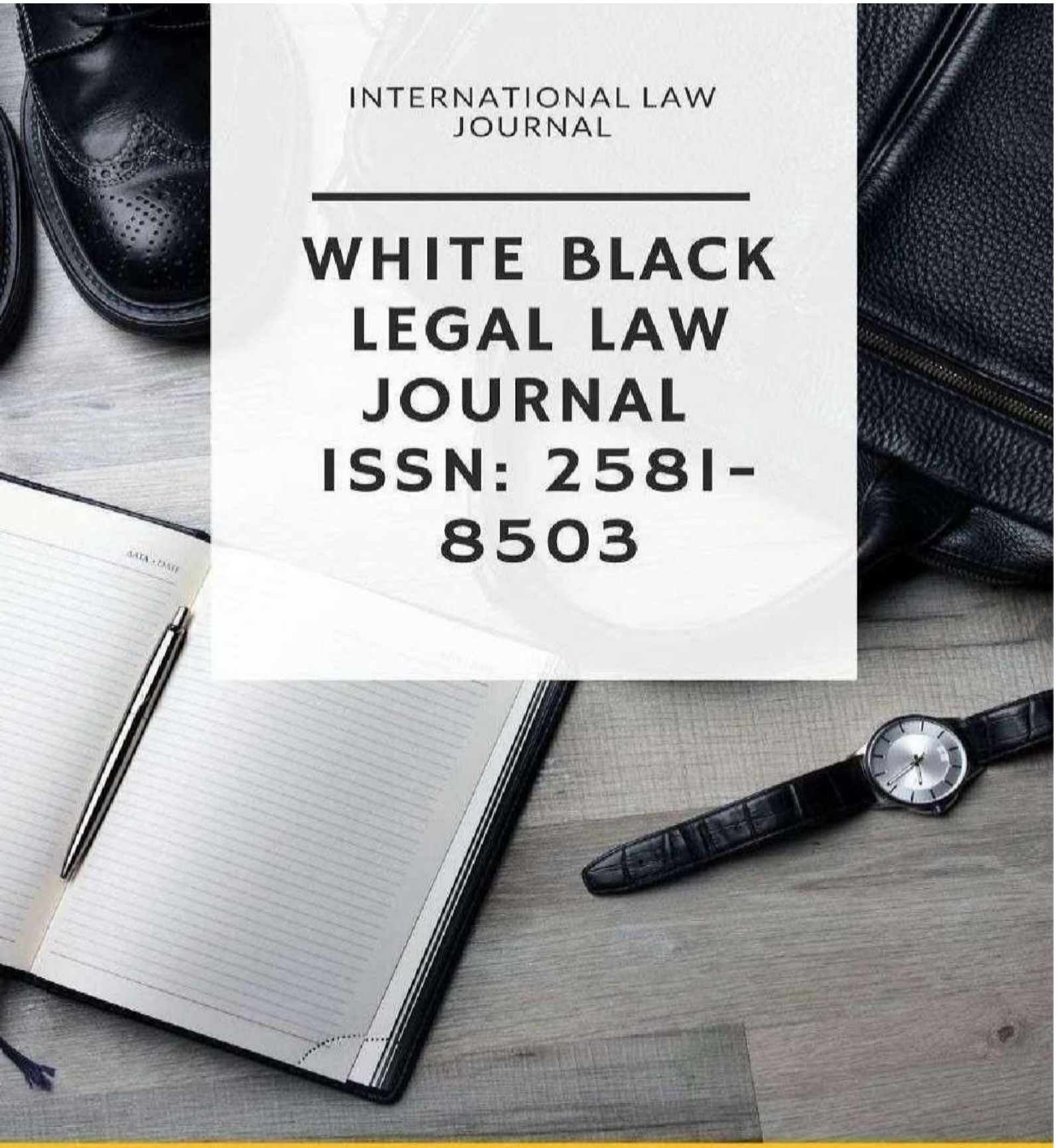

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A JURISPRUDENTIAL REVIEW OF THE DRUGS AND COSMETICS ACT: BALANCING INNOVATION AND SAFETY IN THE INDIAN AESTHETIC SECTOR.

