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UPGROWTH HEALTHCARE PLAYBOOK 02

Healthcare Content Compliance

How to publish in India without writing a claim you cannot defend, and why the compliant page turns out to be the citable one.

HEALTHCARE

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Why this playbook exists

Compliance in Indian healthcare marketing is not a legal review that happens after the page is written. It is decided at the level of the sentence, by 3 things: the condition you name, the verb you attach to it, and whether a person or a number is carrying the claim.

There are 4 statutes and 1 professional code in play, and they bite different kinds of sentence. Most teams run on a single rule of thumb, usually some version of do not promise a cure. That rule is at once too strict and too loose. Too strict, because it leaves a team frightened of publishing anything a patient would find useful. Too loose, because it misses the 2 words that catch the largest volume of Indian healthcare content: **mitigation**, and **device**.

There is a commercial argument in the same place, and it is why this is a playbook rather than a legal memo. A page written to survive a regulator reads almost identically to a page a generative engine will quote: specific, attributed, dated, checkable. The compliant page and the citable page are the same page.

Who this is for
Marketing heads, content leads and agency teams working with hospitals, clinic chains, diagnostics businesses and clinician groups in India. Written for operators, not lawyers. It is not legal advice, and where a reading is arguable it says so. Every statutory reference here was checked against the bare Act text in August 2026.

WHAT IS IN THIS PLAYBOOK

01 The 4 rulebooks that bind an Indian healthcare marketer

These are separate laws, with separate enforcement routes and separate penalties. A sentence can be clean under 1 and fatal under another. The point is not to make you a lawyer. It is to let you name, in a meeting, which rulebook a given sentence lives under, so the argument stops being about taste.

1. The Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954

Section 3 prohibits any person from taking part in the publication of any advertisement referring to any drug in terms which suggest, or are calculated to lead to, the use of that drug for 4 groups of purposes: procurement of miscarriage or prevention of conception in women (a), improvement of the capacity for sexual pleasure (b), correction of menstrual disorders in women (c), and **the diagnosis, cure, mitigation, treatment or prevention** of any condition specified in the Schedule (d). Cure is the verb everybody already avoids. **Mitigation** is the one that does the damage, because mitigation is what most honest healthcare marketing is describing. Relief, control, management, reduction, correction and slowing down are all mitigation in ordinary English.

The second trap is the word drug. Section 2(b) defines it in 4 limbs, and limb (iii) covers **any article, other than food, intended to affect or influence in any way the structure or any organic function of the body**. That reaches a hearing aid, an intraocular lens, a laser, a dialyser, an implant and a wearable monitor on its own terms. Separately, all medical devices have been regulated as drugs in India since 1 April 2020, under notification S.O. 648(E) dated 11 February 2020. If your page sells equipment, you are advertising a drug.

> **The Schedule is 54 items and it is older than most of your hospital**
> The list at Section 3(d) has stood at 54 entries since the 1963 amendment, and they are not exotic conditions. Blindness (3), Cancer (6), Cataract (7), Deafness (8), Diabetes (9), Diseases and disorders of the optical system (11), Diseases and disorders of the uterus (12), Gall stones, kidney stones and bladder stones (22), Glaucoma (24), Heart diseases (26), Obesity (38), Sexual impotence (45), Sterility in women (48), Tuberculosis (50), Tumors (51). A draft amendment widening the list has circulated since 2020 and remains a draft. Plan against the 54 in force.

Section 4 is quieter and applies whether or not a Schedule condition is involved: no advertisement relating to a drug may give a false impression about its true character, make a false claim, or be false or misleading in any material particular. Section 7 sets the penalty at up to 6 months imprisonment or fine or both, and up to 1 year on a subsequent conviction. Section 8 gives a state-authorised gazetted officer powers of entry, search and seizure.

