulteration, ensures consistent therapeutic results, and promotes public safety.



#8. Q8. “Extra-pharmacopoeial drugs” (anukta dravya) means

- ☐ (A). Substances not listed in classical texts or official pharmacopoeias
- ☐ (B). Strictly banned items
- ☐ (C). Always used in Rasa Śāstra only
- ☐ (D). Dravyas from the Allopathic domain

Anukta dravya are newer or less-widely recognized substances not included in classical or official texts.

#9. Q9. Fill in the blank: “Anukta dravya” usage is guided by _____ to ensure safe and rational application.

- ☐ (A). Blind guess
- ☐ (B). Pharmacognostic, pharmacological data, local usage, or modern research evidence
- ☐ (C). Banning them altogether
- ☐ (D). Only pratyakṣa pramāṇa

Usage of anukta dravya is based on contemporary data and local usage to ensure safety and rational application.

#10. Q10. Pharmacovigilance in Ayurveda focuses on

- ☐ (A). Discarding adverse event reports
- ☐ (B). Systematic collection, detection, assessment, and prevention of adverse effects or drug-related problems
- ☐ (C). Only allopathic side effects
- ☐ (D). None of doṣas

Pharmacovigilance is aimed at monitoring and preventing adverse effects, ensuring drug safety.

#11. Q11. An official central scheme for pharmacovigilance in AYUSH was launched to

- ☐ (A). Keep side effects hidden
- ☐ (B). Develop robust safety monitoring for ASU&H drugs
- ☐ (C). Discontinue AYUSH usage
- ☐ (D). Provide no result

The scheme is designed to develop a robust safety monitoring system for ASU&H drugs.

#12. Q12. Pharmaco-vigilance is needed in Ayurveda because

- ☐ (A). Herbal medicines are always 100% safe
- ☐ (B). Some unscrupulous manufacturing or heavy metal usage can cause adverse effects, so monitoring is crucial
- ☐ (C). Minimal global usage



- ☐
(D). It's purely theoretical

Monitoring is essential because adverse effects can arise from improper manufacturing or heavy metal usage.

#13. Q13. Which is not part of the standard pharmacovigilance approach in Ayurveda?

- ☐
(A). Documentation of ADRs (Adverse Drug Reactions)
☐
(B). Causality assessment
☐
(C). Encouraging unreported usage of toxic herbs
☐
(D). Periodic safety updates

Unreported usage of toxic herbs is not part of a proper pharmacovigilance approach.

#14. Q14. Pharmacogenomics in Ayurveda attempts to

- ☐
(A). Disregard doṣa-based therapy
☐
(B). Correlate genetic polymorphisms with individual responses to Ayurvedic herbs
☐
(C). Ban classical texts
☐
(D). Provide only morphological tests

It aims to bridge prākṛti-based personalization with modern genetic insights.

#15. Q15. A multi-omics approach might combine

- ☐
(A). Genomics, transcriptomics, proteomics, metabolomics
☐
(B). Single variable analysis
☐
(C). Only morphological features
☐
(D). None

Multi-omics integrates multiple molecular layers to provide a comprehensive understanding.

#16. Q16. Fill in the blank: The "Ayurvedic Pharmacopoeia of India" helps ensure ____ of raw materials.

- ☐
(A). Standard identity, purity, potency
☐
(B). Artistic design
☐
(C). Minimal synergy
☐
(D). Rejection of classical usage

It provides monographs detailing identity, purity, and potency standards.



#17. Q17. The “Ayurvedic Formulary of India (AFI)” usually gives

- ☐ (A). Full chemical composition of single herbs
- ☐ (B). Formulas for classical Ayurvedic compound preparations (proportion, method, anupāna)
- ☐ (C). Market prices
- ☐ (D). Minimal instructions

AFI compiles official recipes for classical formulations from recognized texts.

