

[Shri A. M. Thomas.]

the present rates our experience is that the Central Warehousing Corporation is running at a loss, although the loss is being reduced. In 1961-62 the net loss we incurred came to about Rs. 2-03 lakhs. The accounts for 1962-63 are being finalised. Although the gross income is Rs. 20 lakhs, even then we may have to incur a loss of about Rs. 11 lakhs, at the existing rates. Considering the general, prevailing rates of godown charges, it cannot be said that the rates prescribed by the Warehousing Corporations are high. Moreover, it may also be borne in mind that the storage space provided, the warehousing facilities provided by the Warehousing Corporations, would perhaps be the best of its kind. In fact, we do not provide or hire storage space of second class or third class type. We try always to go in for first class storage. We also provide other facilities such as the application of pesticides and other things for the preservation of the goods or commodities which are warehoused with us. So, we provide these facilities also and I think the hon. Member would agree that some allowance would have to be made for the facilities that are being provided.

The other point that has been raised by the hon. Member is this. Is it not because of the fact that these warehouses are situated far away, because of their unsuitable location, that the producers are not taking advantage of them? I do not think it is wholly correct. I have submitted at the very beginning that as far as the Central Warehousing Corporation's work is concerned, it is confined to centres of all-India importance, important 'mandis' and important trade centres. As far as the other centres are concerned, there are the State Warehousing Corporations and I think it will not be advisable to have godowns of the Central Warehousing Corporation in each village. That must come under

a totally different scheme. I agree, as has been stated by the hon. Member, Shri Lingam, that their work has to be an integrated one, but it is not the same as suggesting that the Central Warehousing Corporation should open warehouses in the village parts.

THE DEPUTY CHAIRMAN: The question is:

"That the Bill to amend the Warehousing Corporations Act, 1962, as passed by the Lok Sabha, be taken into consideration."

The motion was adopted.

THE DEPUTY CHAIRMAN: We shall now take up the clause by clause consideration of the Bill.

Clause 2 was added to the Bill.

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

SHEA. M. THOMAS: Madam, I move:

"That the Bill be passed."

The question was put and the motion was adopted.

THE DRUGS AND MAGIC REMEDIES (OBJECTIONABLE ADVERTISEMENTS) AMENDMENT BILL, 1963—continued.

THE DEPUTY CHAIRMAN: The next item is the Drugs and Magic Remedies Bill.

Mr. Kureel, you were on your feet.

شری پیما، لال کریل دھطالبہ
(اوپر دیس): میڈم ڈپٹی چیئرمین -
میں زیادہ وقت نہیں لوٹا - میں
صرف یہ کہنا چاہتا ہوں کہ یہ مستحب
اخلاق اشتہارات جو خاص طور پر
ورنیکولر پریس میں چھپتے ہیں

انہیں روکا جانا چاہئے۔ ہمیں قانون بنا دینے سے ہی اس میں کامیابی حاصل نہیں ہو سکتی بلکہ ہمیں یہ دیکھنا چاہئے کہ اخباروں میں جو مضرب اخلاق یعنی اخلاق کو گرانے والے اشتہارات چھپتے ہیں وہ بالکل نہ چھپنے پائیں اور قانون کو سختی کے ساتھ عمل میں لایا جانا چاہئے۔ میں پرزور لفظوں میں عرض کرنا چاہتا ہوں کہ آپ جو قانون بنا رہے ہیں اس کو آپ ورنگھوار اخباروں میں جو کہ اس طرح کے مضرب اخلاق اشتہارات کو چھاپتے ہیں ان کو چھاپنے سے روکنے کے لئے استعمال کیا جانا چاہئے۔

جو لوگ آپریٹنگ یا یونانی طریقہ سے علاج کرتے ہیں۔ میں ذاتی تجربہ کی بنا پر کہتا ہوں کہ اس طرح کے لوگوں کا بڑی آسانی سے رجسٹریشن ہو جاتا ہے اور یہی لوگ اس طرح کے اشتہارات اخباروں میں شائع ہونے کے لئے دیتے ہیں۔ میں نے سنا ہے کہ اگر دو بڑے آدمیوں کا سرٹیفکیٹ کوئی وید لے لیتا ہے تو اس کا رجسٹریشن ہو جاتا ہے۔ اس طرح سے ویدوں کا جس طریقہ سے رجسٹریشن ہوتا ہے وہ ایک غلط طریقہ ہے۔ جو کوالیفائیڈ ہیں، جو واقعی ویدیک میں ماہر ہیں، اس کے علاج کی واقعیت رکھتے ہیں، اگر ان کا رجسٹریشن کیا جائے تو کوئی ہرج نہیں لیکن میں دیکھتا ہوں کہ

دیہاتوں میں بہت سے وید علاج کرتے ہوں اور ان کا رجسٹریشن کس طرح سے ہوتا ہے۔ اکثر دیکھتے ہیں یہ آتا ہے کہ یہ لوگ پارلیمنٹ کے ممبروں کے پاس آتے ہیں اور ان سے سرٹیفکیٹ لے لیتے ہیں۔ میں نے تو اس طرح کا کوئی سرٹیفکیٹ اشو نہیں کیا۔ مگر بہت سے ممبر ایسے ہیں جو سرٹیفکیٹ اشو کر دیتے ہیں۔ گاؤں کے دیہاتی وید یا حکیم ان سے کہتے ہیں کہ اگر آپ کا سرٹیفکیٹ مل جائے گا تو ہمارا رجسٹریشن ہو جائے گا۔ اس وجہ سے بہت سے ممبران ایسے لوگوں کو ایذا سرٹیفکیٹ دے دیتے ہیں اور ان کا رجسٹریشن ہو جاتا ہے۔ چاہے ان لوگوں کو ویدک سے واقفیت ہو یا نہ ہو۔ وہ لوگ ایسی دوائیں دیتے ہیں اور اس طرح سے علاج کرتے ہیں کہ پچائے بھاری اچھی ہونے کے وہ بڑھتی ہی چلی جاتی ہے۔ اس طرح کی بات خاص طور پر دیہاتی علاقوں میں ہو رہی ہے۔ اس کو روکا جائے۔

شری اکبر علی خاں (آندھرا پردیش): کون سرٹیفکیٹ دیتے ہیں؟

†[श्री अकबर अली खान (आंध्र प्रदेश):
कौन सर्टिफिकेट देते हैं?]

شہری پیارے لا دیل وہ طالبہ :

سبھی لوگ بہت سے سمجس اور دوسرے بڑے بڑے لوگ ہیں جو ان کو سرٹیفیکیٹ دے دیتے ہیں اور اس بات کی تصدیق کر دیتے ہیں کہ یہ یہاں پر ویدک علاج کر رہے ہیں اور ان کو کافی تجربہ ہے - حالانکہ ان کی تعلیم تین چار پانچ درجہ تک ہوتی ہے اور کبھی انہوں نے ویدک علاج نہیں کیا ہوتا ہے لیکن اس سرٹیفیکیٹ کی بناء پر ان کو رجسٹر کر لیا جاتا ہے - میں نہیں جانتا کہ آیا یہ صحیح ہے یا نہیں مگر چونکہ ہمارے پاس لوگ آتے ہیں سرٹیفیکیٹ لینے کے لئے اور وہ کہتے ہیں کہ آپ لکھیں گے تو ہمارا رجسٹریشن ہو جائے گا اور ہمارا ذریعہ معاش چل نکلے گا اور ہماری آمدنی ہوگی - اس بات کو دیکھتے ہوئے اگر ایسی بات ہوگی تب ہی تو وہ لوگ ہمارے پاس آتے ہیں اور سرٹیفیکیٹ مانگتے ہیں اور ہر طرح کا دباؤ ڈالتے ہیں کہ ہم آپ کی کانسٹی ٹیوٹنسی کے ہیں ہم کو آپ سرٹیفیکیٹ دے دیں اور اس کے بعد اگر ہم نہیں دیتے ہیں تو وہ ہمارے خلاف طرح طرح کا پروپیگنڈا بھی کرتے ہیں -

اس طرح سے ہومیو پیتھک علاج جو کرتے ہیں ، میں نے یہ سنا ہے کہ وہ ڈاک کے ذریعہ سے سرٹیفیکیٹ حاصل کر لیتے ہیں ، ڈپلوما لے لیتے

ہیں - ان کی کوئی قابلیت نہیں ، ان کی کوئی لیاقت نہیں اور خط و کتابت کے ذریعہ سرٹیفیکیٹ انہیں مل جاتا ہے اور وہ ہومیو پیتھک علاج کرنے لگتے ہیں - جگہ جگہ ، محلہ محلہ میں آپ دیکھیں گے کہ ڈاکٹروں کی کمی نہیں ہے اور یہ ڈاکٹرس جو ہیں انہوں کے اشتہارات ہوتے ہیں اور یہ جنڈا کی صحت سے عوام کی صحت سے کھیلتے ہیں - ان کو روکا جائے اور ان کا رجسٹریشن جو اتنا آسان ہے اس پر پابندی لگائی جائے اور ذرا سختی سے کام لیا جائے - یہ ہومیو پیتھک ڈاکٹر جو رجسٹر کیے جاتے ہیں یا وید جو رجسٹر کیے جاتے ہیں اور آیورویدک اور یونانی طریقہ سے جو علاج کرتے ہیں ان کا رجسٹریشن کرنے میں ذرا سختی سے کام لینے کی ضرورت ہے -

اب آپ چھاپہ وغیرہ کہہ سہ مارینگے دوائیں بڑی بڑی کمپنیوں میں بنتی ہیں - اس لئے ایک تو یہ ہے کہ پیریڈیکل چیک ہوتا رہے اور انسپیکشن ہوتا رہے کہ یہ دوائی بنانے والے . . .

THE MINISTER OF HEALTH (DR. SUSHILA NAYAR) : I think, Madam, the hon. Member is mixing up this Bill with the Drugs Control (Amendment) Bill. The Drugs Control (Amendment) Bill is still to come. This is only regarding advertisement of magic remedies and things of that kind.

شہر یہارے لال کریل دھڑالہ -

میں یہی بتا رہا تھا کہ ایسے ڈاکٹرس اور کمپنی والے ہیں جن کی طرف سے اشتہارات نکلتے ہیں اور جب تک بڈیا کو نہیں پکڑیں گے، بڈیا کو نہیں ہٹائیں گے تب تک اس طرح کے اشتہارات وغیرہ جو ہیں وہ بند نہیں ہو سکتے ہیں - اب آپ جیسے ریڈ کریں گے تو کسی کیمسٹ کی پریمیسز میں کریں گے یا دوا فروشوں کے یہاں کریں گے یا اخباروں کے یہاں، اور یہ جو نقلی دوائیں ہیں یہ پنساریوں کی دکانوں میں آپ کو ملیں گی، چھوٹے چھوٹے جنرل مرچنٹس کے یہاں آپ کو ملیں گی اور دیہات کے جو چھوٹے چھوٹے درکان دار ہیں ان کے یہاں ملیں گی - تو صرف میں یہ کہنا چاہتا ہوں کہ یہ آپ دیکھیں کہ دوائیں جہاں فروخت ہوتی ہیں ان کا پتہ لگانے کی کوشش کی جائے تاکہ یہ جو جنٹا کی صحت کو خراب کرنے والی دوائیاں ہیں ان کی فروخت بند ہو اور یہ چھوٹے پنساری جو ہیں جو اس قسم کی دوائیں بیچتے ہیں ان کے یہاں ایسی دوائیں نہ بکنے پائیں - میں یہ بھی کہنا کہ ایسا نہ ہو دوا خراب ہو میڈیٹیکل پور یہاں مگر سزا پائیں ریگلیٹر - بات یہ ہے کہ جو دوا خراب بنانے والا ہے یا بنانے والی کمپنی ہے اس کو سزا ملنی چاہیئے - وہاں ریڈ ہونی

چاہیئے اور ریگلیٹرس کے یہاں نہیں ہونی چاہیئے - ہاں - ریگلیٹرس اگر اس بات کے قصور وار ہوں کہ انہوں نے دواؤں کو رکھنے کا معقول انتظام نہیں کیا یا ان کی غفلت سے یا لا پرواہی سے وہ دوائیں خراب ہوئی ہیں تو ان کو قصور وار ٹھہرایا جائے مگر اور دوسرے لوگوں کو بلا وجہ پریشان نہ کیا جائے -

اصل میں یہ مخرب اخلاق اشتہارات چھاپنے کی کوئی ضرورت ہو نہیں ہے - دوا ٹھیک ہوتی ہے تو خود بخود مشہور ہو جاتی - وہ مشک آن است کہ خود بیویہ نہ کہ عطار بگوید -

زیادہ نہ کہتے ہوئے میں یہ ضروری کہونا کہ جو ایسے اشتہارات ہیں ان کو معقول اور موثر طریقہ سے بند کرنے کی کوشش کی جائے -

†[श्री प्यारेलाल कुरील 'तालिब': (उत्तर प्रदेश) : मैडम डिप्टी चेयरमैन ! मैं ज्यादा वक्त नहीं लूंगा । मैं सिर्फ यह कहना चाहता हूँ कि यह मुखरबे अखलाक इश्तहारात खास तौर पर वरनाक्यूलर प्रेस में छपते हैं उन्हें रोका जाना चाहिये । हमें कानून बनाने से ही इस में कामयाबी हासिल नहीं हो सकती बल्कि हमें यह देखना चाहिये कि अखबारों में जो 'मुखरबे अखलाक' अखलाक को गिराने वाले इश्तहारा छपते हैं वह बिल्कुल न छपने पयें और कानून को सख्ती के साथ अमल में लाया जाना चाहिये । मैं पुरजोर लफजों में अर्ज करना चाहता हूँ कि आप जो कानून बना रहे हैं उस को आप वरनाक्यूलर अखबारों में जो कि इस तरह

[श्री प्यारेलाल कुरील 'तालिब']
मुखरबे अखलाक इश्तहारात को छापते हैं उन को छापने से रोकने के लिये इस्तेमाल किया जाना चाहिये ।

जो लोग आयुर्वेदिक या यूनानी तरीके से इलाज करते हैं । मैं जाती तजुबों की बिना पर कहता हूँ कि इस तरह के लोगों का बड़ी आसानी से रजिस्ट्रेशन हो जाता है और यही लोग इस तरह के इश्तहारात अखबारों में शायी होने के लिये देते हैं । मैंने सुना है कि अगर दो बड़े आदमियों का सर्टिफिकेट कोई वैद्य ले लेता है तो उस का रजिस्ट्रेशन हो जाता है । इस तरह वैद्यों का जिस तरह से रजिस्ट्रेशन होता है वह एक गलत तरीका है जो क्वालिफाइड हैं, जो वाकई वैदिक में माहिर हैं, इस के इलाज की वाकफियत रखते हैं अगर उन का रजिस्ट्रेशन किया जाय तो कोई हर्ज की बात नहीं लेकिन मैं देखता हूँ कि देहातों में बहुत से वैद्य इलाज करते हैं और उन का रजिस्ट्रेशन किस तरह से होता है । अक्सर देखने में यह आता है कि यह लोग पार्लियामेंट के मੈम्बरों के पास आते हैं और उन से सर्टिफिकेट लेते हैं । मैंने तो इस तरह का कोई सर्टिफिकेट इश्यू नहीं किया । मगर बहुत से मੈम्बर ऐसे हैं जो सर्टिफिकेट इश्यू कर देते हैं । गांव के देहाती वैद्य या हकीम उन से कहते हैं कि अगर आपका सर्टिफिकेट मिल जायेगा तो हमारा रजिस्ट्रेशन हो जायगा इसी वजह से बहुत से मੈम्बरान ऐसे लोगों को अपना सर्टिफिकेट देते हैं और उनका रजिस्ट्रेशन हो जाता है चाहे उन लोगों को वैदिक से वाकफियत हो या न हो । वह लोग ऐसी दवायें देते हैं और इस तरह से इलाज करते हैं कि बजाय बीमारी अच्छी होने के वह बढ़ती ही चली जाती है । इस तरह की बात खास तौर पर देहाती इलाकों में हो रही है । इस को रोका जाय ।

श्री अकबर अली खान (आन्ध्र प्रदेश) :
कौन सर्टिफिकेट देते हैं ?