Your agency is named in the statute, not standing beside it
Sections 3, 4 and 5 do not bind the advertiser. They bind any person who **takes part in the publication** of the advertisement, and Section 2(d) defines that to include the printing of it. Section 9 extends liability to every person who at the time of the offence was in charge of and responsible to the conduct of the business of the company. Section 9A makes offences under the Act cognizable. Rule 3 of the 1955 Rules leaves a publisher or advertising agency a narrow way out of a Section 4 scrutiny, and only if it produces the name and address of the advertiser when the authorised officer calls for it. Ask your agency whether they hold that record for your account. Most do not know they need it.

2. The PCPNDT Act, 1994, Section 22

Section 22(1) of the Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 bars any person, organisation, genetic counselling centre, laboratory or clinic, **including any centre having an ultrasound machine, imaging machine or scanner**, from issuing, publishing, distributing or communicating any advertisement, in any form including internet, regarding facilities of pre-natal determination of sex or sex selection before conception. Section 22(2) extends to any such advertisement by any means whatsoever, scientific or otherwise. Penalty: imprisonment up to 3 years and fine up to 10,000 rupees. Note who that reaches. Any centre with an ultrasound machine sits inside Section 22, so a diagnostics chain and a multi-specialty hospital are governed by it even though neither offers sex determination. The live risk is not a rogue campaign. It is an autogenerated listing, a stray alt attribute or a translated page producing a phrase readable as an offer.

3. The ART (Regulation) Act, 2021, Section 32

Section 32(1) of the Assisted Reproductive Technology (Regulation) Act, 2021 states that the clinic, or bank **or agent thereof**, shall not issue, publish, distribute or communicate any advertisement in any manner including internet, regarding facilities of sex selective assisted reproductive technology. Section 32(2) sets imprisonment of not less than 5 years extending to 10 years, or fine of not less than 10 lakh rupees extending to 25 lakh rupees, or both. 2 things separate this from everything else here: it has a statutory floor rather than a ceiling, and the phrase or agent thereof puts your marketing partner inside the operative sub-section. If you run fertility content, that is the clause your agency contract should reference. Commercial context is on our IVF and fertility clinic marketing page.

4. The Consumer Protection Act, 2019

This catches the sentence that is not about a Schedule condition and not about sex selection: the ordinary marketing sentence that overstates. Section 21 lets the Central Consumer Protection Authority order an advertisement discontinued or modified, impose up to 10 lakh rupees on a manufacturer or endorser and up to 50 lakh on a subsequent contravention, bar an endorser from endorsing anything for up to 1 year and up to 3 years on repeat, and impose up to 10 lakh rupees on the publisher. Section 89 adds the criminal limb: a manufacturer or service provider causing a false or misleading advertisement prejudicial to consumers faces imprisonment up to 2 years and fine up to 10 lakh rupees, and up to 5 years and 50 lakh on a subsequent conviction. A hospital is a service provider. Both defences here are documentary: Section 21(5) protects an endorser who exercised due diligence to verify the claims, and 21(6) a publisher acting in

the ordinary course of business. The CCPA guidelines notified in June 2022 add a rule most healthcare pages break, which is that a disclaimer may not correct or contradict a claim made in the advertisement.

5. The code that binds the doctor, not the hospital

Clause 6.1 of the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 makes soliciting of patients directly or indirectly, by a physician, by a group of physicians or by institutions or organisations, unethical, and bars a physician from using their name or image in a way that invites attention to their professional position, skill, qualification, achievements, specialities, appointments, associations, affiliations or honours. Clause 7.20 states that a physician shall not claim to be a specialist without a special qualification in that branch. The permitted announcements are a short closed list, and 1 entry matters commercially: **public declaration of charges**.

The National Medical Commission notified a replacement code in August 2023 and held it in abeyance on 23 August 2023, restoring the 2002 regulations. Check the NMC's current notification before relying on a clause number. The structural point survives every redraft: the sanction lands on an individual registration at a State Medical Council, not on a company balance sheet. The hospital risks a penalty. The consultant risks the licence. That asymmetry is why a senior clinician refuses a line your CMO already approved, and they are usually right about the line.

