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[Placed in Library. See No. LT-1334/59.]

CENTRAL BOARD OF REVENUE NOTIFICATION

SHRIMATI TARKESHWARI SINHA:
Sir, I also beg to lay on the Table, under sub-section (3) of section 85 of the Estate Duty Act, 1953 a copy of the Central Board of Revenue Notification S.O. No. 747, dated the 1st April, 1959, publishing further amendments in the Estate Duty Rules, 1953 together with an explanatory note thereon. [Placed in Library. See No. LT-1378/59.]

12 NOON

MESSAGE FROM THE LOK SABHA

NOMINATIONS TO PUBLIC ACCOUNTS COMMITTEE

SECRETARY: Sir, I have to report to the House the following message received from the Lok Sabha, signed by the Secretary of the Lok Sabha:—

"I am directed to inform Rajya Sabha that the following motion has been adopted by Lok Sabha at the sitting held on Tuesday, the 21st April, 1959, and to request that the concurrence of Rajya Sabha in the said motion and further that the names of the members of Rajya Sabha so nominated be communicated to this House:—

"That this House recommends to Rajya Sabha that they do agree to nominate seven members from Rajya Sabha to associate with the Committee on Public Accounts of the House for the term beginning on the 1st May, 1959 and ending on the 30th April, 1960 and to communicate to this House the names of the members so nominated by the Rajya Sabha."

LEAVE OF ABSENCE TO SHRI M. JOHN

MR. CHAIRMAN: I have to inform Members that the following letter has been received from Shri M. John:—

"As I am leaving India on the 18th April, 1959, to attend a meeting of the Executive Committee of the Miners' International Federation at Geneva on the 22nd and 23rd April, and shall not be able to come before the first week of May, 1959, I beg to request you to please grant me leave of absence from Rajya Sabha for this period."

Is it the pleasure of the House that permission be granted to Shri M. John for remaining absent from all meetings of the House during the current session?

(No hon. Member dissented.)

MR. CHAIRMAN: Permission to remain absent is granted.

ALLOTMENT OF TIME FOR CONSIDERATION OF THE APPROPRIATION (NO. 2) BILL, 1959.

MR. CHAIRMAN: I have to inform Members that under rule 162(2) of the Rules of Procedure and Conduct of Business in the Rajya Sabha, I have allotted ten hours for the completion of all stages involved in the consideration and return of the Appropriation (No. 2) Bill, 1959, by the Rajya Sabha, including the consideration and passing of amendments, if any, to the Bill.

THE PHARMACY (AMENDMENT) BILL, 1959—continued

DR. A. SUBBA RAO (Kerala): Mr. Chairman, yesterday I was dealing with the definition of the term "medical practitioner" with particular reference to the graduates and diploma holders of the integrated system of medicine which is being still kept vague and still left to the interpretation of the administrative

[Dr. A. Subba Rao.]

authorities of the respective States. In the original Act the term "medical practitioner" has been defined as a person registered or eligible for registration in a medical register of a State meant for the registration of persons practising allopathic system of medicine. This definition was vague in the sense that it has been interpreted by different administrative authorities of the respective States in different ways. Different States interpreted the same definition in different ways. Also the same State Government interpreted the definition once in a particular way and later on in a different way. I will quote some examples of this just now.

Even before the original Act was passed, the graduates of the integrated system of medicine were brought under the respective State Acts which gave them statutory right to treat them as legally qualified or duly qualified medical practitioners for the purposes of all Central and State Acts. Again, Sir, the East Punjab Ayurvedic and Unani Practitioners Bill, 1949, stated in the Statement of Objects and Reasons of the Bill:

"Under the provisions of the Drug Act that was passed by the Central Legislature in 1940 and which is going to be strictly enforced in this province from the 1st of April, 1949, certain poisonous drugs included in the Schedule H of the Act can be dispensed by a licensed chemist only on the prescription of a registered medical practitioner. This schedule contains the popularly used sulphonamide group of drugs. These drugs along with some other medicines are being used by Ayurvedic and Unani Practitioners. This class of persons is anxious about their future as, at present, they are not registrable in any register."

Please mark the words—"they are not registrable in any register".

"The purpose of the Bill is to make Ayurvedic and Unani practitioners registrable under a separate registering authority to be called the "East Punjab Board of Ayurvedic and Unani Systems of Medicine."

With this legislation these practitioners will be able to prescribe for their patients the drugs mentioned in Schedule H of the Drugs Act. Such legislation already exists in most of the provinces in India. The definitions of Ayurvedic and Unani Systems, according to this Act, includes the modernised forms thereof. This Punjab Act was extended to Delhi in June, 1950.

After the extension of this measure to Delhi, we get the interpretation of the authorities in a different way. In a letter of the Director of Health Services, Delhi (Drug Licensing Authority, Delhi), No. 4341, dated 4-3-51, he declared that if a person was registered with any State he would be exempt from the rigours of the Drug Rules. Then again, the same authority states this on 19-10-1951:

"Unless a medical practitioner is also registered with a Medical Council of any State, he is not entitle to prescribe any drugs under Schedule H of the Drug Rules, 1945."

So, the same authority had interpreted previously that this class of practitioners could prescribe certain drugs; but later on, the same authority denies this right or goes against his original order.

Then again, the Drug Inspector in a letter dated 20th October, 1953 writes:

"Persons registered in Parts I and II of the State register maintained by the Board of Ayurvedic and Unani system of Medicine, Delhi are to be taken at par with other registered medical practitioners under the Drug Act and Rules. The Secretary, Delhi State Chemists Association is being

informed to inform their members to provide facilities admissible under the Rules."

However, a few months later, the same authority sends a different communication on 8th April, 1954 which says:

"In continuation of this office endorsement dated 20th October, 1953, I have been directed to inform you that the exemption granted to practitioners of Ayurvedic and Unani systems of medicine registered in Parts I and II of the Register of the Board of the Ayurvedic and Unani Systems of Medicine, Delhi State, is being withdrawn."

Therefore, I submit that because the definition in the original Act has been left very vague, it was possible for these authorities to give these different types of interpretations, so much so that these registered medical practitioners are themselves put to great trouble.

Let us now take the definition as it is amplified or modified in this amending Bill. It seems that dentists and veterinary doctors are to be included in this definition. I am not saying that they should not be included. They should be included. As a matter of fact, under the previous definition perhaps, some difficulties arose regarding the dispensing of prescriptions of veterinary doctors or dentists and so they are specifically brought under the definition of medical practitioners. They have brought in these two categories of practitioners. But the modification suggested to sub-clause (f) (ii) reads:

"registered or eligible for registration in a medical register of a State meant for the registration of persons practising the modern scientific system of medicine;"

By this they are perhaps want only or without knowledge, excluding these two categories of medical practitioners from being included as medical practitioners, because there is

a reference in all these places to the "register of the State", a register for medical practitioners maintained by the States. According to the Indian Medical Council, all these State registers are meant for practitioners of modern medicine and medicine has been defined in the Indian Medical Council Act as modern scientific medicine in all its branches and includes surgery and obstetrics. Now, Sir, the qualification for those practitioners to be included in the State register is this: subject to the other provisions contained in the Act, the medical qualifications included in the Schedule shall be sufficient qualification for enrolment on any State medical register. So, Sir, on the medical register maintained by the respective States it is only those persons qualified under the Schedule of the Indian Medical Council Act who can be enrolled. If the State Governments pass a separate legislation to accommodate these practitioners of integrated medicine, then only they can be allowed to dispense the modern medicine. Even that is not sufficiently clear. Even the Central Health Ministry itself gives an interpretation which does not include these practitioners under this category. I am referring to a letter by the Under-Secretary to the Government of India dated 23rd January, 1957, to one Dr. Bhadra Singh, and there it has been definitely stated that there is no Act under which the Government of India can authorise their registration as practitioners of the modern system of medicine. So, if this definition is left vague, then there is every possibility of the respective State Governments saying that it is not possible to register these practitioners of the integrated system of medicine in the State register. Sir, I am of opinion that this has been rather purposely left very vague. Even though our hon. Health Minister professes that he is sympathetic towards this category of practitioners, in practice . . .

DR. W. S. BARLINGAY (Bombay):
Not professes. He is.

DR. A. SUBBA RAO: I think I may be excused if I come to the conclusion that it is only his profession and he is not serious in practice, because, if he is earnest in his profession, then he will not see any difficulty in specifying this category of practitioners in the definition of medical practitioners itself. There is no necessity of leaving it very vague.

Again, I will just show another difficulty. The respective State Governments have passed certain legislations by which the practitioners of this integrated system of medicine are allowed to practise the modern scientific system of medicine. But later on, due to the States reorganisation, some portions of certain States were annexed to different States. For example, the Madras Government had recognized the graduates of the integrated system of medicine. They have given all facilities for them to practise the modern system of medicine. They have even appointed them in the health centres and the respective allopathic dispensaries. As we know, portions of the erstwhile Madras State were annexed to Mysore as well as Kerala. Now what is the position of those graduates in Kerala and Mysore? The Mysore Government is thinking of bringing a Bill which dubs these graduates as Ayurvedic and Unani practitioners, which does specify that they have no right to practise the modern system of medicine. Again, because there is a certain amount of dearth of doctors, there are many allopathic dispensaries without any doctors there. According to the rules it is specifically stated that allopathic doctors should be posted to those dispensaries. Now, these graduates of integrated system of medicine are posted to allopathic dispensaries in Madras. In other States, even though there are no doctors in the rural dispensaries, these doctors are not posted there. These doctors put in their applications, but they are not posted to these rural dispensaries. Sir, I want to bring this sort of incongruousness to your notice. If the Health Minister is really earnest in accommodating all

these graduates and diploma-holders of the integrated system of medicine, then it is very easy for him to include them in the definition itself. It is not correct on his part to shirk his responsibility and put the blame on the State Governments. As a matter of fact when we approached him, he told us that it was the State Governments which had got to do it and not the Centre. But then, Sir, when we have got a certain Central legislation to regulate the pharmacists, when we have got a certain Central legislation to regulate the practising of the doctors in the modern scientific system of medicine, why is it that we are not contemplating Central legislation which can be applied to the practitioners of the integrated system of medicine? At least that can be brought about. With regard to this particular case of the Pharmacy Act and the Drug Rules, you can include in the definition those practitioners as well. Anyway it is not going to go against the Indian Medical Council Act or anything of the sort. So, I do not see any difficulty in including these persons in the definition of medical practitioners.

Now, Sir, with regard to this amending Bill, as it is, ten years have passed since we passed the original Bill. That means that we had sufficient time to regulate the profession of Pharmacists. I would like to know whether we have been in this time able to check the unqualified pharmacists or the compounders who have been practising before, whether we have been able to check them, and whether it is not a fact that still many of the dispensaries and even doctors employ certain unqualified compounders. I am not against their employment. On the other hand I would seek the extension of this Pharmacy Bill to include those people as well, because at present our country is very poor economically, and there are students who cannot finish their matriculation and who cannot go in for this course of pharmacists. And naturally some of these persons are employed by diffe-

rent medical practitioners—both allopathic and graduates of integrated medicine. In the beginning they are not given any responsibility of actually dispensing. They are just allowed to mix certain mixtures as well as certain powders and other things. Then slowly with the basic knowledge of English he learns the art of dispensing under the direct supervision of the doctor. I do not think any doctor will stake his reputation by allowing this raw hand to dispense all the dangerous drugs. He trains that particular student under him and in due course, say after five or ten years, he will learn the art of dispensing although he may not perhaps be as efficient as a qualified compounder. I am not saying that all these categories must be included or there must be a clause wherein all these categories should automatically come or that they must be recognised as recognised pharmacists. Let them have some test by which . . .

