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, Guṭikā, 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 bṛhattrayī
☐
(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. Pharmaco-vigilance 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 pharmaco-vigilance 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.

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