

## 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. 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)

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**#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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