Which rule binds which asset

Content type	The rule that bites first	The sentence that gets you
Service or procedure page	DMR Act s.3(d) and s.4	A Schedule condition next to a treatment verb
Device or equipment page	DMR Act s.2(b)(iii), s.3(d)	Claiming the machine mitigates a listed condition
Diagnostics and imaging	PCPNDT s.22	Anything readable as an offer of sex determination
Fertility and ART	ART Act s.32, PCPNDT s.22	Any hint of sex selective ART, in any medium
Success rates and outcomes	CPA 2019 s.21 and s.89	A number with no denominator, period or source
Doctor profile page	IMC 2002 cl.6.1 and cl.7.20	A superlative, or a specialty without the qualification
Patient testimonial	CPA 2019 s.21, DPDP Act 2023	An efficacy claim placed in a patient's voice
Paid ad creative	All of the above, plus platform policy	The headline rewritten to fit the character limit

Platform policy is effectively a 5th rulebook and in several categories it is stricter than the statute. A rejection there costs distribution without producing a legal notice. How that plays out on live accounts is in Pain in the Silence.

02 The 30 second sentence test

All of that is useful only if a writer can apply it without opening a statute. This test runs on 1 sentence, takes under 30 seconds, and is built for a content executive at 4pm on a Friday, which is when most of the risk gets created.

Run these 5 in order. Stop at the first yes and fix it.

1. **Does it name a Schedule condition, or an unmistakable synonym?** Euphemisms count. Hearing loss is deafness. Weight management is obesity.
2. **Does it carry diagnosis, cure, mitigation, treatment or prevention, or a synonym?** Treats, heals, reverses, relieves, controls, manages, corrects, restores, prevents, detects, screens for, slows.
3. **Is a drug, device, article or machine the subject?** Section 2(b)(iii) is wider than instinct suggests. A laser, an implant, a lens, a hearing aid and a monitor all influence an organic function.
4. **Is a person carrying the claim?** A named patient, a doctor, an influencer on your roster. If yes, you have created an endorser, and Section 21 of the Consumer Protection Act applies to them too.
5. **Is a number carrying the claim?** A number with no denominator, period, definition and source is the easiest thing on the page to attack.

The rule underneath the test, and why it is stricter than the Act

Working rule: in any sentence that refers to something you sell, name the condition or use the verb. Never both. Strictly, the Act bites when an advertisement refers to a drug in terms suggesting its use for 1 of those 5 purposes in relation to a Schedule condition, so naming a condition alone sits outside it. The rule over-corrects on purpose. A writer under deadline should not be parsing a proviso, and over-correcting costs 1 rewritten sentence.

3 worked rewrites

Do not publish this	Why it fails	Publish this instead
Our hearing aids restore hearing for patients with deafness.	Deafness is item 8, the aid is an article under s.2(b)(iii), restore is mitigation.	We stock 14 hearing aid models. This page lists each, the fitting process, the follow-up visits included and the price.
Detect cancer early with our whole body scan.	Cancer is item 6, detect is diagnosis, the scanner is a device.	Our whole body check includes these 42 tests. Reports are released in 48 hours and reviewed by a named physician.
9 out of 10 of our patients see results.	No denominator, period, definition or source. Exposed under CPA s.21 and s.89.	Delete it, or publish the sample, the period, what was measured and who verified it.

The pattern on the right repeats. Specificity moves out of the claim and into the process, the inclusions and the price. Doing that across a full catalogue is in our diagnostics and pathology lab work, and the narrative version is Pain in the Prescription.

03 What you can publish instead

The compliance conversation usually ends with a page nobody wants to read. That is a failure of imagination rather than a consequence of the law. These statutes restrict claims about what a treatment does to a body. They say very little about what your organisation does, what it charges, who works there and what happens on the day. Almost every question a patient types before choosing a provider lives in the second category.