SHRI GOPIKRISHNA VIJAIVAR-GIYA (Madhya Pradesh): How long can the hon. Member go on speaking? It is laborious.

DR. A. SUBBA RAO: I will finish soon.

If they pass the test, they can be included as registered pharmacists.

I come to the special provision in regard to section 42 of the principal Act—clause 16 of the amending Bill—where a category of persons have been excluded except under the direct and personal supervision of a registered pharmacist. A registered pharmacist might employ certain persons who are unregistered, under him. I do not think it is advisable to exclude them and make the law more rigorous. At present, we are not able to cope with the requirements of registered pharmacists. We have not got enough institutions which can train pharmacists for the requirements of the country. So, till we attain self-sufficiency in that, I would request that these persons should also be accommodated.

Finally, I would appeal to the Health Minister to do justice to these practitioners of integrated system of medicine. It is not as if we are asking for a favour. We are just asking for justice, what we have been promised and what is our legal right. We are asking that we should be included and that this definition of 'medical practitioner' should be enlarged and amplified to include this class of practitioners as well.

RAJKUMARI AMRIT KAUR (Punjab): Mr. Chairman, Sir, I am thankful to you for having given me just one or two minutes wherein to voice my objection to the acceptance by the Minister of Health of an amendment. This Pharmacy Act was placed on the Statute Book with the sole idea of stopping the dispensing by unregistered persons of medicines. Pharmacy is a complex profession and with the increasing number of drugs especially in modern medicine that are coming in, it is getting increasingly complex, and it is very necessary for us to maintain standards whereby the general public shall not suffer by having medicines given to them by people who are both not registered and not qualified to give the proper standard of these medicines. I, therefore, feel it will be a very dangerous thing to accept this amendment and contrary to all the principles underlying any Act which the Union Government brings into force, the basic idea of which naturally always is to have uniformity in all the States. You are striking at the unity of what we want if you accept this amendment. I would plead with the Health Minister to give consideration to my plea that he should not accept this, because it will be going against the very root of what we have stood and should stand for. Where this extremely important service is concerned, we must not at any time lower our standards. It is no good saying that we have not been able to check what is wrong. Why have we not been able to check it? We should bring in measures whereby we can check wrong so that we can

[Rajkumari Amrit Kaur.]

come up to the requisite standard. But if you are going to include all kinds of people who are not registered and who are not good enough to practise pharmacy, then I think you are doing a great disservice not only to the profession, but also to the public, and I would beg of the Minister not to succumb to the pressure that may be brought to bear upon him by the State Health Ministers. After all, what is going to be the result if he accepts this amendment? Every State will have different regulations, different rules; different persons will be accommodated. It is not a question of accommodating A, B or C; it is a question of maintaining standards, standards by the maintenance of which the public are going to be benefited and standards by the lowering of which the public are going to be the sufferers. I think it is very wrong to accept this amendment, and I would again plead with the Minister not to accept it. I can quite understand the amendment that has been sought to be brought in for including dentists who, after all are practitioners of modern medicine, and veterinary surgeons, who also practise modern medicine. I would also like to say that the integrated system is not recognised by the Central Government. Why in a Central Act should they—their practitioners—be brought into the picture? I oppose the acceptance of this amendment very strongly.

SHRI H. P. SAKSENA (Uttar Pradesh): Mr. Chairman, Sir, my reason for rising to support this Bill is only one and it is this that I am myself a chronic patient and I am in search of some medicine which will revive me and give me vitality to carry on the duties of Parliament to which I have been elected for, perhaps, a very long period.

[MR. DEPUTY CHAIRMAN in the Chair.]

Anyway, Sir, I am very happy and glad that the word 'indigenous' has been used by my friend, the present

Health Minister, and I am glad to note that he will not only use the words 'indigenous system of medicine' but will also practise it and see it practised in the country. I have got to revise and review my meaning of the words 'modern and scientific.' From no logic, from no reasoning, can I infer that the system which has been brought to our country only a hundred years back has become modern and scientific and that the one which has been in vogue in the country from centuries before has become unscientific. Now, the hon. the previous Health Minister made no excuse in trying to persuade the present Health Minister not to include the word 'integrated' in the definition of the term 'medical practitioner'. I entirely agree with my friend, Dr. Subba Rao, who spoke before me that the word should not be left at the mercy of the State Governments, but since we are passing a Central Bill—a Central amendment—that thing should be defined here and now. There is no reason whatsoever why it should be left to the State Governments. I quite agree, I quite appreciate that in the matter of health there are no restrictions; there are no limitations. If a medicine is good that medicine should be made use of, from whatever quarter or from whatever area it comes. I may quote an epic instance of a surgeon and physician having been brought by Hanuman to the battlefield of Lanka in order to cure the ailing brother of Lord Ram, Lakshman, in order to apply a medicine, in order to cure the mortal wound he was suffering from. So, there I agree, but then to exclude and to taboo and to punish the indigenous system altogether is simply ironical. It is not only cruel but it is simply ironical in a country like ours, and that too after Independence. We are still looking to the western system of medicine and trying to ape the Westerners. Now, this is disgraceful; this is shameful; it does not behove us of a free country to be always depending upon imported knowledge of the system of medicine from the

West and therefore, Sir, I make an emphatic appeal to the hon. the Health Minister to include these integrated practitioners from Bombay, from whom I have received a representation also to the effect that since the Bill has already been passed by the Lok Sabha it should not be similarly passed by the Rajya Sabha. It is only a small matter of including in the register their names also, to include them among the medical practitioners who are eligible to issue certificates and to carry on the practice. That is the only thing that Dr. Subba Rao recommended and which I endorse.

Now, Sir, every time previously, whenever we spoke of the indigenous system of medicine the one institution we were referred to was Jamnagar, as if this one institution at Jamnagar was quite sufficient for the whole of the continental country of India, to meet the medical requirements of the thirty-five crores of people or forty crores of people.

Then, Sir, the hon. the present Health Minister in his remarks yesterday said that Ayurveda would be strengthened if the practitioners of Ayurveda made use of the so-called modern scientific system of medicine. But then he forgot to mention that each would be helping the other. Otherwise, there cannot be one-sided assistance only. If Ayurveda is to be strengthened, it has also to strengthen the so-called modern scientific system of medicine. I strongly repudiate the definition that is now-a-days in vogue to the effect that the system of medicine which has been imported into our country is modern and scientific and all other indigenous systems are unscientific and ancient. Ayurveda, for instance, is considered ancient, but then it has got the practitioners still who say that their system is so complete, so perfect that it needs no addition and no alteration, and the epics also prove that. The hon. the Health Minister said that there were forty-

nine institutions. I do not know what he referred to; I could not understand that but then Ayurveda has got the potentialities of helping the so-called modern scientific system of medicine also, and if they just received a little encouragement from the Government, I do not think they would be lagging behind. The definition of "medical practitioner" has to be widened here and now in this amending Bill on pharmacy to this extent that those people who are being ruined, who are being mercilessly ruined for no fault of theirs, should also be included within the definition.

With these words, Sir, I support the Bill.

श्रीमती चन्द्रावती लखनपाल (उत्तर प्रदेश) : उपसभापति महोदय, आज सुबह जब कि मैं बिल को पढ़ रही थी तो मैंने देखा कि बिल के उद्देश्यों में से एक उद्देश्य यह भी है कि "मेडिकल प्रैक्टिशनर" शब्द की परिभाषा को विस्तृत कर देना, उसके क्षेत्र को विशाल बना देना। लेकिन वास्तव में जब मैंने गहराई से बिल को पढ़ा तो मालूम हुआ कि मेडिकल प्रैक्टिशनर की परिभाषा को बजाय इसके कि विस्तृत किया जाता और संकुचित बना दिया गया है। उसके अन्दर से, जैसा कि अभी जिक्र किया गया है, इंटीग्रेटेड कालेजों के जो स्नातक हैं उनको बिल्कुल निकाल दिया गया है, उनका कहीं जिक्र ही नहीं है।

श्रीमन्, मैं आपको बताना चाहती हूँ कि इंटीग्रेटेड कालेजों के जो ग्रेज्युएट्स हैं, जो स्नातक हैं, ये लोग कौन हैं। ये सड़कों पर बक्सा लकर बैठने वाले कबाड़ी लोग नहीं हैं। ये तो वही ग्रेज्युएट्स हैं जिन्होंने रगुलर संस्थाओं में और जो रिकगनाइज्ड संस्थाएं हैं उनमें चार-पांच साल तक बकायादा शिक्षा ग्रहण की है। इनके जो कोर्सज हैं वे इंडियन मेडिकल कौंसिल से रिकगनाइज्ड हैं, निश्चित हैं। स्टेट गवर्नमेंट्स इनके स्नातकों को, इनकी डिग्रियों को और इन कालेजों को

[श्रीमती चन्द्रावती लखनपाल]

रिकगनाइज करती हैं। कल ही कहा गया कि अपने देश के अन्दर इस प्रकार के कालेजों की संख्या काफी है। ५० से भी ऊपर है। स्वास्थ्य मंत्री जी ने स्वयं ही माना है कि ५० के करीब ऐसे कालेज हैं और शायद इसमें ज्यादा भी हों जहां कि इस वक्त लाखों विद्यार्थी शिक्षा प्राप्त कर रहे हैं।

एक माननीय सदस्य : हजारों।

श्रीमती चन्द्रावती लखनपाल : हजारों की संख्या में सही, लेकिन कल मौलाना साहब ने लाखों में उनकी संख्या बतलाई थी।

स्वास्थ्य मंत्री (श्री डी० पी० करमरकर) : पढ़ने वाले नहीं, जो प्रैक्टिस करते हैं उनकी।

श्रीमती चन्द्रावती लखनपाल : खैर, हजार भी काफी होते हैं और प्रैक्टिशनर्स का सम्बन्ध भी सीधा इस बिल से है और उन पर भी प्रभाव पड़ेगा। तो श्रीमन्, मैं यह कह रही थी कि इन सारे व्यक्तियों को इस परिभाषा से निकाल फेंकना उनके साथ सरासर अन्याय है। क्योंकि इन लोगों ने एलोपैथी के साथ-साथ अपनी भारतीय आयुर्वेद और यूनानी शिक्षा प्रणाली का अध्ययन किया है, केवल इसीलिए इनको मेडिकल प्रैक्टिस के प्रोफेशन से, मेडिसिन के प्रोफेशन से निकाल कर फेंक देना बिल्कुल वैसा ही निकाल कर फेंक देना है जैसे कोई दूध की मक्खी को निकाल कर फेंक दे। वास्तव में यह इनका ही केवल अपमान नहीं है बल्कि मैं कहती हूँ कि ये आपकी भारतीय चिकित्सा प्रणाली, आयुर्वेद और यूनानी जो हैं उनका भी अपमान है। इसलिये इस विषय पर गहराई से सोचने की जरूरत है। श्रीमन्, जैसा कि मैंने अभी कहा, जिन स्नातकों की योग्यता को स्टेट गवर्नमेंट्स मानती हैं, जिनकी योग्यता को मेडिकल कौंसिल प्रमाणित करती है उन स्नातकों को सारे उचित अधिकारों से कलम की एक नोक से निकाल कर देना यह कहाँ का न्याय