#18. Q18. The impetus behind the 1940 Drugs and Cosmetics Act including ASU drugs was to

- ☐ (A). Protect and standardize AYUSH manufacturing, labeling, sale
- ☐ (B). Ban them
- ☐ (C). Force all to adopt allopathic norms
- ☐ (D). Minimize synergy

The Act was intended to protect consumers by standardizing manufacturing and quality.

#19. Q19. Which Schedule of the Drugs & Cosmetics Act deals with GMP for ASU drugs?

- ☐ (A). Schedule G
- ☐ (B). Schedule T
- ☐ (C). Schedule X
- ☐ (D). Schedule H

Schedule T outlines Good Manufacturing Practices for ASU drugs.

#20. Q20. The concept of “Anukta dravya” means

- ☐ (A). Dravyas strictly enumerated in bṛhatrayī
- ☐ (B). Dravyas not mentioned in classical texts but used regionally or discovered later
- ☐ (C). Dravyas with identical synonyms in texts
- ☐ (D). All poisons

Anukta dravya refers to substances not originally found in classical texts.

#21. Q21. If a new herb from a remote region is found beneficial but unlisted in classics, it's classified under

- ☐ (A). Prakhyāta dravya
- ☐ (B). Upaveda
- ☐ (C). Anukta dravya (extra-pharmacopoeial)



- ☐
(D). Samavāya

A beneficial herb not found in the classics is classified as anukta dravya.

#22. Q22. Reasoning: Why must anukta dravyas undergo thorough research?

- ☐
(A). Because they are fully recognized
☐
(B). Safety, dosage, toxicity, and efficacy need to be established as classical references are absent
☐
(C). Minimizes synergy with known herbs
☐
(D). No interest

Thorough research is needed for safety and efficacy when classical guidance is lacking.

#23. Q23. Pharmacovigilance in Ayurveda is coordinated by

- ☐
(A). National Agency for Adverse Effects of Ayurveda
☐
(B). Ministry of AYUSH with peripheral Pharmacovigilance centers
☐
(C). Allopathic associations alone
☐
(D). No central coordination

ADR data are collected via centers coordinated by the Ministry of AYUSH.

#24. Q24. One major challenge in Ayurveda pharmacovigilance is

- ☐
(A). Over-reporting of minor events
☐
(B). Lack of uniform documentation or incomplete data on multi-herb formulations
☐
(C). No usage among rural population
☐
(D). Minimal approach from AYUSH

Incomplete or non-standardized documentation hinders adverse event monitoring.

#25. Q25. "Pharmacogenomics" approach in Ayurveda might explore

- ☐
(A). Doṣa-based classification correlated with genetic polymorphisms
☐
(B). None of doṣas
☐
(C). Banning classical diagnoses
☐
(D). Genes for virus replication

It explores correlations between prakṛti (doṣa-based types) and genetic polymorphisms.

#26. Q26. Multi-omics approach can help in

- ☐
(A). Understanding the single dimension only



- ☐ (B). Integrating genomic data with metabolic pathways to see how Ayurvedic herbs act on a molecular level
- ☐ (C). Denying classical synergy
- ☐ (D). Replacing all clinical evidence

Multi-omics integrates multiple datasets to clarify the herb's mechanism of action.

#27. Q27. Fill in the blank: "API" volumes provide official _____ ensuring standardized identity for single herbs.

- ☐ (A). Packaging details
- ☐ (B). Monographs, including macroscopy, microscopy, chemical markers
- ☐ (C). Marketing strategies
- ☐ (D). Minimal references

API monographs ensure a standardized identity through detailed analyses.

#28. Q28. "AFI" references cūrṇa or guṭikā format. This means

- ☐ (A). Single raw usage
- ☐ (B). Powdered formulations (cūrṇa) or tablets (guṭikā) as classical compound recipes
- ☐ (C). None
- ☐ (D). Only external usage

AFI categorizes formulations into powder or tablet forms based on classical recipes.