The 5 that carry the least claim risk and the most search value

- **Process transparency.** What happens at each step, in order, with real times. Which counter, what registration takes, the fasting rule, when the report lands, who explains it. It answers the question that actually stops people booking, which is not does it work but what will happen to me.
- **Named clinician authority.** Name, qualification, council registration, department, years in practice, languages, days available. Clause 7.20 restricts claiming a specialty you do not hold. It does not restrict stating the qualification you do hold.
- **Published cost and inclusions.** The most searched and least published fact in Indian healthcare, and 1 of the specifically permitted announcements under the 2002 regulations. Publish the number, then what is included, what is not, what changes it, and the cashless position.
- **Credentials and affiliations, stated flatly.** Accreditations with their numbers. Equipment by make and model. Which tests run in house and which are referred out. Empanelments. Facts about an organisation, not claims about outcomes.
- **Access and logistics.** Hours by department rather than by hospital. Languages at the desk. Attendant policy. What to bring. Wait time to the next slot. Dull to write, heavily read, impossible to challenge.

> **The argument to take into your clinical committee**
> Generative engines quote sentences that are specific, attributable, dated and checkable. They do not quote adjectives. The sentence a compliance officer would strike is almost always the sentence a language model would ignore, because both are unbacked. The sentence your clinical committee is comfortable with, a named person stating a defined fact on a dated page, is the one that gets extracted. Compliance is not the tax on your visibility. It is the mechanism that produces it, and the full argument is on our healthcare generative engine optimisation page.

1 caveat, honestly stated. Where the decision is price-led and process-heavy, the substituted page can carry most of the funnel. Where it is fear-led, the page gets somebody to the consultation and no further. That is the correct job for it.

04 Testimonials, consent and privacy exposure

Every hospital marketing plan has a testimonial line item. In most specialties it is a poor trade: high production cost, high consent overhead, real legal exposure and a shorter useful life than anyone budgets for.

3 problems, in order of cost

1. **The claim migrates, the liability does not.** Putting an efficacy claim in a patient's mouth does not remove it from your advertisement. Section 21 reaches the endorser too: up to 10 lakh rupees, up to 50 lakh on repeat, and a bar on endorsing anything for up to 1 year, 3 on a subsequent contravention. If your patient has a following, you have not collected a story. You have created an endorser.
2. **Consent is a live obligation, not a signature.** Section 6(1) of the Digital Personal Data Protection Act, 2023 requires consent that is free, specific, informed, unconditional and unambiguous, given by clear affirmative action and limited to the specified purpose. Section 6(4) gives a right to withdraw at any time, with the ease of withdrawing comparable to the ease of giving, and 6(6) requires you to stop processing within a reasonable time. A tick box at discharge covering marketing use is not specific. The DPDP Rules were notified on 13 November 2025 with notice and consent obligations phased in, so the window to build this rather than retrofit it is open.
3. **The specialties where a story would move most are where nobody consents.** In oncology, fertility, mental health and sexual health, the patient whose story carries the most weight is least likely to be named. You end up with testimonials from the specialties where the decision was least considered, converting nobody in the departments funding the marketing. That gap is structural.

> **The exposure nobody prices at commissioning**
> A testimonial page couples a name, a face, a condition and a facility. That is a health record, assembled by a marketing team and published by the organisation. Section 6(4) means the subject can withdraw at any time, including from a film you paid to produce and from reposts you no longer control. Before approving the budget, ask 2 questions: what does the takedown cost, and can we actually complete it. If the answer to the second is no, the asset is a liability with a view count.

3 things to use instead

- **Unnamed, non-clinical experience notes.** Waiting time, billing clarity, staff conduct, how the discharge was explained. No condition, no outcome, no identifiable individual.
- **Operational volume, evidenced.** Procedures performed last year, years the unit has run, report turnaround, consultants on the roster. Facts about your organisation, not outcomes for a patient.
- **Named clinician bylines.** A consultant explaining what a procedure involves does the authority job a testimonial pretended to do, with somebody qualified to carry it.