AUTHORED BY - J KALAIVANI
Student IIIrd Year, LLB
Vels Institute of Science, Technology & Advanced Studies

CO-AUTHOR - DR. A SUGANTHINI
Assistant Professor,
Vels Institute of Science, Technology & Advanced Studies

Abstract

Abstract: Legal and Regulatory Framework of Cosmetology in India (2026)

The cosmetology sector in India has transitioned from an unregulated grooming industry into a high-precision medical and retail powerhouse, necessitating a robust legal framework. As of 2026, this framework is primarily anchored by the **Drugs and Cosmetics Act, 1940**, and the **Cosmetics Rules, 2020**, as significantly updated by the **2025 Amendments**. These regulations mandate that all cosmetic products—whether manufactured locally or imported—undergo rigorous registration through the **Central Drugs Standard Control Organization (CDSCO)** via the digital **SUGAM portal**.

A critical shift in 2026 is the mandatory alignment with **Bureau of Indian Standards (BIS)** quality control orders for high-risk categories like sunscreens and hair dyes, alongside refined labeling requirements that distinguish between "Use Before" and "Date of Expiry" to enhance consumer safety. Clinically, the landscape is governed by the **National Medical Commission (NMC)** and the **Clinical Establishments Act**, which restrict advanced aesthetic procedures (e.g., lasers, chemical peels) to qualified dermatologists and plastic surgeons. Furthermore, the **Medical Devices Rules, 2017**, now classify energy-based devices, such as laser hair removal machines, as regulated medical devices requiring specific CDSCO import or manufacturing licenses (**Form MD-14/42**).

The regulatory environment also emphasizes post-market surveillance. The **Consumer Protection Act, 2019**, works in tandem with the Drugs and Cosmetics Act to allow consumer

associations to independently test products, holding brands accountable for "misbranded" or "spurious" claims. Environmental compliance, specifically **Biomedical Waste Management Rules**, has become a non-negotiable prerequisite for clinic licensing. This abstract concludes that while the 2026 framework promotes industry growth and global export competitiveness, it imposes stringent transparency, documentation, and qualification standards to mitigate the health risks associated with the booming "medical aesthetics" market.

Key words:
Post-Market Surveillance; Misbranded and Spurious Cosmetics: Clinical Establishments Act: Medical Devices Rules (MDR): Biomedical Waste Management:

Introduction

The Indian aesthetic sector stands at a critical juncture where medical science, consumer aspirations, and legal frameworks converge. Historically, the regulation of substances intended for human application in India was codified under the Drugs and Cosmetics Act, 1940, a piece of legislation originally designed to ensure the quality of essential medicines during a colonial era. However, the contemporary landscape has been radically altered by the emergence of "aesthetic medicine"—a field that encompasses invasive and non-invasive procedures ranging from laser treatments and chemical peels to dermal fillers and hair transplantation. The rapid proliferation of these services, driven by a compound annual growth rate (CAGR) of approximately 15.7% from 2026 to 2033, has outpaced the traditional regulatory definitions provided by the 1940 Act.

As the industry moves toward a healthcare-led model, the jurisprudential focus has shifted from mere market surveillance to the protection of fundamental rights under Article 21 of the Constitution of India. The central tension lies in balancing the "Ease of Doing Business" for a sector projected to reach US$ 7,418.1 million by 2033 with the state's paternalistic duty to safeguard public health against quackery and substandard products. This report provides an exhaustive review of the Drugs and Cosmetics Act and its subsequent amendments, particularly the landmark Jan Vishwas (Amendment of Provisions) Bill, 2026, to evaluate how the Indian legal system reconciles technological innovation with patient safety.