श्री प्यारेलाल कुरील 'तालिब' :
सभी लोग बहुत से मੈम्बर, और दूसरे बड़े

बड़े लोग हैं जो उन को सर्टिफिकेट देते हैं और इस बात की तसदीक कर देते हैं कि यह यहां पर वैदिक इलाज कर रहे हैं । और इन को काफी तजुर्बा है, हालांकि उन की तालीम तीन, चार, पांच दर्ज तक होती है और कभी उन्होंने वैदिक इलाज नहीं किया होता है लेकिन इस सर्टिफिकेट की बिना पर उन को रजिस्टर कर लिया जाता है । मैं नहीं जानता कि आया वह सही है या नहीं मगर चूँकि हमारे पास लोग आते हैं सर्टिफिकेट्स लेने के लिये और वह कहते हैं कि आप लिख देंगे तो हमारा रजिस्ट्रेशन हो जायगा और हमारा जरिया-ए-मआश चल निकलेगा । और हमारी आमदनी होगी । इस बात को देखते हुए अगर ऐसी बात होगी तब ही तो वह लोग हमारे पास आते हैं और सर्टिफिकेट मांगते हैं और हर तरह का दबाव डालते हैं कि हम आपकी कांस्टीट्यूएन्सी के हैं, हम को आप सर्टिफिकेट दे दें और उस के बाद अगर हम नहीं देते हैं तो वह हमारे खिलाफ तरह तरह का प्रोपैगंडा भी करते हैं ।

इसी तरह से होम्योपैथिक इलाज करते हैं । मैंने सुना है कि वह डाक के जरिये से सर्टिफिकेट हासिल कर लेते हैं, डिपलोमा ले लेते हैं । उन की कोई काबलियत नहीं । उन की कोई लियाकत नहीं । और खतो किताबत के जरिये सर्टिफिकेट उन्हें मिल जाता है और वह होम्योपैथिक इलाज करने लगते हैं । जगह जगह मोहल्ले मोहल्ले में, आप देखें कि ऐसे डाक्टरों की कमी नहीं है और यह डाक्टर्स जो हैं उन्हीं के इश्तहारात होते हैं और यह जनता की सेहत से, अबाम की सेहत से, खेलते हैं । इन को रोका जाय और इन का रजिस्ट्रेशन जो इतना आसान है उस पर पाबन्दी लगाई जाय और जरा सख्ती से काम लिया जाये । यह होम्योपैथिक डाक्टर जो रजिस्टर किये जाते हैं या वैद्य जो रजिस्टर किये जाते हैं और आयुर्वेदिक यूनानी तरीके से इलाज करते हैं उन का रजिस्ट्रेशन करने में जरा सख्ती से काम लेने की जरूरत है ।

अब आप छापा बगैरह कैसे मारेंगे । दवायें बड़ी बड़ी कम्पनियों में बनती हैं । इसलिये एक तो यह है कि पीरियोडिकल चैक होता रहे और इन्स्पेक्शन होता रहे कि यह दवाई बनाने वाले . . .

THE MINISTER OF HEALTH (DR. SUSHILA NAYAR): I think, Madam, the hon. Member is mixing up this Bill with the Drugs Control (Amendment) Bill. The Drugs Control (Amendment) Bill is still to come. This is only regarding advertisement of magic remedies and things of that kind.

श्री प्यारेलाल कुरील 'तालिब' : मैं यही बता रहा था कि ऐसे ऐसे डाक्टर और कम्पनी वाले हैं जिनकी तरफ से इशतहारात निकलते हैं और जब तक आप बुनियाद को नहीं पकड़ेंगे, बुनियाद को नहीं हटाएंगे, तब तक इस तरह के इशतहारात जो हैं वह बन्द नहीं हो सकते । अब आप जैसे रेड करेंगे तो किसी कैमिस्ट की प्रैमिसिज में करेंगे या दवा फरोशों के यहां करेंगे, या अखबारों के यहां, और ये जो नकली दवायें हैं पंसारियों की दुकानों में आप को मिलेंगी, छोटे छोटे जनरल मर्चेन्ट्स के यहां आप को मिलेंगी और देहात के जो छोटे छोटे दुकानदार हैं उनके यहां मिलेंगी । तो सिर्फ मैं यह कहना चाहता हूँ कि यह आप देखें कि यह दवायें जहां फरोख्त होती हैं उनका पता लगाने की कोशिश की जाये ताकि यह जो जनता की सेहत को खराब करने वाली दवायें हैं उनकी खरोख्त बन्द हो और यह छोटे छोटे पन्सारी जो हैं जो इस किस्म की दवायें बेचते हैं उनके यहां ऐसी दवायें न बिकने पायें । मैं यह भी कहूंगा कि ऐसा न हो कि दवा खराब हो मैन्यूफैक्चर के यहां मगर सजा पाये रिटेलर्स । बात यह है कि जो दवा खराब बनाने वाला है या बनाने वाली कम्पनी है उसको सजा मिलनी चाहिये, वहां रेड होनी चाहिये, और रिटेलर्स

के यहां नहीं होनी चाहिये । हां, रिटेलर्स अगर इस बात के कुसूरवार हों कि उन्होंने दवाओं को रखने का माकूल इंतजाम नहीं किया या उनकी गफलत से या लापरवाही से ये दवायें खराब हुई हैं तो उनको कुसूरवार ठहराया जाये । मगर और दूसरे लोगों को बिला वजह परेशान न किया जाये ।

असल में यह मुखरवे अखलाक इशतहारात छापने की कोई जरूरत ही नहीं है । दवा ठीक होती है तो खुद ब खुद मशहूर हो जाती है ।

ज्यादा न कहते हुये मैं यह जरूरी कहूंगा कि यह जो ऐसे इशतहारात हैं उनको माकूल और मुअस्सर तरीके से बन्द करने की कोशिश की जाये ।]

. K. L. NARASIMHA RAO (Andhra Pradesh): Madam Deputy Chairman, the practice of advertising certain drugs giving false guarantees of magical cure of certain diseases has become a menace to the well-being of our society. These advertisers styling themselves as specialists in certain diseases are playing upon, and deriving the maximum benefit from, the ignorance of the masses of our country. These advertisements tend to cause the ignorant public to resort to self-medication and to resort to quacks who indulge in these advertisements for treatment which is extremely harmful. It is necessary in the interests of the public to put a stop to these undesirable advertisements, and I think that that is the purpose of the Bill.

Unfortunately in our country more than 50 per cent, of our population, literate or illiterate, rural or urban, when they suffer from an ailment, first resort to self-medication, then some quack treatment, and finally when the quack treatment fails, they seek the aid of a qualified doctor. By this time the disease may get complicated and the patient may have to face some risks.

[Dr. K. L. Narasimha Eao.]

Usually if a person suffers from a mild ailment such as cold or slight temperature, instead of having risky treatment, by taking restricted diet and rest usually he will recover. If he does not improve, he cannot risk his life by resorting to self-medication or quack treatment. He has to seek the aid of the nearest available qualified doctor.

Madam, a person who does not know even the location of the important organs in the human system styles himself as a specialist of certain diseases and has his drugs advertised, and the patients in distress who are naturally attracted by these advertisements fall a prey to them.

For instance, we see advertisements that certain medicines will cure cataract. In fact certain homeopaths claim that they can cure cataract without surgical interference, and they have their drugs prominently advertised. The cataract patient will naturally prefer medical treatment to operation, and as such he will be tempted by this advertisement. But those drugs will not at all improve the patient's condition. On the other hand they prolong his suffering.

Take the case of hypertension. If a person who does not know what is hypertension, what is high blood pressure and what is low blood pressure, begins to treat a case of hypertension and continues to administer the advertised drugs, even though the blood pressure comes below normal, the effect of the drugs will prove disastrous to the patient.

A patient suffering from diabetes may become unconscious and restless. It may be due to hyperglycemia, a condition due to excess of blood sugar, or hypoglycemia, a condition due to low blood sugar content. If the person treating the case could not distinguish the condition of the patient, his treatment with the advertised drug will lead the patient to disaster.

These are some instances where the advertised drugs can do incalculable harm to suffering patients. I will quote a case of penicillin reaction. An unqualified man gave a penicillin injection to his wife. Unfortunately, it produced a very severe reaction resulting in a collapsible pulse. The poor man did not know that the dangerous condition was due to penicillin reaction and he could not give prompt treatment. By the time he took her to a qualified doctor, the patient collapsed. Penicillin injections, though rarely, produce a very serious reaction and the patient can be saved by prompt treatment and that can be done by a qualified doctor only who knows what is what while dealing with the patient.

If a standardised drug as penicillin sometimes produces, though in rare conditions, a severe reaction, what about the other drugs which are not standardised but which are prominently advertised? If these drugs are used for self-medication or used by a quack who does not know how to treat the evil effects of these drugs, naturally the patient has to take the serious consequences.

A revered hon. friend of this House believes that certain stubborn diseases like deafness, blindness, hysteria, epilepsy and other disorders of the brain can be treated by psycho-therapy. He also believes that cancer and appendicitis can also be treated by medicine without operation. He has mentioned one single case of cancer and one single case of appendicitis which, according to him, are cured by simple medicines. But we must be aware of the fact that in spite of the most modern methods of treatment in well-equipped hospitals, thousands of cancer cases prove fatal. Regarding a well-diagnosed case of appendicitis, it is a well-recognised fact that it requires surgical interference.

Regarding certain nervous disorders, psycho-therapy can be of help to some extent in certain cases but psychotherapy by itself cannot, without the aid of sufficient medical attention, cure the diseases mentioned.

Regarding the household remedies mentioned by one hon Member, these remedies are being used from generation to generation and they need no advertisement. In fact, the definition of a household remedy is rather vague. The age-old kashayam of the grand-mother to cure minor ailments like cold and temperature is a household remedy and that requires no advertisement. And I consider that the drugs that are advertised usually can never be called household remedies.

Madam, this Bill seeks to prohibit self-drugging and alluring advertisements of drugs which are injurious to ocaith. I support this Bill.

Thank you.

شری عبدالغنی (پنجاب):

مہدم دیتی چہرہ میں - مجھے خوشی ہے اور ہیلٹہ منسٹر صاحبہ مبارک باد کی بڑی سی مستحق ہیں کہ ان کی زندگی کا ایک بہترین حصہ دیہیں پتا مہاتما گاندھی کے ساتھ گزارا اور ملک کی ترقیوں کو بمقابہ دوسرے کے بہت آسانی سے جاملے گا انہیں موقع ملا - کیوں ہمیں ایسا بل لانا پڑا - اس کے کٹے کارن ہیں - ایک کارن تو یہ ہے کہ ملک میں قریبی بہت زیادہ ہے ، ملک میں تعلیم کی بہت زیادہ کمی ہے اور ہماری سرکار نے ذرائع جو ہیں وہ بہت محدود ہیں - مہدم دیتی، چہرہ میں ہر ایک جانتا ہے کہ دنیا دیہات میں بستی ہے اور دیہات میں ہم ایسا انتظام نہیں کر پائے ہیں کہ ان کو ان دھوکے بازوں سے بچا سکیں جو کہ چمکتار دکھاتے

ہیں اور ایک ہی مدت میں یہاں تھوڑے ہی وقت میں بیماریوں کو دور کرتے ہیں - بیماریوں کے کئی نام اس میں گڈائے گئے ہیں اور بہت سی ان کے علاوہ دوسری بھی بیماریاں ہو سکتی ہیں - جو ہماری جہالت اور ہماری غربت اور سرکار کے ذرائع کا محدود ہونا اور مجھے معاف کہجئے کہ ایڈمنسٹریشن کی بعض نالائقیہاں بھی اس کا باعث بنی ہیں کہ یوں ملک میں دھوکا ہو اور یوں چمکتار دکھایا جائے اور یوں اشتہار بازی سے دنیا کو لوٹا جائے -

مہدم یہ بات سچ ہے کہ ہماری دسپنسریاں بہت کم ہیں اور جو ہیں بھی ان میں کہیں ڈاکٹر نہیں ہیں اور کہیں ڈوائیں نہیں ہیں - تو جب یہ حالت ہو تب یہ ضروری بات ہے کہ لوگ دھوکے میں پھنسیں سرکار اس کو روکنے کی کوشش کرنے جا رہی ہے اور پہلے بھی اس نے اس کے لئے کوشش کی ہے لیکن سپریم کورٹ نے چون کہ کہا ہے کہ بیماریوں کا نام بھی ہونا چاہئے جن میں کہ یہ چمکتار دکھاتے ہیں تو اس میں ہم بیماریوں کے نام کافی دے رہے ہیں اور چون نام کے قریب دیئے ہیں - تو میں یہ عرض کر رہا تھا کہ آیا سرکار اس کو روک پائے گی یا نہیں - لوگوں کو جب کوئی اور علاج حاصل نہ ہو تو پھر وہ مجبور ہیں

[شری عبد الغنی]

کہا کریں - اس طرح سے اشتہار بازی تو رک جائے گی لیکن وہ کوئی اور طریقہ نکال لہنگے جیسے کہ دیواروں پر لکھنے کا طریقہ وہ نکال لہنگے اپنی دیواروں کو پہچلنے کے لئے - چونکہ سرکار نے ذرائع محدود ہیں تو اس کے لئے سرکار کہا آپائے کرے گی ؟ یہ میں نہیں جانتا - لیکن جو مشکل پڑتی ہے وہ یہ پڑتی ہے کہ اس وقت دوا اور دعا دونوں اس میں ملا دیئے گئے ہیں - چمکتا دکھانے والے یہ بھی کہتے ہیں کہ ان بیماریوں کا علاج یہ ہے کہ یہ پڑ جو ہم بھیج رہے ہیں اس کو کھول کر پھلنے سے بیماری دور ہو جائے گی اور بالکل آرام ہو جائے گا تو دوا اور دعا دونوں مل گئیں -

بدنصہ ہی یہ ہے کہ ہمارے بڑے بڑے لوگ ، بڑے بڑے نیتا ، یہاں تک کہ ہمارے ہوم منسٹر اور پرائم منسٹر بھی اس جھگڑے میں پھلے ہوئے ہیں -

श्री शील भद्र याजी (बिहार) : प्राइम मिनिस्टर इसमें नहीं हैं।

[شری عبد الغنی : میں عرض

کر رہا ہوں کہ وہ جوتشیوں کو بلاتے ہیں جوتشیوں کو روز پاس بلاتے ہیں اور ان سے پوچھتے ہیں کہ ہماری قسمت کا ستارہ کس طرف

چل رہا ہے - کہیں ہر دوار میں یا کہیں اور جگہ جائے پر لٹھلائیں کرتے ہیں - تو جب بڑے بڑے منسٹر اس چمکتا میں پھلے جائیں ، ہوم پرائم منسٹر پھلے جائیں ، ہوم منسٹر پھلے جائیں تو پھر دنیا والے دھوکا کھوں نہ کہائیں - اس پر میری بہن سوشل نہر جی کہا پابندی لگاؤ گی ، یہ میں نہیں جانتا -

The DEPUTY CHAIRMAN: How do you refer to the Prime Minister and the Home Minister? How do you know this fact?