#29. Q29. The 1940 Drugs & Cosmetics Act mandates that labels on ASU products must

- ☐ (A). Omit references to classical texts
- ☐ (B). Include license number, batch, expiry, composition
- ☐ (C). Provide no details about usage
- ☐ (D). Guarantee single ingredient

Labels must include essential details for traceability and consumer protection.

#30. Q30. Reasoning: Why does the govt. enforce standardization of ASU drugs?

- ☐ (A). AYUSH is considered inferior
- ☐ (B). To protect consumers from adulteration and substandard products, ensuring consistent therapeutic effects
- ☐ (C). To reduce usage
- ☐ (D). Only for export advantage

Standardization minimizes risks and ensures reliable, effective Ayurvedic treatments.



#31. Q31. Extra-pharmacopoeial (anukta) substances introduced post-classical times might also be recognized if validated by

- ☐ (A). Only folk claims
- ☐ (B). Pharmacological and clinical evidence
- ☐ (C). None
- ☐ (D). Single textual reference

They may be officially recognized if validated by robust scientific evidence.

#32. Q32. A typical process to incorporate a new anukta herb in official usage is

- ☐ (A). Direct immediate listing in AFI
- ☐ (B). Doing thorough research, generating data, proposing to the Ayurvedic Pharmacopoeia Commission, with approval after evaluation
- ☐ (C). Relying on a single anecdote
- ☐ (D). Avoiding standard procedure

A systematic research and validation process is required before official inclusion.

#33. Q33. Pharmacovigilance “signal detection” means

- ☐ (A). Suppressing adverse event data
- ☐ (B). Identifying any new or rare pattern of adverse effects that might relate to a particular drug
- ☐ (C). None
- ☐ (D). Publishing marketing claims

Signal detection is about finding new or unusual adverse reaction patterns.

#34. Q34. “Spontaneous reporting system” in AYUSH pharmaco-vigilance indicates

- ☐ (A). Mandatory reporting by all manufacturers
- ☐ (B). Healthcare professionals or consumers voluntarily submit ADR reports to authorities
- ☐ (C). None
- ☐ (D). No involvement

This system relies on voluntary reporting from professionals and consumers.

#35. Q35. Multi-omics approach in analyzing an Ayurvedic herb, for example, might track

- ☐ (A). Only morphological features
- ☐ (B). Gene expression changes, protein interactions, and metabolite profiling
- ☐



(C). None

☐

(D). No molecular data

It provides comprehensive insights into molecular changes and interactions.

#36. Q36. Pharmacogenomics suggests in future we might

☐

(A). Prescribe a single formula for everyone

☐

(B). Tailor Ayurvedic herbs or rasāyana based on individual genetic makeup for better outcomes

☐

(C). Eliminate classical concepts

☐

(D). Only rely on pratyakṣa

☐

(B)

2

#37. Q37. In the scope of the Drugs & Cosmetics Act, 1940, “ASU drug licensing” requires

☐

(A). GMP compliance, an in-house quality control lab, and label claims limited to classical references unless proven

☐

(B). No reference to classical texts

☐

(C). Solely raw herb usage

☐

(D). None

Licensing requires adherence to GMP and strict quality control protocols.

#38. Q38. “Schedule E1” under the Drugs & Cosmetics Rules deals with

☐

(A). The list of non-vegetarian items

☐

(B). Toxic substances used in ASU medicines requiring cautionary labeling

☐

(C). Minimal synergy

☐

(D). Ayurvedic oils only

Schedule E1 outlines toxic substances that require explicit labeling and caution.

#39. Q39. An example of “pharmacovigilance success” in Ayurveda would be

☐

(A). Banning all metallic bhasmas

☐

(B). Identifying a certain brand’s adulteration with steroids through ADR signals

☐

(C). Hiding data from consumers

☐

(D). None

Detecting adulteration via ADR signals is a key success of pharmacovigilance.