Background and Historical Evolution

The genesis of drug and cosmetic regulation in India is found in the early 20th century, culminating in the 1940 Act which established the Central Drugs Standard Control Organization (CDSCO) as the primary regulatory body. For decades, the definition of a "cosmetic" under Section 3(aaa) remained relatively static, focusing on articles applied to the human body for beautifying or altering appearance. The regulatory framework initially relied on a system of inspection and licensing by State Licensing Authorities, while the Drugs Controller General of India (DCGI) managed import registrations.

The evolution of the sector necessitated the introduction of the Cosmetics Rules, 2020, which modernized the registration process and prohibited false or misleading claims under Rule 36. However, the most profound changes occurred in the medical device segment. Until the early 21st century, many aesthetic devices were poorly regulated or classified as "drugs" for the purposes of the Act. The introduction of the Medical Device Rules (MDR) in 2017, and their subsequent amendments in 2020 and 2026, marked India's transition to a risk-based classification system, aligning the domestic market with global standards such as the EU MDR.

Phase	Year	Primary Focus	Key Legislative Change
Colonial Foundation	1940	Standardization of quality	Drugs and Cosmetics Act, 1940
Early Amendment	2008	Stringent penalties for spurious drugs	Drugs & Cosmetics (Amendment) Act, 2008
Device Focus	2017	Risk-based device classification	Medical Device Rules, 2017
Modern Cosmetic Code	2020	Import and labeling overhaul	Cosmetic Rules, 2020
Trust-Based Reform	2026	Decriminalization of minor offenses	Jan Vishwas (Amendment) Bill, 2026

Need for the Review

The impetus for this review stems from the "Implementation Gap" identified in Indian health rights jurisprudence. While the Supreme Court has expanded the "Right to Life" under Article 21 to include health, medical care, and even mental health, the practical enforcement of these rights in the private aesthetic sector remains fragmented. The current surge in the aesthetic medicine market is accompanied by a rise in fatalities and disfigurements caused by unqualified

practitioners. With the passage of the Jan Vishwas Bill in 2026, which replaces criminal imprisonment for many procedural lapses with monetary penalties, there is an urgent need to assess whether this "trust-based" governance dilutes the deterrent effect required to prevent negligence in high-risk aesthetic procedures.

Aim and Research Objectives

This review aims to scrutinize the current jurisprudential framework of the Drugs and Cosmetics Act to determine its efficacy in safeguarding patient safety while fostering innovation. To achieve this, the following objectives have been established:

- To evaluate the shift from criminal to civil penalties under the Jan Vishwas Bill, 2026, specifically regarding its impact on manufacturing standards and practitioner accountability.
- To analyze the conflict of jurisdiction between the National Medical Commission (NMC) and the Dental Council of India (DCI) regarding the scope of aesthetic practice.
- To compare the Indian CDSCO's risk-based classification of aesthetic devices with the US FDA and EU MDR frameworks.
- To assess the role of the Materiovigilance Programme of India in monitoring long-term complications of aesthetic implants.

Scope of the Study

The scope of this investigation is limited to the legal and regulatory developments within the Indian aesthetic sector from 2020 to 2026. It encompasses the analysis of the Drugs and Cosmetics Act, the Medical Device Rules, and the Jan Vishwas reforms. The study focuses on medical devices used in aesthetics (e.g., dermal fillers, lasers) and procedures (e.g., hair transplantation, PRP therapy) while excluding general dentistry or traditional pharmaceutical products unless they overlap with aesthetic use.

Research Gap and Problem Statement

The primary research gap lies in the lack of academic scrutiny regarding the "decriminalization vs. deterrence" paradox in elective medicine. While existing literature discusses drug quality in general, there is a significant void in understanding how administrative adjudication (introduced in 2026) will handle complications in the aesthetic sector where the line between

a "technical lapse" and a "harmful error" is often blurred. Furthermore, the rapid integration of Artificial Intelligence (AI) and software-as-a-medical-device (SaMD) in aesthetics, as recognized by the 2026 CDSCO updates, lacks a robust legal precedent for liability in case of algorithmic failure.

