

GOVERNMENT BILLS**THE HOMOEOPATHY CENTRAL COUNCIL (AMENDMENT) BILL, 2002**

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI SHATRUGHAN SINHA): Madam, Vice- Chairperson..

THE DEPUTY CHAIRMAN: No, I am Deputy Chairperson.

SHRI SHATRUGHAN SINHA: Okay. Madam, Deputy Chairperson, I hope you will pardon me. This is my maiden speech during the second term of Rajya Sabha. Also, this is my first speech as the Minister of Health. And, this is the first time that I am moving a Bill. So, I hope, wish and pray that I will get the blessing and support of the entire House.

THE DEPUTY CHAIRMAN: It depends on how you are piloting it. So, you should learn it properly.

SHRI SHATRUGHAN SINHA: I hope so. Madam, I move:

"That the Bill further to amend the Homoeopathy Central Council Act, 1973, be taken into consideration."

Madam, Homoeopathy is one of the recognised systems of medicine in the country. It has gained popularity because of its potential to cure certain diseases for which there is less or no treatment in other systems. The medicines are safe, economical and free from side effects. The Government of India is encouraging this system to develop its own genius.

The Central Government has established the Central Council for Research in Homoeopathy as an apex body to carry out intramural research. This Council has 51 units across the country which are engaged in various aspects of clinical, literary and drug research. A National Institute of Homoeopathy was established at Kolkata in 1975 to carry out educational research and to act as a model institute for teaching in this system. This Institute is conducting both under-graduate and post-graduate courses. The Homoeopathic Pharmacopoeia Laboratory was set up at Ghaziabad to lay down the standards and quality assurance of drugs. The Homoeopathy Central Council Act, 1973 was enacted by the Parliament for the constitution of a Central Council of Homoeopathy and for matters connected therewith. The Central Council of Homoeopathy was established with the main objective of regulating the standards of medical education and its practice.

The provisions of the Homoeopathy Central Council Act, 1973, are extendable to whole of India. Prior to the enforcement of this Act, different State Governments were following their own State Acts and were conducting different courses of varying duration and titles. In 1983, the Council brought in uniform and standardized Homoeopathic Medical Education Regulations and prescribed minimum standards to be maintained by every teaching institution. At that time, there were 101 colleges, and a majority of them were conducting Diploma level courses. Presently, there are about 166 teaching institutions with an annual admission capacity of about 9930 students. The Diploma course has been phased out, and, at present, the under-graduate training is a five-and-a-half-years' Degree course. The Government has also permitted a three-year Post-graduate course in Homoeopathy in seven specialities. The number of registered practitioners in the system is approximately two lakhs and the drug manufacturing units are said to be about 800. Twenty-two State Governments have set up Regulatory Councils/Boards to develop the system and have also established a large number of dispensaries and hospitals to provide health-care facility to citizens. With all these infrastructure and facilities, India can claim to be a world leader in this system.

With the increasing acceptance and popularity of the system, the demand for establishing new colleges grew, resulting in an increase in the number of doctors coming out from these colleges. Commercialization of medical education gave incentive to opening of more and more colleges. The Societies/Trusts and similar bodies started colleges after obtaining the permission from the State Governments and affiliation from Universities. This caused proliferation of colleges leading to fall in standards of education.

It was expected that the Homoeopathy Central Council Act and the Education Regulations made thereunder would achieve uniform standard in education and practice of the system, but due to lacunae in the provisions, neither the Central Government nor the Central Council of Homoeopathy could enforce the provisions in letter and spirit. According to the procedure in vogue, an intending society, etc. obtain necessary permission of the State Government and consent of the University for affiliation of the proposed college. Thereafter, they approach the Central Council of Homoeopathy for permitting them to run the course for a fixed number of seats. There is, however, no provision in this Act which puts an obligation on them to seek the approval of the Central Council of Homoeopathy for starting the course.

However, in the Education Regulations of the Council "Homoeopathy College", has been defined as a "Homoeopathic Medical college affiliated to a Board or University and recognised by the Central Council". This presupposes that the college will seek the approval of the Council. However, due to absence of statutory backing, it could not be legally enforced. The college can still be started with the permission of the State Government and affiliation from the University, without obtaining permission or recognition from the Council.

These problems were considered by the Fifth Conference of the Central Council of Health and Family Welfare and the first-ever Conference of the State Health Ministers on Indian Systems of Medicine and Homoeopathy, held on 18th February, 1971, and it was resolved to amend the Homoeopathy Central Council Act with a view to seeking prior permission to start new colleges which comply with the guidelines laid down in this regard. An amendment to this regard was carried out in the Indian Medical Council Act, 1956 in 1993.

Therefore, the proposal is mooted to amend the Act, on the pattern of the amendments carried out in the Indian Medical Council Act, 1956, providing for seeking permission of the Central Government for the establishment of new colleges; increase in the number of seats or for introducing new courses, with a view to preventing the mushrooming of substandard institutions. The proposal also seeks to provide provisional registration to the interns, when they are doing the house job or internship, to enable the interns to undertake their training, with proper legal sanction. Such a provision is already existing in the Indian Medical Council Act, 1956, and the Indian Medicine Central Council Act, 1970.

With these words, Madam, I commend the Bill to the House.

The question was proposed.

THE DEPUTY CHAIRMAN: I must put on record that when you went to attend the AIDS Conference at Barcelona, I got the message that you did a very good work, commendable work.

SHRI SHATRUGHAN SINHA: Thank you, Madam.

THE DEPUTY CHAIRMAN: I know it because the IPU was also participating over there. The Members of the IPU sent me that message. So, I am sure, you are going to be a good Health Minister, but you should take care of the health of the House first.

SHRI SHATRUGHAN SINHA: 'Health is wealth'. I remember that phrase. Thank you, Madam.

DR. M.N. DAS (Orissa): At the outset, I would like to thank you Madam, for your kind permission to speak a few words on this Bill. In my opinion, I think one of the best and the last jobs of the former hon. Minister for Health and Family Welfare, Dr. C.P. Thakur, was to bring this legislation in order to improve both the qualitative and the quantitative aspect of homeopathic education and treatment. Madam, we must all agree that India is a poor country, and the price of allopathic medicine has become so prohibitive that it is almost impossible for a middle class person to buy allopathic medicines for the treatment of his kith and kin.

Now, one should admit that Homoeopathic medicine is the poor man's medicine in India. The poor people can afford to buy only these types of cheaper medicines. The Unani or the Ayurvedic medicines are also costly. Now, the question is, how are you going to encourage this Indian ' system of medicine, which is actually not Indian, but Western science. The question is : how to improve the qualitative aspect of this science? There are only 33 Government homoeopathy colleges and hospitals where education is imparted and treatment is also done. Out of 166, 133 will be in the private sector, as you have yourself said. Now, should a country of the size of India, having a population of about a billion, depend on only 33 Homoeopathic colleges and hospitals, or, should the number increase? If the Centre does not come forward to aid the State Governments, the State Governments would not be able to increase the number of hospitals or colleges in the States. So far, the system was that the Government would establish a Homoeopathic medical college and hospital and the university, after studying, taking into account the infrastructure of the institution and the nature of the teaching, the courses of studies and the qualifications of the professors or teachers, would give affiliation. That was the system. But you are now taking away that privilege from the State Government and from the universities. That is good. But let there be a Central Council just to supervise the quality and the standard of education to be imparted by every

medical college. Unless that is done, we are doing a disservice to the poorer people. But one thing you must remember--a homeopathic medicine is a medicine, which does not kill the patient, at least. It is considered a harmless medicine. But let me issue one warning here, from my practical experience or, what I should say, observation. Adulteration of medicine in the allopathic sector is growing apace all over India. Has the Government done anything to control that, to stop that, to prevent that or to punish the offenders, who go on manufacturing medicines to kill patients, not to improve their health or cure them? Now also, the same thing will continue in homeopathy because it is a system where the medicine looks like water. Any adulterator may just put a label and sell it. So, you must be very cautious about that. I would request the hon. Minister, let there be a Central regulatory body with experts in Homeopathic science, to supervise the standard of education of every Homeopathic college and hospital. That is a must, because there are private parties coming up to establish Homeopathic colleges and hospitals all over the State, at many places. They do not think of the qualifications of the teacher to teach the subject; they do not think of a proper infrastructure or the instruments necessary; and certain things are not taught at all, but the degrees are awarded. Such people are going to become merchants of death. They do not know how to treat, do not know the medicines, but yet, they go on. One thing one must be aware of is that, even without reading homeopathy in any college, in any institution, there are private practitioners all over the country, in the rural areas. Without any knowledge of the subject, they somehow treat. And people believe that this system of medicines would not at least harm them, if not help them. That kind of thing should be checked. At the same time, keeping in view the growing population of India, the growing diseases in India, unless sufficient encouragement is given to Homeopathic institutions, Homeopathic colleges, Homeopathic research, we would not serve the purpose. Money is required for research. There are scientists, experts, who can devote their talent, their merit, their acumen, their ability, to bring out even new medicines, which the western world is trying to bring out. So, let us emphasize on quality, but, let us not restrict the quantity, because, for the people of our country, homeopathy medicines is a must, because of the prohibitive price of other medicines. Taking all this into consideration, I would support the Bill, but, at the same time, I would request the hon. Minister to be very careful and cautious and see that the people are not denied of these benefits. Thank you.

1.00 P.M.

श्री टी.एन.चतुर्वेदी (उत्तर प्रदेश) : मैडम, मुझे इस पर कफ़ी बोलना है।

उपसभापति : अभी।

श्री टी.एन.चतुर्वेदी : जी हां, पांच मिनट से ज्यादा होगा। मैं आपकी आज्ञा से प्रारंभ कर देता हूँ।

उपसभापति : लंच के बाद आप कंटीन्यू कर लीजिएगा।

श्री टी.एन.चतुर्वेदी : उपसभापति महोदया, मैं सर्वप्रथम शत्रुघ्न सिन्हा जी को उनका नया दायित्व संभालने के लिए बधाई देना चाहूंगा। इसके साथ ही साथ, जैसाकि आपने व्यक्त किया, मैं भी अपनी शुभकामनाएं व्यक्त करना चाहूंगा और उन्हें साधुवाद देना चाहूंगा। जैसा कि डा. मन्मथदास जी ने कहा, डा. हमारे विश्वविधालय के समकालीन हैं, इन्होंने कहा कि उनके पूर्ववर्ती डा. सी.पी.ठाकुर जी सोच-समझकर इस बिल को हमारे सामने लाए हैं। इसकी इस देश को बहुत आवश्यकता थी। इसके संबंध में मैं कुछ और भी निवेदन करना चाहूंगा। सर्वप्रथम तो मैं यह कहूंगा कि यह कहना कि यह इंडियन सिस्टम ऑफ़ मेडिसिन में नहीं है, सही है। इसकी उत्पत्ति जर्मनी में हुई। डा. हैनीमेन ने की। लेकिन इसके सिद्धांत डायमंड कट्स डायमंड और पायज़न रैक्टीफ़ाई रेमेडीज पायज़न, हमारे देश की जितनी पुरानी, पारंपरिक चिकित्सा प्रणालियां हैं, उनमें भी इस सिद्धांत की मान्यता है। इसके द्वारा बीमारियों का निदान होता है। इससे ऐसी बीमारियों का निदान होता है जिनका निदान संभवतया दूसरी प्रणालियां नहीं कर पाती हैं। यह एक ऐतिहासिक तथ्य है। हमारे दुग्गल साहब इस इतिहास के एक बहुत ही प्रतिष्ठित विद्वान हैं। सबसे पहले हंगेरियन होर्डिगबर्गर ने महाराजा रणजीत सिंह का इससे इलाज किया। इसके बाद से इस चिकित्सा पद्धति की धीरे-धीरे उन्नति होती गई। यह मैंने इस वजह से कहा क्योंकि हमारे जो स्वास्थ्य मंत्री महोदय हैं वे पीछे भी जाते हैं और आज की समस्याओं का भी समाधान करते हैं। इसीलिए मैंने निवेदन किया। हमारे मन्मथदास जी ने कहा कि संख्या की दृष्टि से भी संतुलन रहना चाहिए और गुणवत्ता की दृष्टि से भी संतुलन रहना चाहिए। दोनों का एक सामंजस्य और समन्वय इस चिकित्सा प्रणाली में होना चाहिए। वास्तव में डा. महेन्द्र सरकार, इसे साइंटिफ़िक मेडिकल सिस्टम कहा जाए या पहले की ऐलोपैथी सिस्टम कहा जाए इसके प्रख्यात विद्वान थे। डा. महेन्द्र सरकार ने बहुत से शोध करने के उपरांत इस बात को पाया और कहा कि वास्तव में इस प्रणाली से अधिक से अधिक लोगो का लाभ हो सकता है। इस वजह से जब हम रामकृष्ण परमहंस जी का जीवनचक्र पढ़ते हैं तो बात होती है डा. महेन्द्र सरकार और रामकृष्ण परमहंस के बीच की। वे कहते हैं हम आपको यह मेडिसिन दे रहे हैं। यह हमारी भारतीय आवश्यकता और भारतीय मानसिकता दोनों का एक आवश्यक अंग हो गया है। जैसा कि डा. दास ने कहा कि वास्तव में हमारे देश की जो जनसंख्या है, जगह-जगह पर ऐसे स्थान हैं जहां हम दूसरे प्रकार की चिकित्सा प्रणालियों के लिए पूरी व्यवस्था नहीं कर पा रहे हैं, ऐसे वर्गों में, ऐसे स्थानों में वे वंचित न रह जाए इसलिए कम से कम कुछ चिकित्सा व्यवस्था की सुविधा उनके लिए हो। वह मैं समझता हूँ कि इसी प्रणाली के द्वारा संभव हो सकता है। इसी लिए मैं बधाई देना चाहूंगा कि उन्होंने अपना जो प्राथमिक वक्तव्य दिया उसमें

भी उन्होंने जो इस समय में सरकार ने कार्य किए हैं और क्यों आगे इस बिल को लाने की आवश्यकता हुई है उसके ऊपर भी प्रकाश डाला है। मैं उसको दोहराना नहीं चाहता हूँ लेकिन उन्होंने जो उद्देश्य और कारणों का जो कथन है, स्टेटमेंट है, उसमें भी मैं समझता हूँ कि काफ़ी विस्तार से इस बात की चर्चा है...(व्यवधान)...