है ? यदि यह बिल इसी प्रकार से पास हो जाय तो इसके माने यह होंगे कि सारे इंटिग्रेटेड कालेजेज के जितने स्नातक हैं वे ड्रग्स एक्ट के "एच" शेड्यूल की जितनी औषधियां हैं—जो कि जीवन-दायिनी औषधियां कही जाती हैं, जो कि नवीन वैज्ञानिक खोजों का परिणाम हैं—उनका प्रयोग करने से वंचित हो जायेंगे और इसके साथ-साथ उन्हें जो और सुविधायें प्राप्त हैं वे भी छिन जायेंगी। जैसे कि मान लीजिये कोई आयुर्वेदालंकार इस तरह का एक नुस्खा बना कर देता है तो जो हमारे केमिस्ट्स हैं वे उसको बनाने से इंकार कर देंगे। यह कैसी हास्यास्पद स्थिति है। एक ओर तो हम इन संस्थाओं को पैटोनाइज करते हैं, इनको प्रोत्साहन देते हैं, इनको आर्थिक सहायता देते हैं, इनको स्टेट गवर्नमेंट्स रिकगनाइज करती हैं और दूसरी ओर हम इनके स्नातकों को सारे बाजार "क्वैक्स" करार देते हैं, इनको वह स्टेटस नहीं देते हैं जिसके कि वे योग्य हैं।

श्रीमन्, यह ठीक है, बड़ी खुशी की बात है, बड़े संतोष की बात है कि कल एक अमेंडमेंट सदन में लाया गया और उस अमेंडमेंट को हमारे स्वास्थ्य मंत्री जी ने मान भी लिया लेकिन माननीय स्वास्थ्य मंत्री जी से मेरा यह विनम्र निवेदन है कि उस अमेंडमेंट को मानने से भी हमारा उद्देश्य पूरा नहीं होता है और इसलिये हमें पूरा संतोष नहीं होता है क्योंकि अगर उस संशोधन को हम ध्यान से देखें तो पता लगता है कि उसके माने यह होंगे कि इंटिग्रेटेड कालेजेज के जो हजारों स्नातक हैं वे प्रोफेशन के अन्दर अपने स्टेटस को और अपने उचित स्थान को फिर भी प्राप्त नहीं कर सकेंगे जिसके कि वे योग्य हैं। जिस अमेंडमेंट को कल स्वीकार किया गया है वह यह है :

"(iia) registered in a medical register of a State who, although not falling within sub-clause (i) or

sub-clause (ii) is declared by a general or special order made by the State Government in this behalf as a person practising the modern scientific system of medicine for the purposes of this Act; or”.

इसके माने यह होंगे कि इन स्नातकों को फिर से स्टेट गवर्नमेंट्स के पास जाना पड़ेगा और प्रार्थना करनी पड़ेगी कि वह यह डिक्लेयर करे कि वे इस योग्य हैं कि इन ड्रग्स के अन्दर मेडिकल प्रैक्टिस कर सकें। इसके माने यह हो जाते हैं कि हम एक प्रकार से इन सारे स्नातकों को इंडिविजुअल स्टेट आफिसर्स की मर्जी पर, उनकी विहम्स पर, छोड़ देते हैं। पहले ही जिनके अधिकारों को स्टेट गवर्नमेंट्स ने रजिस्ट्रेशन द्वारा मान लिया है उनको फिर से इसके लिये मजबूर करना कि वे फिर से अपने को डिक्लेयर करायें कि वे इस योग्य हैं, इसमें कोई लाजिक नहीं दिखाई देती, कोई युक्ति नहीं दिखाई देती और न ही इसमें कोई शोभा है, न ही इसके अन्दर कोई ग्रेस है कि इन सारे स्नातकों से, जो कि क्वालिफाइड स्नातक हैं, फिर यह कहें कि वे फिर जाकर स्टेट गवर्नमेंट्स के आफिसर्स से विनय करें कि उनको एक डिक्लेयरेशन दें कि वे जाक प्रैक्टिस कर सकते हैं और वे उन अधिकारों के योग्य हैं।

कल जो कुछ हुआ उससे तथा मैंने स्वयं स्वास्थ्य मंत्री जी से जो बातचीत की उन सारी बातों से भी यह पता चलता है कि उनकी भावना भी वही है जो कि हमारी सब की है और वे यह चाहते हैं कि जो इंटीग्रेटेड कालिजेज के स्नातक हैं उनको मान्यता प्रदान की जाय और उनको सारे अधिकार प्राप्त हों लेकिन दुर्भाग्य की बात है कि वह भावना जो कि उनके हृदय के अन्दर है वह इस अमेंडमेंट से व्यक्त नहीं होती। मेरा तो इस सदन के अन्दर आज यही निवेदन है, विनम्र निवेदन है, कि वह एक ऐसा अमेंडमेंट एक्सपेक्ट करे जिससे कि जो उद्देश्य है वह सफल हो जाय। मंत्री जी का और हमारा दोनों का एक ही उद्देश्य है। हम यही चाहते

हैं कि इंटीग्रेटेड कालिजेज के जो स्नातक हैं— जो कि क्वालिफाइड हैं, रिकगनाइज्ड हैं— उनको वे सब अधिकार प्राप्त हो जायें जो कि एक रिकगनाइज्ड मेडिकल प्रैक्टिशनर को प्राप्त होते हैं और सीधे सादे शब्दों में उनको रिकगनाइज्ड मेडिकल प्रैक्टिशनर मान लिया जाय। मुझे विश्वास है कि हेल्थ मिनिस्टर साहब को इसमें कोई आपत्ति नहीं हो सकती। यदि वह उसी अमेंडमेंट को मानते हैं जिसको कि कल उन्होंने स्वीकार किया है तो उससे यह मतलब साफ नहीं होता है और यह कोई ग्रेसफुल बात नहीं मालूम देती है। कुछ थोड़ी सी हिचकिचाहट नज़र आती है, अब कुछ ऐसा लगता है कि उनके हृदय में इन स्नातकों की योग्यता के बारे में कुछ संदेह सा है। तो मैं विनम्र शब्दों में प्रार्थना करूंगी कि आज जो अमेंडमेंट्स आये हैं उनको आपने देखा ही होगा और मौलाना फारूकी साहब का जो अमेंडमेंट है उसको यदि आप स्वीकार करते हैं तो सीधे सादे शब्दों में हमारा मतलब और उद्देश्य सिद्ध हो जाता है। वह अमेंडमेंट यह है :

“(ii) who is registered or is eligible for registration in a medical register of a State and is a graduate of a recognised institution imparting education in an integrated system of medicine; or”

या तो वह इस अमेंडमेंट को स्वीकार कर लें और नहीं तो अगर वह यह चाहते हैं कि कल जो अमेंडमेंट स्वीकार किया गया है उसमें और बहुत ज्यादा परिवर्तन उन्हें न करना पड़े तो मैं प्रार्थना करूंगी कि श्री पाटिल का जो अमेंडमेंट नं० ३ है—उसमें एक दो शब्दों का ही हेर-फेर होगा—उसको स्वीकार करने की कृपा करें। श्रीमन्, यदि स्वास्थ्य मंत्री जी मेरी इन दोनों बातों में से एक भी बात को मानने के लिये तैयार नहीं हैं तो मैं उनसे एक सीधा प्रश्न यहां पर करना चाहती हूं और मैं उनसे विनती करती हूं कि वह मुझे उसका सीधा सादा जवाब दे दें। मैं यह चाहती हूं कि वह मुझे बतलाने की

[श्रीमती चन्द्रावती लखनपाल]

कृपा करें कि आज युनिवर्सिटीज के द्वारा, जैसे काशी विश्वविद्यालय के द्वारा, जो आयुर्वेद कालेज चल रहे हैं या दूसरे विश्व-विद्यालयों के अन्दर, गुरुकुल कांगड़ी और ऋषिकुल के अन्दर जो आयुर्वेद कालेज हैं, इन सब संस्थाओं के स्नातकों को क्या आप रिकग्नाइज्ड मेडिकल प्रैक्टिशनर मानने के लिये तैयार हैं या नहीं ? और यदि है तो क्या इनको इस परिभाषा के अन्दर मानते हैं या नहीं मानते और जो अमेडमेंट आपने कल स्वीकार किया है वह इस परिभाषा के अन्दर आता है या नहीं आता ?

इन शब्दों के साथ मैं स्वास्थ्य मंत्री जी का हृदय से धन्यवाद करती हूँ । उन्होंने कल जिस सहृदयता का परिचय दिया है उसके लिये वे वास्तव में बधाई के पात्र हैं । धन्यवाद

SHRI ROHIT M. DAVE (Bombay): Mr. Deputy Chairman, Sir, as I was listening to the debate I thought that there is some confusion regarding the scope of the definition of "medical practitioner" which is sought to be introduced in this Bill. Whatever definition we might give in this Bill about "medical practitioner" it cannot have any effect whatsoever regarding whether a particular person will be allowed to practise as a medical practitioner or not. We are defining "medical practitioner" for the purpose of the Act and for the purpose of this Bill.

Sir, I have very carefully gone through the Pharmacy Act, 1948, and any definition of "medical practitioner", that we will be adopting here, will have its impact only on the Pharmacy Act, 1948. Now, in the Pharmacy Act, 1948, the word "medical practitioner" occurs only four times. The first time that this word occurs is in section 3(h) which is not very important, and I do not wish to discuss that, because it only deals with a representative who may be either a medical practitioner or a registered pharmacist. So, the relevant section in which the importance

of the medical practitioner is rather apparent is 31. In sub-sections 31(b) and 31(d) it has been provided that if a person holds a degree and is engaged in the compounding of drugs in a hospital or dispensary or other place in which drugs are regularly dispensed on prescription of medical practitioners for a total period of not less than three years, he will be entitled to be put on the register or if a person has been engaged in the compounding of drugs in a hospital or dispensary or other place in which drugs are regularly dispensed on prescriptions of medical practitioners for a total period of not less than five years prior to the date notified under sub-section (2) of section 30, he will be allowed to be registered as a registered medical practitioner.

Now, Sir, when we adopt a particular definition of medical practitioner, supposing we do not include an Ayurvedic practitioner or a Hakim in this definition of medical practitioners, the only thing that will happen is that if a person has dispensed any medicine or mixed any medicine on the prescription of, say, an Ayurvedic practitioner or a Hakim for a period of three years or five years, he will not be entitled to be registered in the register of pharmacists. If he is not entitled to be put on the register, all that will happen is that he will not be entitled to call himself a registered pharmacist nor will he be allowed to mix any medicine according to section 42 where again the words "medical practitioners" occur. Now, Sir, in section 42, it has been stated:

"On or after such date as the State Government may by notification in the Official Gazette appoint in this behalf, no person other than a registered pharmacist shall compound, prepare, mix, or dispense any medicine on the prescription of a medical practitioner except under the direct and personal supervision of a registered pharmacist."

So, Sir, a person who has mixed any medicine, say, in an Ayurvedic dispensary will be able to continue to

mix and dispense this medicine because he is not mixing any medicine on the prescription of a medical practitioner but an Ayurvedic practitioner, who is not included in this particular definition of medical practitioners. Sir, the only difficulty that is likely to arise is in the case of those who have served in an Ayurvedic hospital or in an Ayurvedic dispensary, when they want to change their service and want to go to an establishment which is run by a medical practitioner. If they try to go there and if they try to mix any medicine in the dispensary, then the difficulty will arise.