[شری عبد الغنی : میں عرض

جانتا ہوں - مجھے اس جوتشی سے ملنے کا موقع ملا جو آئے دن ان کے یہاں جاتا ہے اور چاکر وہ ایسا سچھا دیتا ہے کہ آپ کیا کرنے والے یعنی ملک کی قسمت یہ بھی ایک بیماری ہے ، ہومو پیٹھی نے یہ بتایا ہے ، ہومو پیٹھی نے یہ دنیا پر واضح کر دیا ہے کہ اگر عبد الغنی زیادہ بولتا ہے تو یہ بھی بیماری ہے اس میں نقص ہے - اس کا علاج ہونا چاہئے - اسی طرح سے اگر کوئی بھی کام ہو اپنی قسمت کو جالما چاہتے ہو یا ملک کی قسمت کو جانتا چاہتے ہو ، تو یہ بھی ایک بیماری ہے جس کا وہ جوتشی سے علاج کراتے ہیں ، تو میں کہہ رہا تھا کہ بیماریاں طرح طرح کی ہیں -

شری اکبر علی خان : چیوتشی
کا نام تو فرمائیں -

†[श्री अकबर अजी खान : ज्योतिषी
का नाम तो फर्मायें] ?

شری عبد الغنی : وہم کی بیماری
تو کی بیماری ؟ چھوٹتر کی بیماری
گدی چھوٹ رہی ہے اس ۴ نم بھی
بیماری ہے -

श्री विमलकुमार मन्नालालजी बीरडिया :
(मध्य प्रदेश) : क्या नाम है ज्योतिषी का,
यह पूछ रहे हैं ?

شری عبد الغنی : حویلی دام -

THE DEPUTY CHAIRMAN: It is one
o'clock. The House will reassemble at 2-30.

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

The House reassembled after lunch at half-
past two of the clock the DEPUTY CHAIRMAN
in the Chair.

شری عبد الغنی : مقدم دیتی
چھوٹ میں - میں عرض کر رہا تھا کہ
یہ جو ایک دم سے میچھک ٹریٹمنٹ
کی چرچا ہے اس سے یقیناً ملک کو
بڑا نقصان پہنچتا ہے - لیکن ایک
بات میں ٹریٹمنٹ کی خدمت
میں آپ کے دواوا عرض کرنا چاہتا
ہوں کہ یہ حقیقت ہے کہ آیورویدک

†[] Hindi transliteration.

اور طب یونانی نے نہ صرف بھاوت کے
بسلے والوں کی بلکہ ساری دنیا کی
بہت بڑی خدمت کی ہے - کچھ
ایسا قدرت نے ان کو ملکہ دیا ہے کہ
بیماری کی جانچ پڑتال کرنے کے لئے
جو انہیں تجربہ حاصل ہے وہ ہمارے
جو انگریزی طرز سے علاج کرنے والے ہیں
ان کو شاید اتنا حاصل نہیں ہے -
میں دو چار چھوٹے چھوٹے واقعے آپ
کے دواوا عرض کرنا چاہتا ہوں -
ایک دفعہ ایک امریکن نے جو بہت
بڑا افسر تھا یہ تجربہ کرنے کے لئے کہ
جو کہتے ہیں طب یونانی میں بڑے
بڑے حکیم ہیں، دلی میں ایک
حکیم اجمل خان صاحب تھے تو ان
کے دواخانہ میں گئے - لائن میں
لوگ وہاں کھڑے ہو جاتے تھے اس
غریب کی وہاں کوئی تمیز ہوتی
نہیں تھی، تو جب وہ سامنے آیا
تو انہوں نے ایک نسخہ
لکھ کر دیا تو وہ چلا گیا - اس کی
قیمت پوچھی، اس نے آئے تھے - وہ
حیران ہو گیا - اس نے یہ آزمانے کے
لئے انہوں نے جو مجھے دیکھا آیا وہ
تھوک دیکھا، وہ دوبارہ کھڑا ہو گیا
جب وہ آئے تو انہوں نے کہا ہم تو
دیکھ چکے آپ کو - تو اس کو شک
ہوا کہ بھائی اس کو اتنا پتہ ہے -
تو پھر حکیم صاحب نے ان کی
تسلی کے لئے کہا کہ بھوس بھوس
ہوئے تمہیں سانپ بکاتا تھا تب اس
کو یقین ہوا کہ ہندوستان میں بہت بڑے

[شری عبدالغنی]

بڑے حکیم موجود ہیں اور ڈاکٹر موجود ہیں اس لئے جب آپ ایسے چمکاروں کے خلاف ایکشن لیتے جا رہے ہیں تو اس میں طب یونانی اور آیوروید کے بارے میں خیال رکھیں جس کی میں ایک اور مثال دوں گا - شطرنج کھیل رہے تھے حکیم شریف خاں رات کے کوئی ایک بجے کے بعد ان کے یہاں کی ایک ہریجن بہن جو ان کے یہاں سہوا کرتی تھی صفائی کرتی تھی وہ چلائی ہوئی آئی کہ میرے مالک کو پیٹ درد نے اتنا دکھی کیا ہے کہ وہ اس کی برداشت سے باہر ہے تو حکیم صاحب نے کہا چلے کھلا دو - تب یہ ایک ایسی بات ہے جس پر ہر ایک ہلے گا کہ پیٹ میں درد ہوتا ہے تو اس کو چلے کہا کھلائیں لیکن انہیں پتہ تھا کہ ایک غلطی ہوئی اس سے اور اس غلطی کے بعد اس نے پانی پیا اور پانی پینے سے اس کے پیٹ میں زیادہ تکلیف ہوئی اور چنا پیٹ میں جانے سے وہ پانی خشک ہوا - وہ آدھے گھنٹے بعد آئی کہ میرا مالک آرام سے ہے تو حکیم صاحب جو شطرنج کھیل رہے تھے انہوں نے کہا کہ میں سمجھ رہا تھا کہ رات کا وقت ہے ورنہ پیٹ درد کی کوئی وجہ نہیں - تو میرے ایتے والد کا ذہن ہے - آج سے تقریباً سو برس پہلے کی بات ہے ان کو سانپ نے کاٹا تھا اور ان کے تمام جسم سے خون بہنا

شروع ہوا اس وقت کوئی انگریزی علاج کا چرچہ نہیں تھا لیکن حکیم وغیرہ جو تھے وہ بھی کچھ نہ کر پائے - میرے والد کو جیلا تھا اور مجھے پیدا ہونا تھا کہ ایک جوگی آیا اور اس نے ایک تلکے پر دوائی رکھ کر تلکے منہ میں ڈالا تو خون بند ہو گیا اور میرے والد اٹھ کر بیٹھ گئے ایسا مجھکو بتایا گیا - تو میں عرض کرتا ہوں کہ کہیں ایسا نہ ہو - اس چیز میں کوئی شبہ نہیں کہ انگریزی علاج جو کرتے ہیں ان کو کافی تربیل ملتی ہے ایک مدت کے بعد وہ ڈاکٹر کہلانے کے قابل ہوتے ہیں - حکیموں ویدوں میں بھی جیسا علاج کرنے والے ہیں ویسا ہی انگریزی علاج کرنے والوں میں بھی بہت سے کمپاؤنڈر جو ہوتے ہیں وہ ہی ڈاکٹر بن کر بیٹھ جاتے ہیں ان سے بھی خرابیاں ہوتی ہیں اور ان کے بھی کئی نسخے چلتے ہیں اور بڑے ڈوروں سے ان کی اخذاروں دوارا چرچا ہوتی ہے - تو میں یہ عرض کر رہا تھا کہ جب آپ ایسا قدم اٹھانے کی بات سوچیں تو اس میں اس بات کا ضرور دھیان رکھئے کہ اس سے ہومیوپیتھی کی بھی خدمت ہو لیکن وہاں بھی جگہ جگہ گھر گھر ڈاکٹر بن گئے ہیں - بارہ دوائیوں پر نسخے ہوتے ہیں - ایک چھوٹا سا بکس لے لیتے ہیں اور جگہ جگہ پر بیٹھ جاتے ہیں لیکن اس میں قصور ایسا ہی ہے کہیں کہ ہم

اچھے ڈاکٹر مہیا کرنے میں فیل ہوئے اور جو اچھے ڈاکٹر ہیں وہ بھی دیہات میں جانے سے بہاگتے ہیں۔ اچھے ڈاکٹر قابل فزیشن، سرجن تو ہیں ہی کم لیکن جو فزیشن ہیں وہ بھی نہ چاہتے ہیں کہ انہیں دلی ملے، انہیں کوئی بڑا شہر ملے۔ دیہات کی طرف جانے سے وہ بھی گھبراتے ہیں تو دیہاتیوں کا کیا بلے گا کہونکہ اس میں تو شک نہیں ہے کہ کچھ دوائیاں ایسی ہیں جن میں چمٹکار کے نام پر ملاوت ہوتی ہے۔ ابھی کسی صاحب نے بیماریوں کی بابت پوچھا کہ کتنی بیماریاں ہیں تو میں نے کہا وہم کی، تو کی بیماریاں ہوتی ہیں جن میں انسان گھبرا جاتا ہے۔ تو اس میں میں نے چھوٹتر کا ذکر کیا تھا یہ بھائی اکبر علی صاحب نے پوچھا تھا کون ہے وہ آدمی۔ میں نے کہا حویلی رام۔ اور ویسے ایک تل پت کے مہاراج ہیں اور نہ جانے کتنے بڑے بڑے ہیں۔

تو ہم ایک ایسا راستہ اختیار کریں جس سے ہندوستان کے اصلی بسنے والوں کو جو اسی فیصدی کے قریب دیہات میں بستے ہیں، ان کو صحیح دوائیاں مل سکیں اور ان دوائیوں کو رجسٹر کریں۔ مجھے اپنی منسٹر پر اتنا ہی ایمان ہے جتنا خدا میں ایمان ہے۔ مہری رائے ہے کہ مہری منسٹر کبھی دھوکا کھانے والی

نہیں ہے۔ میں ذاتی طور پر اپنی بہن کو جانتا ہوں۔ میرے دل میں ان کے لئے بڑی عزت ہے اگرچہ میرا بہت کم واسطہ رہا ان سے ملنے ملانے کا۔ لیکن میں جانتا ہوں وہ بہت ہی ایماندار ہیں اور وہ دل سے چاہتی ہیں کہ دیہات کا بھلا ہو۔ انصاری بھائی خفا ہو گئے کہ الہ میاں کا نام کیوں لیا۔

شری اکبر علی خاں - بہت شکریہ

آپ کا -

‡[श्री अकबर अली खान : बहुत
शुक्रिया आप का]

شری عبد الغنی : میں شکریہ کرتا

ہوں۔ تو وہ ایسا بورڈ مقرر کریں کہ جس کے نہچے چاہے ڈیونانی دوائیاں ہوں، چاہے آیورویڈک کی، چاہے انگریزی کی، چاہے ہومیوپتھی کی ہوں، چاہے کوئی اور ہوں ان کو رجسٹر کرتے وقت مہری باتوں کا خیال رکھا جائے۔ کچھ لوگ قدرتی علاج کرتے ہیں، ہمارے باپو متی کے ذریعہ ایلے بلیڈ پریش کو کم کرنے کے لئے متی رکھ لیتے تھے، کچھ اور بھی طریقہ نہچر کھور کے نکلے ہیں، وہ اوپر سے دیکھتے ہیں چاہے کچھ نہ ہوں لیکن جن کو نہچر کھور کی واڈی سمجھ ہے وہ اس کے بارے میں اچھی طرح جانتے ہیں کچھ ایسے سادہ سادہ مہنت

†[] Hindi transliteration.