उपसभापति . उनका जुमला तो खत्म हो जाने दीजिए। It is not fair that when he is speaking, I should say, "No, you stop it".

श्री टी.एन.चतुर्वेदी . गौतम जी इसी तरह के काबिल हैं।

THE DEPUTY CHAIRMAN: I know that he deserves to be scolded.

श्री टी.एन.चतुर्वेदी . अब लंच के बाद।

उपसभापति . आप अपनी बात बाद में कंप्लीट कर लीजिएगा लंच के बाद, आराम से खाना वगैरह खाकर। The House is adjourned for one hour for lunch.

The House then adjourned for lunch at one minute past one of the clock.

The House reassembled after lunch at one minute past two of the clock.

[THE VICE-CHAIRMAN (SHRI SANTOSH BAGRODIA) in the Chair].

श्री टी.एन.चतुर्वेदी . उपसभापति महोदय, मैं प्रारंभ में निवेदन कर रहा था कि यह जो बिल आया है यह बहुत ही सुविचारित है। पहले जो बिल था उसमें क्या कमियाँ थीं, क्या अभाव थे, उनको दूर करने के लिए यह बिल लाये है उसकी तरफ़ भी स्वास्थ्य मंत्री जी ने अपने प्रारंभिक भाषण में संकेत किया था। इसलिए मैं कह रहा था कि जहां तक होम्योपैथी का प्रश्न है जैसा कि मंत्री महोदय ने स्वयं कहा और हमारे मित्र डा. दास ने कहा कि यह एक ऐसी चिकित्सा पद्धति है जिसे गांवों तक, गरीबों तक, वृद्धों तक, महिलाओं तक और जो हमारे मजदूरों की कॉलोनियाँ हैं, मैं कुछ अपने जमीनी अनुभव के आधार पर भी कह रहा हूँ कि तब तक इस पद्धति को वहां ले जाया जा सकता है, जब तक कि कोई और वैकल्पिक व्यवस्था नहीं होती। वैसे और जो चिकित्सा पद्धतियाँ हैं उनका विकल्प अब आयुर्वेद और होम्योपैथी में ढूँढ़ा जा रहा है। इसलिए मैंने यह निवेदन किया कि यह जो चिकित्सा पद्धति है, भारत में डॉ. महेन्द्र लाल सरकार जो कि एक अच्छे वैज्ञानिक थे, केवल एक अच्छे चिकित्सक और डाक्टर ही नहीं थे, उन्होंने एक ऐसी संस्था कलकत्ता में, स्थापित की। जिसके बारे में आप जानते हैं कि साइंटिफ़िक खोज और शोध का प्रारंभ उसी संस्था से हुआ और उसके बाद अन्य यूनिवर्सिटियाँ इत्यादि बनीं। यही नहीं, सी.वी. रमण भी सीएजी के ऑफ़िस से जाकर शाम के वक्त वहां पर ही अपनी खोज करते थे, जिसके आधार पर बाद में उनको नोबल प्राइज मिला। इस चिकित्सा पद्धति को उस समय डॉ. महेन्द्र सरकार ने इस देश में लोकप्रिय बनाया। मैं समझता हूँ कि उसको अब और भी एक वैज्ञानिक रूपरेखा दी जा रही है। इसमें मैं ध्यान दिलाना चाहूंगा कि उद्देश्यों और कारणों के ऊपर जब हम जाते हैं, उसके पहले मैं यह निवेदन करूंगा कि वास्तव में यह अध्याय 2 का एक परिवर्तन है, 2-ए इंसेर्ट किया जा रहा है, उसमें सम्मिलित किया जा रहा है और इसीलिए पूरी व्यवस्था तो इन्होंने सुविचारित रूप से सुनिश्चित कर दी है जो कि अच्छी है, मैं समझता हूँ कि उसमें व्यवहारिकता है। उसमें मंत्रालय का पुराना जो अनुभव रहा है और

मंत्री महोदय ने जिस दृष्टि से उसको देखा और परखा है, वह तो मैं समझता हूँ कि बहुत समीचीन और उचित है, लेकिन जो व्यवस्था उन्होंने की है या करने जा रहे हैं, उसके संबंध में मैं थोड़ा सा ध्यान दिलाना चाहूंगा, क्योंकि व्यवस्थाएं बन जाती हैं, संस्थाएं बन जाती हैं, उनको अधिकार भी दे दिए जाते हैं, लेकिन उनकी विश्वसनीयता का स्खलन तुरंत प्रारंभ हो जाता है। उस में लोगो का विश्वास नहीं रहता और उन्होंने अपने भाषण में भी कहा कि आयुर्विज्ञान परिषद अधिनियम, 1956 में किए गए संशोधनो के पैटर्न पर या उसी के अनुरूप यह होम्योपैथी केन्द्रीय परिषद है। महोदय, मैं कोई आलोचना नहीं करना चाहता, लेकिन मैं माननीय मंत्री जी का ध्यान दिलाना चाहूंगा कि आयुर्वेद विज्ञान परिषद या जिसे हम इंडियन मेडिकल काउंसिल के नाम से जानते हैं, जिस ने कि काफ़ी ग्लोरी अर्जित की है, उस में भी नौबत यह आई कि हाईकोर्ट या सुप्रीम कोर्ट को उन के बारे में कुछ कहना पड़ा। यही नहीं वहां के अध्यक्ष के भी परिवर्तन आदि के बारे में समस्या है। तो उस के जो नियम, उद्देश्य और लक्ष्य आप ने रखे हैं, उन का अनुपालन किस प्रकार से किया जा रहा है। इस बारे में मैं मंत्री से निवेदन करना चाहूंगा कि आप का बहुत दायित्व है। यह इसलिए कि देश में स्थिति दुर्भाग्यपूर्ण है और हम विश्वसनीयता खोते जा रहे हैं।

महोदय, यह कम खर्च की चिकित्सा है और हमारी परंपराओं के अनुरूप है, लेकिन जैसा कि डा. दास ने कहा कि इस चिकित्सा पद्धति में कुछ झोला छाप डाक्टर भी हैं जिन के लिए प्रशिक्षण का प्रबंध आप करवा दें तो 20-25 दवाओं से वे बहुत अच्छे ढंग से गांवों में चिकित्सा कर सकते हैं। हालांकि उस व्यवस्था में किसी प्रकार की हानि-लाभ का प्रश्न नहीं है, लेकिन इस के लिए व्यावहारिकता को दृष्टि में रखते हुए उन लोगो को गांवों तक जाना पड़ेगा आप को राज्य सरकारों से संपर्क करना होगा और उन्हें मोटीवेट करना होगा। आप को उन्हें प्रेरणा देनी होगी कि जहां ऐसे लोगो के लिए और कोई विकल्प नहीं है तो उन की चिकित्सा के लिए आप होम्योपैथी चिकित्सकों को तैयार करें। अभी आप ने कहा कि इस पद्धति से प्रशिक्षण के उपरांत आप के यहां भी डिप्लोमा की जगह डिग्री होगी। इस से पता चलता है कि इस में व्यावहारिक ज्ञान और अनुभव की बहुत आवश्यकता है। इसलिए मैं मंत्री जी को ध्यान दिलाना चाहूंगा कि आप जहां काउंसिल को और अधिकार दे रहे हैं, जिस का हम समर्थन भी करते हैं, उन का और आप का यह दायित्व बन जाता है कि आप देखें कि वे अपने अधिकारों का उपयोग नैतिकता के आधार पर करें जिसे अंग्रेजी में एथिक्स ऑफ़ दि प्रोफ़ेशन कहा जाता है। अब चूंकि इसे इंडियन मेडिकल काउंसिल के बराबर वालो के ऊपर कार्यवाही करनी है, लेकिन वह होता नहीं है। उपसभाध्यक्ष जी, जैसा कि मंत्री महोदय ने कहा कि इस चिकित्सा पद्धति की लोकप्रियता बढ़ती जा रही है और इस का व्यवसायीकरण हो रहा है। महोदय, आज के युग में मैं समझता हूँ कि व्यवसायीकरण तो अनिवार्य हो गया है क्योंकि सरकार तो सिर्फ सुविधाएं उपलब्ध करा सकती है और आपा उस के लिए मापदंड स्थापित कर सकते हैं और वही आप की चेष्टा भी है। इस संस्था के द्वारा इसे करवाया जाए और इस के लिए नैतिकता की तरफ विशेष ध्यान देना पड़ेगा वरना यह एक औपचारिकता बन जाएगी। मुझे आप क्षमा करेंगे, आप ने अपने भाषण में बहुत सी उपलब्धियां गिनायी हैं, मगर उस में बहुत कुछ रस्मी तौर की चीजों हैं। जो होम्योपैथिक डिस्पेंसरियां आप ने स्थापित की हैं, उन की हालत देखने से पता चलता है कि उन को छुट भइया या जिसे अंग्रेजी में पुअर कजिन कहा जाता है, उस दृष्टि से देखा जाता है। तो ये तो दो अलग-अलग चिकित्सा पद्धतियां हैं जिन को एक दूसरे से कम्पीट नहीं कर सकते और जिस की जैसी आवश्यकता और क्षमता हो वह उस का इस्तेमाल कर सकता है। इसलिए उन

को जो सम्मान मिलना चाहिए, वह उसे प्राप्त होना चाहिए। इस बारे में ध्यान दिए जाने की आवश्यकता है। खासकर इस समय जो दवाइयाँ बनाने का है, उसकी तरफ़ भी आपका ध्यान आकर्षित किया जाता रहा है। हर दस-पन्द्रह दिन में हमारे दिल्ली के आसपास ही स्पुरियस ड्रग्स की बात अखबारों में पढ़ने को मिलती है कि स्पुरियस ड्रग्स रैकेट पकड़े गए। आज जनता का इस तरह का अनुभव है कि कई बार जीवनदाता दवाइयाँ जीवन-लेवा हो जाती हैं।

उपसभाध्यक्ष महोदय, इसी तरह होम्योपैथी में भी गुणवत्ता की आवश्यकता है, जिसकी तरफ़ ध्यान दिया जाना चाहिए, केवल औपचारिक रूप से नहीं **Who is to police the Police and who is to regulate the regulator?** आपने इनको एक रेगुलेटरी अथोरिटी दी हुई है, उनको अधिकार दिया हुआ है। जो उनका दायित्व है उसे पूरे तौर से देखना पड़ेगा। जहाँ तक गुणवत्ता की बात आती है, इस सदन में दो साल पहले चर्चा हुई थी कि रेक्टिफ़ाई द रिपरिट उनको मिलती नहीं है। जो अच्छे मैनुफ़ेक्चरर हैं उनकी व्यवस्था की तरफ़ भी आपको ध्यान देना पड़ेगा। मैं समझता हूँ कि मंत्रालय अपना पल्ला झाड़ नहीं सकता, मंत्री जी तो अपना पल्ला झाड़ेंगे नहीं, मंत्रालय भी अपना पल्ला नहीं झाड़ सकता यह कहकर कि रेक्टिफ़ाई द रिपरिट देना या न देना, यह काम दूसरे मंत्रालय का है।

महोदय, मैं समझता हूँ कि बाहर से जो होम्योपैथी की दवाइयाँ आ रही हैं, उस पर इम्पोर्ट ड्यूटी अधिक लगाई गई है, इस बारे में भी जो संबंधित मंत्रालय है उसका ध्यान आपको दिलाना पड़ेगा क्योंकि तब तक बाहर से दवाइयाँ मंगानी पड़ेंगी, जब तक आप लोगों का विश्वास नहीं जीत लेते। गुणवत्ता की दृष्टि से हमारी दवाइयों का स्तर उतना नहीं है, लेकिन मैं मानता हूँ कि हमारी दवाइयाँ भी बाहर जा रही हैं। हमारे देश में मुम्बई में, कोलकाता में। कुछ और स्थानों में भी बहुत अच्छी दवाइयाँ बनाने वाले हैं, लेकिन शायद वह दवाइयाँ आवश्यकता के अनुरूप नहीं हैं। इसलिए गुणवत्ता की तरफ़ ध्यान देने की जरूरत है।

उपसभाध्यक्ष महोदय, मुझे क्षमा करेंगे, जैसा कि इंडियन कौंसिल ऑफ़ मेडीकल एजुकेशन में हुआ, और भी कई रेगुलेटरी अथोरिटी में हुआ, पैसे का खेल हुआ, पैसे का न्यारा-ब्यारा हुआ, अगर वह बात यहाँ भी आ जाती है तो आप समझ सकते हैं कि इससे कितनी बड़ी हानि इसको हो सकती है और आपका जो मंतव्य इस बिल को लाने का है, मैं समझता हूँ कि वह भी इससे पिछड़ सकता है। आपने यहाँ रिसर्च, खोज की बात की। नेशनल इंस्टीट्यूट ऑफ़ होम्योपैथी कोलकाता में है, उसके संबंध में मुझे भी थोड़ा सा ज्ञान है क्योंकि मैं भी इसमें वैसे ही एक लेमैन की तरह, एक साधारण नागरिक की तरह दिलचस्पी रखता हूँ। लेकिन, उसकी उपलब्धियाँ क्या हैं? उसमें क्या प्रगति हुई? इस संबंध में अगर आप रिपोर्ट देखें, जो केवल औपचारिक है। आपने जिन 26 या 27 रिसर्च सेंटर का जिक्र किया, उनकी उपलब्धियाँ वास्तव में क्या हैं, किन किन में हैं?