Therefore, Sir, the purpose and the scope of this particular definition is very limited and its implication and its impact is also very limited. It only deals with a change of service from the Ayurvedic establishment to the Allopathic establishment etc. and when we try to find out what would be the desirable definition of a medical practitioner, we have to concentrate our attention only on this aspect.

Now, Sir, the other day the hon. the Health Minister said that he was prepared to accept an amendment which gives the State Government the power to determine or to declare a person by a general or a special order made by the State Government in this behalf as a person practising the modern scientific system of medicine for the purposes of this Act. As it has been well pointed out by my hon. friend, Dr. Subba Rao, there are likely to be many difficulties if this particular amendment is accepted because of the fact that the various State Governments might have various qualifications prescribed and these qualifications might change from time to time. Under these circumstances, the original difficulty, namely, if a person who is serving under one establishment wants to change his profession and wants to go to another establishment of a medical practitioner is defined, he will be precluded, will remain. The difficulty will arise again. This difficulty will continue even if the State Governments were

to change their order from time to time.

It is, therefore, desirable that we have got some definition which gives educational qualifications for a medical practitioner. Again for this very limited purpose, in trying to define a medical practitioner for this limited purpose, all that we are to see is whether a person who has served in a particular establishment as a pharmacist has got sufficient experience to understand the prescription of the medical practitioner, if he is practising the modern medicine as it has been defined in the original amendment, as it has been included in the Bill, whether he will be in a position to deal with these types of prescriptions or not. To my mind, Sir, those people who have served in the establishments which are run by those who have passed the integrated medicine examination are quite in a position to deal with any prescription that might be dealt with by the establishment if it is run by an allopathic practitioner, etc. Therefore, if a person who has served under, say, a dentist's establishment is in a position to understand and to mix properly the prescription in an allopathic establishment, there is no reason why a person who has served under an integrated medical practitioner should not also be in a position to mix medicines in a similar way.

I would, therefore, submit that the amendment which has been given by my friend, Dr. Raj Bahadur Gour, is a very reasonable amendment and it is that amendment which should be accepted so that those who are serving as pharmacists under one establishment like the establishment of an integrated medical practitioner will be in a position to deal with the prescriptions that are generally written even in the establishments that are run by the allopathic medical practitioners. All that we have to see is that the prescriptions which have been dealt with by these pharmacists are dealt with intelligently, are dealt with properly and that when a parti-

[Shri Rohit M. Dave.]
cular patient is using the medicine which they usually mix, he is not put to any inconvenience.

As far as the other pharmacists are concerned, they are not at all affected by this particular Act and whatever be the definition that we adopt, there is no likelihood of anyone being thrown out of employment either as a pharmacist or as a medical practitioner because this Bill does not deal with the medical practitioners at all.

DR. R. P. DUBE (Madhya Pradesh):
Mr. Deputy Chairman, Sir, I will only deal with one amendment which the hon. Minister yesterday said that he was going to accept and that is that all those people who are practising the modern medicine and are in the opinion of the State Government competent to be in their register. I want to implore and request my Minister not to do this. Every time in this House whenever we talk about anything on medical subject the Minister comes out and tells us that it is a transferred subject and that we cannot do anything because it is a State subject.

Now, Sir, here there is a piece of legislation that is to be passed by the Centre. I cannot understand why the Centre is going to hand over all its power to the States. I cannot understand that. Tomorrow the Minister will come round and say that when certain States say that particular Vaidas and Hakims are practising the modern medicine he cannot help it because it is again a State that has done it. Why do you give your power which you have got in your own hand without any rider to the State to do things? I have no quarrel with Homeopathy or Vaid or any 'pathy'. Let them practise that. Why should they dabble in modern medicine? People who are practising modern medicine, who have been trained in modern medicine and who are dealing with modern medicine everyday, they today find that with the changes, the new things that are coming out are difficult to prescribe. Some of the drugs are very

powerful, they are as powerful and as good as they are harmful. They are being misused. Even the medical men, who are practising modern medicine, are finding difficulty in prescribing these drugs. Why are you then giving these to the people who do not know anything about it, who cannot follow anything about these drugs? I have no quarrel with anybody. But, why the Ayurvedic people should not work with their own things? They can work their own things. Yesterday, today and everyday they say that "Our system is the best and cheapest". Then why do they want to dabble in this system which is the modern system and want to prescribe things of which they know nothing? This is one point.

The other point is why the Centre is now giving over all authority to the States? Why cannot the Centre prescribe and keep the power to themselves or give some rider that only after they go through the list and find out whether the man who has been recommended by the State is the proper man or not, he will be accepted. This is my submission. I will humbly submit and strongly request the Health Minister not to hand over all his powers to the States and come back next day to this House to say when anything is brought up, that he cannot help it because this is a State subject. It is not a State subject when you are passing the legislation. You are passing it, the Centre is passing it. Why cannot you put down such conditions or specifications by which you can retain the powers in your own hands? That is exactly my submission and that is exactly what I want to say. I want that modern people, people who are every day dealing with modern medicine, should be allowed to be registered and not anybody and everybody.

Thank you.

MR. DEPUTY CHAIRMAN: The House stands adjourned till 2-30 p.

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

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

SHRI T. R. DEOGIRIKAR (Bombay): Mr. Deputy Chairman, while I was coming to Delhi from Madura, at a certain station a window fell on my finger and it started bleeding. I was wondering to myself whether the Guard, who is in charge of the first aid box, can prescribe me some medicine which will not lead to complications. Mr. Karmarkar came to my mind as also the Bill. I thought the first aid box may be containing sulpha drugs but after the passage of this Bill, the Guard will not be in a position to prescribe that drug for me. It is not the case only with me but such emergencies will arise in many more cases. I do not know what solution can be found for a particular case like this. Unless I come to a bigger station and a telegram is sent that such and such a thing has happened and that some medicine for preventive purposes should be given, no treatment is possible. That seems to be rather anomalous. In a country like India, I do not understand why there has been this tendency for some time to put bans upon this and that. Our country is very poor and the number of doctors is small. Government has now unnecessarily brought this Bill containing certain provisions preventing certain medical practitioners from prescribing certain medicines. I cannot understand the reason for this. I can at the most say that if you think that such medicines should not be prescribed by these doctors, then by all means prescribe a course of three or six months for these doctors. Let them be qualified. There should be no ban on certain medical practitioners prescribing these medicines. I do not understand why these antibiotics and penicillin, etc., are not going to be allowed to be prescribed by doctors. Is there any record with the Government to show as to the harm these medicines have done? In how many cases have

these medicines been misused? What is the number of persons dead? If such statistics are not available, I do not understand the propriety of bringing forward this Bill.

SHRI SONUSING DHANSING PATIL (Bombay): Are these drugs genuine?

SHRI T. R. DEOGIRIKAR: That much I can tell you. The factory is located next door to my place and, therefore, they cannot be spurious. They are genuine.

There is another thing. After all, our Health Minister has been generous enough to come down a little and I congratulate him for it. The States have been asked to prepare a second register in regard to the practitioners of integrated system of medicine but when I heard this, a question arose in my mind as to whether his order will be mandatory or recommendatory. If it is recommendatory, there is every possibility that the States may not open a second register at all and in such an eventuality the situation will have to be met by giving a course to those who have studied this integrated system. So, I would request the Health Minister, if he wants that proper care should be taken, to make his recommendation a mandatory one and not a recommendatory one as otherwise my fear is that the States may not adopt it and there are certain indications to that effect. I have heard another thing—and it is in the air—that certain States are going to bring forward legislation very soon to have only two systems of medicine, the allopathic and the ayurvedic. So, even if we pass this Bill now, it will not be helpful to those who are going to take to this integrated system henceforward. Of course, for those who have already received their training in this system, you will allow them to continue but for the future there is this danger, and if the Centre wants to take part seriously in the whole matter, it should not at least stop the integrated system of medicine through Bills of that sort which are likely to come up. I

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expressed to my hon. friend, Mr. Karmarkar, one difficulty. Suppose one medical practitioner whose name appears in the second register in one State is transferred to another where he is not allowed to prescribe these demicines what will be the fate of that medical practitioner? This permission must be available in all States. If the name of a medical practitioner appears in the second register in one State, he should be allowed to prescribe these sulpha drugs in other States as well whether that particular State has that register or not. This small suggestion should be considered by the Health Minister.

There is another thing. These sulpha drugs are sold in packets I came to know about it only yesterday when I went to the doctor here. He gave me one packet of six pills and there are sulpha drug pills packed in it. Will the Government allow the sale of these pills in the market after the passage of this Bill? If you are going to put a ban on this also, then it will be a very difficult proposition. There is another danger. If you are going to prevent certain practitioners from prescribing these sulpha drugs, there is the other possibility of mixtures coming in the market—sulpha drugs mixed with ayurvedic drugs, and the purpose with which you are enacting this legislation will be ultimately defeated. So, you will have to take care against that also.

I should like to say that the Health Minister has been good enough to accept an amendment and I am told that he is going to accept some more but in order to obviate all these difficulties, I have got a simple suggestion. Prescribe a course of three or six months for those who have got some basic education in anatomy, physiology, *materia medica*, etc. Let them then be allowed to prescribe these sulpha drugs.

I request Mr. Karmarkar to take into consideration certain suggestions which I have made and certain doubts which I have expressed.

SHRI D. P. KARMARKAR: Mr. Deputy Chairman, I am grateful to the hon. Members who have participated in this debate and for the keen interest that they have shown either way. Three of my distinguished colleagues here, my hon. friend, Dr. Raj Bahadur Gour, Dr. Dube and Rajkumari Amrit Kaur, made the point which opposed in any sense any liberalising of the provisions existing in respect of the use of modern medicine. I am afraid the other friends who participated in the debate and who urged liberalisation of the use of these medicines by people not covered by the category of doctors who have been trained in the modern system—that is, giving these people free latitude in respect of the use of these medicines—have not exactly appreciated the situation. Sometimes, Sir, I am sorry to say that this is, in a sense, made a humanitarian cause. I wish ultimately, some time or the other, a general realisation comes as to what is really material, what is vital, what is essential and in fact what is our duty? Our duty is to give to the patient the best treatment that is available in the world come wherefrom it may. When we accept that, I think that is an answer to all the comments made. If anyone says in his enthusiasm that modern medicines alone are the result of all wisdom anywhere in the world, that would be a wrong statement. And if anyone were to tell me that the last word on medicines was that of Susruta or Charaka or any of the ancient sages who have contributed so much in the field of medicine, then also, I am sorry, I cannot agree with him. Here, as in other fields of human activity, progress has been made. In other fields progress has been made and so also in this field also, the field of medicine, definitely progress has been made, and if one tells me that we should deny that progress has been made and that we should only stick to the past, then I would not, in any case, be able to be a votary of that cause. In fact, the anxiety with which representa-

tions after representations have been sent to Members of Parliament and papers have been forwarded to hon. Members and the anxiety with which it has been done by persons who began their education with the idea of being Ayurvedic experts is proof of this progress. What is more surprising is that the representations that have been made are by people who have never entered the portals of any modern medical college, representations to the effect that they should be permitted to use modern medicines. That means that these medicines definitely contribute to modern medical treatment. Progress has been made and there is no gainsaying that fact. We only want to limit the use of these modern drugs to those persons who are presumed,—by virtue of their training or competence or experience, or whatever it is—to be competent to use those medicines. If we want to limit it to them, what is wrong? The keen interest displayed by the class of people, who practise medical systems other than the modern system, shows that they agree with the proposition that progress has been made in this field.