[شری عبدالغنی]

ہوتے ہیں جو ایک پریا راکھ کی دے دیتے ہیں اور کہتے ہیں کہ سب ٹھیک ہو جائیگا۔ انہوں نے کہا کہ لایا کلپ ہو جائیگا اور سچ سچ میں لایا کلپ ہو گیا۔ زندگی سے ہاتھ دھو بیٹھے۔ تو میری گزارش یہ ہے کہ وہ ایسا ہووے بدنائیں جو کسی دوائی کو رجسٹر کرنے سے پہلے اس کی جانچ پڑتال کرے، اس کی پوری تحقیقات کرے کہ واقعی اس سے لوگوں کا بہلا ہونے والا ہے کہ نہیں ہونے والا ہے۔ اور تب تک وہ ہووے اس کی شہنکشن نہ دے۔ مجھے اس سے بحث نہیں ہے کہ کوئی کہے کہ نہیں ملٹر میں سب کیسے بھج دیں گے، کیسے کیا ہوگا۔ جیسا وہ مناسب سمجھیں کریں تاکہ وہ جو بھی دوائی مفید ہو، چاہے وہ ونائی کی ہو، چاہے وہ آیورید کی ہو، چاہے وہ ہومیوپیتھک کی ہو، چاہے وہ انگلش کر ہو انگلستان کی جو بھی میڈیسن آج کل کہلاتی ہیں اس سے انگریزی طرز کا علاج ہوتا ہے۔ کوئی بھی ہو، جب تک آپ اس کی اجازت نہ دیں ان کو اختیار میں پہلے نہ ہونے دیں۔ میں کوئی وجہ نہیں سمجھتا کہ اتنے دنوں سے کہیں اختداروں میں خاص کر ورنکیولر کے اختداروں میں اس طرح کے دوائیوں کے اشتہار چھپتے ہیں جن کی کوئی بلحاظ نہیں ہوتی ہے۔ تو ان پر پابندی لگائی جائے اور جب تک ہووے کی طرف سے ان کو

سرٹیفیکیٹ نہ ملے ان کو اجازت نہ دی جائے۔ ایسا بھی نہ ہو کہ بیٹھا ہوا ہے ایک رجسٹرڈ حکومت کی طرف سے اور اس کو کچھ بھی دواؤں کا پتہ نہیں ہے۔ میڈم ڈپٹی چیئر مین۔ آپ سچ جانئے کہ کچھ بزنس لیا سرکار نے اور ان کے حوالے کیا جو بے چارے خود تو کیا ان کے باپ دادا اور دادا کے دادا بھی ویوہار سے کوئی تعلق نہیں رکھتے تھے۔ اسی طرح سے رجسٹر کرنے کے لئے جو بیٹھتے ہیں ان کو یہ بھی پتہ نہیں ہوتا ہے کہ یہ دوا ہے کیا۔ تو آپ ان کو اختیار نہ دیں بلکہ آپ ایسے لوگوں کو لیں، یونانی والوں کو لیں، آیوریدک والوں کو لیں، ہومیوپیتھک والوں کو لیں، ایلوپیتھک والوں کو بھی لیں اور ان کا ہووے بدنائیں اور وہ آپ کے نیچے سدا رہ کر کے لئے رہیں اور جب ایسی کوئی چیز آئے تو اس کو سرٹیفیکیٹ کریں۔ دوسرے الفاظ میں حکومت کی طرف سے اس کی ذمہ داری لی جائے کہ ہووے کے ذریعہ سے جو دوا جا رہی ہے دیکھ والوں کے پاس وہ چھو ملٹر دوا نہیں ہے بلکہ وہ اصلی دوا ہے اور اس سے لوگوں کو فائدہ ہوگا۔ خدا کرے کہ ایسی دوا جو ہو، ہمارے پرائم منسٹر کو، ہوم منسٹر کو، اور سہریم کورٹ کے ظفر امام جو ہیں، جن کو بیٹھتے نہیں دیا جاتا بیلچہ پر ان کو بھی کوئی فائدہ پہنچائے۔

†[श्री अब्दुल गनी (पंजाब) : मैडम डिप्टी चैयरमैन, मुझे खुशी है और हैलथ मिनिस्टर साहिबा मुबारिकबाद की बड़ी ही मुस्तहित हैं कि उनकी जिन्दगी का एक बहुतरीन हिस्सा देश पिता महात्मा गांधी के साथ गुजरा और मुल्क की वृद्धियों को बमु-काबिला दूसरे के आसानी से जानने का उन्हें मौका मिला। क्यों ऐसा हमें बिल लाना पड़ा। इसके कई कारण हैं। एक कारण तो यह है कि ल्क में गरीबी बहुत ज्यादा है, मुल्क में तालीम की बहुत ज्यादा कमी है और हमारी सरकार के जराये जो हैं, वे बहुत महद्द हैं। मैडम डिप्टी चैयरमैन, हर एक जानता है कि दुनियां देहात में बस्ती है और देहात में हम ऐसा इन्तजाम नहीं कर पाते हैं कि उनको इन धोकेबाजों से बचा सकें जो कि चमत्कार दिखाते हैं और एक ही मिनट में या थोड़े ही वक्त में बीमारियों को दूर करते हैं। बीमारियों के कई नाम इसमें गिनाए गए हैं और बहुत सी इनके इलावा दूसरी भी बीमारियां हो सकती हैं। तो हमारी जहालत और हमारी गुरबत और सरकार के जरा का महद्द होना और मुझे मुआफ कीजिये कि एडमिनिस्ट्रेशन की बाज नालाइकियां भी इसका बाइस बनी हैं कि यूं मुल्क में धोका हो और यूं चमत्कार दिखाया जाए और यूं इश्तिहार-बाजी से दुनियां को लूटा जाये।

मैडम, यह बात सच है कि हमारी डिस्पेंसरियां बहुत कम हैं और जो हैं भी उनमें कहीं डाक्टर नहीं हैं और कहीं दवाएं नहीं हैं। तो जब यह हालत हो तब यह जरूरी बात है कि लोग धोके में फंसे। सरकार इसको रोकने की कोशिश करने जा रही है और पहले भी उसने इसके लिए कोशिश की है। लेकिन सुप्रीम कोर्ट ने चूँकि कहा है कि बीमारियों का नाम भी होना चाहिए जिनमें कि ये चमत्कार दिखाते हैं तो उसमें हम बीमारियों के नाम काफी दे रहे हैं और चव्वन नाम के करीब दिए हैं। तो मैं यह

अर्ज कर रहा था कि आया सरकार इसको रोक पाएगी या नहीं। लोगों को जब कोई और इलाज हासिल न हो तो फिर वह मजबूर हैं, क्या करें। इस तरह से इश्तिहार-बाजी तो रुक जाएगी लेकिन वह कोई और तरीका निकाल लेंगे जैसा कि दीवारों पर लिखने का तरीका वो निकाल लेंगे अपनी दवाओं को बेचने के लिए चूँकि सरकार के जराये महद्द हैं तो उसके लिए सरकार क्या उपाय करेगी। यह मैं नहीं जानता लेकिन जो मुश्किल पड़ती है वो यह पड़ती है कि इस वक्त दवा और दुआ दोनों इसमें मिला दिए गए हैं। चमत्कार दिखाने वाले ये भी कहते हैं कि उन बीमारियों का इलाज यह है कि ये ताबीज जो हम भेज रहे हैं, इसको घोलकर पीने से बीमारी दूर हो जाएगी और बिल्कुल आराम हो जाएगा। तो दवा और दुआ दोनों मिल गई।

बदनसीबी यह है कि हमारे बड़े-बड़े लोग बड़े बड़े नेता यहां तक कि हमारे होम मिनिस्टर और प्राइम मिनिस्टर भी इस झगड़े में फंसे हुए हैं।

श्री शील भद्र याजी (बिहार) : प्राइम मिनिस्टर इसमें नहीं हैं।

†[श्री अब्दुल गनी : मैं तो अर्ज कर रहा हूँ कि वो ज्योतिषियों को बुला रहे हैं, ज्योतिषि को रोज पास बिठाते हैं और उनसे पूछते हैं कि हमारी किसमत का सितारा किस तरफ चल रहा है। कहीं हरिद्वार में या कहीं और जाकर प्रार्थनाएं करते हैं, तो जब बड़े २ मिनिस्टर इस चमत्कार में फंस जाएं, प्राइम मिनिस्टर फंस जाएं, होम मिनिस्टर फंस जाएं, तो फिर दुनियां वाले धोका क्यों न खाएं। उन पर मेरो बहन मुशीला नायर जी क्या पावन्दी लगाएंगी, यह मैं नहीं जानता।

THE DEPUTY CHAIRMAN: How do you refer to the Prime Minister and the Home Minister? How do you know this fact?

श्री अब्दुल गनी: मैं कैसे जानता हूँ ? मुझे उस ज्योतिषि से मिलने का मौका मिला जो आए दिन यहां जाता है और जाकर वह ऐसा सुझाव देता है कि आप क्या करने वाले हैं यानि मुल्क की किस्मत—ये भी एक बीमारी है। होम्योपैथी ने यह बताया है, होम्योपैथी ने ये दुनिया पर वाजिया कर दिया है कि अगर अब्दुल गनी ज्यादा बोलता है तो ये भी एक बीमारी है, उसमें नुक्स है। इसका इलाज होना चाहिये। इसी तरह से अगर कोई भी काम हो, अपनी किस्मत को जानना चाहते हो या मुल्क की किस्मत को जानना चाहते हों, तो यह भी एक बीमारी है और जिसका वो ज्योतिषि से इलाज कराते हैं तो मैं कह रहा था कि बीमारियां तरह २ की है।

श्री अकबर अली खान : ज्योतिषि का नाम तो फरमायें।

श्री अब्दुल गनी : वहम की बीमारी, डर की बीमारी, छू मन्तर की बीमारी, गद्दी छूट रही है, इसका गम भी बीमारी है।

श्री विमलकुमार भस्मालालजा चौरङ्गिया (मध्य प्रदेश) : क्या नाम है ज्योतिषि का यह पूछ रहे हैं।

श्री अब्दुल गनी : हवेली राम।

THE DEPUTY CHAIRMAN: It is one O'clock. The House will reassemble at 2-30.

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

The House reassembled after lunch at half-past two of the clock, the DEPUTY CHAIRMAN in the Chair.

श्री अब्दुल गनी : मैडम डिप्टी चैयरमैन, मैं अर्ज कर रहा था कि यह जो एकदम से मैजिक ट्रीटमेंट की चर्चा है उससे यकीनन मुल्क को बड़ा नुकसान पहुंचता है। लेकिन

एक बात मैं आनरेबल मिनिस्टर की खिदमत में आपके द्वारा अर्ज करना चाहता हूँ कि यह हकीकत है कि आयुर्वेदिक और तिब्बे यूनानी ने ना सिर्फ भारत के बसने वालों की बल्कि सारी दुनिया की बहुत बड़ी खिदमत की है। कुछ ऐसा कुदरत ने उनको मलका दिया है कि बीमारी की जांच पड़ताल करने के लिये जो उन्हें तजुर्बा हासिल है वां हमारे जो अंग्रेजी तर्ज से इलाज करने वाले हैं उनको शायद इतना हासिल नहीं है। मैं दो चार छोटे २ वाक्य आपके द्वारा अर्ज करना चाहता हूँ। एक दफा एक अमरीकन ने जो बहुत बड़ा आफिसर था यह तजुर्बा करने के लिये कि जो कहते हैं तिब्बे यूनानी में बड़े २ हकीम हैं, दिल्ली में एक हकीम अजमलखां साहब थे, तो उनके दवाखाने में गए। लाइन में लोग वहां खड़े हो जाते थे, अमीर गरीब की वहां कोई तमीज होती नहीं थी। तो जब वह सामने आया तो उन्होंने एक नुस्खा लिख कर दिया तो वो चला गया। उसकी कीमत पूछी, दस आने थी। वह हैरान हो गया, उसने यह आजमाने के लिये कि उन्होंने जो मुझे देखा, आया वो ठीक देखा वो दुबारा खड़ा हो गया। जब वो आए तो उन्होंने कहा हम तो देख चुके आपको। तो उसको शक हुआ कि भाई इसको इतना पता है, तो फिर हकीम साहब ने उनकी तसल्ली के लिये कहा कि बीस वर्ष हुए तुम्हें सांप ने काटा था तब उसको यकीन हुआ कि हिन्दुस्तान में बहुत बड़े २ हकीम मौजूद हैं और डाक्टर मौजूद हैं। इसलिए जब आप ऐसे चमत्कारों के खिलाफ ऐक्शन लेने जा रहे हैं तो उसमें तिब्बे यूनानी और आयुर्वेद के बारे में ब्याल रखें, जिसकी मैं एक और मिसाल दूंगा। शतरंज खेल रहे थे हकीम शरीफ खां रात के कोई एक बजे के बाद उनके यहां की एक हरिजन बहन जो उनके यहां सेवा करती थी, सफाई करती थी, वो चिल्लाती हुई आई कि मेरे मालिक को पेट दर्द ने इतना दुखी किया है कि वो इसकी बर्दाश्त से बाहर है तो हकीम साहब ने कहा चने खिला दो, अब एक ऐसी बात है जिस पर हर एक हसेगा कि पेट

में दर्द होता है तो उसको चने क्या खिलायें लेकिन उन्हें पता था कि एक गलती हुई उससे और उस गलती के बाद उसने पानी पिया और पानी पीने से उसके पेट में ज्यादा तकलीफ हुई और चना पेट में जाने से वो पानी खुशक हुआ, वो आधे घंटे बाद आई कि मेरा मालिक आराम से है तो हकीम साहब जो शतरंज खेल रहे थे उन्होंने कहा कि मैं समझ रहा था कि रात का वक्त है वरना पेट दर्द को कोई बजह नहीं। तो मेरे अपने वालिद का जिकर है। आज से तकरीबन सौ वर्ष पहले की बात है, उनको सांप ने काटा था और उनके तमाम जिस्म से खून बहना शुरू हुआ, उस वक्त कोई अंग्रेजी इलाज का चर्चा नहीं था लेकिन हकीम बगैरा जो थे वो भी कुछ न कर पाये। मेरे वालिद को जीना था और मुझे पैदा होना था कि एक जोगी आया और उसने एक तिनके पर दवाई रख कर तिनका मुंह में डाला तो खून बन्द हो गया और मेरे वालिद उठ कर बैठ गए। ऐसा मुझे बताया गया। तो मैं अर्ज करता हूँ कि कहीं ऐसा न हो, इस चीज में कोई शुबा नहीं कि अंग्रेजी इलाज जा करते हैं उनको काफी ट्रेनिंग होती है एक मुद्दत के बाद वो डाक्टर कहलाने के काबिल होते हैं। हकीम वैद्यों में भी जैसा इलाज करने वाले हैं वैसा ही अंग्रेजी इलाज करने वालों में भी बहुत से कम्पाऊंडर जो होते हैं वो ही डाक्टर बनकर बैठ जाते हैं उनसे भय खराबियां होती हैं और उनके भी कई नुस्खे चलते हैं और बड़े जोरो से उनकी अखबारों द्वारा चर्चा होती है। तो मैं यह अर्ज कर रहा था कि जब आप ऐसा कदम उठाने की बात सोचें तो उसमें इस बात का जरूर ध्यान रखिये कि इससे होम्योपैथी की भी खिदमत हो, लेकिन वहां भी जगह २ घर डाक्टर बन गये हैं। बारह दवाइयों पर नुस्खे होते हैं, एक छोटा सा बक्स ले लेते हैं और जगह २ पर बैठ जाते हैं, लेकिन उसमें कुसूर अपना ही है क्योंकि हम अच्छे डाक्टर मोहैया करने में फेल हुए और जो अच्छे डाक्टर हैं वो भी देहात में जाने से भागते हैं। अच्छे डाक्टर, काबिल फिजिशियन,