महोदय, हमारी इंडियन हर्बस पर काफ़ी दवाइयाँ बनीं हैं। आप जानते हैं कि ब्लड प्रेसर की दवाई हमारे इंडियन हर्बस पर बनाई गई है। अश्वगंधा हमारा है, जिनसिंग की बात बहुत हुआ करती है। अश्वगंधा आयुर्वेद में भी इस्तेमाल होता है, लेकिन जैसा मैंने कहा आयुर्वेद और होम्योपैथी, दोनों से हम छुट्टमैया की तरह व्यवहार करते हैं। इन हर्बस पर शोध होना चाहिए उनके जो बोटनीकल गार्डन हैं, उसमें रिसर्च होना चाहिए। होम्योपैथ पर बहुत किताबें आ गई, जिनसे पता चलता है कि किन इंडियन हर्बस से कौन-कौन सी दवाइयाँ बनाई जाती

है। मैं जानना चाहूंगा कि इस ओर सरकार क्या प्रयास कर रही है, इंडियन कौंसिल क्या प्रयास कर रहा है, किस प्रकार का कोर्डिनेशन, किस प्रकार का समन्वय, सामंजस्य इनका आपस में चल रहा है ? जो बीस-बाइस सेंटर है, उनमें वास्तव में क्या हो रहा है ? वहां ऐसा तो नहीं कि "research for research sake" ? इसको थोड़ा सा देखना पड़ेगा और जो अच्छे होम्योपैथ हैं, अच्छे सिस्टम जो जगह-जगह पर फैले हुए हैं, उनसे संबंध बनाना पड़ेगा क्योंकि सरकारी संस्था में रहकर ही आप कहें कि आप जनसेवा करना चाहते हैं तो मैं समझता हूं कि उसमें आप अपने उद्देश्य में सफल नहीं हो पाएंगे। मैं आपका बहुत समय नहीं लेना चाहता, दो-एक चीजों की तरफ आपका ध्यान और दिलाना चाहता हूं। आपने उद्देश्यों और कारणों का कथन के पैराग्राफ 4 में लिखा है कि "केन्द्रीय सरकार सुधारात्मक उपाय करने की स्थिति में नहीं है क्योंकि न तो उसके पास हस्तक्षेप करने की शक्ति है और न ही वह परिषद को कोई निर्देश दे सकती है।" इसी से पता चलता है कि पहले कितना सोच-समझकर और विचार करने के बाद वह बिल लाया गया क्योंकि इसी प्रकार के उद्देश्य उस बिल में भी थे और उद्देश्य भी यही था कि उसको किस प्रकार से हम रेगुलेट करें। इसके अतिरिक्त उक्त अधिनियम में होम्योपैथी का नया पाठ्यक्रम आरम्भ करने के लिए होम्योपैथी केन्द्रीय परिषद का अनुमोदन प्राप्त करने के लिए महाविद्यालयों पर कोई बाध्यता लगाने का कोई उपबंध नहीं है, केवल अनुमोदन की आवश्यकता नहीं है, अवश्यकता इस प्रकार की है कि देश की आवश्यकताओं को देखते हुए, किस प्रकार की बीमारियां हमारे यहां हैं जिनके ऊपर हमें विशेष ध्यान गावों और गरीब क्षेत्रों में देना पड़ेगा और एक जो विकासशील युग है उसमें और विकासशील राष्ट्रों के अनुकूल हम किस प्रकार से और किन-किन दवाइयों में और शोध या रिसर्च करना चाहते हैं या किस प्रकार के सलेब्स कोर्सिस हम उनमें लाना चाहते हैं। क्या उसके ऊपर हम कोई ऐडहॉक जब कोई बिल लाएं उस वक्त तो हम कह देते हैं लेकिन उसके उपरांत हम फ़ालो-अप क्या करते हैं। किस तरह का हम इनमें सुधार करें। इसलिए मैं आपसे यह निवेदन करना चाहता हूं कि यह अत्यंत आवश्यक है और आपने यह भी इसमें सही लिखा है कि ऐसे कई उदाहरण हैं कि जहां महाविधालय को प्रथम वर्ष में तो अनुज्ञा दी जाती है परन्तु पश्चातवर्ती वर्षों में अनुज्ञा से इंकार कर दिया जाता है। यह सही है, यह अभी भी हो रहा है और खासकर हर 15-20 रोज में और खासकर जुलाई के महीने में तो हम पढ़ते ही हैं कि 25 यूनीवर्सिटीज फ़्रेक चल रही हैं दिल्ली में, कितनी ही वाराणसी में, लेकिन हम उनको रोकने के लिए क्या करते हैं। तो ऐसे लोग, जो जनता का पैसा लूटते हैं, जनता का विश्वास लूटते हैं उनके खिलाफ हम क्या कार्यवाही करते हैं ? आखिर आई.पी.सी. या साधारण कानून में भी धोखाधड़ी का मुकदमा उन पर लगाया जा सकता है लेकिन सांठ-गांठ की वजह से इन चीजों पर हम ध्यान नहीं देते। जहां तक आयुर्वेदिक और होम्योपैथी का सवाल है, क्योंकि बाकी तो थोड़े से मज़बूत लोग हैं क्योंकि हमें और आपको तो सर्जन आदि डाक्टरों के पास जाना पड़ता है, जिनका लबादा काफ़ी बड़ा होता है, उनकी काफ़ी चका-चौंध होती है लेकिन यह जो गरीब के लिए दवाई है और हमारे स्वभाव और आवश्यकता के अनुकूल है, उसके ऊपर हम ध्यान देने का प्रयत्न नहीं कर रहे हैं। इसलिए जैसा मैंने आपसे निवेदन किया, आपको एक समन्वय बनाना होगा उसकी गुणवत्ता का भी और संख्या का भी और यह भी देखना होगा कि किस प्रकार से आप इन संस्थाओं से सामंजस्य स्थापित करें या जो प्राइवेट प्रेक्टिशनर्स हैं, बहुत अच्छे-अच्छे ट्रस्ट हैं, उनको भी ध्यान में रखना होगा। एक मैं आपसे निवेदन करूंगा, मैंने आपके दो पूर्ववर्ती स्वास्थ्य मंत्रियों से भी निवेदन किया था और मैं फिर कहना चाहता हूं कि कोई भी सदस्य अगर जाना चाहे तो अजमेर में एक सेवा सदन है, मेओ कालेज के पास, वहां

जाकर देख सकते हैं। आप देखेंगे कि किस वैज्ञानिक ढंग से वहां पर उसका रख-रखाव होता है। दो रूपए लेने के उपरांत मरीज को कार्ड दिया जाता है और उसी पर उसको मुफ्त दवाई दी जाती है। वैज्ञानिक ढंग से कैसे कार्ड रखे जाते हैं और उनके आधार पर किस किस प्रकार से खोज की जा रही है और उसको डायग्नोसिस के लिए जोड़ा गया है, जो आज के हमारे ऐपरेट्स है, यंत्र है, वे सुलभ हैं वहां, उनसे वहां उनकी डायग्नोसिस भी होती है और स्कैनिंग की भी, एम.आर.आई. की भी व्यवस्था की गई है और उसके बाद होम्योपैथी आधार पर चिकित्सा होती है। आप स्वयं टेलीफोन से भी उनसे पूछ सकते हैं, दवा का नाम बताने में भी कोई ऐतराज नहीं, कोई पैसा नहीं। मैं 30-35 साल पहले जब वहां कलेक्टर था तो उस समय यह भी व्यवस्था की गई थी। कि वे गांव में भी दवाईयां ले जाते थे और मुझे याद आया कि मेरे कार्यकाल के संबंध में कभी शौरी जी 8-10 साल पहले अजमेर गए थे, इनके एक लेख में मैंने देखा — कुछ लोगों ने इनको कहा, एक जो वहां महिला कलेक्टर थी, उसने कुछ काम किया और उसने मेरा भी नाम लिया कि 20-25 साल पहले जब वे थे या तो तब या अब काम हो रहा है। शौरी जी आ गए, मुझे उनके उस लेख का याद आया। इस वजह से नहीं कि मैंने अपना गुणगान कर रहा हूं, यह कितनी सस्ती है। एक कलेक्टर होने के नाते इतना पैसा कहां से लाता। अब कुछ एन.आर.आई.जी. की भी सुविधा उसमें हमको मिली हुई है और वह वैज्ञानिक ढंग से भी बहुत अच्छी है। जब वहां से दवा की खोज करने के बाद सिद्धांत बनाया जाता है फिर ड्रग कंट्रोलर की समस्या आती है। उससे भी आपको उलझना पड़ेगा और किस प्रकार से आपके अधिकारियों को सुलझाना पड़ेगा। अगर आप समझते हैं जैसा कि आपने भाषण में कहा कि जो यह आपकी चिकित्सा पद्धति है इसमें कोई नुकसान की संभावना नहीं होती, यह गरीबों तक पहुंच सकती है, यह जनस्पर्शी है। तो मैं समझता हूं कि उस समग्रता के साथ इस समस्या की तरफ आपको ध्यान देना पड़ेगा केवल इसी समय नहीं परन्तु उसके उपरान्त भी। इन शब्दों के साथ मैं पुनः आपके प्रति आभार प्रदर्शन करना चाहूंगा कि आप इस सुविचारिता बिल को यहां लाए हैं और सभी इसका समर्थन कर रहे हैं। मगर यह आपसे केवल अपेक्षा और आपसे अन्तिम निवेदन यही है कि जिन लक्ष्यों के साथ आप इसको लाए हैं वह लक्ष्य प्राप्त हो। मैं समझता हूं कि उससे आपको भी संतोष होगा और साधारण जनता को भी आप संतोष प्रदान कर सकेंगे। बहुत-बहुत धन्यवाद। उपसभाध्यक्ष महोदय, आपने मुझे इतना समय दिया, मैं आपका बहुत आभारी हूं।

THE VICE-CHAIRMAN (SHRI SANTOSH BAGRODIA): You are not well. Take some Homoeopathic medicine.

SHRI M.P. ABDUSSAMAD SAMADANI (Kerala): Sir, I m using it. Sir, I am not going into the detailed aspects of this subject, because I don't know much of its background. Many experts have spoken on this. Everyone of us will be supporting the views expressed by senior Members like Dasji, who said that there was a big necessity to increase the number of hospitals. Also, Dr. Chaturvedi referred to many aspects of this subject and emphasised the need for revamping the curriculum and the subjects of study with regard to the institutions of homoeopathy.

Sir, now we are in the age of holistic treatment. Our hon. Health Minister, Shatrughanji, knows, everywhere, there is a cry for holistic treatment, instead of underlining the monopoly of one science or ignoring other sciences in every field of study. The new tendency is to take the holistic approach, taking into consideration all the contributions of various branches of knowledge. In such an age, I believe, homoeopathy has much to offer. The contributions of homoeopathy are more important now than they were in the past.

The important aspect of homoeopathy is, it sees a human being in entirety whereas other medicines see the human being in parts. Now, it is an age of specialisation. Specialisation, no doubt, has its own merits. But it has its demerits also. For example, a patient wants to approach a doctor for his eye disease. Then he has to consult an eye specialist. It is good, because the specialist might have gone into the various aspects of the eye treatment in depth. In that way, the specialisation is good. But, at the same time, if the same patient has some other ailment which affects the eye, then the same doctor may not be able to treat the disease. Then he has to go to another doctor. Such a kind of fragmented approach in the treatment, and in the attitude to the human being and human life, has its own demerits.

But, Sir, the plus point of homoeopathy is, it sees the human entity in its totality. I believe, Homoeopathic system of medicine has not got that kind of attention which it deserves. It deserves more attention. It can make some more contributions, but I don't know why even after half-a-century of our Independence, we have not paid much attention to the development of this very important branch of healing.