The other point is this. Sometimes we look upon this question with an unscientific and, in any case, unacceptable attitude of mind. We look at this question and say that because Ayurveda was born here or because Unani came in here or the Homoeopathy system has been adopted by some persons during the last 30 or 40 years, because they are here and they are practised by some of our people, therefore those are the systems we should stick to and patronise. That, I submit, is unscientific and unrealistic from the point of view of the suffering people. It is no good limiting ourselves to a system just because that system has been here. Today any citizen who owes responsibility for the good of the country has to have one point or end in view, and that is, if there is an ailing man, relief should be brought to him.

Here I would like to share something with the House. This is not my opinion, for I am a layman in this matter and therefore—perhaps it is an advantage—I can be objective. I once asked a straight question of a practising Ayurvedic expert. I do not mention his name here. I am quite sure every Ayurvedic practitioner knows him in this country and must have heard his name, for his name is respected in the Ayurvedic world. He is an Ayurvedic practitioner, as I said, and I put him this question. "Look," I said in the course of a talk, "there comes to you a patient suffering from an emergency disease, say pneumonia, about which we have been told that antibiotics are effective. In fact it is said that if they are administered many lives would be saved. Now, in that case, what would you advise me? If my son was suffering from that particular type of disease, what would you advise me?" Straight was his reply and I wish every Ayurvedic practitioner gave an answer exactly like that. I mentioned to him the disease and I mentioned the medicine and his reply was, "Under those circumstances, I would subject the patient to modern medicines and save his life and then take him in my charge, and though it may take longer time, I would give him Ayurvedic treatment." There was a realist. And he is a man well-known in the Ayurvedic world. If we had that type of reasoning, I am quite sure that the case will be clearer before our minds and all the confusion that is created in our minds will disappear.

Now, I speak on another aspect of the question. It is said it is a good system because it is ancient. With the greatest respect, I may say that my experience has been—and I can vouch for it—that 99 per cent. of the strongest protagonists of Indian medicines, if they are anywhere near a dangerous case, they go to the modern system. I am not saying anything disparaging; I am not criticising them. I must

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congratulate them, because ultimately the saving of life is a sacred thing, their own lives or the life of somebody else. But I am sure that the vast proportion of those who advocate the cause of Ayurveda or Unani, if their child is ill, if there is an emergency case, the very first thing that they would do would be to call—not an Ayurvedic pandit, I am prepared to vouch for that statement and join issue with my colleagues in Parliament over that statement—but a practitioner of modern medicine. In such a case of emergency and of danger, he will be the first man to be called by at least 99 per cent. of the people. I am not worried about the 1 per cent. They may be 1 per cent. or 1 per cent. or even less. But I believe there are such people who stick to it. I have known of cases where a patient, like Mahatmajji, refused to take the medicine and would rather die. There was the case of a lady, I read of it, where though the lady was suffering from cancer and was told that she should go in for radium treatment and unless that was done there was no hope, she said, “No, I prefer to die”. Such martyrs there are, say 1 per cent. or even less. But in 99 per cent. of the cancer cases they go to the nearest cancer institute, either at Bombay or Madras or wherever it is available and take the radium treatment. They will not rely on Ayurveda because today the only hope lies in that. In the case of leprosy, some ten years back, the only accepted remedy of treatment was Ayurveda and it was world-known. In fact, the foreigners copied it and from our *chalmugura* they evolved injections. But today it is acknowledged that sulpha drugs are more effective than *chalmugura* oil. I once consulted an expert about it and asked him if the use of *chalmugura* was defunct. “No”, he said and he is a man who has the highest respect for the system as such, not because it is a modern system or an ancient one. He said that these sulpha drugs were more powerful, though if there was disfigurement of the fingers or if they were to be straightened out, in such cases still

they used *chalmugura* oil. It is that spirit of truth-seeking that we should have in this field as in other fields whenever we approach a problem. There are a large number of persons who go about treating cataract by means of a needle and in many cases the patients go blind, I am not referring to the members of the various systems; but there are people who go round the villages and streets treating cataract cases with a needle. For the moment the patient may feel all right, but later on the eye-sight is lost. But because there are a large number of people who do this and they would suffer if we banned this thing, should we allow it? I wish this were appreciated. Actually, our difficulty is not with the patients. Patients behave sensibly. But some of us are inhibited by the idea that we serve a national cause by urging this miscalled national cause. Today, it is like truth. There is no frontier to truth. There is nothing like Indian truth and English truth and American truth. So also, to my mind, there is no frontier to medicine. There is use for medicine that is good. I am rather surprised at these votaries of the ancient *rishis*. I had the privilege of going through some of their old books, taking advantage of my knowledge of Sanskrit and I was stunned by the modesty of those people. Summing up something on anatomy, one author frankly said, “These are the number of bones that I have been able to find from outside ‘*sparsa*’. I don’t know what is inside”. He has also said that it is not a question of borrowing medicine from a friend only. You can borrow medicine even from an enemy. Sir, if any of these *rishis* were alive today, I have no doubt in my mind that he would plead the cause of all medicines. He would not plead the cause of the ancient system only, as was done by some friends here. He would say, “I shall utilise my intuitive knowledge, but I shall use whatever is useful.” If Charaka and Susruta had been alive today, I am perfectly sure that they would certainly have used our isotopes and stethoscope and would even have brought on some refinement on the Western methods and they

would have said, "Yes, let us use them". Therefore, I say, there is no use limiting our knowledge in this matter. Take knowledge from wherever it comes.

If we judge this question from that background and if we accept the proposition that the remedy may come from anywhere, then the next thing logically follows. Here, naturally, I am not surprised because hon. Members would not have had the opportunity—supposing I were outside the Treasury Benches and had not seen the literature, I would have suffered from the same handicap—to study the literature about the various syllabuses of what they call the integrated system. Naturally, the Members would not have studied them. If you accept the first proposition, then the second logical point is that the person should be really competent to practise that, that he must be a person who has earned his competence in using modern medicine by some training or by some experience. There can be no gainsaying that fact. We have accepted that in law, we have accepted that in science and in everything else. It becomes much more important here because we are dealing with the lives of millions of people and we cannot allow an incompetent man to handle the medicine about which he does not know anything. It might be good to be sometimes less than frank, but we don't want to play with the lives of people. Therefore, it is that we have to take care to see that the person who wants to wield a weapon knows how to handle it. Against this, it is said that even those who have gone through a complete system of education, say a person who has passed the M.B.B.S., need not be necessarily competent. I am aware of that. In fact last year we had to take precautions against our M.B.B.S., friends themselves, against the modern system doctors and we had issued a circular from the Government asking for a written prescription for the use of anti-biotics because we had found that these anti-biotics which are very good weapons no doubt if used properly,

could be dangerous if not used properly. A man can be killed by an indiscreet use of these. Therefore, even in regard to people trained in modern medicines, we insist that anti-biotics should not be supplied except on a prescription by a doctor. We made it compulsory. Anyone could not prescribe it.

I thought I had misunderstood my friend, Shri Deogirikar.

He said that these would not be available everywhere. We don't want them to be available everywhere. We want them to be asked for. Unless we take precautions and see to it that proper people administer proper medicine, I am afraid that we shall not have discharged our trust. Therefore, this question arises.

Then the practical question arises as to what are the limitations. I will not try to trespass on other grounds by going through the Drug Rules, but in a sense the amendment that I have agreed to accept does touch on that ground also because it would be futile to have it provided that no medicine under the circumstances shall be dispensed by such and such person except on the prescription of so and so, and we also include other categories, other than those trained in the modern medicines . . .

SHRI GOPIKRISHNA VIJAIVAR-GIYA: I have also given an amendment.

SHRI D. P. KARMARKAR: I am aware of that because it has been circulated. It is no use accepting this amendment, without its having a repercussion on the other aspect, as to who are the persons competent to practice. The moment we accepted this amendment, at that moment we showed our inclination to consider that matter also in that light. The amendments to the Drug Rules naturally are under consideration and they will be decided in due course, I hope shortly. Therefore, it is that after having considered these matters if the Government have chosen to accept that amendment, we have also thought about the

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wording in which we should accept it. I am afraid that friends who urge 'Since you have the power, why don't you use it here?' do not remember the history of this. This integrated system came into existence some years back. The main objective of it was to bring into existence Ayurvedic practitioners with a good background of Western medicines. That was the object. Later on they turned to modern medicine also. In some of the States, they were permitted to practise modern medicine also. Not only that. They have been employed in hospitals as being competent to handle modern medicines. Now, in those States where this has occurred, it rather becomes anomalous that a person who was competent yesterday to use penicillin, today if you render him incompetent, it rather means that you were careless about the lives of people till yesterday and have become careful today. Those who have had that practice have a reasonable anticipation that their practice will continue. It is therefore, that we have provided that those States where they can declare particular persons are fit to use modern medicines those States should be given the freedom to do so.

SHRI SONUSING DHANSING PATIL: How will the States declare? Under what law can they do?

SHRI D. P. KARMARKAR: I am surprised when my colleague makes a law and then asks me under what law it may be done. I cannot understand him. The answer is that we are passing a law. As soon as it becomes an Act, that will be the law under which they will be declaring.

SHRI SONUSING DHANSING PATIL: That is rather confusing. Will the States be able to declare those persons to be competent to practise modern system? Under what law?

SHRI D. P. KARMARKAR: I have to give the same answer. If he is not aware that he is participating in making the law under which the States are authorised, I cannot mention any other law. This is the law

and here is the enactment by which the State Governments are deriving the power to declare immediately this Bill becomes law. Suppose my friend were to go and ask the Bombay Government: 'Under what law you have declared them?' They will give him back the Act, which he has here, which this Parliament has passed. Because if we were not competent to pass that law, we would not have considered it. This is the law under which the Bombay Government and other Governments will be authorised to declare . . .

DR. A. SUBBA RAO: Are they going to have a separate register for these people?

SHRI D. P. KARMARKAR: I will come to that. According to this amendment what is said is that the State Government will declare such and such by a general order or by a special order. Supposing the Bombay Government, for instance, where they have a type of medical register, say by a general order that the members whose names are to be found in the register concerned, are all thereby declared to be practising modern system of medicine, that is the end of the matter. They need not keep a separate register. If there is none, then they will have to keep it. If there is some register in existence and if they want to permit the persons enrolled in that register to use these medicines or to prescribe them, they need not create another register at all. They can refer to that register by orders and that is an end of the matter.

I would like to share with the House how the practice varies and how in our wisdom we cannot come down simply straightaway on the States because the practice has been varying in this matter. All States, with the exception of Madhya Pradesh, Mysore and Orissa, have constituted Boards of Indian Medicine. The earliest was set up in Madras in 1932, although U.P. had initiated the constitution of a Board earlier, namely in

1926, West Bengal in 1937 and Bombay in 1940. Other States constituted Boards between 1949 and 1954, the latest being Andhra Pradesh. Registration is compulsory in the following States: Bombay (in urban areas), Kerala, Madras, Punjab, Rajasthan and Delhi. In Assam registration is compulsory only if the person wants to take Government service. In every State where registration is compulsory the registered practitioners are grouped separately into different categories, some of them modern medicine and others separately. It would also appear that persons who come within a certain category of registration, presumably institutionally qualified, are permitted to use modern drugs.

I shall not tire the House with reading everything.

DR. R. B. GOUR (Andhra Pradesh): We are not tired of you.