सर्जन तो हैं ही कम लेकिन जो फिजिशियन हैं तो भी ये चाहते हैं कि उन्हें दिल्ली मिले, उन्हें कोई बड़ा शहर मिले। देहात की तरफ जाने से वो भी घबराते हैं तो देहातियों का बनेगा क्योंकि उसमें तो शक नहीं है कि कुछ दवाइयां ऐसी हैं जिनमें कि चमत्कार के नाम पर मिलावट होती है। अभी किसी साहब ने बिमारियों की बावत पूछा कि कितनी बीमारियां हैं तो मैंने कहा बहम की, डर की, बीमारियां होती हैं जिनमें इन्सान घबरा जाता है। तो उसमें मैंने छूमत्तर का जिकर किया था। भाई अकबर अली साहब ने पूछा था कौन वो आदमी। मैंने कहा हवेली राम। और वैसे एक तिलपथ के महाराज हैं और न जाने कितने बड़े २ हैं।

तो हम एक ऐसा रास्ता अख्तियार करें जिससे हिन्दुस्तान के असली बसने वालों को जो अस्सी फी सदी के करीब देहात में बसते हैं, उनको सही दवाइयां मिल सकें और उन दवाइयों को रजिस्टर करें। मुझे अपनी मिनिस्टर पर इतना ही ईमान है जितना खूदा में ईमान है। मेरी राय है कि मेरी मिनिस्टर कभी घोखा खाने वाली नहीं हैं। मैं जाती तौर पर अपनी बहन को जानता हूँ, मेरे दिल में उनके लिये बड़ी इज्जत है अगरचे मेरा बहुत कम वास्ता रहा उनसे मिलने मिलाने का। लेकिन मैं जानता हूँ वो बहुत ही ईमानदार हैं और वो दिल से चाहती हैं कि देश का भला हो। अन्सारी साहब खफा हो गये कि अल्ला मियां का नाम क्यों लिया।

श्री अफर अली खान : बहुत शुक्रिया आपका।

श्री अब्दुल गणी : मैं शुक्रिया करता हूँ। तो वो ऐसा बोर्ड मुकर्रर करें कि जिसके नीचे चाहे यूनानी दवाएं हों, चाहे आयुर्वेदिक की, चाहे अंग्रेजी की, चाहे होम्योपैथिक की हों चाहे कोई और हों, उनको रजिस्टर करते वक्त मेरी बातों का ख्याल रखा जाए। कुछ लोग कुदरती इलाज करते हैं, हमारे बापू मिट्टी के जरिए अपने ब्लड प्रेशर को

[श्री अब्दुल गनी]

कम करने के लिए मिट्टी रख लेते थे। कुछ और भी तरीके नेचर क्योर के निकले हैं वो ऊपर से देखने में चाहे न हों लेकिन जिनको नेचर क्योर की वाकई समझ है वो उसके बारे में अच्छी तरह जानते हैं। कुछ ऐसे साधू महन्त होते हैं जो एक पुड़िया रख की दे देते हैं और कहते हैं कि सब ठीक हो जायेगा। उन्होंने कहा कि काया कल्प हो जाएगा और सचमुच में काया कल्प हो गया। जिन्दगी से हाथ धो बैठे। तो मेरी गुजारिश है कि वो ऐसा बोर्ड बनायें जो किसी दवाई को रजिस्टर करने से पहले उसकी जांच-पड़ताल करे, उसकी पूरी तहकीकात करे कि वाकई इससे लोगों का भला होने वाला है कि नहीं होने वाला है। और तब तक वो बोर्ड इसकी सेंक्शन न दे। मुझे इससे बहस नहीं है कि कोई कहे कि नहीं सेंटर में सब कैसे भेज देंगे, कैसे क्या होगा। जैसा वो मुनासिब समझें करें ताकि जो भी दवाई मुफीद हो चाहे वो यूनानी की हो, चाहे वो आयुर्वेद की हो, चाहे वो होम्योपैथिक की हो, चाहे वो इंगलिश की हो, इंगलिस्तान की जो भी मेडिसिन आजकल कहलाती है उससे अंग्रेजी तर्ज का इलाज होता है। कोई भी हो जब तक आप इसकी इजाजत न दें उनको अखबार में पब्लिश न होने दें। मैं कोई वजह नहीं समझता कि इतने दिनों से क्यों अखबारों में खास कर वर्नाकूलर के अखबारों में इस तरह के दवाइयों के इश्तिहार छपते हैं जिनकी कोई बुनियाद नहीं होती है। तो उन पर पाबन्दी लगायी जाए और जब तक बोर्ड की तरफ से उनको सर्टीफिकेट न मिले उनको इजाजत न दी जाए। ऐसा भी न हो कि बैठा हुआ है एक रजिस्ट्रार हुकूमत की तरफ से और उसको कुछ भी दवाओं का पता नहीं है। मैडम डिप्टी चैयरमैन, आप सच जानिये कि कुछ बिजनेस लिया सरकार ने और उनके हवाले किया जो बेचारे खुद तो क्या उनके बाप-दादा और दादा के दादा जी ब्यौपार से कोई

ताल्लुक नहीं रखते थे। इसी तरह से रजिस्ट्रार करने के लिए जो बैठते हैं उनको ये भी नहीं पता होता है कि यह दवा है क्या। तो आप उनको अख्तियार न दें बल्कि आप ऐसे लोगों को लें यूनानी वालों को लें, आयुर्वेदिक वालों को लें, होम्योपैथी वालों को लें, एलीपैथी वालों को लें और उनका बोर्ड बनाएं और वो आपके नीचे सिफारिश करने के लिए रहें और जब ऐसी कोई चीज आए तो उसको सर्टिफाई करें। दूसरे अल्फाज में हुकूमत की तरफ से उसकी जिम्मेदारी ली जाए कि बोर्ड के जरिए से जो जो दवा जा रही है देश वालों के पास वो छू मन्तर की दवा नहीं है बल्कि वह असली दवा है और उससे लोगों को फायदा होगा। खुदा करे कि ऐसी दवा जो हो हमारे प्राइम मिनिस्टर को, होम मिनिस्टर को और सुप्रीम कोर्ट के जफर इमान जो हैं, जिनको बैठने नहीं दिया जाता बेंच पर, उनको भी कोई फायदा पहुंचायें।]

DR. JAWAHARLAL ROHATGI (Uttar Pradesh): Madam, I am obliged to you for giving me a little time. I am sorry that I was not here when I was first called.

I heartily support the amending Bill. In my opinion it is very hazardous to use advertised drugs for self-medication. There may be certain cases which are relieved by these medicines or by nature when these medicines are taken by them but then there are hundreds of cases which must have suffered a lot on account of these and even must have died due to the use of these advertised drugs by self-medication. A long time before, when there were no potent, strong and quick acting remedies, people used to take remedies which might not have done good but were not doing much harm, but now it is not safe for people to use drugs, specially potent and quick acting drugs without the advice of the doctors of the system of medicine to which they belong. Medicines have their own specific action but they have also side effects and their effects on other

tissues of the body. Their misuse or use without proper directions may be fatal. It is seen that a number of unintentional suicides have been caused by intrinsically safe drugs, each well within accepted dose, but hazardous *when* used together with other medicines Or with alcohol. To quote only one example, chloralhydrate, an old-fashioned sleeping potion, is taken to be not a habit-forming drug such as barbiturates etc. If it is taken with alcohol it becomes a potentially fatal combination. Some medicines are such that their action differs if given with different combinations called "sprqTTT 3"SPT" in Vedic language but

I do not have much time. There is a chance of some of these drugs being used as magic drugs by unscrupulous persons and advertised. They use oral anti-diabetic medicines such as Tolu-butanamide penicillin chlorophenocol for typhoid, quinine, pbenaeetin, aspirin and many other drugs which are in the modern system of medicine but they are used under other garbs as 5^r^j- etc., and are given as remedies and nobody knows what they are.

I think in view of the Supreme Court ruling, it would seem advisable to be more specific about the indications as given under the Schedule to section 3(d) and 14, because we have increased the number of drugs but then there are item 10 'Diseases and Disorders of the Brain' and item

II 'Diseases and Disorders of the Optical System' and item 12 'Diseases and Disorders of the Uterus' which are too wide-sweeping. I think they need further consideration. The Schedule looks to have been not arranged alphabetically according to the disease it causes or the part of the body it is meant for. TM_s specially applies to item Nos. 10, 11, 12, 13, 14 and 15 of the Schedule. This may be done if this suggestion is approved. Then specially there are two other things—female diseases and all fevers. You know fever is not a disease. It is only a symptom. Generally fever is a symptom of many diseases. Then there are other female diseases. Here female diseases—in general—are given. This may also be considered

530 RSD—5.

It is regretted that there are large numbers of dispensaries in India without qualified men, but it is further regretted that there is none qualified on the staff to 'help the patients at least in first-aid and other emergencies and to look after the drugs which are affected by climate and time. They are lying there. There are no proper pharmacists and there is no proper arrangement for training of pharmacists though many new medical colleges for training doctors are being opened and admission in the existing colleges is being increased. There is no adequate arrangement to take up the training of pharmacists. At an early date the proportion of difference between the medical practitioners and pharmacists will further increase. These days in the United Kingdom there are 3 pharmacists for one medical man, in the U.S.A. there are two and in India there is one for every 72 medical persons. This needs special consideration and looking after early so that it can be improved.

As regards household remedies, I think all the medical college hospital* have their small pharmacopoeia of everyday medicines and I do not know if Ayurved and Unani have one. I think they must be asked to have these pharmacopoeia and a Committee should be formed to have common, everyday used drugs and they may be published and distributed.

As regards homoeopathy, it is now a recognised line of treatment but homoeopathic remedies cannot be advertised as far as I know. The remedy would differ with the individual patient and his symptoms and there ought to be no patent medicine in homoeopathy.

About prayer cure, I do not think it is a remedy. It is always a good thing to have prayer and they may *do* it but then Kavach and magic cures are still very prevalent. I have known a sweeper to whom many children with pneumonia and bronchitis are brought and he takes a cow's rib and repeats some mantras

[Dr. Jawaharlal Rohatgi]

और बच्चे के चारों तरफ फेरता है ।

Some of the children are cured because they take other medicines also or by nature. Those who are cured see the advertisers and those who die, of course dead men tell no tales, still that is going on even now.

Under section 2, sub-section (a) it says: 'advertisements' includes labels and wrappers as well. It would appear that whereas the Act is primarily intended to check the advertisements for drugs which have a false and misleading claim, a method being largely employed by quacks and unscrupulous persons, the inclusion of labels and wrappers is likely to create difficulties in the distribution of legitimate remedies from bona fide manufacturers licensed under the Drugs Act. It is certainly not the purpose of this Act to put obstacles or create difficulties in the way of authorised drugs distribution. Now that the Ayurvedic and Unani drugs are also to be brought within the purview of the Drugs Act, which legislation has adequate provisions to control the manner in which drugs are to be labelled such as the printing of Bchchedules, warnings etc., there should be an exception in section 14—"The Savings Clause", of this Act, to exclude the labels and wrappers of the products of the licensed manufacturers. The hon. Deputy Minister has clarified the position about the leaflets enclosed in the packing of drugs. Since both the Acts are to be enforced by the same authority at the Centre as also at the State level, namely, the Drug Control Administration, there should be no difficulty in including this provision.

I think that a good deal of publicity through the daily radio programmes, cinemas, through the distribution of hand bills and pamphlets against these superstitious beliefs should be there. Therefore, special publicity campaigns are required in the primary and secondary schools in

order to educate the coming generations and they should know that these are things in which they should not have faith.

The Bill is desirable and even essential and it has my full support. We all recognise that there is a class of persons who thrive on the sale of magic drugs and remedies. The Bill does put a restraint on such class of persons. I would, however, say, that the eradication of the evil also lies in creating proper facilities for the treatment of the vast population in our country by standard drugs and this can only be achieved by opening dispensaries within bullock-cart distances, and by establishing good hospitals and giving facilities for specialised treatment. This work has to be speeded up to the maximum extent, in order to eradicate the evil. I give my full support to the Bill.

I may add that I had submitted an amendment. But since the hon. Minister has given us an assurance that the Government has seen the intention of my amendment and that will be sufficiently safeguarded and a duplicate copy of all the articles seized will then and there be supplied to the other party and signed by three witnesses, I think that will serve the purpose and so I am not moving my amendment.

SHRI K. V. RAGHUNATHA REDDY (Andhra Pradesh): Madam Deputy Chairman, I welcome this Bill, because the Bill seeks to assert faith in science rather than faith in faith itself. Magic belongs to the realm of faith, whereas drugs, to the extent we know, belong to the realm of science. Section 3 of this Act lays down that with regard to a number of diseases, if a committee appointed under this Act finds on examination of a disease that the existing type of treatment is not sufficient, that is to say, that the recognised treatment under the allopathic system as specified in its pharmacopoeia is not enough or sufficient or is not found effective for that particular disease, then ways and means are likely to be found out by resorting to indigenous systems of medicine,

and the indigenous systems that we know are popularly known as the Ayurvedic system and the Unani system of medicine, and the homoeopathic system of medicine. While I recognise that there are certain types of medicines in these systems, as far as the pharmacopoeias are concerned, which may be helpful, I would like to say this. For instance, if you take Mag Phos for a case of stomach ache, the patient may get relief, for Mag Phos is a drug for a particular case of stomach ache. But for this you should understand the action of Mag Phos in relation to the peristalsis which takes place in the stomach. If it is another type of stomach ache, then that patient will not get any relief. Therefore, the essential problem that would confront any administrator of the drug or any doctor before he decides on what should be done *it* to have a proper diagnosis. For the purpose of a proper diagnosis, it must be said to the credit of allopathy that they have evolved methods aided by science and scientific instruments and various pathological tests and they have now a scientific methodology by which one could diagnose a case. I know that eminent authorities have said that 95 per cent of diseases which are found in human beings can be easily diagnosed by any doctor. The last 5 per cent of the cases are problematic and that is the field where you actually want intelligence and experience in diagnosis. These are very necessary for dealing with these 5 per cent cases.