The problem statement identifies that the Indian aesthetic market is being flooded with advanced technologies under an "Ease of Doing Business" agenda, yet the institutional capacity for post-market surveillance (Materiovigilance) remains in its infancy. This creates a high-risk environment where innovation outpaces safety oversight, potentially compromising the constitutional "Right to Health" for patients seeking elective enhancements.

Hypothesis

This review operates on the hypothesis that the transition toward a trust-based regulatory framework, as epitomized by the Jan Vishwas Bill 2026, will successfully reduce the compliance burden on legitimate manufacturers but may inadvertently lower the entry barrier for unqualified practitioners, thereby increasing the incidence of medical negligence unless accompanied by a mandatory malpractice insurance framework and specialized medical tribunals.

Literature Review and Comparative Analysis

Constitutional Jurisprudence and the Right to Health

The Indian judiciary has been instrumental in carving out a "Right to Health" from the bedrock of Article 21. In cases like *Francis Coralie Mullin v. Union Territory of Delhi*, the Supreme Court established that the right to life includes the right to live with human dignity. By 2025 and 2026, this interpretation has expanded to include mental health as a constitutional guarantee, recognizing that bodily integrity and psychological well-being are inextricably linked.

However, legal scholars argue that this remains a "Paper Promise" because the constitutional doctrine has yet to meaningfully extend scrutiny to private hospitals, which perform the majority of aesthetic procedures. As state functions are outsourced to private healthcare providers, the right to health becomes contingent on market capacity rather than constitutional obligation, creating a "class-contingent privilege".

Ethics in Aesthetic Medicine: The Georgetown Mantra

The ethics of aesthetic medicine are traditionally governed by the four principles of bioethics: autonomy, beneficence, non-maleficence, and justice.

- **Autonomy:** Recognizes the patient's right to self-determination in seeking enhancements.
- **Beneficence/Non-maleficence:** The moral obligation to act in the best interest of the patient and "do no harm".
- **Justice:** Ensuring equitable access and fair treatment.

In the context of the 2026 updates, the principle of autonomy is increasingly scrutinized under the lens of "Informed Consent". Given the subjective nature of beauty, patients may judge technically successful procedures as failures based on personal expectations. This subjective dissatisfaction has driven a 400% increase in medical malpractice litigation in India.

Global Regulatory Benchmarks: India vs. US and EU

The Indian Medical Device Rules (2017/2026) are heavily influenced by the European Union's Medical Device Regulation (EU MDR) 2017/745. Both systems utilize a risk-based classification (Classes A-D in India vs. Classes I-III in the EU).

Feature	CDSCO (India)	US FDA	EU MDR
Primary Authority	Central Licensing Authority	Single Central Agency	Notified Bodies (Decentralized)
Market Access Basis	Compliance with MDR 2017	Substantial Equivalence	Clinical Evaluation Reports
Implementation	Online SUGAM Portal	Premarket Notification 510(k)	CE Marking Approval
2026 Focus	Decriminalization & AI	ISO 13485:2016 Alignment	EUDAMED Functionality

A critical difference lies in the "Notified Body" system. While the EU relies on independent third-party assessments, India is still building its capacity for Notified Bodies to audit Class A and B devices, with Class C and D remaining strictly under the Central Licensing Authority. Manufacturers often find that the EU MDR's requirement for mandatory clinical evaluation for all devices is significantly more stringent than the FDA's 510(k) pathway or India's current technical dossier requirements.