The hon. Minister himself, in his introductory statement, said that there are only 166 institutions in the country. As Dr. Dasji was mentioning, there are only 33 hospitals.

Sir, in the case of post-graduation studies, the future of homoeopathy is very bleak. That has to be enhanced. Another important suggestion that I have to make while concluding my speech is that the palliative care is an important area where homoeopathy can make a tremendous contribution. It has been proved that homoeopathy is the best science of medicines which can remove pain without using drastic and dangerous medicines. For example, if a cancer patient is admitted to a hospital -- cancer is spreading like anything in our country - it is said that even morphine is used which is a very hiahly dangerous drug. I have seen

many such patients and the experience is that even after using morphine, the pain does not come down. If at all it comes down, it will be only for a prescribed time. For example, an effective morphine will subdue the pain only for two or three hours. After that the pain starts again. But it is surprising that by a simple homoeopathy medicine it can be controlled. The pain can be controlled by a simple Homoeopathic medicine. I would like to mention for the information of the hon. Minister and the House that I have contributed from my MPLADS fund to a homoeopathy medical college at Calicut in the State of Kerala for the construction of a palliative care unit because a large number of cancer patients are being treated in that homoeopathy college. There has been a tremendous research going on. I would request the hon. Minister that in his plan action, more attention has to be given in this respect. It has been proved that it is a very successful way of healing especially for cancer patients. The only thing that the world can do is to contribute for the removal of his pain of a cancer patient because if he is in a very serious condition, the complete healing of the disease may not be possible. But at least if the pain is removed, it would be a kind of compassion, an action of mercy from other human beings to such a patient. In that context, the contribution of homoeopathy has to be highlighted. Sir, there is a scarcity of literature, books and research studies in homoeopathy. I think by this enactment all such areas will be taken care of. Thank you.

THE VICE-CHAIRMAN (SHRI SANTOSH BAGRODIA): Can you let me know the name of that homoeopathic medicine, because replacing morphine is a very difficult job? ...*(Interruptions)*... We will discuss it separately. ...*(Interruptions)*... You have recommended that no morphine should be given to the patients. ...*(Interruptions)*.. You know how painful it is for the cancer patients. We will discuss it separately.

SHRI MP. ABDUSSAMAD SAMADANI: Without using morphine the pain can be subdued. There are many such cases.

THE VICE-CHAIRMAN (SHRI SANTOSH BAGRODIA): You please let me know that medicine because I have many cancer patients coming to me.

SHRI MP. ABDUSSAMAD SAMADANI: I will do that.

SHRI PRASANTA CHATTERJEE (West Bengal): Sir, this proposed Amendment Bill has been brought before this House to ensure that no substandard colleges come up in future, and also to undertake proper training for the entrants. We generally are in agreement with the objective

of the homoeopathy Central Council (Amendment) Bill. But at the outset, I should point out that our slogan "Health for All by 2000" has remained only a slogan. Our hon. Health Minister who is an expert in acting has to deal with this subject. In a poor country like ours millions and millions of people cannot pay even for the basic treatment and food. Mr. Vice-Chairman, Sir, homoeopathy treatment should be considered after taking into consideration the socio-economic factors prevailing in our country. But our existing treatment is, mainly, based on Allopathic treatment. Now-a-days, it is becoming very, very costly and it will continue to become costlier- in the coming days. One may differ 'with me, but it is correct. After the introduction of the GATT and the Patent system, the prices of medicines will definitely continue to rise further. The poor have already been thrown out of the market and now it is hard hitting the middle-class also. In that context, a proper Homoeopathic treatment should be considered. Many a time, we give the example of China. But, how has China practised in many fields of medicine and medical facilities? Some of the hon. Members have pointed out that homoeopathy has an effective treatment for chronic diseases such as Diabetes, Arthritis and Bronchial Asthma and an hon. Member has mentioned just now that some types of Cancer can be cured with Homoeopathic treatment. This treatment is also very, very useful for the children. But the condition of Homoeopathic treatment in our country is very deplorable. We have not given proper care so far as Homoeopathic treatment is concerned. The Central Budget allocation for the total health sector is very minimal - 1.3 per cent of the total Budget -- and it is coming down further. The total allocation for homoeopathy in the current Budget, I think, is about Rs. 100 crores. I would like to emphasize here that homoeopathy should be introduced, along with other systems of medicine, in every public health centre under the Integrated Health Care System. We must open proper research centres of homoeopathy. This is absent in our country. We have to establish research centres so that more research work is carried out on this particular system. We have, throughout our country, 1,94,987 Homoeopathic doctors. The hon. Minister has mentioned that we have around 2,00,000 homoeopathic doctors. That is correct. Out of these, only 37000 registered doctors are located only in West Bengal! Sir, he is the Minister for the whole country. He has to work and take steps taking into consideration the socio-economic factors of our country. The M.D. course has not been introduced in many parts of the country. This has been introduced in West Bengal. So, this aspect should be taken care of I would like to mention a specific problem of the State of West Bengal. So

far as homoeopathic treatment is concerned, the problem is genuinely faced in the homoeopathic medical colleges and hospitals with only two Resident Medical Officers earmarked for the hospitals having 50-100 beds, to perform round-the-clock duties in those hospitals. There are some Government run hospitals in the State of West Bengal where the number of patients is very high. So,, it is not feasible to run such hospitals with only two RMO's working round-the-clock. In such hospitals, where the number of patients are high there should be, at least, three Resident Medical Officers, instead of two. Our Directorate in West Bengal is facing this particular problem. That is why, I wanted to mention it here. Then, I would like to suggest that a Central Workshop consisting of noted homoeopathic doctors should be convened, and they should discuss this subject in order to improve the Homoeopathic treatment in the whole country. With these few words, I support the general objects mentioned in the Bill. Thank you very much.

SHRI N.K. PREMACHANDRAN (Kerala): Sir, I also support this homoeopathy Central Council (Amendment) Bill, 2002. Sir, the ennobling purpose of this Bill is to improve the standard of homoeopathic education in all educational institutions. In order to start a homoeopathic Medical College or in order to enhance the number of seats in a medical college, no approval or sanction was required from the Central Government,-or, from the homoeopathic Medical Council. That was the position. And, as a result of this, there was mushrooming of homoeopathic Medical Colleges in all the States. That is very clear. This Act came into force in the year 1973. In 1973, the number of colleges throughout the country was 101 and within a short span of time, it has risen to 166 now. So, the standard of education in homoeopathic education has come down. For starting of a homoeopathic Medical College, no minimum standard was prescribed. There was no rule or regulation, and there was no standardization of the medical education throughout the country. So, this is a good legislation because the commencement of colleges or allocation of seats can be controlled by the Council or by the Central Government. So, I support the Bill in totality.

I would also like to add one or two points regarding this issue. The homoeopathic system of medicine is getting popularity now. It is economically viable, it is popular and it is the safest system of medicine also because the side effects are almost nil. So, it is getting popularity. The Government of India should take the responsibility and should take an initiative to popularise this system of medicine in the rural areas also.

Now, the condition of the hospitals and the condition of homoeopathic Medical Colleges is very poor. As there is no control or regulatory mechanism, the colleges are lacking in infrastructure and the standard of education is very low. So, it has to be taken care of by the Government. The infrastructure in the hospitals is very poor. No attention is being paid to this Branch of medicine. I can cite many examples. Sir, I would like to give one specific example of a Research Institute of homoeopathy in Kerala. I would like to draw the attention of the hon. Minister to an Institute in Kerala, the Kurichy Institute in Changanacherry, which was established in 1967. But after the lapse of such a long time also, no effective steps have been taken to provide proper infrastructural facilities. There is no building even. The State Government has allotted five acres of land for this particular Research Institute, but that has not been taken over and sufficient measures to construct the building have not yet been taken. This Institute was set up mainly for the purpose of doing research in behavioural disorders. That is the main subject of research there.

It is doing good work there. Many activities like students' health programme and mental health programme are taking place there, but because of the hesitation on the part of the Government, the infrastructural facilities have not been provided so far. Therefore, I would urge upon the hon. Minister to take some initiative to popularise this economically viable and the safest system of medicine among the people by way of new research and development in this field. I think, some solution could be found out for behavioural disorders among the people, especially among the students, by doing research on this. That is my first point.

My second point is, I think, in the Tenth Plan, it is being proposed to establish Centres of Excellence in Homoeopathy colleges, hospitals and institutions. In Kerala, there are two Government medical colleges, one is at Trivandrum and another is at Calicut. Both the colleges are conducting post-graduate courses. I would like to suggest that one of these colleges may be adopted as the Centre of Excellence so that it could be developed further. Once again, I would appreciate this Bill because what is stated in the Statement of Objects and Reasons, framed along with the Bill, is absolutely necessary.

One more suggestion I would like to make is, sub-clauses 2-4 of clause 2 in this Bill relate to the scheme to be submitted to the Government of India, but nowhere has the shorter time frame been mentioned. I do

admit that sub-clause 5 of clause 2 says that if approval of a scheme is not communicated within a period of one year from the date, of submission of the scheme, such scheme will be deemed to have been approved by the Government. Here, I would like to suggest that some shorter time-frame must be there. It should be on time-bound basis. Suppose, a Trust, a private agency or University submits a scheme to the Government, it should not remain pending there for six months. Some time-limit must be there because it can be processed, local inspection can be done, and, immediately, the file can be moved. This matter requires to be looked into so that it can be done in a time-bound manner. With these words, once again, I support this Bill and appreciate the Government in bringing such a legislation which is aimed at having better medical education, minimum standards of medical education in the system of medicine, that is, homoeopathy branch of medicine. Thank you.

DR. T. SUBBARAMI REDDY (Andhra Pradesh): Mr. Vice-Chairman, Sir, I would like to congratulate the hon. Minister and my good friend for having introduced this very important Amendment Bill. I think, perhaps, irrespective of political affiliations, every Member will support this Bill. Today, it is a known fact that, in our country, in most of the villages, more than 40-50 per cent of the villagers use homoeopathic medicine. And there are occasions when this branch of medicine is found to be successful in curing dangerous diseases like cancer also. I would like to cite one instance. I was making a film on Swami Vivekanand. The Director of the film was Shri G.V. Aiyar. Before that he had directed Bhagvad Gita. After Bhagvad Gita was over, he became severely sick. We brought him to Hyderabad. The doctor said that he has cancer in the stomach. Mr. Aiyar was about 80 years of age. The doctor said that if we operate him at this age, we cannot be sure of success. So, he went away. After six months, he became perfectly all right. He directed my film on Vivekananda. It was possible only because of homoeopathy. So, it is a known fact that even cancer can be cured with homoeopathy. Therefore, this system of medicine should be encouraged. In a country like India, where one cannot afford even the basic facilities, homoeopathy can prove to be a good system of medicine for the common man. So, the purpose of the Bill is laudable because you want to make sure that good facilities are provided in the hospitals and institutions. The Government should be empowered with the necessary tools. I do not want to repeat what the other hon. Members have said. Everybody has repeated the same thing. The only thing I would like to say is that bearing in mind the importance of homeopathy, it should be

encouraged. Therefore, we must make some amendments in the Bill. Sir, I propose some amendments. I would be very brief.

The first amendment that I would like to suggest is this. In subsection 3(b) (Line 35, page 2) of the proposed new Section 12A, it has been said that if the Central Government submits any scheme to the Central Council, it should submit it within a period not exceeding six months. As my friend has suggested, the period should be three months instead of six months. Similarly, in sub-section 5 of the new proposed Section 12A (Line 1, page 3), instead of one year, the period that has been provided should be six months.

Now, in sub-section 7 of the proposed new Section 12A of the Bill, I want to suggest some amendments. Sir, sub-section 7 (b) of Section 12A says, "whether the person seeking to establish a medical institution or the existing medical institution seeking to open a new or higher course of study or training or to increase its admission capacity has adequate financial resources." I propose to delete this amendment. Then, sub-section 7 (c) of the proposed new Section says, "whether necessary facilities in respect of staff, equipment, accommodation, training, hospital and other facilities to ensure proper functioning of the medical institution or conducting the new course of study or training or accommodating the increased admission capacity have been provided or would be provided within the time-limit specified in the scheme." I feel, Sir, this also can be deleted. Then, sub-section 7(d) of the new Section 12A says, "whether adequate hospital facilities, having regard to the number of students likely to attend such medical institution or course of study or training or as a result of the increased admission capacity, have been provided or would be provided within the time-limit specified in the scheme." I propose to delete this also. So, I propose to delete these three sub-clauses of sub-section 7 of the new proposed Section 12A, namely, sub-clauses b, c and d of the sub-section 7 from the Bill.