I have heard many hon. Members say that cancer was cured by a magic touch and also that various other diseases have been cured by various other methods. Well, there are two possibilities here. Firstly the diagnosis itself might have been wrong. I can make a very considered statement, that if the disease falls within this 5 per cent of cases which are not easily diagnosed, it is quite possible that even very eminent doctors sometimes fail to diagnose the case. In such a case if the disease wrongly diagnosed

as cancer is cured, then there is nothing to be surprised at. Then again, the human system is a self-adjusting mechanism and it can fight a number of diseases, with or without medicines. It is often said that the patient survived in spite of the doctor, meaning thereby that in spite of the doctor administering the wrong medicines, in spite of the doctor failing in his diagnosis, the patient had survived. That is because the human system is a self-adjusting mechanism, it can fight the diseases. In such a case if by either magic or prayer—as Mr. Mani put it—the disease gets cured, it is not because there is something either in the magic or in the prayer—I do not decry the idea of prayer—but because of this self-adjustment of the human mechanism. To transcend this prayer or magic to the level of a science and as a cure for diseases, is something which is not supported by science. A number of cases which are claimed to have been cured without the aid of medicine must have been cured because the self-adjusting human system itself cured itself, without the help of any outside agency. Then again, Madam, faith in a doctor, or faith in a word or faith in magic, faith in prayer is important for the very idea of faith itself produces certain neurological changes in the human system. When a man believes in a cure, the faith itself creates confidence in the man and that confidence in its turn produces various neurological changes in the nervous system of the man and that enables him to fight any infection. In the theory of medicine, the nervous system is the basis and in a systematic theory of medicine one has to give strength to the nervous system and if that is done either by suggestion or by creating faith by medicine, then that would be able to fight any number of infections.

Now, we come to the realm 3 P.M. of hypnotism. Hypnotism

has become part of allopathic medicine. The hon. Minister would testify my statement that hypnotism has become part of anaesthetics in the modern system of medicine* for purposes of surgery and even

[Shri K. V. Raghunatha Reddy.] certain major or minor surgery is performed using hypnotism instead of drugging a man for the purpose of the operation. If this type of hypnotism is to be practised by an ordinary man who is not qualified for the job, what exactly would be his position? We have heard that scorpion sting can be cured, snake bite can be cured. All these things are there and we have heard mentioned that a man had been cured of his pain from cancer by hypnotism. That is true. A person can be put to sleep because hypnotism acts as anaesthesia and a person can be temporarily relieved of pain but it is something contrary to science to say that hypnotism, can cure cancer or any other disease and it has no basis in any medical literature. It only belongs to the realm of faith and rumour. While mentioning all these things, Madam, I take this particular opportunity to touch a little upon an allied subject, the misuse of drugs. While we are trying to ban or discourage advertisements about magic remedies in order to prevent self-medication, there is yet another thing of which I am sure the hon. Minister would be quite aware, the misuse of drugs. Even in case of qualified doctors who are fully recognised for their qualifications, what is happening nowadays is that there is a rush or over-enthusiasm for misusing drugs especially with the advent of antibiotics. Dr. Fleming, himself the discoverer of penicillin, has written a number of articles in the British Medical Journal discouraging the very idea of giving antibiotics for any disease that the doctor would ' come across, in season and out of season, even for headache and minor troubles. If it is only a penicillin injection, as the hon. Minister would know, it is not 10 bad because the effect of penicillin is not so bad except in very rare cases and drug resistance in the human system cannot develop so easily in the case of penicillin. Streptopenicillin is one of the drugs that is found in any medical shop and which any doctor would prescribe for any little trouble. If streptopenicillin is prescribed for any

trouf ie and if it is administered for any trouble—streptopenicillin consists of streptomycin and penicillin— what would happen is that it would develop drug resistance in the human system because it is such a sensitive drug and when it is actually wanted for curing any disease, it will not have any effect. Chloromycetin and auromycin are the two drugs which are being given even for ordinary types of diarrhoea. If Chloromycetin is given in excess quantities, hon. Minister would know that a kind of pernicious anaemia would result in and it is very difficult to cure a patient and quite a number of fatal cases are also there where Chloromycetin has been wrongly administered. While we are trying to prevent magic remedies and self-medication, this is one thing which the Health Ministry must take care of so that misuse of drugs may not be there. Even qualified doctors resort to misuse of drugs which is more dangerous than magic remedies and self-medication.

I welcome this Bill because we will have to transcend from the system of faith to a system of science. In this context, I might only suggest to the hon. Minister one thing. It must be admitted that there are certain drugs in various systems of medicine like Unani, Ayurveda and Homoeopathy, which are more effective than some of the Allopathic medicines. For instance, Serpentina is an Indian product taken out of our forest herbs. It is just possible that certain leaves may have cured a number of patients. What the Health Ministry can do is that in cases which are not cured by the allopathic system, if a committee of doctors come to the conclusion that it cannot be cured, they can call in a doctor from one of the other systems and if he can cure the patient, then he should be put on the staff of the hospital and subject his medicine to chemical analysis so that it can be investigated and seen whether it can be included in the system of pharmacopoeia so that the Indian pharmacopoeia may also grow up. The drugs have to be investigated and discoveries have to be made and

for the purpose of improving our pharmacopoeia and developing a system of medicine we can take the help of the allied sciences. This is the only way how we can make use of these other systems without injuring human beings and subject them to chemical analysis and conduct research and include the medicines in the general pharmacopoeia. For this purpose, you must include some of the top doctors from those systems in your hospitals and allow them to treat patients who cannot be cured by the English system. This is the only way of improving the Indian pharmacopoeia.

SHRI AKBAR ALI KHAN: It will be a very progressive idea if the Health Minister accepts it.

SHRI K. V. RAGHUNATHA REDDY: Madam Deputy Chairman, with these words, I welcome wholeheartedly the Bill and I hope it will have its effect. Of course, we have seen any number of cases where magic remedies or self-medication is resorted to with evil consequences following.

SHRI AKBAR ALI KHAN: Madam Deputy Chairman, I agree with the last suggestion that my hon. friend, Mr. Reddy, has given. It is really a constructive suggestion which will help to bring about an integration of our Indian system with the modern system but apart from it, Madam, I feel that, so far as the substance of the Bill is concerned, I am in full agreement with the Bill. I however feel that the wording is vague and the extent of application wide. In the present condition of our country, we are not able to reach the rural areas with modern medicine. We have got to see that we safeguard the interests of the large number of people and whatever help they are getting from Unani and the Ayurvedic systems in the innocent and sincere condition should not be stopped and they should not be penalised. At the same time, we want that all these undesirable things which are mentioned in the Bill should be stopped effectively. So, my subtnis-

sion. Madam, is that this measure was not in the initial stages submitted to a Select Committee. After its enactment, it was challenged in the Supreme Court which has declared some of its provisions as ineffective and that is why the hon. Minister has come before us with these amendments. We have already entrusted a Bill of the Health Ministry to the Select Committee. It was only last week that it was sent. If this Bill could also be entrusted to the same Select Committee, and if both of these could be gone into more thoroughly, it will be in the interests of our country and it will definitely improve the provisions.

THE DEPUTY CHAIRMAN: Haven't you thought of it too late?

SHRI AKBAR ALI KHAN: If the hon. Minister agrees, Madam, I think the House will very much welcome it.

SHRI M. P. BHARGAVA (Uttar Pradesh): I also suggest . . .

SHRI AKBAR ALI KHAN: With these words I support the Bill and I very strongly request the Minister to accept my recommendation.

شریعتی انیس قدوائی (اثر)

پردیس: : میثم دہتی چیرمین -

میں اس بل کے بارے میں زیادہ

نہیں کہنا ہے - میں منسٹر صاحبہ

کو اس بل کے لانے کے لئے مبارکیاں

دیتی ہوں اور کہنا چاہتی ہوں کہ

ایک نظر اس چیز پر گئی جو دوسوں

سے ہم لوگوں کو سب سے زیادہ

پریشان کئے ہوئے ہے - خاص طور پر

عورتوں کو دلوں کے گندے

اشتبہات کو دیکھ کر جو کہ مفتہلی

ہفتہ وار یا روزانہ اخباروں میں شائع

کئے جاتے ہیں پریشانی ہوتی ہے -
میں یہ نہیں کہتی کہ کوالیفائڈ
حکیم یا وید اس طرح کی باتوں
کرتے ہیں - بلکہ جو ان کوالیفائڈ
ہوتے ہیں وہ اپنے کو پبلک کے سامنے
بوری طرح سے حکیم اور وید بلدانے کے
لئے اس طرح کا گندا اشتہار چھپواتے
ہیں تاکہ ان کا نام پبلک کے سامنے
آجائے - وہ اس طرح سے بیماریوں کی
دوا نکال کر اپنی شہرت کا ذریعہ بلدانا
چاہتے ہیں - وہ چاہتے ہیں کہ ہم
پبلک کے سامنے مشہور ہو جائیں اور
کوئی ایسی چیز لے آئیں جس سے
ہمارا نام روشن ہو جائے - مجھے یاد
پڑتا ہے کہ کئی سال ہوئے، پلندہ
سولہ سال ہوئے، ایک لوکا اپلی ماں
کے پاس ایک گندا اشتہار لے آیا اور
کہنے لگا کہ مجھے یہ دوا سنکا دو -
ماں بالکل متحیر ہو کر رہ گئی اور
اس کا منہ نہیں کھلا کہ وہ بچہ کو
کیا سمجھائے اور اس سے کیا کہے -
اس طرح سے چھوٹی عمر کے لڑکے اور
لوکیں ان دواؤں کے اشتہار دیکھ کر
دواؤں کا استعمال کرتی ہیں - زبانہ
تو لڑکے اس طرح کی دواؤں کا
استعمال کرتے دیکھ گئے ہیں -
مجھے کئی کہسز کے بارے میں معلوم
ہے کہ جس میں بچوں نے ان دواؤں
کا استعمال کیا اور اس کے بعد کسی
بیماری میں مبتلا ہو گئے اور بڑی
بیماریوں کے شکار ہو گئے - اس طرح

سے دواؤں کے بارے میں پبلسٹی
کی جاتی ہے کہ عام پبلک اس طرح
کی دواؤں کے چکر میں آجاتی ہے -
میں یہ نہیں کہتی کہ دواؤں کی
پبلسٹی نہ کی جائے لیکن کم سے
کم گندی اور بڑی بیماریوں یا دواؤں
کے بارے میں شہرت نہیں کی جانی
چاہئے اور خاص کر ان ذراؤں اور
حکیموں کی دواؤں کی شہرت نہیں
کی جانی چاہئے جو باقاعدہ رجسٹرڈ
نہ ہوں یہ جن کی دواؤں سے بڑی
بیماریاں لگنے کا خطرہ رہتا ہے -
تو مجھے خوشی ہے کہ ہمارے
ہیلتھ منسٹر صاحبہ اس طرح کا بل
لا رہی ہیں جس سے خراب دواؤں
کے اشتہار پر روک لگائی جاسکے گی
جو کہ بہت ضروری ہے - اس چیز
کو تو بہت پہلے ہی آجایا چاہئے
تھا لیکن اب بھی اگر یہ ہو جائے گا
تو اس سے بہت فائدہ پہونچے گا -
میں سمجھتی ہوں کہ اس بل کو
پہلے سہلک کمیٹی کے پاس جانا
چاہئے -

†[श्रीमती श्रीमती किशोरी (उत्तर
प्रदेश) : मैं हम डिप्टी चैयरमैन, मुझे इस
बिल के बारे में ज्यादा नहीं कहना है। मैं
मिनिस्टर साहिबा को इस बिल के लाने
के लिये म्बारिकबाद देती हूँ और कहना
चाहती हूँ कि आपकी नज़र उस चीज़ पर
गई जो बरसों से हम लोगों को सब से ज्यादा
परेशान किये हुए है। खास तौर पर औरतों
को, दवाओं के गन्दे इश्तहारात को देख

कर जो कि मन्थली, हफतावार या रोजाना अखबारों में प्रकाशित किये जाते हैं, परेशानी होती है। मैं यह नहीं कहती कि क्वालिफाइड हकीम या वैद्य इस तरह की बातें करते हैं, बल्कि जो अनक्वालिफाइड होते हैं वो अपने को पब्लिक के सामने पूरी तरह से हकीम और वैद्य बनाने के लिये इस तरह का गन्दा इश्टिहार छपवाते हैं ताकि उनका नाम पब्लिक के सामने आ जाये। वो इस तरह से बीमारियों की दवा निकाल कर अपनी शोहरत का जरिया बनाना चाहते हैं। वो चाहते हैं कि हम पब्लिक के सामने मशहूर हो जायें और कोई ऐसी चीज ले आयें जिससे हमारा नाम रोशन हो जाये। मुझे याद पड़ता है कि कई साल हुए, १५-१६ साल हुए, एक लड़का अपनी माँ के पास एक गन्दा इश्टिहार ले आया और कहने लगा मुझे यह दवा मंगवा दो। माँ बिल्कुल मुतैयर हो गई और उसका मुँह नहीं खुला कि वो बच्चे को क्या समझाये और उससे क्या कहे। इस तरह से छोटे उम्र के लड़के और लड़कियाँ इन दवाओं के इश्टिहार देख कर दवाओं का इस्तेमाल करते हैं। ज्यादातर लड़के इस तरह की दवाओं का इस्तेमाल करते देखे गये हैं। मुझे कई केसेज के बारे में मालूम है कि जिसमें बच्चों ने इन दवाओं का इस्तेमाल किया और उसके बाद किसी बीमारी में मुब्तला हो गये और बुरी बीमारियों के शिकार हो गये। इस तरह से दवाओं के बारे में पब्लिसिटी की जाती है कि ग्राम पब्लिक इस तरह की दवाओं के चक्कर में आ जाती है। मैं यह नहीं कहती कि दवाओं की पब्लिसिटी न की जाये लेकिन कम से कम गंदी और बुरी बीमारियों या दवाओं के बारे में शोहरत नहीं की जानी चाहिये और खास कर उन डाक्टरों और हकीमों की दवाओं की शोहरत नहीं की जानी चाहिये जो बाकायदा रजिस्टर्ड न हों या जिनकी दवाओं से बड़ी बीमारियाँ लगने का खतरा रहता है।

तो मुझे खुशी है कि हमारी हैल्थ मिनिस्टर साहिबा इस तरह का बिल ला रही हैं जिससे खराब दवाओं के इश्टिहार पर रोक लगाई जा सकेगी जो कि बहुत जरूरी है। इस चीज को तो बहुत पहले ही आ जाना चाहिये था लेकिन अब भी अगर यह हो जायेगा तो इससे बहुत फायदा पहुंचेगा। मैं समझती हूँ कि इस बिल को पहले सिलेक्ट कमेटी के पास जाना चाहिये।]

THE DEPUTY CHAIRMAN: Mr. Shukla, you have to be brief now.

SHRI M. P. SHUKLA (Uttar Pradesh): I will be very brief.