Analytical Approach and Research Design

The analysis presented in this report follows a qualitative jurisprudential research design. It utilizes a comparative legal method to evaluate the Drugs and Cosmetics Act against international frameworks and constitutional mandates. The study synthesizes data from 82 research snippets, including government notifications, parliamentary bills, market research reports, and judicial precedents from the Supreme Court and NCDRC in 2025 and 2026. The approach is thematic, focusing on legislative change, professional jurisdiction, and patient safety outcomes.

Findings: The 2026 Regulatory Landscape

The Jan Vishwas Reform: A Double-Edged Sword

The passage of the Jan Vishwas (Amendment of Provisions) Bill, 2026, marks the most significant shift in drug and cosmetic law since 1940. By decriminalizing over 700 provisions across 80 Acts, the government has prioritized administrative efficiency over criminal retribution.

In the Drugs and Cosmetics Act, the substitution of imprisonment with financial penalties for violations under Section 27A(ii) and Section 28A allows for technical lapses to be settled through an adjudication mechanism. This includes issues such as the non-maintenance of statutory records or information disclosure failures.

Implications for the Cosmetic Sector

- **Reduced Litigation:** Minor procedural violations no longer require court intervention, significantly reducing the burden on the judicial system.
- **Predictability:** The appointment of Adjudicating Authorities provides a more structured and faster resolution process for industry players.
- **Risk of "Cost of Doing Business":** Critics argue that for large manufacturers, monetary penalties may be viewed as an absorbable expense, potentially weakening the incentive for strict quality adherence.

The Endotoxin and Licensing Update (March 2026)

In March 2026, the Ministry of Health and Family Welfare notified the Drugs (Amendment) Rules, 2026, which introduced critical safety standards for injectable substances often used in aesthetic treatments.

- **Endotoxin Testing:** Rule 121A now mandates that substances intended for parenteral administration (including solvents) must comply with tests for bacterial endotoxins or pyrogens.
- **Competent Person Supervision:** Amendments to Forms 20B, 20G, and 21B require that drug sales occur under the personal supervision of a "competent person," whose name must be recorded.
- **Reporting Timelines:** Licensees are now required to inform the licensing authority within one month of any change in the competent person, reinforcing personnel accountability.

Medical Device Classification Update 2026

The CDSCO's 2026 update has significantly expanded the definition of aesthetic medical devices to include technologies that were previously in a regulatory "gray area".

Device Category	Risk Class (India)	CDSCO Requirement
Dermal Fillers	Class C / D	Intensive Review of Safety Data
Laser Hair Removal	Class B / C	Proper Labeling & Intended Use
AI-Driven Diagnostic Apps	Class B (Variable)	Clinical Decision Support Function
Soft Tissue Implants	Class C	Clinical Investigation Required

The update reinforces that "Intended Use" determines classification. A device marketed with even minor changes in wording—for example, suggesting "diagnostic" or "life-supporting" functionality—can shift from Class B to Class C, triggering more rigorous scrutiny.

Professional Jurisdiction and the Quackery Crisis

The "mushrooming" of unregulated clinics remains a primary safety concern in 2026. The Indian Association of Dermatologists, Venereologists and Leprologists (IADVL) has documented at least five recorded deaths and numerous cases of disfigurement resulting from procedures performed by unqualified practitioners.

The Jurisdictional Conflict

The conflict between the NMC and the DCI regarding the scope of practice for Master of Dental Surgery (MDS) doctors has created a regulatory vacuum. While the DCI has issued guidelines permitting Oral & Maxillofacial surgeons to perform aesthetic procedures, the NMC maintains

that these are specialized medical surgeries that should be limited to RMPs with recognized qualifications in dermatology or plastic surgery.

In response, state governments have begun taking action. The Health and Family Welfare Department of Tamil Nadu issued a landmark order in early 2026 requiring aesthetic clinics to register under the Tamil Nadu Clinical Establishments (Regulation) Act, mandating that only specialized RMPs perform advanced procedures.