Then, Section 12B (1) says, "Where any medical institution is established without the previous permission of the Central Government in accordance with the provisions of section 12A, medical qualification granted to any student of such medical institution shall not be deemed to be a recognised medical qualification for the purposes of this Act." Modification in this particular sub-section is very important. I request you to kindly bear it in mind. And, next amendment is in Section 12B (2) which says, "Where any medical institution opens a new or higher course of study or training

(including a post-graduate course of study or training) without the previous permission of the Central Government in accordance with the provisions of section 12A, medical qualification granted to any student of such institution on the basis of such study or training shall not be deemed to be recognised medical qualification for the purposes of this Act." I think this clause is not required. The last amendment which I want to suggest is in, Section 12B (3), page 4, which says, "Where any medical institution increases its admission capacity in any course of study or training without the previous permission of the Central Government in accordance with the provisions of section 12A, medical qualification granted to any student of such medical institution on the basis of the increase in its admission capacity shall not be deemed to be recognised medical qualification for the purposes of this Act." I propose to delete this amendment.

So, in conclusion, I would like to say that we support the Bill. I know that you are a dynamic artist and a dynamic person even outside the political world also. So a personality of your stature and your commitment must usher in a new era. Red-tapism should be abolished. If they say 12 months, make it five months or six months in order to encourage the system of homeopathy. So, nothing is impossible. You can do it. Please do not insist on my withdrawing all the amendments. I do not want to withdraw them. But if you insist, I am prepared to do that. But what I want to say is that I want to inspire you, stimulate you, vibrate you and request you. So, if you incorporate some of these amendments, it will give a good name and good image to the Ministry and help the poor people and the nation.

With these words, I once again support the Bill with my amendments. Without making a long speech, I read my amendments and finished my speech very early. Thank you, Sir.

प्रो. रामदेव भंडारी (बिहारी) . माननीय उपसभाध्यक्ष जी, मैं मंत्री को बधाई और शुभकामनाएं देता हूँ और होम्योपैथिक केन्द्रीय परिषद संशोधन विधेयक, 2002 का समर्थन करता हूँ।

उपसभाध्यक्ष जी, देश के किसी भी ऐलोपैथी हस्पताल में जाइए चाहे वह दिल्ली का "एम्स" हो, लोहिया हास्पिटल हो, सफ़दरजंग हो, गंगाराम हो या देश के दूसरे हिस्से में जो सरकारी हास्पिटल है वे हों, वहां मरीजों की लम्बी लाइन लगी होती है, भारी भीड़ होती है। कई दिनो तक रजिस्ट्रेशन भी नहीं हो पाता है। मैं "एम्स" की बात कर रहा हूँ। सुबह 6 बजे से

लोग जाते हैं, वहां लाइन लगाते हैं। हार्ट के जो पे शंट होते हैं उनको भी घंटा, दो घंटा लाइन में खड़े रहना पड़ता है और उसके बाद भी लौट जाना पड़ता है। देश के अस्पतालों में भी संभव नहीं लगता है। अपोलो और बत्रा जैसे हास्पिटल कि तो बात ही न की जाए जिनके पास बहुत ज्यादा पैसा है। वहां फ़ाइव स्टार अस्पताल में अपना इलाज कराते हैं। ऐसी स्थिति में अब होम्योपैथिक चिकित्सा पद्धति की ओर ही देश को लौटना पड़ेगा। यह कोई नयी पद्धति नहीं है। बरसो, बरसो पुरानी चिकित्सा पद्धति है। जब होम्योपैथिक में डिग्री की व्यवस्था नहीं थी, डिप्लोमा की व्यवस्था नहीं थी, उस समय गांवों में जो कम पढ़े लिखे लोग होते थे, मुझे याद है उपसभाध्यक्ष जी, जो होम्योपैथिक में छोटी छोटी किताबें मिलती थी उनको पढ़ पढ़ करके शहरो से दवाइयां लाकर गरीबों का इलाज करते थे। पहले आना, दो आना और चार आने की बात होती थी। इस पद्धति से गरीबों का इलाज हमेशा से होता आया है अब ऐसे समय में जब सरकारी अस्पतालों में भी इलाज संभव नहीं और बढ़ते हुए दामो के कारण भी इलाज संभव नहीं तब होम्योपैथिक की ओर लौटना नितांत आवश्यक हो गया है। अब तो बड़े बड़े बीमारियों से निजात नहीं पाते, अब पुरानी पद्धतियों जैसे आयुर्वेद, नैचुरोपैथी, होम्योपैथिक और यूनानी की ओर लौट रहे हैं। हमारा देश नहीं दुनिया इस ओर लौट रही है। मैं कहना चाहता हूं की गरीबों के इलाज के लिए यह सबसे अच्छी व्यवस्था है। इसमें कोई साइड इफ़ेक्ट भी नहीं होता है और कम खर्च में इलाज भी संभव हो पाता है।

महोदय, इस उद्देश्य से यह बिल लाया गया है जैसा कि मंत्री जी ने भी कहा है कि चिकित्सा शिक्षा का व्यवसायीकरण होने के बाद काफ़ी संख्या में महाविद्यालय खोले गए और मंत्री जी के अनुसार शिक्षा के स्तर में कमी आयी है। 166 शिक्षण संस्थाएं खुली जिनमें से 133 महाविद्यालय निजी क्षेत्र में हैं, स्वाभाविक है कि जब इनकी मांग बढ़ गयी तो निजी क्षेत्रों में भी कॉलेज खुलने शुरू हो गए लेकिन कोई इन्फ्रास्ट्रक्चर नहीं, पढ़ाई की अच्छी व्यवस्था नहीं वैसी स्थिति में भी कॉलेज खुल गए तो वहां से पढ़कर जो डाक्टर निकलेंगे वे मरीजों का ठीक से इलाज नहीं कर पाएंगे। इसलिए इस बिल में यह प्रावधान किया गया है कि प्रस्तावित संशोधन यह सुनिश्चित करेगा कि भविष्य में कोई घटिया स्तर का महाविद्यालय न खुले और गृह चिकित्सक उपयुक्त विधिक मंजूरी के साथ अपना प्रशिक्षण लेने में सक्षम हो।

महोदय, यह बहुत उपयोगी बिल है। मैं चाहूंगा कि बहुत से लोग इस देश में बुद्धि कौशल, विवेक — विवेक नहीं कहना चाहूंगा- और पैसे की बदौलत भी परिषद से मंजूरी ले लेते हैं जबकि कॉलेज के पास कोई इन्फ्रास्ट्रक्चर नहीं होता है। तो इसके लिए अभी भी सावधानी बरतने की जरूरत है। अभी भी बहुत से लोग चालाक हैं। ऐसी बात नहीं है जो कानून बना देंगे और उस कानून में कोई नुक्स नहीं निकालेगा। अभी भी बहुत चालाक लोग हैं जो कानून में नुक्स निकालेंगे और अपने तरीके से परिषद को प्रभावित करके, किन्हें प्रभावित करेंगे यह मैं नहीं जानता हूं प्रभावित करके घटिया स्तर का महाविद्यालय खोलने का प्रयास करेंगे। इसलिए मंत्री जी, मैं आपसे अनुरोध करना चाहूंगा कि पूरा इन्फ्रास्ट्रक्चर जिस महाविद्यालय में हो उसी

3.00 P.M.

महाविधालय को मंजूरी दी जाए। यह होम्योपैथिक चिकित्सा पद्धति इस देश के लिए बहुत ही उपयोगी चिकित्सा पद्धति है, क्योंकि अभी भी बहुत कम ऐसे लोग हैं जो कि अधिक से अधिक पैसा खर्च करके अपना इलाज करा सकते हैं, अधिकतर लोग ऐसे हैं जिनको कि कम पैसे में सस्ते और सुलभ इलाज की आवश्यकता है।

इसलिए महोदय, मैं इस बिल का समर्थन करते हुए एक बार पुनः आपको बधाई और शुभकामनाएं देता हूँ। धन्यवाद।

उपसभाध्यक्ष (श्री संतोष बागड़ोदिया) . प्रोफेसर साहब, मुझे किसी होम्योपैथिक डॉक्टर ने बताया था कि एलोपैथी के साइड इफ़ेक्ट का इलाज तो होती है, लेकिन इसके साइड इफ़ेक्ट का इलाज ही नहीं है। आप जरा इसके बारे में पता लगा लीजिएगा, क्योंकि उसका पता नहीं है कि कोई साइड इफ़ेक्ट है या नहीं, जस्ट फ़ॉर इन्फ़र्मेशन।

प्रो. रामदेव भंडारी . महोदय, मैं डॉक्टर तो नहीं हूँ, मगर जैसे मेरी हड्डी टूट गई थी तो आदरणीय चतुर्वेदी साहब ने मुझे दवा दी और वह दवा मैंने तीन-चार महीने तक खाई तो उसका मुझे फ़ायदा हुआ। लेकिन मैंने सुना है कि इसका कोई साइड इफ़ेक्ट नहीं है।

उपसभाध्यक्ष (श्री संतोष बागड़ोदिया) . हम भी सुनते थे, लेकिन पता लगा लीजिएगा। आल राइट, थैंक यू।

श्री बालकवि बैरागी (मध्य प्रदेश) . उपसभाध्यक्ष जी, चतुर्वेदी जी की डॉक्टरी तब शुरू होती है जब किसी की हड्डी टूटे, वरना शुरू नहीं होती।

SHRI RAMA MUNI REDDY SIRIGIREDDY (Andhra Pradesh): Mr. Vice-Chairman, Sir, first of all, I congratulate the hon. Minister on assuming the charge of a very important Ministry. As a dynamic actor, he might have played so many roles in the films. But in real life, he is playing the role, of Minister of Health. So, he has to take care of the health of the country.

Mr. Vice-Chairman, Sir, thank you very much for allowing me to speak on the legislation that is very dear to our hearts. Homoeopathy is one of the trusted systems of medicine in the world and is very widely practised in India. Many hon. Members must be knowing that this system was invented by Dr. Hahnemann of Germany. Now, in our country, this has become one of the important systems of medicine. There is a strong belief that it will cure chronic diseases. But, in spite of that, gradually, it is losing its prominence. When the functioning of the body gets deranged, it is important to put the system back to normal, with the help of measures which are in tune with nature. Homoeopathy is such a medical system, which is based on principles of natural healing. Homoeopathy is one such

system of medicines which treats the human system from within or rather, it enhances the body's own healing capacity. But it is losing its charm. For example, in the early part of the century, about 30 per cent of the doctors in the US were said to be homoeopaths. Today, hardly 0-3 per cent of the practitioners can be said to know about homoeopathy. This clearly shows that the importance of homoeopathy is coming down. In that context, this Bill will definitely give an impetus to the improvement of this system of medicine, at least, in India. I congratulate the hon. Minister for bringing this legislation because, in the absence of any control by the Central Government, this system of medicine is going haywire. There are about 170 homoeopathy colleges in the country, with an admission capacity of nearly 10,000 students.

Sir, I would like to know from the hon. Minister as to why it took more than five years for the Government to bring this legislation before Parliament. The Fifth Conference of the Central Council of Health and Family Welfare and the First Conference of the State Health Ministers on The Indian Systems of Medicine and Homoeopathy resolved to amend the homoeopathy Central Council Act, 1973 in February, 1997 itself. But it took more than five years for the Government to bring it before Parliament. I would like this point to be clarified. After Chapter II of the original Act, the Bill seeks to insert a new Chapter. Here I have a point to make. You are allowing university or trust or society for establishing a homoeopathy college. But you are not allowing the Central Government to establish a homoeopathy college! I failed to understand the justification behind this. In my opinion, the Central Government should also be allowed to establish colleges with the state-of-the-art technology and infrastructure, the way we have the Central Universities in the country. Clause 2(5) says that if no permission is given to the 'person' who has submitted his scheme for a college within a period of one year, his application or scheme is deemed to have been approved in the same form in which he has submitted. But for the purpose of computation of time limit you are excluding the time taken by the person or medical institution concerned in submitting the information. In this age of information technology one-year time is too lengthy. Hence, I request you to reduce the time limit to six months including the time taken by the 'person'.

Then clause 12B (1) debars the degrees awarded by medical institutions established without the previous permission of the Central Government. What would the Central Government do with regard to the

colleges and degrees which have already been awarded by the institutions before this Bill comes into force? Are they going to be regularised? I would request the Minister to explain it.

Sir, they are making a provision for provisional registration for the internship as part of the course. I would like to suggest that there has to be a clause that after internship and before formally registering his or her name in the State Medical Register, he or she should be compelled to work in a rural village for, at least, two years.

These are some of the points which I wanted to make. With these words, I support the Bill.

SHRI RANGANATH MISRA (Orissa): Sir, I felt tempted to participate in this debate on account of the fact that I am born in a family of homoeopaths. I owe nothing to homoeopathy. My brother, my sister and my wife were all registered practitioners. But they never made money out of this profession. I have seen people coming ill and going back cured within two or three weeks. My brother used to treat the patients in one room of our house. Sir, on some occasions, I have also prescribed medicines to my friends. One of my good friends whom I prescribed some medicine is sitting here. He was benefited by that medicine, homoeopathy has some of the patent medicines which work like magic. Arnica montana is a homoeopathy medicine both for oral use as globules and as mother tincture for external application. If there is a cut on the finger and you put this medicine for four or five times in a day and there would be no pain after second or third day. It will take nearly one week to get totally cured. Jymnama is a medicine which homoeopathy has found out which cures diabetes. If you take 10 drops in the morning regularly, diabetes can be controlled and there will be no problem of sugar left. If it is maintained in a perfect way, the disease does not aggravate and it gets stabilised.