श्री महावीर प्रसाद शुक्ल : उपसभापति महोदया, मैं सिद्धांत रूप में इस विधेयक का स्वागत करता हूँ। हमारे देश में नकली डाक्टरों, वैद्यों और नीम हकीमों की दवाओं की जितनी भरमार है और जितने नकली रूप निकल रहे हैं उस के ऊपर नियंत्रण लगाना बहुत ही आवश्यक है। मुझे अपने गांव का एक अनुभव है कि एक व्यक्ति बीमार पड़ गया और गांव के एक बंक् को उस का इलाज करने के लिए बुलाया गया। उस भ्राम्यी को हाई फीवर था और उस बने डाक्टर ने जो गांव से आया था उस को इन्जेक्शन दिया और वह नौजवान भ्राम्यी एक घंटे के अन्दर मृत्यु का आलिगन कर गया। प्रत्येक नौजवान जिन्हें जीवन का अनुभव नहीं होता है इस तरह के विज्ञापनों को पढ़ कर दवाएं मंगा लेते हैं और अनेक रोगों के शिकार हो जाते हैं तथा जीवनभर मृत्यु का आलिगन करते रहते हैं। मैं समझता हूँ जो विधेयक प्रस्तुत किया गया है वह बहुत ही आवश्यक है। उस का उद्देश्य सीमित है और सुप्रीम कोर्ट के जजमेंट के आधार पर जो संशोधन विधेयक की आवश्यकता थी उस के मताधिक यह लाया गया है और इस अधिनियम को कार्यरूप में परिणत करने में जो कठिनाई हुई उस को क्या पूरी तरह से सोचा गया है? जैसा कि हमारे

[श्री महावीर प्रसाद शर्मा]

मित्र श्री अकबर अली खान साहब ने मुझाव दिया है कि विधेयक को एक प्रवर समिति के सामने भेजा जाना चाहिए, मैं इस का समर्थन करता हूँ। मैं समझता हूँ कि किसी भी विधेयक को जल्दी में पारित करना उतना आवश्यक नहीं है जितना उस का ठीक तरह से सोच-समझ कर पारित होना आवश्यक है। यही कारण है कि विधेयक के सभी पहलुओं पर पूरी तरह से विचार न करने के कारण हम जल्दबाजी में उसे स्वीकृति दे देते हैं जिस का नतीजा यह होता है कि सुप्रीम कोर्ट में जाने से फिर हमें उस पर विचार करना पड़ता है। यदि पहले से सोच-समझ कर विधेयक को पारित करें तो सम्भवतः ऐसी परिस्थिति कभी उत्पन्न नहीं हो सकती है। इन्हीं कारणों से मैं अपने मित्र के उस मुझाव का जोरदार समर्थन करता हूँ। और आशा करता हूँ कि माननीय मंत्रीजी जो इस मुझाव को स्वीकार करेंगी। अभी इस में अधिक देर नहीं हुई है और मैं नहीं समझता कि इस विधेयक को जल्दी में पारित किया जाना चाहिये। मैं यह भी नहीं समझता कि अगर आप ने इस विधेयक को प्रवर समिति में भेज दिया तो इस बिलम्ब के कारण विधेयक को पारित करने में कोई अड़चन पैदा होगी।

इन शब्दों के साथ मैं इस विधेयक का समर्थन करता हूँ।

SHRI ARJUN ARRA (Uttar Pradesh): Madam, Deputy Chairman, the purpose of the Bill is to ban advertisements of magic treatment and drugs and also to put an end to self-medication. In any other society such a Bill would have been a very welcome measure but I think the hon. Minister has given more preference to her enthusiasm for allopathy than a proper consideration of the objective conditions in the country. Our country has a very small number of doctors. The number of doctors per thousand people in India is among the lowest in the world.

There are occasions when even Government hospitals go without doctors for months together. There are places where dispensaries are at a distance and people have no possibility of getting medical treatment from within a reasonable distance. The fact is that it is the quacks and the habit of self-medication which come to the help of the people. The Government today is not in a position to have a universal health service. The Government today is not in a position to guarantee medical help to all our people. The Government today is not in a position to open dispensaries which will be within a reasonable distance of each village. When that is the inability of the Government, when the Government has placed itself in that helpless situation, is it proper for the Government to bring forward such a Bill which wants to put an end to the use of medicines by people of their own accord and which aims at putting an end to the practice of the people who with their own experience acquire some knowledge which people in their helplessness find useful? Such a measure would have been useful only if medical arrangements provided by the society were a little more adequate. That is not so. So my fear is that even if this Bill is passed and it receives the assent of the President, it will remain a dead letter. It will be impossible to enforce it. It will be enforced only in areas like Delhi, Bombay, Calcutta, etc. Madam, only a very small section of the country has been provided with medical facilities. There is the case of the Employees State Insurance Act which was passed in 1948 and which aimed at providing medical help and some other benefits to industrial employees all over the country. Though that Act was passed in 1948 even today it has not been applied to the whole country and even big cities like Ahmedabad do not have the benefit of the application of that Act.

When that is the miserable state of affairs, this enactment, I am afraid,

will only adorn the Statute Book. The Government should take a little more practical view of things. They should first arrange for proper medical facilities for the people. Then alone such a measure can be of any use. I, therefore, support those hon. Members of the House who want reference of this Bill to a Select Committee. Hasty legislation is never useful, particularly in a matter like people's health. Hasty legislation is not only not useful, but it is also dangerous. When this Bill is passed, it will have a negative state of affairs. People will not have hospitals to go to. People will not have doctors to go to. And people will be stopped by the police from taking medicines on their own accord, or medicines prescribed by experienced people. It is a wholly negative thing. The only saving grace in the situation is that even if this Bill is enacted, the Government will not have the machinery or the intention to enforce it all over the country. If it is enforced, a negative situation will be created. People's health will have greater danger than the danger which self-medication obviously involves.

With these words I support the demand for reference of the Bill to a Select Committee.

DR. SUSHILA NAYAR: Madam Deputy Chairman, I am most grateful to this hon. House for the wide interest shown in the amending Bill that is before the House. I wish to submit that there has been a little misunderstanding with regard to this Bill. It is not a new Bill. The Act is already there. All that we are trying to do is to amend it in order to remove the objections of the Supreme Court to section 8 and incidentally along with that carry out a few other minor changes which were considered necessary and important. The Supreme Court held that while it was all right to say that self-medication shall not be resorted to with regard to a list of certain ailments, diseases, disorders, etc. that had been

mentioned, the right to later specify diseases that might be included under the rules gave too wide powers to Government. The Supreme Court felt that that was not right. It is, therefore, proposed here that firstly we should define what types of conditions can be included in future. Secondly, to keep a further check it is proposed to do so in consultation with experts so that it is not an arbitrary decision.

SHRI AKBAR ALI KHAN: Experts belonging to all systems of medicine?

DR. SUSHILA NAYAR: Yes. The Drugs Technical Advisory Board, constituted under the Drugs and Cosmetics Act, 1940, in the past, had only practitioners and experts of modern medicine. We have already brought forward an amending Bill in respect of the Drugs Act and in that Bill one of the changes proposed is the inclusion of experts of other systems in this technical committee. When we are applying the provisions of that Act, even in a limited manner, to Ayurvedic and Unani systems of medicine, it is felt necessary to include experts of those systems in the Drugs Technical Committee.

SHRI A. D. MANI (Madhya Pradesh): I should like to ask the Minister, if she does not mind this interruption, whether the Indian Medical Association or the Medical Council was consulted on the subject. The Indian Medical Association led evidence before the Press Commission and said that only four categories of medicines should not be advertised unless they were proved to be genuine. But the Schedule that the Bill has contains about twenty items.

THE DEPUTY CHAIRMAN: I think you have mentioned this point in your speech. So, you must wait and listen to the Minister's reply.

DR. SUSHILA NAYAR: If I am permitted to reply without interruptions I would be grateful.

SHRI D. P. KARMARKAR (My-ore): Mr. Mani will keep quiet now.

DR. SUSHILA NAYAR: What we have tried to do is to substitute the following clause:—

"(d) the diagnosis, cure, mitigation, treatment or prevention of any disease, disorder or condition specified in the Schedule, or any other disease, disorder or condition (by whatever name called) which may be specified in the rules made under this Act:

Provided that no such rule shall be made except—

(i) in respect of any disease, disorder or condition which requires timely treatment in consultation with a registered medical practitioner or for which there are normally no accepted remedies, and

(ii) after consultation with the Drugs Technical Advisory Board constituted under the Drugs and Cosmetics Act, 1940."

It is felt that self-medication, in cases wherein proper treatment given in time might have saved life, can result in disaster. Instances were mentioned by some of the hon. Members of appendicitis. Now, we do know that appendicitis is one of those conditions where in some cases it cures itself. The truth of the matter is that attacks of pain, appendicular pain, can disappear and come again. Repeated attacks can take place. In children this disease can prove much more dangerous than in adults. Suppose somebody has advertised a medicine for the relief of abdominal pain and the parents of a child give that medicine or even an adult takes that medicine. Afterwards, the ruptured appendix resulting in peritonitis may present a very serious condition from which the patient may or may not survive with the best possible treatment. It is to prevent this type of condition that this Bill is meant. Many pleas were made that we do not have adequate medi-

cal care in this country and, therefore, we should not stop self-medication. In the olden days, you will remember when we had a lot of malaria, people were allowed to take quinine. Nobody stopped them from taking quinine. Today malaria is not there. Quinine is unnecessary. Suppose in place of quinine—because there is a fair amount of tuberculosis—people were to start taking injections of streptomycin because somebody advertised streptomycin, there would be very dangerous results.

Quite a number of points that were raised by hon. Members were answered by the hon. Member opposite, Mr. Reddy. He mentioned, however, one or two small matters. He said that there was formation of antibodies to streptomycin. It is not quite correct. The use of streptomycin can lead to drug resistance on the part of the tuberculosis organisms. So these organisms which do not respond to the drug, cause a very serious public health problem besides the problem for the patient. So, I am all with him when he says that abuse of drugs should be curbed along with self-medication.

Some hon. Members stated, Madam, that because no medical treatment was available, therefore the provisions of this Bill were not necessary. The truth of the matter is that in certain conditions it would be far better that no medicine was taken than to take a wrong medicine or medicine which creates a false sense of security and masks some of the symptoms, so that serious conditions develop in the meantime. I am not saying this to belittle the importance of or need for providing adequate medical care for all our people. Adequate medical care has to be provided. As you know, Madam, we are trying to do our level best to do it as fast as possible in the rural areas and in the urban areas. Y«t I have no hesitation, t»

admit that medical care in this country is far from what we would like it to be. But that does not mean that we should continue to freely advertise these medicines; some of that advertisements, as the hon. Member, Mrs. Kidwai, stated, are very indecent, promising cures for all kinds of diseases. This is completely wrong and bad for the community as a whole.

Then, Madam, some hon. Members said: "Well, you will not even let people believe in the power of prayer". Some others said: "You will not let them believe in auto-suggestion which can help psychosomatic disorders." I am sorry that the number of conditions that were mentioned as illustrations were rather unfortunate.

Somebody said that epilepsy cannot be cured. The truth of the matter is that epilepsy is a perfectly curable disease, curable to the extent that it can be kept under control so that the patient can work as a normal human being. At the present moment we are in fact in correspondence with some of our experts to start a number of epilepsy clinics so that the patients can go to one in their own vicinity, take the treatment which will keep the epileptic fits under control, and be as normal as anybody else with regard to going to schools or colleges or going to offices or doing any other work. This at the present moment is not the case. The biggest number of cases coming to the neurological department of any hospital at the present moment consists of cases of epilepsy who can be treated and made into normal citizens.

Another case mentioned was hysteria. It is well known that hysteria is not a disease which requires medicines. The truth of the matter is *hysteria* results from an aberration of the mind, and to treat the mind what is needed is not drugs

but some kind of psycho-therapy, something which will enable whoever is treating the case to get behind the apparent disorder and understand and enable the patient to resolve the conflict or the complex in his or her mind which is taking the form of hysteria. I have seen, Madam, attempts at giving some kind of medicine to these hysterical patients. The result is that instead of becoming unconscious having fainting fits, they will develop other symptoms, they will begin to have pain in the back, they will begin to have pain in the chest or pain in the heart. Once a young girl whom I knew and who was close to me, sent me a telegram that she had a heart attack and that I should come immediately. I did not go immediately and she was very much annoyed about it. She said: "Why did you not come?" I said: "Because I knew you would not be having a heart attack". She said: "How did you know?" I said: "Because I know of no heart condition which develops in a normal, healthy young individual at the age of 17 or 18. In a young adolescent generally no heart attack can develop in the manner the coronary attacks occur in older people called heart attacks. Madam, she stopped having a heart attack and started having very severe back pain and wanted an operation on her spine. It was with the utmost difficulty that we dissuaded her; she in fact got herself admitted into a hospital and there was somebody who was willing to do an operation on her. We do have surgeons with a ready knife. We had to save her from that; otherwise she might have become a cripple. So, hysterical conditions are not one of those conditions which require medicine, but they require some kind of psychotherapy, some kind of assistance to enable the patients to look inwards and resolve the complex that has been the cause of the symptoms.

Then, Madam, it was mentioned that blindness can be cured by

[Dr. Sushila Nayar.] suggestion. I was rather surprised at that. I have not known cases of genuine blindness that can we Thus cured. I have heard of those faith cure people who will say in the name of this or that: "I ask you to take up your staff and walk", it can happen if it is a hysterical type of paralysis, or blindness.

SHRI P. N. SAPRU (Uttar Pradesh): May I interrupt? Dr. William Browning, who was one of the greatest names in modern psychology, testified to the fact that by psycho-therapy he cured a man of blindness.

DR. SUSHILA NAYAR: Madam, I have already stated that if this is a condition which is not an organic condition, if it is a hysterical manifestation whether it is manifesting itself in the form of paralysis or in the form of blindness or in the form of deafness, it is possible to make those symptoms disappear through some kind of auto-suggestion. But, Madam, the symptoms will reappear in some other form unless and until one gets at the back of the whole thing and resolves the complex that has resulted in these varied symptoms.

A suggestion was made that there should be a Board for registering drugs. There is no question of registering drugs as such under this Act. To have drugs included in the pharmacopoeia we follow a particular pattern, a particular method. This Bill relates to the advertisement of drugs, leading to self-medication on the part of the people. Supposing, as was stated, there is some Ayurved or Unani practitioner or Homeopath who has got something wonderful and many people have been treated and cured by him and somebody else wants to go and consult him, that is perfectly all right. There are Acts in practically all the States for registering all types of practitioners. So long as the patient is treated by any one of them there is no difficulty. Similarly if the advertisement of a new

drug is sent to any of the registered practitioners, there is no difficulty. What is being objected to is that advertisements are published in the newspapers, advertisements and leaflets are printed and distributed to the lay public, written on the walls. I have seen some awful, horrible advertisements written on the walls by all kinds of people. Those are the things that are being objected to under this Bill. The hon. Member opposite, Mr. Reddy, suggested that if some of these drugs prove effective, we should analyse them and include them in the pharmacopoeia. The truth of the matter is that we have sanctioned an extensive research scheme on that very basis. We are very anxious to find out what are the hidden gems in our own country under the various systems. What we have asked for is first of all to screen the drugs and see if they are really effective. We do not want to analyse them in the first place. Once we find their effectiveness established in certain types of conditions, the next step is a proper analysis, a pharmacological study and analytical studies, and the inclusion of the drug in the pharmacopoeia.