Judicial Trends: NCDRC and the Bolam Test

The National Consumer Disputes Redressal Commission (NCDRC) has provided crucial clarity on medical negligence in its April 2026 judgment regarding PRP hair treatment.

- **Results vs. Negligence:** The court ruled that the mere absence of desired results does not prove deficiency in service or negligence.
- **Qualifications:** It affirmed that MD-qualified dermatologists and plastic surgeons are fully competent to administer PRP without additional government licenses.
- **Scientific Distinction:** The judgment highlighted the importance of distinguishing between PRP and stem cell therapy, noting that lower courts had erroneously applied stem cell licensing requirements to PRP procedures.

Discussion: Balancing Innovation and Safety

The findings reveal a significant "Regulatory Lag" between the introduction of innovative technologies and the enforcement of safety standards. The aesthetic industry is driven by "technological optimism," where patients view cosmetic procedures as routine and "safe," a perception often fueled by unregulated social media advertising.

The Impact of Decriminalization on Patient Safety

The Jan Vishwas Bill's shift toward civil penalties is aimed at improving the "Ease of Doing Business," but its impact on public health remains a point of contention. Legal scholars argue that while decriminalizing paperwork errors is progressive, extending this to manufacturing standards under the Drugs and Cosmetics Act risks making "minor" violations a manageable cost for large companies. If procedural lapses in record-keeping occur, they can hide deeper defects and delay life-saving recalls.

Economic Pressures vs. Clinical Judgement

Market data shows that the Indian healthcare sector is expected to reach $280 billion by 2025, with medical devices contributing significantly. However, approximately 70% of medical devices are still imported.

This import dependence, combined with the lack of direct duty reductions in the 2026 Union Budget, maintains high equipment costs for clinics. Consequently, single-location premium clinics often face equipment underutilization, leading to economic pressure that may compromise clinical judgement in favor of aggressive marketing.

The Rise of Regenerative Aesthetics

The year 2026 is emerging as the year of "Regenerative Aesthetics," moving from mechanical enhancement (fillers) to tissue restoration (skin boosters, advanced microneedling). This maturity requires practitioners to embrace "healthcare-led models" where credibility and clinical outcomes are prioritized over machine marketing.

Conclusions and Practical Implications

The jurisprudential review of the Drugs and Cosmetics Act in the 2020-2026 period highlights a maturing but strained regulatory ecosystem. The transition toward a risk-based device classification and a trust-based penalty framework (Jan Vishwas) reflects India's ambition to become a global hub for medical technology and medical tourism. However, the institutional capacity for enforcement—particularly in the unregulated private sector—lags behind these legislative ideals.

The findings indicate that while the law has successfully streamlined imports and registrations through the SUGAM portal, the "last mile" of patient safety remains vulnerable to quackery and the subjective nature of elective procedures. The 2026 NCDRC judgment provides a necessary shield for practitioners against unreasonable "satisfaction-based" negligence claims, but the lack of a specialized medical tribunal continues to burden the consumer courts with complex scientific disputes.

Strategic Recommendations

For the Indian aesthetic sector to maintain its growth trajectory without compromising its constitutional mandate for public health, the following actions are recommended:

1. **Statutory Clarity on Professional Scope:** The Ministry of Health and Family Welfare must finalize the procedural boundaries between doctors and cosmetology operators to resolve the NMC-DCI conflict and curb the rise of "weekend-certified" quackery.
2. **Mandatory Materiovigilance Reporting:** CDSCO should transition the Materiovigilance Programme of India from a voluntary to a mandatory reporting system for all clinics registered under the Clinical Establishments Act to ensure a robust database for long-term device safety.
3. **Specialized Medical Tribunals:** To handle the 400% increase in litigation, the government should consider establishing specialized tribunals that include medical experts to ensure that judgments—like those regarding PRP vs. stem cell therapy—are based on scientific accuracy rather than procedural confusion.
4. **Decoupling Procedural Lapses from Safety Breaches:** Under the Jan Vishwas adjudication rules, a clear negative list must be maintained where any violation linked to drug quality or patient safety remains non-compoundable and subject to criminal liability.
5. **Differentiated Penalty Design:** Monetary penalties should be designed proportionally to the size of the establishment to prevent large corporate hospitals from treating safety fines as a routine "cost of doing business".
6. **Public Disclosure of Violations:** To enhance transparency, the CDSCO should maintain a "Red List" of clinics and practitioners found guilty of unethical practices or significant safety breaches, allowing patients to make informed choices.