#40. Q40. Pharmacogenomic research might investigate if vātapradhāna individuals

- ☐ (A). Show the same metabolic genes as pittapradhāna persons
- ☐ (B). Display distinct gene expression patterns for detoxification or inflammation, guiding herb selection
- ☐ (C). None
- ☐ (D). Adhere to uniform response

Distinct genetic patterns can guide personalized herb selection based on doṣa types.

#41. Q41. Multi-omics in analyzing a complex rasāyana formulation helps

- ☐ (A). Provide no advanced knowledge
- ☐ (B). Clarify the synergy of multiple herbs at a molecular level, uncovering active compounds
- ☐ (C). None
- ☐ (D). Only morphological details

It helps reveal molecular interactions and active constituents in complex formulations.

#42. Q42. "API volumes" typically segregate monographs by

- ☐ (A). Dosha type
- ☐ (B). Plant part usage plus standard analyses (organo-leptic, microscopic, chemical)
- ☐ (C). None
- ☐ (D). Strict alphabetical listing only

Monographs are arranged by plant part and include detailed analyses.

#43. Q43. "AFI" references might mention typical synonyms, proportion, anupāna, for example in

- ☐ (A). Single herb monograph
- ☐ (B). A compound formulation like Daśamūla kvātha specifying which root part and its ratio
- ☐ (C). None
- ☐ (D). All inserted from allopathy

AFI standardizes multi-ingredient classical formulations with exact proportions.

#44. Q44. The year in which official "Ayurvedic Pharmacopoeia of India" volumes started publishing is

- ☐ (A). 1954
- ☐ (B). 1971
- ☐



- (C). 1986
☐
(D). 1990

The formalization started in the early 1970s.

#45. Q45. The main objective of the “Pharmacopoeia Commission for Indian Medicine & Homoeopathy” is

- ☐
(A). None of doṣas
☐
(B). Developing standards for ASU & Homoeopathic medicines, ensuring overall quality
☐
(C). Overhauling classical concepts
☐
(D). Only translation tasks

The commission’s goal is to establish quality standards and guidelines for these medicines.

#46. Q46. If an Ayurvedic manufacturer wants to produce a new classical formulation, they must refer to

- ☐
(A). The Greek pharmacopeia
☐
(B). Ayurvedic Formulary of India for official reference
☐
(C). None
☐
(D). Only local tradition with no documentation

AFI is the official source of recognized classical formulations.

#47. Q47. “Anukta dravya” usage might appear in official compendiums if

- ☐
(A). The government acknowledges safety and efficacy after due procedure
☐
(B). None
☐
(C). They remain banned
☐
(D). They are used unscientifically

New substances may be officially incorporated once proven safe and effective.

#48. Q48. “Pharmacovigilance” E-portal for ASU is maintained by

- ☐
(A). Indian Medical Association
☐
(B). Ministry of AYUSH
☐
(C). WHO
☐
(D). Private labs

The Ministry of AYUSH manages the central pharmacovigilance e-portal for ASU drugs.



#49. Q49. Pharmacogenomics in Ayurveda could correlate “tikta (bitter) preference” with

- ☐ (A). Genes for bitterness receptors, analyzing if certain prakṛti can handle more bitter herbs
- ☐ (B). None
- ☐ (C). Random guess only
- ☐ (D). Rejection by the body

Such correlations can guide the use of bitter herbs in personalized therapy.

#50. Q50. Multi-omics perspective on “amṛtā (guḍūcī)” might discover

- ☐ (A). Minimal phytochemicals
- ☐ (B). A range of alkaloids and glycosides, with gene expression changes when consumed, guiding mechanistic understanding
- ☐ (C). Banning usage
- ☐ (D). Only morphological synergy

Multi-omics can unravel the complex bioactive constituents and their molecular effects for immunomodulation.

[Previous](#)

[Submit](#)