SHRI AKBAR ALI KHAN: This scheme is not being implemented as it should be. I may submit to you that Hyderabad has asked for it and for the last three months the matter is pending in your Ministry.

DR. SUSHILA NAYAR: I could not answer the hon. Member with regard to the situation about the Hyderabad scheme at the present moment. All that I can tell him is that a number of such schemes are working and we are trying to step up the work and speed up the screening of these drugs as much as possible.

SHRI SANTOSH KUMAR BASU (West Bengal): May I just say something with regard to the last observation of the hon. Minister? She just now said that they would rather try and find out if a particular remedy was effective and if it was found to

be effective, then there should be an analysis. I suppose that the analytical content of the drug should be known first because unless one knows what the analytical content of a particular drug is, how can it be used upon a patient for the purpose of finding out whether it is effective or not? I can inform the House from my own experience that when I was connected with medical matters in Bengal there was a shortage of cinchona. A certain gentleman had evolved a particular remedy or cure for malaria which he claimed could be a substitute for quinine and he wanted it to be used upon the patients in the Medical College Hospital. But he was insistent that he would not disclose its contents. He wanted it to be used, to be experimented upon, without disclosing the contents. Although he had secured recommendations from very highly-placed persons, we had to set our face resolutely against such a request. Unless the contents are known, no remedy should be allowed to be used or experimented upon patients in a hospital.

DK. SUSHILA NAYAR: I am very grateful to the hon. Member for the clarification that he has introduced. I should have clarified it. It is not that we are trying unknown drugs without knowing their contents. But there are certain drugs which have been used by *Ayurvedic* or *Unani* or other people and they have claimed that they are very effective. There can be two approaches. One is to start the analysis immediately, have experiments on animals and study the drug which may take years. In the meantime some of the masters may disappear and some of the valuable remedies may be lost. On the other hand, we have introduced special beds in wards in which we keep selected patients who are treated with these remedies and are studied by the old masters and modern medicine men. They try the medicines which they know. The formula is known, the contents are known. But that fine study of the

pharmacology, the analysis and the separation of the various refined alkaloids and various other constituents is not done. If the remedies really prove effective, then the other things will follow. For example, *Sarpagandha* was a medicine that was used in our country. We used it on Mahatma Gandhi. I was one of the first people who used it and I used it on Gandhiji with very good results. After that, further studies have revealed that there are several alkaloids within the *Sarpagandha*; root, which are being separated and utilised for different diseases. So, firstly we are trying to find out the utility of these drugs and then we will go on to detailed studies.

Then, it was stated by some hon. Members that the wording of some of the conditions in the Schedule is rather vague. We have kept that wording because that is the type of wording that is used in several of the advertisements and if we want to get at the advertisements and prevent them from being publicised in newspapers and other places, it is necessary to use the terminology used by them.

As I said earlier, I am most grateful to the House for the interest that it has shown in this Bill. In a way, it seems that magic is always attractive to people and it has held the attention of this House for a much longer time than we thought this Bill would take. I do not think, however, that that magic should be allowed to take still more time of the House by referring it to a Select Committee. As I said, the object of this amending Bill is so limited; it is not that the whole Act is being considered so that it could be referred to a Select Committee. The whole Act cannot be considered by the Select Committee under the Rules. Only the amendments can go before the Select Committee and as I have described, there is hardly anything in them which deserves to go before a Select Committee. I would beg of my friends not to press their demand for a Select

[Dr. Sushila Nayar.] Committee but to accept the motion for taking up this Bill for consideration.

THE DEPUTY CHAIRMAN: The question is;

"That the Bill to amend the Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954, be taken into consideration."

The motion was adopted.

THE DEPUTY CHAIRMAN: We shall now take up the clause by clause Consideration of the Bill.

Clauses 2 to 4 were added to the Bill.

Clause 5—Substitution of new section for section 8

SHRI A. D. MANI: Madam, I move:

2. "That at page 2, line 25, for the words 'any person authorised by the State Government' the words 'any person not below the rank of a Gazetted Officer authorised by the State Government in this behalf be substituted."

Madam, I should like to draw the attention of the House to clause 5 of the Bill. Clause 5 of the Bill says—

"8. (1) Subject to the provisions of any rules made in this behalf, any person authorised by the State Government may, within the local limits of the area for which he is so authorised,—

(a) enter and search at all reasonable times, with such assistants ____ " etc.

This relates to the power of search which is sought to be given by the Bill to any person authorised by the State Government. I mentioned in my speech on this Bill that newspapers are affected in regard to the power of search. There are States where the police power is not being properly used, and I mentioned the case of Punjab. The Government of

Punjab is scared—or for that matter any other States—about what appears in a newspaper and if by this Bill an opportunity is given to enter the premises and search it for seizing objectionable advertisement matter, then it would amount to an encroachment on the freedom of the press. What I have suggested in my amendment is that for the words "any person authorised by the State Government" the words "any person not below the rank of a Gazetted Officer authorised by the State Government in this behalf" may be substituted. My object in tabling this amendment was to see that the State Governments would depute only responsible people for entering the premises of a newspaper office. In other words, the person concerned must have sufficient maturity of judgment to apply his mind to the needs of the case and enter the premises only to seize the advertisement material. It might so happen that if a constable were authorised by a State Government to enter a newspaper office, he might seize, besides the advertisement material, a good deal of other material like letters and correspondence and editorial articles and then after scrutiny return them. This would amount, as I said earlier, to interference with the freedom of the press. It might be argued that the word 'rank' is perhaps an innovation in the statute law of this country and that it is not to be found in other statutes. I would like to draw the attention of the House to section 98 of the Code of Criminal Procedure where the word 'rank' has been given a statutory status. According to section 98 of the Code of Criminal procedure—

"he may by his warrant . . ." —that is, the District Magistrate— "... authorise any police-officer above the rank of a constable . . ."

The word 'rank' has got a legal status and I hope that on the technical ground that the word 'rank' does not appear in other statutes, Government

would not oppose the amendment. I would like to make an appeal to the Minister in charge of the Bill to accept my amendment because the freedom of the press is involved and the press in this country would greatly appreciate if Government accepts the amendment and vests the responsibility with the State Government of deputing only responsible people such as a Gazetted Officer to enter a newspaper office.

The question was proposed.

DR. SUSHILA NAYAR: Madam, I appreciate what the hon. Member opposite has said. I really d'o not think there is much to be feared. In this respect the State Government are expected to take good care while selecting the officers. And, as it is, the Act is, generally speaking, to be implemented by the Drug Inspectors who are gazetted officers. If it pleases him very much, we can on page 2, line 25, instead of saying any "person" substitute it by "gazetted officer".

SHRI A. D. MANI: Madam, under the Rules of Procedure of this House I commend the suggestion made by the hon. Minister. I move:

"That at page 2, line 25, for the word 'person' the words 'gazetted officer' be substituted.

The question was put and the motion was adopted.

THE DEPUTY CHAIRMAN: The question is:

"That clause 5, as amended, stand part of the Bill."

The motion was adopted.

Clause 5, as amended, was added to the Bill.

Clauses 6 to 11 were added to the Bill.

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

DR. SUSHILA NAYAR: Madam, I move:

"That the Bill, as amended, be passed."

The question was proposed.

SHRI SANTOSH KUMAR BASU: Madam, Mr. Mani, my esteemed friend, has at the last moment introduced an amendment which has been accepted by the hon. Minister. I would rather suggest that the Minister would be good enough to instruct the State Governments to find gazetted officers of whatever rank they might fce because it might be difficult at times, for purposes of conducting a search of this nature, to find highly placed gazetted officers. I could not quite understand my learned friend's stand that he has taken that it would be interference with the freedom of the press if such most objectionable advertisements are searched for in a newspaper office—freedom of the press to publish advertisements of the nature which are contemplated by this Act. Where does the question of the freedom of the press come in?

SHRI N. SRI RAMA REDDY (Mysore): It will be freedom to the Gazetted Officer to enter the premises.

SHRI SANTOSH KUMAR BASU: Let us take one instance. Of course, it might not be on a comparable basis. If they were seditious articles, highly objectionable articles or writings ready to be printed and published, would it interfere with the freedom of the press if the arm of the law is stretched to that newspaper office for purposes 'of finding out a stuff which is waiting for addition in the newspaper? How does the question of freedom of the press come in? It is not a question of opinion. It is a commercial question, whether they should be allowed to publish such stuff which has been held under this statute to be offensive, commission of which amounts to an offence. Therefore, the question of the freedom of the press does not come into the picture at all.

[Shri Santosh Kumar Basu.] That is my submission. But now that the hon. Minister has accepted this amendment, my fear is that it might be difficult for the State Government to find a gazetted officer for the purpose of executing searches for this particular job. I would, therefore, suggest to the hon. Minister that they should instruct the State Governments to find gazetted officers 'of such rank as might be easily available for the purpose of effecting these very necessary searches as contemplated by the statute.

SHRI A. D. MANI: Madam, I should very briefly like to make an observation *on* the remarks which fell from my hon. friend, Mr. Basu. When I mentioned that the freedom of the press was involved, I had in mind certain hypothetical cases based on my own experience

THE DEPUTY CHAIRMAN: If they are your experience, how can they be hypothetical?

SHRI A. D. MANI: . . . which may occur in future. Based on my own experience, many years ago my newspaper office was searched when there was a controversial Ministry in power for the original alleged defamatory article. Besides the copy of the alleged defamatory article copies of other articles were also taken away and then they were returned as not being relevant to the case. Now I was having in my mind a situation where a State Ministry is hostile to a newspaper and wants to enter its premises for finding out an objectionable advertisement. A constable comes, or any person authorised might take away, besides the objectionable material, other materials also. It is for this purpose that section 98 of the Code of Criminal Procedure, the power to search, is given only to officers above the rank of a constable. The Bill, as it stood, authorised any person, including a constable, to enter a newspaper office when the Code of Criminal Procedure guarantees to the citizen of India the right of being searched by a person above

the rank of a constable. The Code of Criminal Procedure had in mind cases where the power of search requires the person concerned to apply his mind to the investigation of the case. When I had freedom of the press in mind I had in mind a case where, if an objectionable material is seized from a newspaper office, along with this material other materials should not be taken away. It is for that purpose that I wanted a safeguard to be inserted in the Bill.

SHRI SANTOSH KUMAR BASU: Madam, I have no right to reply. But may I just point out one thing in answer to Mr. Mani. He mentioned section 98 of the Criminal Procedure Code which definitely lays down a certain rank which must be adhered to in selecting a man for searching such premises. That is a statutory provision that no one below such and such rank should be allowed to go and search. Here there is no such statutory provision fixing a particular rank. But what is done on the other hand is this. The State Government may authorise any person and the right and the power are given to the State Government to find out in each particular case what kind of person is to be sent for conducting the search because the State Government might not be able to find out a gazetted officer in a remote village where certain kinds of stuff are waiting which may be a subject matter coming within the mischief of this Act. Therefore, the State Government has been authorised to find out in each case as to what is to be done, unlike the Criminal Procedure Code which definitely prescribes the rank by statute. If that had been done, there would not have been any necessity for authorising the State Government. Here the words are deliberately put in for the purpose of enabling the State Government to find out a suitable person to suit the particular occasion.

DR. SUSHILA NAYAR: Madam, there is something in what the hon. Member, Mr. Basu, has stated. We had in mind to suit the convenience

of the State Governments when we left the power with them as to whom they would authorise for this purpose. However, Madam, as I said, earlier, this Act will be enforced, generally speaking, through the Drug Control Administration, and I find that practically in all the States, with the exception of one or two, the Drug Inspectors are already gazetted officers, and what it would involve is that one or two States who do not have Drug Inspectors as gazetted officers will also have to do that. Madam, that will be a desirable step from the point of view of better enforcement of the Drug Control Act. That was the reason why I accepted the hon. Member's amendment and I would like to assure Mr. Basu that to the best of our knowledge, the State Government will not be put to too much inconvenience on account of this.

4 P.M.

THE DEPUTY CHAIRMAN: The question is:

"That the Bill, as amended, be passed."

The motion was adopted.

**MOTION RE. REPORTS OF THE
 COMMISSIONER FOR
 SCHEDULED CASTES AND SCHEDULED
 TRIBES FOR 1960-61 AND 1961-62**

THE DEPUTY MINISTER IN THE
 MINISTRY OF HOME AFFAIRS (SHRI-
 MATT MARAGATHAM CHANDRASEKHAR) :
 Madam, I beg to move:

"That the Tenth and the Eleventh Reports of the Commissioner for Scheduled Castes and Scheduled Tribes for the years 1960-61 and 1961-62, laid on the Table of the Rajya Sabha on the 15th June, 1962, and the 16th August, 1963, respectively, be taken into consideration."

We are now going to discuss the Tenth and the Eleventh Reports of

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the Commissioner for Scheduled Castes and Scheduled Tribes. The Tenth Report, as we know, was placed on the Table of the Sabha on the 15th June, 1962 and the Eleventh Report was discussed earlier due to lack of time, and the emergency which followed, in the winter of 1962 or during the Budget Session of 1963. Meanwhile, the Eleventh Report was received and the printed copies were available to us round about the second week of August and we placed the Report on the Table of the Sabha on the 16th August 1963. We considered it desirable to have this discussion on both the Reports together. The Reports contain very many useful suggestions. We have examined the recommendations and have brought them to the notice of the State Governments requesting them to take early action to implement them to the extent possible and as early as possible. The Government, both the Centre and the States, are very much aware of the tremendous task before them to bring up the Scheduled Castes and the Scheduled Tribes to the level of the general population. Various welfare schemes are planned and executed to enable this weaker section of the population to take their rightful place with the rest of the population. One of the most important and essential measures that are taken for their welfare is that of education. Educational advancement opens avenues to employment both in Government and also in the private sector. The Central Government attach great importance to the scheme of post-matric scholarships which enables the Scheduled Castes and the Scheduled Tribes to get into higher employment in the public and the private sectors. Here I would like to mention the work that is being done towards this end. It has been quite encouraging to find that the scholarships which were disbursed to the Scheduled Castes and the Scheduled Tribes have increased from 45,571 to 1,87,058 during the