SHRI D. P. KARMARKAR: Thank you very much. In respect of States, I find Andhra, for instance, set up the Board in 1954. There is no compulsory registration. Therefore, the permission for using modern drugs is there for everybody. In Assam they have grouping of different types. Registration is compulsory only for Government service. Then there is no actual ban on the use of modern drugs but ordinarily they are not used. About Bombay, there is a grouping. Registration is compulsory in the urban areas and those who are in that particular group are permitted to use modern drugs and so on. In Punjab and Rajasthan I find the particular category is not permitted to use modern drugs. The practice has been varying. I wish in the fulness of time we have a uniform system everywhere but when the States are also governed by what you call a history about the thing, straightaway they do not like to come into a uniform picture and in a matter like this it is not very wise to force whatever we want on the States because ultimately theirs is almost the primary responsibility to the people. We come in, of course, as we have come in, for the pharmacy

law and the drug rules that we are trying to make, and our struggle will be to have the best uniformity as is possible under the circumstances.

A question about the number of medical practitioners was raised. There are about 70,000 modern medicine, doctors. It looks as if, because this is a rough computation, out of 1,15,000 registered medical practitioners other than those having had their training in modern medical colleges, of them only 25,000 are institutionally qualified. They have taken their training in some institution or other. So, the House will realise the seriousness of the problem when we say that this should be thrown out to everybody in the field. There are 25,000 who are institutionally qualified, they have received some good training. The remaining 90,000 people are not institutionally trained. Some of them just chose this profession, they had practised it for ten years in some State, and because of this practice of theirs they had been enrolled, something like that. Now, regarding what you call traditionally qualified men some of them perhaps may be traditionally qualified, some of them may be absolutely unqualified. But in any case they are in the register, and we do not propose to seek to reopen that question. Fifty per cent. of the people use modern facilities for diagnosis, modern clinical methods like urine, stool and blood examination. Fifty per cent use Ayurvedic, may be the pulse and the outward *lakshanas*, whatever their own diagnostic theory is. Amongst Vaidyas about 90 per cent use only Ayurvedic drugs, and about 10 per cent, supplement their medicines with modern drugs. That is the information we have with regard to the various categories of people.

DR. R. B. GOUR: Are they qualified?

SHRI D. P. KARMARKAR: I could not be sure. They are registered. I could not say of any particular doctor that he is really qualified in the sense to treat patients. One cannot vouch for everybody.

DR. R. B. GOUR: Are you satisfied? I do not mean 'qualified' in any other sense except in the sense of actual possession of a degree.

SHRI D. P. KARMARKAR: No. They need not necessarily. Sir, this is the situation. Now, for instance, when we enquired Assam, Kerala, Punjab, Rajasthan and West Bengal stated that there are definite orders against Ayurvedic practitioners keeping or using modern medicines. Two of the States, Bihar and Madhya Pradesh, have told us that there are no definite orders. Bombay, Andhra, Madras, Orissa, Uttar Pradesh and Delhi have replied that such registered medical practitioners are allowed to use modern drugs. This is the varying practice prevalent in the various States.

DR. R. B. GOUR: What about integrated schools?

SHRI D. P. KARMARKAR: All these are covered, integrated also. When I say "institutionally qualified", integrated people are qualified by virtue of their studies in integrated colleges or schools. So, this 25,000 includes those people who are institutionally qualified.

DR. A. SUBBA RAO: Are there no institutions teaching purely Ayurveda?

SHRI D. P. KARMARKAR: There are institutions. Therefore, these 25,000 cover people who have studied in integrated colleges as also people who have received their training in purely Ayurvedic institutions. That is the position.

Regarding the amendment that we have proposed to accept, that is to say the amendment of Mr. J. H. Joshi—he says "registered in a medical register of a State". Those people will have to be registered medical practitioners. Although not falling under sub-clause (i) or sub-clause (ii), that is to say persons already recognised as modern medical practitioners, they are to be declared by the State Government by a general or special order in this behalf as persons practising the modern scientific system of

medicine for the purposes of this Act. If they declare that, then the handicap which earlier existed in respect of their prescriptions will have disappeared so far as the Pharmacy Act is concerned. That is the whole position.

Sir, other observations were also made, but I would not like to take the time of the House by trying to meet all of them, because ultimately all of them radiated from the anxiety on the one side that anyone else excepting the qualified modern medicine doctors, anyone outside that circle, should be excluded from modern medicine, or the anxiety on the other side which held the view that some proper categories, i.e., the integrated system doctors should be permitted to come in. That was the main anxiety, and I should not like to take the time of the House by trying to answer every point in detail. However, there is one point which I should like to take up, and that is, why do you leave it to the State? As I said before, in view of the fact that State Governments have their own different systems, we do not want to bring about a wholesale disturbance in what has been happening. We do expect the States to see to it that in declaring any person to come under this category of the amendment which we are accepting, anyone sought to be brought into that category has at least the minimum knowledge of how to use those medicines.

My, friend, Shri Deogirikar, has come into the House. He was speaking of a first aid box. I am not sure what he means, but a first aid box is a first aid box. It is not supposed to contain all the efficient medicines of the world. It is only meant to afford temporary relief till the next station is reached where there is a doctor. It is not supposed to cure him in a running train. Unhappily for us he got that injury. He should not have any injury like that. Some other distinguished colleague whose case I remember just now does not seem to be careful about closing the windows.

Apart from that, I do not wish his finger to be bruised any day, but certainly if he gets his finger bruised, it is not something which requires an emergency remedy except first aid or some palliative till the next station is reached where there is a doctor. But he used that as an introduction to an argument which he was trying to develop in favour of the integrated medical practitioners.

There was another point which is often repeated, and, therefore, I refer to it. Whenever anyone uses the words "modern scientific medicine", immediately people run to the conclusion that it is a slur on the ancient medicines. I say that it is a sort of inferiority complex. I have been repeatedly saying, whenever I had occasion to say, that the very name Ayurveda, for instance, is such a name that if it were only possible, I should like to have it borrowed for modern medicines, because Ayurveda in its essence is not merely a medical system. My friends, the protagonists of Ayurveda, also sometimes forget that the term Ayurveda is a far better term than any invented in modern times. If you say medicine, it refers to some ailment. Ayurveda is a science of life, and my friends know quite well that the very definition of Ayurveda is:—

“स्वस्थस्य स्वास्थ्य-रक्षणम्”

Supposing I am not ailing, has the medical science nothing for me? It should advise me how to keep in good health. Supposing I am ailing—

“आतुरस्य रोग-निवारणम्”

The very conception of Ayurveda is so extensive and so wide that a real student of Ayurveda need not feel an inferiority complex when some one else says that he does not know the modern system, the modern scientific method, because to my mind the name Ayurveda is a far more comprehensive name than any other name which is associated with medicine. It is not a slur on those who follow that system. If anyone told me that they, the ancients, did not follow the modern scien-

tific method, that they had not what is called the stethoscope, that they used their fingers for feeling the pulse, and so on, I would say that they had gone as far as any modern scientist had gone, taking the weapons they had available at their disposal.

It is something of a marvel. I wish we look at it from that constructive point of view. I feel very sorry when people say that we have got remedy for everything in Ayurveda, just as I feel sorry if some one were to tell me that I have got remedy for every ailment in allopathy. That is not the point. If we have to progress, we have to assimilate good things; wherever we have better remedies, we have to adopt them. The wisdom of the ancients was stored in their minds. It is a marvel today when one ancient writer writes that the most important thing within the human constitution—he did not say bones; he did not say muscles; he did not say anything else—was blood. Blood is the most important constituent in a man's body. That is precisely the modern, scientific conception. I have yet to meet a scientist who will not say—if you were to ask him what the most important constituent in a human body is—that it is serum, it is blood. Then the same writer wrote that the most important constituent from the point of view of health outside the body—of course, air is important; water is important; everything is important—which can have an effect upon the constitution is food. Therefore, they were very particular about food, about what you call observing the restraints about food. They thought of these intuitively. If we look at the scheme of things, they had their own system. They said that particular ailments can arise out of a maladjustment within a man's body and then outward expressions can come. Suppose there is a stomach disorder. It has nothing to do with malaria; mosquito is not biting; the snake is not biting, but what is happening is, it arises within the body. Then they said that there are other types of diseases which combine

[Shri D. P. Karmarkar.]

infection and they have mentioned various categories of insects, germs that are born outside body. That was a scientific system according to the knowledge which was existing at that time. If some one damns Newton today because he did not know Einstein's law, it does not mean that he was an ignoramus, he was the best scientist of his time. At a time when the world was in darkness and wilderness, be it said to the credit of the ancient Indian people that they went miles and miles and miles ahead of others. I wish this fact is realised. It is my desire, if it is only possible, to have it done for the modern medicine people also—to have a small compulsory course in every degree course of something of the ancient wisdom. They need not copy the medicine. If that medicine has become outdated, let it be cast off. I have no mercy for any outdated medicine. But the ancient wisdom that has been there from the past we must bring into use and if we look at the question from that point of view. We can easily appreciate that we have to evolve the best that comes out—both out of the modern medicine and of the ancient medicine. Sometimes, it does happen that all these questions arise, just as it does happen that many a time we speak of so many castes in the country. If I happen to be born a Brahmin, I like to feel that the Brahmin is in the right. That is now outmoded. We have come into a new era. Now, whenever anything is sought to be done, supposing I say that modern medicine must be accepted wherever it is progressive, immediately there is a class of persons who protest. If one is a modern M.B.B.S. man, he will sit with Dr. Raj Bahadur Gour and from there he will fight. But if the father is a traditional Vaidya, he will always feel that the Vaidya's case is right. I wish that this combination should happen. I wish that children of friends like Dr. Raj Bahadur Gour are trained in Ayurveda and there will be a compromise in the family. Suppose an Ayurvedic Pandit sends

his son to the modern medical college, I think that will result in a combination of the systems. As it is happening in these days, a doctor gentleman marries a lady doctor and it may be that the modern medicine doctor marries an Ayurvedic lady. May be, there may be a better combination . . .

AN. HON. MEMBER: What about the child?

SHRI D. P. KARMARKAR: It might perhaps follow the integrated course.

My difficulty even as an administrator has been, it takes a lot of effort from me to make the modern medicine man realise that there is something useful in the past, and it takes tons of energy for me to persuade an Ayurvedic Pandit to realise that there is some wisdom in modern medicine. In any case, they can take their own view. But we are here as trustees of the people. We cannot afford to take that view.

I have dwelt at length with this matter; it was really not necessary, but since points have been raised and since I should like to make our position clear in this matter, with your kind permission, I have allowed myself a little longer time than necessary.

With regard to the general observations, I have nothing more to add. There will be numerous occasions to discuss these questions. But in a way, it is good that this discussion has been here because it enables everybody to understand the position.

My friend, Dr. Kane, is coming back. I was forgetting that case he was telling me about, because I just did not make a note of it. He was telling me yesterday. When I mention that story, I would like to make it quite clear that it does not apply to any competent doctor, Hakim or Vaidya. But there are abroad in this world some people who call themselves medical people, who do not belong to any of these categories. My friend, Dr. Kane, was telling me about a case. You know—and the House knows—that the function of anti-phlogistic is specific; it has a specific

function and use. I do not want to trespass the field of doctors. It is used for something like a boil and similar inflammation. It seems that somebody had pain all over the body and because anti-phlogistic was to be applied if there was inflammation, so the prescription ran, "Put antiphlogistic over the whole of your body." It is precisely that type of thing that we want to prevent. The other day a good doctor friend of mine told me about a certain person who is a registered medical practitioner—not qualified, not gone to any institution—but because he was practising for ten years, the State Government recognised him.