Where a story genuinely is the only lever, treat it as a regulated production: separate consent per channel, a stated duration, a named withdrawal contact, a dated log, no efficacy language in the edit. We work through that on our oncology and cancer hospital marketing page.

05 The medical review workflow

Medically reviewed by Dr X appears on thousands of Indian healthcare pages. On most it means a name was typed into a CMS field. That is worse than blank: it tells a reader, a regulator and a crawler that a clinical review happened.

What a review must include before you may claim one

1. **A named reviewer with a verifiable registration,** and a scope matching the page.
2. **A date, visible on the page,** held apart from publish date and last-modified date.
3. **A recorded decision, not a click.** A trail with no rejections is not a trail.
4. **The version the reviewer saw.** If the page changed since, the badge is stale.
5. **A next review date by content type.** Pricing moves fastest. Set it per template.

The review log a hospital should keep

Field	Why it exists
Page URL and version ID	Ties the badge to a text, not a URL that keeps changing
Reviewer name, council, registration no.	Checkable by a reader, a regulator and a crawler at once
Date of review	A badge without a date is decoration
Changes requested, and the outcome	The artefact that evidences due diligence
Claims register and sources	First thing you get asked for, slowest to rebuild
Next review date and named owner	Turns a badge into a process rather than an event

Due diligence is a documented thing or it is nothing
Section 9 of the DMR Act lets a person in charge of the business escape punishment if they prove the offence happened without their knowledge, or that they exercised all due diligence to prevent it. Section 21(5) gives an endorser the same defence. Both need records made before publication.

The E-E-A-T tie is worth 1 paragraph. Google's guidance for health topics and the way engines pick sources both ask who is accountable, when it was checked, and whether it can be verified.

Want the log built rather than described

We map your process against the 6 fields and flag badges you cannot evidence.

Book a 30 minute growth call or write to contact@upgrowth.in

06 The 10 minute pre-publish check

Run this on a finished page before it goes live, and on a sample of live pages this quarter. A check that runs past 10 minutes stops being run.

4 passes, in this order

Minutes 1 to 3: the claim sweep

- Search for the 5 verbs. If a Schedule condition shares the sentence, rewrite it.
- Check headings and meta titles separately. They get written last, nearest the deadline.
- Alt text, file names, video titles, schema fields and FAQ answers are advertisements too.

Minutes 4 to 6: people and numbers

- Every named individual: a current, specific, withdrawable consent, logged and findable.
- Every clinician: does the stated specialty match the qualification held.
- Every number: denominator, period, definition, source. Any of the 4 missing, it goes.
- Every superlative: best, leading, top, most advanced, world class. Delete them.

Minutes 7 to 8: the regulated-specialty pass

- Ultrasound, imaging or radiology on the page: read it once purely for a sex determination offer.
- Fertility or ART: run the same pass against Section 32. A device named: apply the drug test.
- A disclaimer present: check it is not being used to correct a claim.

Minutes 9 to 10: the record

- Reviewer name, council and registration number, and a review date that is not the publish date.
- Claims register updated, next review date set against a named owner, version stamped.

> **What to do when a page fails**
> Almost every failure is 1 sentence, not 1 page. Cut the verb, keep the condition, and push the specificity into the process, inclusions and price sections. Start with your 10 highest-traffic pages.

The check before the campaign

upGrowth works with hospitals, clinics, diagnostics businesses and clinicians on patient acquisition, search visibility and AI search presence. Before you publish at volume, run this check across the pages you already have.

Book a 30 minute growth call or write to contact@upgrowth.in

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DIAGNOSIS BEFORE PRESCRIPTION

Start with one number, not one campaign.

Run 1 page through the 30 second test before you publish.
If it fails, the fix is usually 1 sentence, not the page.
We will run that test with you on your top 10 pages.

Book a 30 minute growth call

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