Ultimately, the goal of aesthetic jurisprudence must be to ensure that the pursuit of beauty is governed by the same standards of "Beneficence and Non-maleficence" that apply to life-saving surgery. The legal reforms of 2026 have provided the tools for a more efficient industry, but their success depends on a proactive enforcement mechanism that values human dignity over market convenience.

FOOTNOTE

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List of Authorities

1. National Regulatory and Statutory Bodies

- **Central Drugs Standard Control Organization (CDSCO):** The primary national regulatory body under the Ministry of Health and Family Welfare, responsible for the approval of drugs and medical devices, as well as the risk-based classification of aesthetic equipment.
- **Ministry of Health and Family Welfare (MoHFW):** The central ministry that notifies amendments to the Drugs and Cosmetics Rules and introduces landmark legislation like the Medical Devices (Amendment) Rules, 2026.
- **National Medical Commission (NMC):** The statutory body that regulates medical education and practice in India, specifically defining the scope of practice for "Registered Medical Practitioners" (RMPs) in aesthetic surgery and hair transplantation.
- **Dental Council of India (DCI):** The regulatory authority for dental education and practice, which has been in jurisdictional conflict with the NMC over the permission granted to Master of Dental Surgery (MDS) doctors to perform certain facial aesthetic procedures.
- **Indian Pharmacopoeia Commission (IPC):** Functions as the National Coordination Centre for the Materiovigilance Programme of India (MvPI), monitoring adverse events related to medical devices.

2. Professional Associations

- **Indian Association of Dermatologists, Venereologists and Leprologists (IADVL):** A key professional body representing dermatologists that advocates for stricter regulation against quackery and has challenged the DCI's aesthetic guidelines in court.
- **Association of Plastic Surgeons of India (APSI):** A specialist medical body that collaborates with the IADVL to raise awareness about patient safety and surgical qualifications in the aesthetic sector.

3. Judicial and State Authorities

- **Supreme Court of India:** The highest judicial authority, which has expanded the interpretation of the "Right to Health" under Article 21 and established the "Bolam Test" for evaluating medical negligence.
- **National Consumer Disputes Redressal Commission (NCDRC):** A quasi-judicial commission that adjudicates consumer grievances, recently clarifying that

a lack of results in PRP treatments does not inherently constitute medical negligence.

- **Tamil Nadu Medical Council and State Health Department:** Regional authorities that have issued landmark Government Orders (GOs) to regulate cosmetology clinics and mandate registration under the Clinical Establishments Act.

4. Legislative Frameworks

- **Drugs and Cosmetics Act, 1940:** The foundational law governing the manufacture, sale, and distribution of drugs and cosmetics, updated in 2026 to include stricter standards for bacterial endotoxins.
- **Jan Vishwas (Amendment of Provisions) Bill, 2026:** A major reform bill that decriminalizes minor procedural lapses in the Drugs and Cosmetics Act, shifting the focus to monetary penalties and administrative adjudication.
- **Medical Device Rules (MDR) 2017/2026:** Regulations that establish a risk-based classification system (Classes A–D) for all medical devices, including aesthetic lasers and dermal fillers.

5. International Benchmarking Authorities

- **US Food and Drug Administration (FDA):** Used as a comparative benchmark for substantial equivalence and premarket notification pathways.
- **European Union Medical Device Regulation (EU MDR):** The primary international standard for clinical evaluation and safety that influences India's risk-based device classification.