SHRI KAILASH BIHARI LALL (Bihar): Have you got more of such stories?

SHRI D. P. KARMARKAR: No, no, unless my friend also supplies some more stories, but I will end with one story. There was a certain doctor who was interested in a friend of his, whose son-in-law was ill and who was being treated in a *taluka* place and he asked the local doctor, what he was suffering from. He said that the patient was suffering from something known as pneumonia. He consulted the local doctor and the doctor was a registered practitioner, not taking training anywhere. Mind you, all registered practitioners could not belong to that category—a few, a small percentage, but still that is a danger. Now, he belonged to that category and he asked, "What is the treatment that you are giving?" He said, "I have tried streptomycin; if it does not work, I will try penicillin and things like that." This man who was a competent doctor happily for the father-in-law, said, "This gentleman will go on trying one antibiotic after another. If he has no penicillin, he will give aureomycin or something else." The registered medical practitioner has the freedom to use those medicines according to the present practice in that particular State. And then he went on, "All right, I shall pay a visit to your dispensary," and then he paid a visit to his dispensary

It was a humdrum, small cupboard where he had got only these antibiotics. Now, it is precisely that type of thing that we really want to prevent. Ultimately, it is for the people that we want to prevent such things.

Sir, I am thankful for the time that you have given me.

MR. DEPUTY CHAIRMAN: The question is:

"That the Bill further to amend the Pharmacy Act, 1948, as passed by the Lok Sabha, be taken into consideration."

The motion was adopted.

MR. DEPUTY CHAIRMAN: We shall now take up clause by clause consideration.

Clause 2 was added to the Bill.

Clause 3—Amendment of section 2.

SHRI SONUSING DHANSING PATIL: Sir, I move:

3. "That at page 2, after line 21, the following be inserted, namely:—

'(iia) who is registered in a medical register of a State, and who although not falling within sub-clause (i) or sub-clause (ii) will be deemed to be a person practising in the modern scientific system of medicine for the purposes of this Act; or.'

SHRI J. H. JOSHI (Bombay): Sir, I move:

4. "That at page 2, after line 21, the following be inserted, namely:—

'(iia) registered in a medical register of a State, who, although not falling within sub-clause (i) or sub-clause (ii) is declared by a general or special order made by the State Government in this behalf as a person practising the modern scientific system of medicine for the purposes of this Act; or.'

DR. R. B. GOUR: Sir, I move:

5. "That at page 2, after line 27, the following be inserted, namely:—

'(v) who has passed the examination of integrated school of medicine where both *Ayurveda*

[Dr. R. B. Gour.]

and modern scientific system are included in the curriculum and is qualified to prescribe drugs of modern scientific system of medicine;”.

MR. DEPUTY CHAIRMAN: The clause and the amendments are now before the House.

SHRI SONUSING DHANSING PATIL: Mr. Deputy Chairman, I have tried to follow the speech of the hon. Minister in charge of the Bill. While accepting amendment No. 4, he said that the amendment itself would give power to the State Government of declaring by a general or special order any person practising the modern scientific system of medicine for the purposes of this Act. Whatever little legal experience I have got, it passes my legal comprehension how this Bill authorises the State Governments to declare a person by general or special order and unless the State Government is backed by some legal provisions—not the one which we have got before us but by a separate law—this will not meet the situation, and whatever it tried to be accommodated is a sort of airy nothing. It creates an impression that it is going to allow certain persons within the category of those persons who were practising the modern scientific system of medicine because the whole quarrel so far as the Pharmacy Act is concerned, rather so far as the art of dispensing drugs is concerned, a certain large category of persons is excluded and they are excluded by an intelligent and a subtle way, because that is not made clear—certain persons are included. As a matter of fact that the Statement of Objects and Reasons of this Bill does not show that the definition of the words “medical practitioner” in the original Act is being revised in such a manner that a large number of people will be included. Now, much has been said that the medical register, which the respective States maintain, contains persons who have not the necessary qualifications so as to administer these drugs. But I may

invite the attention of the hon. Mover of the Bill to the Indian Medical Council Act giving the definition of the “State Medical Register” in section 2(k):

“State Medical Register” means a Register maintained under any law for the time being in force in any State regulating the registration of practitioners of medicine.”

So, if it is a register maintained under any law for the time being in force, if the law allows them to prepare the register, then it cannot be a register of faked persons, persons who have not sufficient knowledge of medicine. When they are the persons according to the law of the respective States, they are competent to do so. But if such register is excluded and further powers are tried to be given to the States, then those powers must be by a separate Act whereby the States will be empowered to declare a person as practising any modern system of medicine. I think this point requires a little legal examination, and if that is examined and if the Law Minister is satisfied that this will give the necessary power to the States to declare a person as a medical practitioner even then the amendment involves two-fold difficulties. Firstly, the people will have to apply to their respective State Governments in spite of the fact that they are on the register of the State to get a declaration by general or special order that they are persons practising a modern system of medicine for the purposes of this Act. Then the State Government will have to apply certain criteria. It has not been laid down whether it will be within the sphere of the State Government to declare that these are the criteria required for declaring a person as a practitioner in the modern scientific system of medicine; neither is there the rule-making power under this enactment or even the former Act which gives State Governments power to make the necessary laws or the Central Government to make the necessary laws by which the criteria will be

prescribed, that after fulfilling those the applicants will be able to be put on the Medical Register and they will get the declaration in their favour. I have tried to analyse even the other amendment of Dr. Gour which meets the point to a certain extent, which only speaks of Ayurveda . . .

DR. R. B. GOUR: It covers the indigenous system of medicine.

SHRI SONUSING DHANSING PATIL: I find it is restricted to Ayurveda. If it is Ayurveda and Unani, then perhaps it meets the point.

Now, as far as this amendment of my friend which is proposed to be accepted is concerned, I have no quarrel; we mutually discussed it. But I have pointed out that it has a two-fold difficulty of getting a declaration; and if they are registered the register is not a faked one; and under section 13(3) of the Indian Medical Council Act the provision regarding State Medical Register is that no person possessing any such qualification shall be entitled to enrolment on any State Medical Register unless he is a citizen of India and has undergone such practical training after obtaining that qualification as may be required by the rules or regulations in force in the country or State granting the qualification, or if he has not undergone any practical training in that country or State, has undergone such training as may be prescribed.

So, the register is not prepared in a haphazard manner, but it takes into consideration several factors—long-standing practice—and then prescribes a standard which an applicant has to fulfil. So, my submission—if the hon. Minister is prepared to agree—is that my amendment is not a sweeping amendment which gives a blank licence to one and all; it puts the thing in its proper order; it makes allowance for the Medical Register of a State which is prepared under the Indian Medical Council Act.

DR. R. B. GOUR: Mr. Deputy Chairman, Sir, I still insist that the 4 R.S.D.—4.

hon. Minister has done no justice to the cause which we have been pleading and which he appears to think he has conceded by accepting the amendment of Mr. Joshi.

Sir, the problem is not one of the indigenous system of medicine being recognised as a system under the scheme of this Bill in order that those who are qualified in that system may be permitted to prescribe the drugs belonging to another system. That question has to be ruled out altogether. I think the hon. ex-Health Minister was a little out of the way when she went to the extent of even saying that the integrated school must also be rejected. Sir, my point is very simple. Medical education in our country, however much it may be a Concurrent subject, has a regulated scheme of things. We have held Health Ministers conferences; we are going towards uniformity; we are attempting in that direction. Now, therefore, you have introduced it—I am not talking of Ayurveda and Unani pure and simple, even though in the first year of their training they may be given a little grounding in human anatomy and physiology in order that they may follow their own courses of Ayurveda and Unani properly—here is a school which goes beyond that, as I had submitted in my earlier speech. In fact that matter has been brought to the notice of the Health Ministry time and again. Now, here is a school which goes beyond that elementary grounding which is introduced, in order to make a person studying the indigenous system of medicine to practise that system better; here is something more; in this curriculum is included the modern system of medicine from A to Z to the extent it was included in the old L.M.P., L.M.S. or L.C.P.S. diplomas and degrees. I go further; under the Indian Medical Council Act we have recognised certain degrees. I have had a quarrel with Rajkumariji on that also, on giving recognition to the degrees of Munich and Rome universities, and I can say, Sir, with the entire emphasis at my com-

[Dr. R. B. Gour.]

mand that the curriculum introduced in the integrated system in our country includes more or less the same as those of those universities—it may be a little better even because I am told that the Munich and Rome degrees could be had even without studies. Now, this is the position. Now, there is one thing; the Government of India have landed themselves into a soup by abolishing the L.M.P. and L.M.S., L.M.S. particularly. There is shortage of medical personnel. Because of that the rural dispensaries in the district areas are feeling very much the shortage of medical personnel. This integrated system provides a certain medical cadre which is equal to the extent of an L.M.S. or L.M.P. but not to the extent of a degree like the M.B.B.S. To that particular extent they are taught in both the systems. Now, they are practising Ayurvedic, Unani or Allopathic, as the case may be, because to that extent they are qualified. I cannot deny that qualification. It is not merely anatomy or Physiology but they know everything. Therefore, my contention is that the diploma-holders of such institutions must have a place, must have the right to prescribe modern drugs and get them dispensed by the pharmacists registered under the Pharmacy Act. That is our contention.

The hon. Minister has unnecessarily gone into the whole question of inferiority complex between Ayurvedic, Allopathic and all that. That is not necessary. They are systems of medicines. Over that we have no quarrel. I may differ with Ayurvedic or Homeopathic systems. I may have a love for the course which I myself have undergone. That is a different matter. I am not going into that. The question is that these systems you have yourself introduced. Nobody approached you. There was no resolution passed by anybody in the State Government concerned—Uttar Pradesh or any other Government—to introduce this system. If they had done it they must have done it with

your concurrence. After all, you consult each other. I do not think Banaras University could have introduced A.B.M.S. without consulting the authorities which grant money to the Banaras University, which give them a lot of money. When that degree has been introduced—Ayurvedacharya Bachelor of Medicine and Surgery—why don't you allow them to prescribe these drugs? That is my contention. It is not that I want an ordinary Ayurved or Unani practitioner to be allowed to prescribe these drugs. They are qualified, they have undergone training. They know this to some extent, at least to an extent an L.M.P. or L.M.S. knows. That is my contention. You have allowed dentists. Shall I ask you one question? There are dentist diplomas for which one need not be an M.B.B.S. One need not pass M.B.B.S. first and then go to dentistry, but you have allowed him to prescribe these drugs under the Pharmacy Act.

AN HON. MEMBER: Veterinary also.