I accompanied my father in 1935-36 to Calcutta with a patient who was our relative. We went to an MD who was practising homoeopathy. He was a European. I saw his prescription slip. On the prescription slip it was written in bold letters at the bottom that 'one dose one examination -Rs. 64/-. Three treatments until the disease is cured. If necessary the patient may come here at the cost of the doctor and alternatively if the patient so wants, the doctor would visit the patient at his place without any charges'.

In the 30s, the Allopathy doctors of highest quality were charging Rs.16 for consultation and medicine. At that time, homoeopathy had gone to such a level, especially, in Calcutta. I was happy when my learned friend indicated here that it has developed and progressed in West Bengal. Bengal and Kerala have been the home of homoeopathy and they have really developed very well in these two states. Now, I was just mentioning that particular case. The man again became sick after four years. For four years, he was all right. In the fourth year, he developed it again. He wrote a letter to the Calcutta doctor. The Calcutta doctor wrote back saying, "I can offer you two alternatives. Now tell me whether you are coming here or you want me to come there. He said that the doctor should come. Then, the doctor came and stayed for nine days without any fee, without even his living expenses; everything was borne by the doctor. I am only trying to indicate that the potentiality of this medicine is such that if you know it properly and you are able to diagnose the illness, give the proper dose of the medicine, then, cure is certain. Sir, there is a lunatic asylum cum old age home close to Raj Bhawan in Calcutta. When I was in the Human Rights Commission, we received a letter from an old lady aged about 92 years saying that she is not being attended to. So, in one of my visits to Calcutta, I went there and saw the patient. And, in the group that was moving with me, there was a homoeopath. He told me that he did not know all the details, but if he had known them, he would have prescribed the medicine to cure her, and he undertook the treatment. Within about two months, the old lady was discharged as she became all right. She wrote a letter again to me saying, "Now that I am discharged, who will look after me?" It is a fresh problem. It is not a problem of medicine. So, I persuaded the people saying, "You have got her cured but bear with her till God takes her life away." Homoeopathy, perhaps, is the need of the time? I recollect, not far away from Cochin, perhaps on the way to Kalady, there used to be a homoeopathy hospital which had encroached upon a portion of the Government land and was being evicted. They went before the Lok Adalat; I was in the Supreme Court at that time. The person, who was running the hospital, filed a writ petition. We looked into the matter and we got it settled. We regularised the occupation of the land. I then got to know him. He started coming to me every now and then. We also persuaded the State Government to give some money. It was a cancer hospital. There were 32 people undergoing treatment, and the doctor told me on one occasion that about 50 per cent are in the process of recovery, and those who recover will go away and those who don't recover will have

to stay until their end comes. There have been some regular hospitals, for instance, in Vellore. I went there along with a Judge of the Orissa High Court for his wife's treatment. The doctor had the operation performed. At the end of the operation, he gave a dose of homoeopathy as a side treatment with a prayer to the Lord, "Well, I have done my job. Help me to do your job, which is to protect the life." Therefore, there is, essentially, a good foundation for homoeopathy as a system of medicine. I went to Germany some time back and I found that the utensils in which the homoeopathy medicines are prepared are of silver, and they were saying that in the United States, the utensils that are used to prepare the homoeopathy medicines are of pure gold. That is why the American medicine is costlier than the German medicine. But one thing is certain that the price of the medicine is going up, and after the World Trade Organisation Treaties, the price of the basic medicines which are life saving medicines, have doubled, or, have even trebled. At a time when the prices of the medicines are going up, the medical treatment is not very conveniently available. Hospitals are overcrowded and patients have to wait too long for receiving attention. Homoeopathy seems to be an excellent substitute. In the Ministry of the Government of India, this is an alternate medicine. Not much care is taken and there is no regular establishment, in the real sense recognising its importance. I would suggest, the Minister should kindly look into it and give due importance to homoeopathy, and even to Unani and other alternate systems of medicine. Indeed, they should not be known as alternate systems, giving priority and primacy to allopathy. Allopathy is a branch. These are all growing and developing branches. They should all be equally recognised. There should be diversification of the system of running the administration. Once you recognise them, the funding will improve and regular attention would be available.

The Primary Health Centres in the rural areas should be provided with the facility of Homoeopathic treatment. Not a quack, but a regular doctor should be available. This is a profession where I find some quacks have also been recognised; and they are good doctors. The people who do not have any degree, the people who have just read a few books, by their own experience, pick up some medicines, and, with a proper dose, they are able to totally cure the patients. What is necessary is to provide the medicine, provide a doctor and develop the interest in the people to get treated through homoeopathy. What would normally be a tablet of eight to ten rupees these days, has its substitute medicine in homoeopathy for a couple of rupees or even a rupee. Of course, Homoeopathic medicines

have also become very costly. A phial used to cost about two annas. Now it is about eight rupees. It has multiplied over the years. It has become costlier. But, comparatively, an allopathic medicine would cost about Rs.100. Bearing with that difference, I think in a country like ours, with too many people and too many diseases, and less number of doctors to attend, and with the system not that much spread out, the best way would be to make people homoeopathy-conscious. Every family should be used to this treatment. I have gone to families in rural areas where you find something is going wrong, a child is purging, the mother knows that one drop will be enough. One drop immediately stops it. If the digestion is defective, there is a pressing wind blowing from within, one dose of Nux 200 would be enough. With that one dose, in five, ten or fifteen minutes, you find that the ailment is out, and, ultimately the man is cured. That is why it is said that a proper diagnosis, with a minimum dose, brings you the result. Some people say that there is reaction. But, of late, homoeopathy has also introduced low potency medicines. With low potencies, you don't get any reaction. It may be zero; it may be 3, it may be 6, it may be up to 30. I think medicines up to the potency of 30 have really no reaction. Then, if it is not a proper medicine, it also does not have any reaction. A wrong dose or a higher potency brings no problem. Therefore, diagnosis is the best thing. In allopathy, this is possible. In homoeopathy, this is possible. In homoeopathy, the advantages are that, without much of expense and without the risk of getting into any fresh problem, you get your treatment.

We have been trying to support allopathy, at the cost of other systems. I know of a couple of professors of biochemistry in Chennai, who were working in the Chennai University. Both of them, husband and wife, labouring all their life, have produced two capsules - one is called Gymnama and the other is called Amritabindu. They tried for about 25 years with the Indian Council of Medical Research to get these medicines approved. They must have spent money. They must have run about a lot. They must have, ultimately, got tired. When one of their sons got established in the United States in the cyber industry business, he managed some foundation for them. They went over there. They started speaking in universities; giving demonstration of their medicines and even getting attached to a hospital. The American Government has now recognised this as a health-supporting medicine. The other day, I met the Chennai biochemists; both of them are very happy. They told me that their medicine has been approved, and initially as a first instalment, the company has given them an amount equivalent to Rs.75 lakhs. What I am trying to indicate is,

Indian medicine is good and our system is excellent. It must be recognised. The Government must realise that that is the way, and then the ultimate medicine is the real medicine for the Indian people. It is not happening.

I don't know what medicine our good friend Chaturvediji, prescribed for the Professor when he had a broken *leg...*(*Interruptions*)... The other thing could be Rutaji. I have personally experienced it. I did not have a fall. I have not taken any medicine in my life. I can make a declaration. I have tried to avoid the doctor, and God has been kind.

THE VICE-CHAIRMAN (SHRI SANTOSH BAGRODIA): More so, a fake doctor like him!

SHRI RANGANATH MISRA: I have no specs for my eyes also. I never use specs. But the question is, if you get ill, you have to go to a doctor. Therefore, those of our good friends who require a doctor, must have the treatment. If you require treatment, the need is to go to a doctor or a person who can really cure you. For this purpose, probably, a small box of medicines, to be maintained by every housewife, is necessary. The Government must introduce a system, educate the people, saying that your supporter, your helper, your guide, is this small box of 12 or 20 or 30 Homoeopathic medicines. Boxes are available; medicine is available. The only thing is, you have to identify and co-relate which medicine is a cure for which disease. There are many diseases for which there is no medicine in Allopathy, and the most competent doctors in Allopathy switchover to Homoeopathy, either by themselves, by reading books, or by consulting a Homoeopath. The Government of India should take care of this. Attend to these aspects and ultimately help the institutions to grow. Research is a permanent requirement for this system. Every year, we must bring about improvements, by research. For that, funds are necessary. In Allopathy, arrangements have been made..In Homoeopathy, there is no arrangement.

I am connected with an institution at Dharwad in Karnataka, which runs a Homoeopathy Institute. This is of the Hindi *Pracharini Sabha* of South India. We have been writing to the Government of India and the Ministry for ultimate medicines. Somebody should go and see it. But the follow-up action is not there on account of the fact that the system is not really perfect. Therefore, it is necessary that Homoeopathy should become a recognised and special system of medicine. This system must be accepted,

and the hierarchy must be appropriately sensitised. Once you sensitise the hierarchy, research goes on properly, money flows properly, medicine comes in. Then, there is a collaboration which works. This system must be provided with that. You could easily have that. The Government has the system, and they are used to it. You can have four regional institutions at the four metros; you can have one here, and, ultimately, the system should be perfected. The amendment which is intended to bring in a little rigorous working system, should be effectively utilised. We have come across a system in which one single man has carried on with research and has come to a result. In India, so many research institutions are there, but no positive result is coming, which could help the common man. Therefore, the common man's problems must be kept in view. His problems must be researched. Along with it, you must co-relate a medicine with a disease. That should be the idea. I welcome the Bill. I congratulate the Minister. I am glad that a young gentleman is in charge of this Ministry, who is not afraid of moving around. He should go round the country to see the real situation in different distant corners where people have been suffering, doctors are not there, medicine is not there, and residential care is not possible. All these things are there. If a person like him goes around and has his own impressions; then, he will, one day, turn into Godhood.

So, I request that you do your job, God bless you. Be really Godlike in your intentions. Let the Bill be passed. Let us also find out how effective is your Bill in actual practice.

Thank you.

SHRI H.K. JAVARE GOWDA (Karnataka): Sir, first of all, I congratulate the new Health Minister. I rise to support the Homoeopathy Central Council (Amendment) Bill, 2002. Many Members have elaborately spoken on the subject. This Bill has been brought forward to regulate the medical education and practices in homoeopathy.

I would take up the clauses proposed in the Bill. First of all, let me take up clause 12(a). In this, there is a mention of a time stipulation for according permission to open institutions. Many Members have said that the stipulation laid down for getting permission is one year, someone has suggested it to be six months, and someone else suggested it to be two months. I would like to draw the attention of the hon. Minister to this. All right, you have given three months' time within which one would get the permission. And, in this period, you have not accorded the permission. Does

it mean that, without the basic facilities, a person who has not got the permission within the stipulated time, has got the right to open an institution? You must rethink on this. What I am emphasising is; okay, you have fixed the time, whether one year or three months. In this period, if the Ministry doesn't accord permission, automatically-without the basic facilities--as a matter of right, one is entitled to open an institution! In such a case, the objective of this Bill is defeated. Under these circumstances, it is our duty to fix the responsibility on the institutions or the Ministry or the officers concerned. Otherwise, there is no point in harping on this issue.

The second point to which I would like to draw your attention is in regard to clause 12(b), "Non-recognition of medical qualification in certain cases.' I would like to give an example regarding the medical education and the institutions in Karnataka. You are all aware, it is the State which has the largest number of medical colleges in the country, according to me. I don't have the statistics. If I am wrong, please correct me. The thing is, there are non-recognised medical colleges also. The parents of the students are too eager to put their wards in the colleges. Under one pretext or the other, they would give donations and other things and get admission for their wards. After some time, when the examinations near, they find that the college is not at all recognised, and the student is not allowed to appear in the examination. This is the point to be looked into.

What I am emphasising is, fix the responsibility. Make penal provisions in the Bill. Why do I say this? Any ordinary man can come forward to open an educational institution like a medical college. That is why, make penal provisions in this Bill. Those who start a medical institution or any other institution, in violation of this Act, should be punished with imprisonment. You should provide a clause in this Bill stating that the parents who knowingly or unknowingly want to admit their children in such Colleges shall also be liable for penal action. If this clause is put here, definitely, the parents will take care before admitting their children to such colleges. ...*(Interruptions)*.. I will tell you the sequence. ...*(Interruptions)*... It may be the ambition of the parents, but the ultimate sufferer is the student. For their benefits, the parents are seeking admission for their children in such colleges which are not recognised by law. But it is going to spoil the life of the student. I strongly recommend that you think over the matter of providing a penal clause in this regard.

Another important aspect that I want to raise here is this. Mr. Minister, you are a new Minister. But by this time, you might have

experienced a lot of pressure from de-recognised colleges and institutions. They might have used all the power at their command to get recognition for their institutions or colleges without basic facilities. For this purpose, you have made a clause in this Bill stating that if a college admits students more than the allotted seats, then you are going to derecognise it. What for? You should not have allowed that institution. As soon as admissions are over, it becomes the duty of the State to see how many admissions have been made, what the eligibility criterion was and what the fixed quota was. If this is done, definitely, this type of activities will be curtailed and better education can be imparted.