Land Mark CaseLaws

1. Foundations of Medical Negligence: The "Bolam Test"

- **Jacob Mathew v. State of Punjab (2005):** This is the foundational case where the Supreme Court of India adopted the "Bolam Test" from English law. It established that a doctor is not negligent if they act in accordance with a practice accepted as proper by a responsible body of medical professionals. The court ruled that for criminal liability under Section 304A of the IPC, a "gross" or high degree of negligence must be proven.
- **Suresh Gupta v. Government of NCT, Delhi (2004):** A landmark case specifically involving a plastic surgeon. The Supreme Court quashed criminal proceedings against a surgeon after a patient died during a minor nasal procedure,

clarifying that simple lack of care or an error of judgment is insufficient for criminal prosecution; the act must be "grossly negligent" or "reckless".

- **Neeraj Sud v. PGI (October 2024):** The Supreme Court reaffirmed that the deterioration of a patient's condition post-surgery is not necessarily indicative of negligence. It held that if a qualified doctor follows acceptable medical norms, they cannot be held liable just because the surgery was not successful to the satisfaction of the patient.

2. The Doctrine of Informed Consent

- **Samira Kohli v. Dr. Prabha Manchanda (2008):** This is the most critical judgment for elective aesthetic procedures. The Supreme Court held that consent must be voluntary, informed, and specific. Crucially, it ruled that consent for a diagnostic procedure does not automatically extend to a therapeutic or radical surgery. In aesthetics, this means a practitioner cannot perform additional unconsented enhancements during a scheduled procedure unless it is a life-threatening emergency.

3. Quackery and Negligence Per Se

- **Poonam Verma v. Ashwin Patel (1996):** This case established the principle of "Negligence Per Se." The Court ruled that a practitioner registered in one system of medicine (e.g., Homeopathy) who practices another system (e.g., Allopathy) is a "quack" and a "mere pretender to medical knowledge." Such unauthorized cross-practice is considered negligence in itself, regardless of the level of care provided. This is frequently cited in cases against dentists or AYUSH practitioners performing allopathic aesthetic surgeries.

4. Modern Jurisprudence (2025–2026)

- **Yash Charitable Trust v. Union of India (January 30, 2026):** The Supreme Court ruled that offering unproven therapies—specifically stem cell therapy for conditions like Autism—outside of approved clinical trials constitutes malpractice. This judgment emphasizes that practitioners fail the "standard of care" when they offer experimental treatments as standard clinical services.
- **NCDRC - Sushil Mukesh Gaglani v. Dr. Madhuri Agarwal (April 28, 2026):** In a major victory for aesthetic practitioners, the National Commission ruled that the "mere absence of results" in PRP (Platelet-Rich Plasma) hair treatment does not prove medical negligence.

- The Commission also clarified that PRP is distinct from stem cell therapy and does not require the same stringent licensing under the Drugs and Cosmetics Act.
- **Dr. Jaya Thakur v. Government of India (January 30, 2026):** The Supreme Court recognized menstrual health and access to hygiene as facets of the "Right to Life" under Article 21, further broadening the constitutional mandate for the state to regulate all health-adjacent sectors, including aesthetics.

5. Jurisdictional Conflicts

- **Mamtaz Foundation v. Dental Council of India (April 16, 2026):** The Supreme Court dismissed a Special Leave Petition (SLP) challenging a Delhi High Court order, effectively maintaining the status quo on the jurisdictional dispute between dentists and medical doctors regarding the performance of facial aesthetic procedures.
- **IADVL (Tamil Nadu Branch) v. Dental Council of India (Ongoing 2026):** The Madras High Court directed the Union Ministry of Health to review the regulatory conflict between the NMC and DCI regarding whether Oral and Maxillofacial surgeons can perform hair transplants and aesthetic surgeries.