The other aspects that I am going to raise for your consideration is that we are seeing that the people living below the poverty line are not in a position to go to speciality or super-speciality hospitals. It is highly impossible to go to a speciality or super-speciality hospital because the cost is very high. As far as homoeopathy is concerned, what is the budgetary allotment for homoeopathy and for its research and development? This is an area where we have to pay more attention and put emphasis on. It needs budgetary support. Sir, I would like to inform you that in Karnataka for a long time an attempt has been made by the State Government to establish homoeopathy hospitals. These hospitals are becoming very popular. People are taking treatment there also. In Karnataka, there is a demand for more such homoeopathy hospitals. Under these circumstances, I would suggest to the Ministry that this an area where we have to make a . lot of development. Many experiences have been narrated by many hon. Members. I have also an experience. As you know, for herpes you have to take allopathic medicine for three months. It causes a lot of pain. A man known to me -- I am a practising lawyer -- came to me and told me that when I was suffering from *sarpasuttu*. Then he told me that it would be cured within two days. Next day he came to me and gave me some green leaves with the milk of a black cow. He made me consume these leaves with raw milk. Within three days, my ailment was cured. This type of homoeopathy system is there which has to be developed. For this purpose, we have to sustain the homoeopathy. The Government should give encouragement to such types of medicines.

With these words, I support this Bill.

THE VICE-CHAIRMAN: Dr. Maitreya ...*(Interruptions)*... Are you an homoeopath? ... *(Interruptions)*...

DR. V. MAITREYAN (Tamil Nadu): I am an Allopath.

Mr. Vice-Chairman, Sir, at the outset, I would like to place my congratulations and best wishes on record for the hon. Union Minister of Health and Family Welfare, Shri Shatrughan Sinha ji. In fact, in the good olden days, when I was a part of the BJP, Shatrughan ji had visited Tamil Nadu a number of times on various party programmes and, having moved with him to various places in those days, I came to the conclusion that he is a dynamic person, friendly, social and, most important of all, a man who remembers others. It also gives me a great pleasure to say that he is from the film world because both the founder of my party, Dr. M.G. Ramachandran and my leader and the Chief Minister of Tamil Nadu, Dr. Jayalalitha, are also from the film world. They have not become Chief Ministers overnight. They had spent ten, fifteen or twenty years in politics before becoming Chief Ministers. Likewise, the hon. Minister has been in party politics for many years. Somehow or the other, recognition was eluding him and at last he has got what is due to him — not as a reward for him. I wish him all the best in his endeavour.

I am a person from medical profession. I am a Cancer specialist. I did my super-specialisation in Cancer. So, from that angle, I stand here today. I welcome the Bill which proposes to amend the Homoeopathic Central Council Act, 1973. The Bill proposes to regulate the medical colleges in the field of Homoeopathic medicine, puts checks and brakes and to bring them into some sort of control so that the system can be brought under the ambit of the Central governance. The absence of such legislation, probably, leads to ill-equipped, sub-standard institutions mushrooming and thereby generating a number of quacks in the field of medicine. I would like to draw the attention of the hon. Minister to one point. Not only Homoeopathy but also other forms of medicine -- Siddha, Ayurveda, etc., -- have all got their own merits and demerits. The major drawback in these systems of medicine is: They lack in research and development and documentation. The more important of these two is documentation. There are no publications of what you have done and what actually the results are. In Allopathy, you have standard, well-established, rules and regulations. You have got various frames of clinical trials. When a drug is used on patients, we will know what effect it has on the patient, etc. So, we have got various clinical trials with the well-established rules and regulations. Unfortunately, those things are not done in the other systems of medicine. There are any number of anecdotal episodes where a

person has been treated with homoeopathy or the Siddha system of medicine and has been cured. But, unfortunately, you cannot say what is the cure percentage. I treated 100 patients with a particular drug and of the 100 patients, 80 per cent of them have been cured. This type of documentation is not available in the other systems of medicine. This is something on which, in addition to the proposed Bill, the hon. Minister and his Ministry should concentrate. So, I request the hon. Minister to concentrate on documentation, clinical trials and research and development. If these things are taken care of, definitely, these systems of medicine will also play a leading role in our society. Basically, any physician looks at a patient as a psycho-biological whole. He does not see him as a patient. As far as I am concerned, I feel happy if my patient gets cured -- whether he is cured because of Allopathy or Homoeopathy or any other system of medicine. I am not bothered about it. My patient is my priority. In that way, if all forms of medicines are given a proper direction, I think, ultimately, the people at large, in this country, will get benefited.

With these words, I once again wish my beloved friend all the best in his career. Thank you.

THE VICE-CHAIRMAN (SHRI SANTOSH BAGRODIA): I think you have made a very valid point about documentation. That is very important to bring in confidence in the minds of the patients.

SHRI SHATRUGHAN SINHA: Thank you very much, Mr. Vice-Chairman, Sir. This is, perhaps, for the first time that I have sat for so long, at a stretch, in this House. I am really very, very grateful for all the kind words that came from the hon. Members cutting across party lines. I am deeply touched by what Dr. Maitreya has said about me. I also felt very nice and happy with what my friend, Mr. Reddy, has said. I am grateful to respected Mr. Misra for his kind words and blessings. I must admit that all of you have been more than nice and very kind to me. I am also grateful to all of you for supporting this Bill. As I have said, this is for the first time that I have moved a Bill, and this is happening to me for the first time. I do not know from where to start, and how to start. I may not be able to take up the points in order. थोड़ा आगे पिछे हो जाऊं तो I hope you will understand and forgive me.

First, I will take up those points that I remember. Mr. Gowda was talking about penal action. Yes, I am also very worried, and I also think about safeguarding the interests of the students. We are going to

incorporate that in the Bill. What would the students do if an institute is derecognised after second year or after third year? I have raised this matter in my department. We are definitely going to incorporate a clause in this regard very soon. I really appreciate what Mr. Gowda has suggested. In fact, all the valuable suggestions given by my colleagues are definitely going to be incorporated in the Bill. भंडारी जी ने बहुत अच्छी बात कही, होम्योपैथिक के बारे में यह बात तो कही ही जाती है कि यह बिहार, केरल, यूपी, मध्य प्रदेश और बंगाल में पॉपुलर ही नहीं है, बल्कि सही मायने में पीपल्स मेडिसिन है, ज्यादातर कॉमन मैन के लिए और गरीबों के लिए एफ़ोर्डेबल है। जिस तरह से इसका विस्तार हुआ है, पॉल्युशन भी हुआ है। एडलट्रेशन मेडिसिन में ही नहीं है। होम्योपैथी को ज्योतिष की तरह एक मानी हुई साईंस मानते हैं। जैसे ज्योतिष को कहते हैं कि बहुत अच्छी विद्या है। बहुत लोगो को इस पर भी विश्वास नहीं है लेकिन कई लोगों को इस पर सही ज्योतिष की तरह विश्वास है। सही ज्योतिष की तरह सही होम्योपैथिक डॉक्टर की पहचान करना बहुत जरूरी है क्योंकि इसकी इतनी ज्यादा मशरूमिंग हुई है, चारो तरफ़ फैल गया है। होम्योपैथी के नाम पर सही से ज्यादा गलत लोग भी सामने आ गए हैं। इसकी रोकथाम की प्रक्रिया में हम यह बिल सदन के सामने लेकर आए हैं। यह जिस तरह से मशरूम कर रहा है, सब स्टैंड लोग क्यों पास होंगे, सब स्टैंडर्ड एट्मासफ़ेयर से लोग क्यों, किसकी लाइफ़ से प्ले करेंगे? कॉमन जनता, गरीब जनता की जिन्दगी से खिलवाड़ होगा। हम उनकी कैसे भरोसा देंगे। इसलिए इन सब बातों को हमने इस बिल में इन-कोरपोरेट किया है। हम जरूर इन सब बातों को लेकर सामने आएंगे। जैसे अभी मिस्टर रेड्डी हमारे दोस्त कह रहे थे और टीडीपी के रेड्डी साहब ने भी कहा। My friend, Mr. Reddy, is a senior and an able parliamentarian. He was talking about bringing down the time period to six months. पहली बात तो जो हमारे इंडियन ..(व्यवधान).. कोई बात नहीं, फ़र्स्ट टाइम ऐसा होता है। इंडियन मेडिकल कौंसिल ऐक्ट 1956 में जो टाइम शेड्यूल दिया गया है हम उसी टाइम शेड्यूल को फ़ोलो कर रहे हैं। इसमें कुछ प्रॉबलम आएंगी। उन प्रॉबलम को दूर करने में जल्दबाजी से काम करेंगे तो जैसे 'Justice delayed is justice denied', उसी तरह से यह भी है कि 'Justice hurried is justice buried.' अगर उसे जल्दी करेंगे you need time for that, स्कीम मिलने के बाद " the Central Government has to examine it, keeping in view several factors, namely, the number of colleges existing in the country, the need for further colleges, locational justification, etc., and whether the Scheme is complete in all respects or not. Thereafter, it has to refer it to the Central Council for evaluation, inspection, examination of the report and recommendation. Thereafter, the Central Government has to critically examine the Scheme in the light of all the available information. The Central Government might need infrastructure facilities etc. to evaluate/inspect again, if considered necessary. All these activities cannot be completed within a period of six months. Therefore, this one year period provided to the Central Government for taking a decision on the Scheme submitted to

[16 July, 2002]

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it, is a reasonable period. Therefore, the amendment is not acceptable. Moreover, a similar time- limit exists in the Medical Council Act, 1956, as amended in 1993. उसी तरह से तीन महीने का टाइम पीरियड, सिक्स मंथस या थ्री मन्थस जो टाइम पीरियड कहा है, वह भी पोसिबल नहीं होगा क्योंकि हमें प्रपोजल को एग्जामिन करना है, एप्लीकेंट्स से फ़रदर इन्फ़ोर्मेशन चाहिए, and inspection has to be conducted before making a recommendation to the Central Government. इसके लिए सिक्स मन्थस का टाइम चाहिए। यह फिलहाल पोसिबल नहीं होगा। एज फ़ार एज इसकी रोकथाम के लिए कहा गया है, किसी माननीय सदस्य ने कहा कि ड्रग में या जितने मैनुफ़ैक्चर्स ड्रग दे रहे हैं, उसकी क्या व्यवस्था है ? उसकी रोकथाम की क्या प्रक्रिया है ? इसके लिए मैं यह enforcement machinery will be strengthened. इसके जो प्रोपोजल्स हैं, स्ट्रेन्थन करने का, क्योंकि यह स्ट्रेट ड्रग एन्फ़ोर्समेंट मशीनरी को and that new laboratories have to be recognized, to broaden the testing facility यह भी हो रहा है और एन्फ़ोर्समेंट मशीनरी को हम मज़बूत भी कर रहे हैं ताकि उस तरह की धांधली, गड़बड़ी न हो। हमारे फ़्रेंड डा. दास ने मुझसे पूछा और उनके सजेशन पर हमने यह जवाब दिया कि हम उसको जोर-शोर से कर रहे हैं। इसकी रोकथाम के लिए हम इंतज़ाम मुहैया कर रहे हैं ताकि हम ड्रग एन्फ़ोर्समेंट मशीनरी को मज़बूत करें, मोनिटरिंग सिस्टम को मज़बूत करें जिससे ऐसा न हो। एक चीज़ और हमसे पूछी गई, किसी माननीय सदस्य ने कहा perhaps, Mr. Reddy from TDP had put this question. Why did it take five years to bring this Bill? बहुत अच्छा सवाल है कि आपको पांच साल क्यों लगे ? पहली बात तो यह है कि मैं अभी पंद्रह दिन पहले ही आया हूँ...(व्यवधान) ...

कुमारी मैबल रिबैलो (मध्य प्रदेश) . पंद्रह दिन पहले क्यों आए हैं, पांच साल पहले क्यों नहीं आए ?

उपसभाध्यक्ष (श्री संतोष बागड़ोदिया) . हिन्दुस्तान पहले से है, सरकार भी पहले से है।

श्री शत्रुघ्न सिन्हा . पांच साल पहले क्यों नहीं आया, इसका जवाब मैं नहीं दे सकता हूँ और इसका सवाल आप मुझसे नहीं कर सकती हैं।

उपसभाध्यक्ष (श्री संतोष बागड़ोदिया) . मंत्री जी, सरकार कंटीन्यूएशन में है। यह मज़ाक की बात तक तो ठीक था लेकिन यह कहना कि मैं इसका जवाब नहीं दे सकता हूँ, ठीक नहीं होगा। आप इसका जवाब आज नहीं फिर कभी दे दें क्योंकि आप मंत्री कंटीन्यूएशन में हैं।

श्री शत्रुघ्न सिन्हा . नहीं, मैं जवाब दे रहा हूँ। I only said that I have been here just for 15 days.

THE VICE CHAIRMAN (SHRI SANTOSH BAGRODIA): We have full sympathy with you.

SHRI SHATRUGHAN SINHA: But all said and done, प्रोसेस में टाइम लगता है। The matter regarding the Resolution of the Central Scheme for

Health and Family Welfare was taken up. उसके बाद कौंसिल ऑफ़ इंडियन मेडिसन ऐक्ट, इनसे इंटर डिपार्टमेंटल कन्सल्टेशन वगैरह में टाइम लगा। लीगल प्रिपरेशन में टाइम लगा, उसके बाद कैबिनेट में टाइम लगा, करते करते पांच साल लगे, फिर मुझे आने में टाइम लगा, सब मिला जुलाकर बहरहाल देर आयद दुरुस्त आयद, जब आए हैं तो ठीक लेकर आए हैं और आपका समर्थन मिला ही है और मैं उम्मीद करता हूँ कि आप लोग जरूर न सिर्फ़ बिल का साथ देंगे बल्कि हमारी हौसाला अफ़जाई भी करेंगे कि मेरी नीयत ठीक है। मैं अपने तमाम सहयोगियों से और बुजुर्गों से, सबसे, करबुद्ध निवेदन करना चाहता हूँ कि **don't judge me only on the basis of results, please judge me on the basis of sincerity, honesty, transparency and intention.** मेरे सिर्फ़ रिजल्ट्स पर ही न जाए, इस पर जाए कि नीयत क्या है और हमारी नीयत यह है कि इसमें बदलाव आए, अच्छे के लिए, फ़ॉर गुड और उसी बदलाव के तहत इस बिल को सामने लाया गया है ताकि लोगों का भला हो। पहली बात तो यह स्टेट सब्जेक्ट है। बहुत सारे मामले इसमें ऐसे हैं। आपने कहा कि ग्रामीण विकास योजना में गांवों में नहीं मिल पा रहा है, कुछ लोगों ने जिक्र किया था, मैंने प्वाइंट्स को नोट किया था **...(व्यवधान)...** काफ़ी हो गया **...(व्यवधान)...** इतने से बात बन जाएगी **...(व्यवधान)...** अब हमारे आदरणीय प्रधान मंत्री जी ने भी 15.8.2001 को एक पायलट होम रिमेडी स्कीम अनाउंस की कि यह होम रिमेडी स्कीम घर घर में लोगों तक पहुंचे, उसका एक पायलट आलरेडी तैयार हो रहा है और बहुत जल्द से जल्द इसका इंप्लीमेंटेशन भी हो जाएगा Overall, since you all have supported this Bill, besides thanking all of you, I would also like to say that I really care for your guidance and suggestions. Definitely, these valuable suggestions would be incorporated in due course. Of course, I will be briefed by my senior colleagues and friends..(Interruptions)... उनकी नहीं हम आपकी बात सुन रहे हैं

श्री दीपांकर मुखर्जी (पश्चिम बंगाल) : पीछे मुड़कर मत देखिए।

श्री शत्रुघ्न सिन्हा : मैं आपका हृदय से बहुत बहुत आभार प्रकट करता हूँ। मैंने सारे प्वाइंट्स कवर कर लिए हैं **...(व्यवधान)...** देख रहा हूँ कि कोई प्वाइंट रह तो नहीं गया है। दादा फ़र्स्ट टाइम है इसलिए थोड़ा सा **...(व्यवधान)....**

....So, Mr. Vice-Chairman, Sir, with these words, I request that the Bill may be taken into consideration.

THE VICE-CHAIRMAN (SHRI SANTOSH BAGRODIA): The question is:

"That the Bill further to amend the Homoeopathy Central Council Act, 1973, be taken into consideration."

The motion was adopted.

THE VICE-CHAIRMAN (SHRI SANTOSH BAGRODIA): We shall now take up clause-by-clause consideration of the Bill. In clause 2, there are five amendments by Dr. T. Subbarami Reddy. Mr. Reddy, do you want to move these amendments?

DR. T. SUBBARAMI REDDY: Sir. I would like to....

THE VICE-CHAIRMAN (SHRI SANTOSH BAGRODIA): No. you have already spoken.

DR. T. SUBBARAMI REDDY: No. Sir. I am not making a speech. But, I would like to say just one thing. The Hon. Minister, my good friend, said that we should continue with the period of one year that has been prescribed in the 1956 Act. Mr. Minister, if you believe in transparency, dynamism, you will get credit. You made everybody wait for five years. You have brought this Bill after five years. So, please make it nine months. Your name will be remembered in the history. Just think over it.

श्री शत्रुघ्न सिन्हा: 10 मन्थस में फैसला कर दें क्या ?

DR. T. SUBBARAMI REDDY: Mr. Vice-Chairman, Sir, I am giving this suggestion of reducing this period of one year to nine months. Anyway, I am not moving my amendments.

Clause 2 was added to the Bill.

Clauses 3 to 4 were added to the Bill.

Clause 1, the Enacting Formula and the Title were added to the Bill.

SHRI SHATRUGHAN SINHA: Sir, I move:

"That the Bill be passed".

The question was proposed

THE VICE-CHAIRMAN (SHRI SANTOSH BAGRODIA): At this stage, Shri Manoj Bhattacharya can say something.

SHRI MANOJ BHATTACHARYA (West Bengal): Sir, I would just make a few points. I was hearing very carefully the valuable speeches of many of the distinguished Members of this House and also the enthralling reply of Shri Shatrughan Sinha whom I would also like to greet and extend good wishes. I would wish him all the best in his new assignment.

Sir, my point is very simple. This Bill is primarily intended to make enabling provisions to regulate and control the institutions which are busy in research and education of homoeopathy. While welcoming this Bill, I must say, 'what about the existing institutions?' What about those institutions which are already existing in the country? As you have also referred to, in 1975 on 10th of December in Calcutta or in Kolkata now, the National

Institute of homoeopathy was established with a view to make it a deemed university in the days to come to promote homoeopathy education as well as research. Sir, I am not a person who will commit to himself that homoeopathy is a medicine which has got no side effects. It also has got side effects. It also has got ill-effects. But we do not know how it acts. I am thankful to Dr. Maitreya. He has also made a point that when it acts, it must have some reactions, otherwise, it does not act. So, the problem is that we do not know exactly what is the mode of action of this homoeopathy globules or liquid, whatever you say. What is the difference between the dilutions? I was being reminded of a story of the time of Badshah Akbar. In his Navratana Sabha, he posed a question as to what is the easiest available thing in the world and what is the cheapest. But nobody dared to reply, but Birbal, as he was, replied, "Sir, if you would just permit me, I would say something." Akbar said, "Yes; tell us what is it." Birbal said, "Medical advice." Hearing it, Akbar got very much annoyed as to how it could be. He thought that I am spending so much of money on getting medical advice. I am spending so much of money on *Hakims* or for getting the advice on Unani or allopathy or modern medicine. He said, "What are you saying?" He told Birbal, "I will chop off your head unless you can prove it." So, Birbal said, "Okay; let us go tomorrow in the morning. I will prove that it is the easiest available and cheapest thing." Akbar and Birbal used to move in disguise. The next day when they moved in disguise, all of a sudden, at a crossing, Birbal, lied down and put his one leg up. So, some people came. Some gave some herbs; some started giving some physiotherapy and within fifteen minutes' time, tons of fifty advice was poured in to Birbal, and nobody charged any *paise* for that. These advices were unsolicited and uncalled for. In modern medicine, it is not possible. But in homoeopathy medicine or in other magic healing, this sort, of advice is available in random. And that is also a causative factor for ill-health of our patients. Therefore, those institutions where research ought to be undertaken should be properly looked into. Now, I know it for certain that the National Institute of Homeopathy, Kolkata is in absolute mess. I would request the hon. new Minister, Shri Shatrughan Sinha to find some time to visit Kolkata, because Kolkata is a well-known city to him. He should go to that Institute and see what is being done there. Even, there is no qualified homoeopathic doctor as the Director. The Director is an Allopathic doctor. He does not have any interest in homeopathy. The Director of that National Institute of homoeopathy is an allopathic doctor, and he does not have any interest! I know Dr. Mahendra Nath Sarkar to whom Shri Chaturvedi was

referring, who was the personal physician to Shri Ram Krishan Pramhans. I know that he was an Allopathic doctor. I know that he was a great allopathic doctor, who used to practise homoeopathy. I know that great homoeopathy doctor, Dr. Gyan Majumdar. He was an allopath, who used to practise in homoeopathy. They had taken serious interest in homoeopathy. That is why they could practise and promote the interest of homoeopathy, and render some effective support to the ailing people..*(Interruptions)*...

THE VICE-CHAIRMAN (SHRI SANTOSH BAGRODIA): Mr. Bhattacharya, when you want to speak at the third reading stage, you have to confine yourself to the points and clauses of the Bill. You cannot become a VIP by making a general speech at this stage.

SHRI MANOJ BHATTACHARYA : Sir, I am just on the first clause. Now, such things have to be properly looked into. I would just like to inform the hon. Minister that this is a well-intended Bill. But, what about protection of the existing situation? I am referring to one herbs garden. One herbs garden is there at Kalyani with the National Institute of Homoeopathy, Calcutta. It is quite a well-developed herbs garden. But, there is none to look after that garden, that is, the plants and the herbs in that garden, from where the extracts can be taken out and homoeopathy medicines made. Who is going to take stock of those herbs and plants? I would like to inform the hon. Minister that many of those herbs are getting patented elsewhere, and we cannot take the extracts of those herbs and plants and convert them into medicines. So, a systematic documentation and data are required to be prepared. Nothing is being done over there. False reports are being sent to the Central Government that operations are being undertaken in the National Institute of Homoeopathy, which is not true. They have reported some 500 operations, but, there are only ten beds for operations. *(Time- Bell)*

Mr. Ahluwalia, please don't disturb me. I will just conclude. I am making valuable points..*(Interruptions)*...

SHRI S.S. AHLUWALIA (Jharkhand): Sir, he is raising a controversial issue. He is creating a problem,, when everything has been passed.

THE VICE-CHAIRMAN (SHRI SANTOSH BAGRODIA): He is not going to create a problem. No, there is no problem..*(Interruptions)*...

4.00 P.M.

SHRI MANOJ BHATTACHARYA: Mr. Ahluwalia, you must understand that I am neither opposing the Bill nor I am commenting on the reply of the Minister. I am trying to bring some points to the notice of the hon. Minister. You are unnecessarily interrupting me.

THE VICE-CHAIRMAN (SHRI SANTOSH BAGRODIA): You please conclude your speech.

SHRI MANOJ BHATTACHARYA : Sir, I am not yielding to Mr. Ahluwalia. I will continue for another few minutes. I would like to inform the hon. Minister about the ground reality.

THE VICE -CHAIRMAN (SHRI SANTOSH BAGRODIA): No, no. You cannot raise all these things at this stage. You cannot do that. You did not want to speak as a normal speaker...(*Interruptions*)...: The rule is, if you speak at the third reading stage, you have to confine yourselves to the clauses of the Bill. You cannot go beyond that. You cannot make any reference. You cannot make a general speech.

SHRI MANOJ BHATTACHARYA: Sir, I am not making a general speech.

THE VICE-CHAIRMAN (SHRI SANTOSH BAGRODIA): You have already done so. Now, I can give you only one minute. You have to conclude within that time.

SHRI MANOJ BHATTACHARYA: Sir, if you say so, I am sorry, I won't continue my speech. I will talk to the Minister personally. Don't worry. Thank you very much.

THE VICE-CHAIRMAN (SHRI SANTOSH BAGRODIA): Mr. Minister, would you like to react?

SHRI SHATRUGHAN SINHA: Not now. When the hon. Member comes to me, I will talk to him personally.

THE VICE-CHAIRMAN (SHRI SANTOSH BAGRODIA): So, you will react personally.

Now, the question is:

"That the Bill be passed".

[16 July, 2002]

RAJYA SABHA

The motion was adopted.

THE VICE-CHAIRMAN (SHRI SANTOSH BAGRODIA): Now, we will take up the Medical Termination of Pregnancy (Amendment) Bill, 2002.

**THE MEDICAL TERMINATION OF PREGNANCY (AMENDMENT) BILL,
2002.**

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A.RAJA): Sir, I beg to move:

"That the Bill to amend the Medical Termination of Pregnancy Act, 1971, be taken into consideration".

Sir, the Medical Termination of Pregnancy Act, 1971 was enacted by Parliament in 1971, which legalised the termination of pregnancy on broad socio-medical grounds. The aim of the Act was to eliminate illegal abortions by untrained persons, in unhygienic conditions, and thereby reduce maternal morbidity and mortality.

The Medical Termination of Pregnancy Act, 1971 and the Rules and Regulations of 1975 thereunder, specify the circumstances in which, and the places where, the termination of pregnancy can be conducted; the qualifications, experience and training of the personnel who can conduct medical termination of pregnancy (MTP); the conditions for approving places, and recording and reporting procedures, etc., in regard to MTP.

The Medical Termination of Pregnancy Act is now almost three decades old. It gives primacy to rights of women. Some of its provisions now need to be reviewed, both in the context of significant changes in the socio-economic scenario and the development of medical technology and services. It has, therefore, become necessary to regulate legal abortions in a more effective manner.

In June, 1997 the Government of India reviewed the Medical Termination of Pregnancy Act, 1971 to make it more relevant to the present environment. The National Commission for Women also suggested certain amendments to the Act, with a view to removing provisions discriminatory to women.