DR. R. B. GOUR: Yes, veterinary also. We know veterinary drugs are quite different from the other drugs that we use for human beings. How is it that an A.B.M.S. is considered worse than a dentist who has not undergone training of M.B.B.S. or even a veterinary surgeon? That is the point. Therefore, here is a question that for the purpose of describing and getting dispensed modern medicines we want that the definition must be improved. Let there be no mincing of words. Let there be no quarrel about systems. Nothing of that sort. The amendment that the hon. Minister has accepted is not going to meet the point at all. Now, the amendment says: "registered in a medical register of a State". What do you mean by a "medical register"? There can be, under State legislation, created a medical register for Unani. But up-to-date there is only one State Medical Register that is defined under the Indian Medical Council Act. This State Medical Register cannot allow anybody, any class of degree-

holders to be included in the State register because the moment he is included in the State register, he also becomes a member of the All India Register. Now, the moment he becomes a Member of the All-India Register he is allowed to practise in any State in the country. Therefore, under Section 11 of the Indian Medical Council Act, first, the medical register could include persons possessing qualifications that have been defined in Schedule I of the Act. And, under sub-section (ii) such people also could be registered in a State Medical Register who acquire a qualification from any medical institution in a State which grants him medical qualification not included in the First Schedule. But, at the same time that particular degree or qualification will have to be approved by the Central Government in consultation with the Indian Medical Council. Only then these persons could be included in the State register. There you are. These people to whom, you think, you are doing a little favour you say that the State must include them. If they are included in the State register, as defined by the Medical Council's Act, then they cannot be included in the register without your permission, and you will not give permission without consulting the Indian Medical Council. That is the position. I hope you are not going to allow a person registered in a purely Ayurvedic register to practise modern medicine. No. That is not your purpose at all. Therefore, how is it that you have accepted Mr. Joshi's amendment so magnanimously knowing full well probably that it will not meet the purpose? Tell us how you have satisfied him. This is the position.

The question of registration should not be brought here because that would involve the Indian Medical Council Act itself which is not under amendment. Therefore, my amendment, Sir, meets the purpose because it does not deal with the question of registration at all in the State Medical Register, or, automatically, in the All-India Medical Register. Therefore,

"who has passed the examination of integrated school of medicine"—what does it mean? I agree with Mr. Patil that for Ayurvedic and Unani you can say indigenous system. You can say indigenous and modern scientific systems are included in the curriculum and such a man is qualified to prescribe drugs of modern system of medicines. That is my amendment which is a very comprehensive one and confines itself to the purpose of this Act. It does not bring in any register and other things which are in the domain of another Act. You have in that case to modify the Indian Medical Council Act to bring it in conformity with this Act, when it is passed into Act. Therefore, I think the hon. Health Minister owes an explanation on this point to us, because in my opinion the amendment that he has accepted, is not going to solve the problem. But as my friend, Mr. Patil, has said—with whom I entirely agree—this is going to create a problem. I hope, Sir, the hon. Minister would do something to solve it.

SHRI D. P. KARMARKAR: Sir, I am not trying to give a reply at length to my friend over there. Sir, sometimes people who are supposed to know the law make matters worse just like the doctors supposed to know the medicines.

MR. DEPUTY CHAIRMAN: He refuses to be convinced.

SHRI D. P. KARMARKAR: It is not a question of convincing him. It is something like *Maya* and Shankaracharya's *Advaita* philosophy. Therefore, it is very difficult to convince him. I will answer his point. He asked me a simple question: If a State Government wants to declare, under what law will it be able to declare? That is a simple question. The relevant, Bill, which I am holding in my hand, says:

"who is declared by a general or special order made by the State Government in this behalf as a person practising the modern scientific system of medicine for the purposes of this Act."

[Shri D. P. Karmarkar.]

So, it is this Act, which, when passed into law, will enable the State because the wording of the order will run something like this:

"In virtue of the powers conferred upon the State Government by Section so and so of this Act passed by the Parliament of India, I hereby . . ."

This Act will become the law. I thought that the point was very clear but the difficulty is this is summer. You can imagine, Sir, sometimes people want to say one thing and they say something else. But I can assure my hon. friend—I do not mean any disrespect at all—that if there arises any legal difficulty we shall be the earliest to come to the Parliament for an amendment.

My friend, Dr. Raj Bahadur Gour's speech was something like a discovery to me, Sir. He has obviously not appreciated the fact that in some of the States there are more than one medical registers. He mentioned only one. That is not the only medical register that exists in the States. In Bombay, for instance, there is 'a' medical register maintained under the Medical Council Act which my friend referred to. There is another 'a' medical register maintained under some Bombay Act of 1938. That includes integrated practitioners also. Now, what have we said? We have said "a medical register". If my friend looks to the Indian Medical Council Act, he will find that it does not refer to a medical register, but they have defined a State medical register. So, if we had said "in a State medical register", then our wording would have conflicted with the wording of the Indian Medical Council Act. We have simply said "a medical register".

DR. R. B. GOUR: Does it cover Ayurveda also?

SHRI D. P. KARMARKAR: We have left it to the State Government to decide who is competent to be recognised under this law. If they really feel that purely Ayurvedic practitioners are competent to administer mod-

ern medicines, they can do that, but that is their responsibility. Therefore, the difficulty envisaged by my friend does not really in practice exist. That is all that I have to say.

SHRI SONUSING DHANSING PATIL: Sir, I beg leave to withdraw my amendment.

*Amendment No. 3 was, by leave, withdrawn.

MR. DEPUTY CHAIRMAN: Shri Joshi's amendment is accepted by the hon. Minister.

SHRI D. P. KARMARKAR: With your permission, Sir, I want to suggest a small verbal change that has to be made in Shri Joshi's amendment. That is the words "Who is" do not fit in in the context.

MR. DEPUTY CHAIRMAN: They have been removed.

The question is:

4. "That at page 2, after line 21, the following be inserted, namely:

(iia) registered in a medical register of a State, who, although not falling within sub-clause (i) or sub-clause (ii) is declared by a general or special order made by the State Government in this behalf as a person practising the modern scientific system of medicine for the purposes of this Act; or."

مولانا ایم - فاروقی (اتر پردیش):
میں صرف ایک انفارمیشن حاصل
کرنا چاہتا تھا -

†[مولانا ام. فاروقی (اتر پردیش):
میں صرف ایک انفارمیشن حاصل
کرنا چاہتا تھا]

MR. DEPUTY CHAIRMAN: I have put the amendment to vote.

مولانا ایم - فاروقی: اس امینڈمنٹ
کے بارے میں -

†[مولانا ام. فاروقی: اس
امینڈمنٹ کے بارے میں]

*For text of amendment, Vide col. 396 *supra*.

†[Hindi transliteration.

MR. DEPUTY CHAIRMAN: It is too late now.

The motion was adopted.

DR. R. B. GOUR: Sir, I beg leave to withdraw my amendment.

*Amendment No. 5 was, by leave, withdrawn.

MR. DEPUTY CHAIRMAN: The question is:

"That clause 3, as amended, stand part of the Bill."

The motion was adopted.

Clause 3, as amended, was added to the Bill.

Clauses 4 to 10 were added to the Bill.

Clause 11—Insertion of new section 32A

SHRI GOPIKRISHNA VIJAIVAR-GIYA: Sir, I move:

6. "That at page 4, for lines 20 to 24, the following be substituted, namely:—

'(d) the names of persons who carry on the business or profession of pharmacy in the State, and

(i) would have satisfied the conditions for registration as set out in section 31, on the date appointed under sub-section (2) of section 30, had they applied for registration on or before that date; or

(ii) have been engaged in the compounding of drugs in a hospital or dispensary or other place in which drugs are regularly dispensed on prescriptions of medical practitioners as defined in sub-clause (iia) of clause (f) of section 2 for a total period of not less than five years prior to the date appointed under sub-section (2) of section 30."

MR. DEPUTY CHAIRMAN: The clause and the amendment are before the House.

SHRI GOPIKRISHNA VIJAIVAR-GIYA: Sir, I wanted to say it earlier

also; I want the amendment because the definition of medical practitioner has been changed. Therefore, Sir, my amendment is just like a consequential amendment and this is about compounders. As the definition of the medical practitioner has changed, so those compounders who are dispensing medicines of those doctors must also be enabled to be registered similarly.

I would read out my amendment.

MR. DEPUTY CHAIRMAN: It is not necessary. It has been distributed. Let us have your comments.

SHRI GOPIKRISHNA VIJAIVAR-GIYA: As the hon. Minister has accepted Shri Jethalal's amendment, I think, similarly, compounders must also be enabled and they must also be allowed to be registered under the State registers. That is simply my amendment.

SHRI D. P. KARMARKAR: Sir, I think the underlying reasons for the amendment moved by Shri Vijaivar-giya are sound and therefore, I accept it.

SHRI SANTOSH KUMAR BASU (West Bengal): You accept it?

MR. DEPUTY CHAIRMAN: I am putting the amendment to the House.

SHRI SANTOSH KUMAR BASU: This has come very late in the day and before you put it to the House I would like to place a few matters before the House for the consideration of our Minister, so that he might reconsider the position that he has taken.

I have known compounders who had been entrusted by the medical practitioners with the task of giving injections of penicillin to patients. I have known of compounders who without putting the air out of the syringe have given the injection of penicillin which resulted in swelling and ultimate death of the patients. So, there are compounders and compounders but if you accept the position that compounders satisfying the requirements of this amendment shall be categorised as medical practitioners

[Shri Santosh Kumar Basu.]

and will be entitled to get all the benefits of the Act, I suppose we are opening the door wide to all kinds of dangers and risks. I, therefore, request the hon. Minister to again consider the position so far as these compounders are concerned.

RAJKUMARI AMRIT KAUR: Mr. Deputy Chairman, Sir, I would like to object very strongly to the acceptance of another amendment at this stage, an amendment which has not been accepted at the proper time. This would be opening, as my friend who spoke before me said, a most dangerous door against the welfare of the public. I think it is very wrong to have this accepted.

DR. R. B. GOUR: Sir, the question of extending it to the compounders engaged in a hospital or dispensary or other place should not be considered in such a sweeping manner. This was not in the scheme of things of the Bill and I think the hon. Minister is going at a very rapid pace in accepting things of this kind. So, Sir, we are very strongly opposed to it because this is going to include qualified compounders, unqualified compounders and all kinds of people. In today's circumstances we have all sorts of compounders. Sometimes the medical man himself may prepare all the important mixtures. The compounder is just to assist him sometimes. If we include the compounders, then anybody would come. If you accept it, you have to define the compounders in that case. I do not know how such a thing can be done now.

SHRI SANTOSH KUMAR BASU: Do not rush to accept the amendment. You can consider it.

SHRI D. P. KARMARKAR: We do not say anything from this side of the House without careful consideration. We do not accept anything thoughtlessly. It is not a question of rushing it. If my friend consider that it is reasonable to recognise a particular person as medical practitioner,

say, in this case, who has passed the integrated course, if we allow a doctor to practise and hold him to be competent, as he has been held in some of the States,—for instance in Bombay State they are held to be competent and they have been appointed as grades II and III House Surgeons—I say this is far less reprehensible. We say that was commendable. If that was commendable, then a person who has been dispensing his prescription is not incompetent because the doctor is competent. I mean to say that it simply arises out of the logic of things.

There is another practical difficulty. I have not accepted it so readily because the mover is a friend. It has been the usual experience of some of the States that they are not getting sufficiently qualified people if we keep rigidly to the definition. Therefore, we cannot have it both ways. If we accept that a certain person is fit to be a medical practitioner, then it goes without saying that the person who has been compounding the drugs for him, is also competent so far as the prescription goes. Now, they have accepted the first part and I do not see how my friend can oppose the second part of it.

The amendment reads:

“the names of persons who carry on the business or profession of pharmacy in the State, and

(i) would have satisfied the conditions for registration as set out in section 31, on the date appointed under sub-section (2) of section 30, had they applied for registration on or before that date;”

So, we have already made the door open and we have considered people other than those earlier recognised as qualified “medical practitioner” as competent to practise modern medicine. We have allowed them to come in

Therefore, the people who have worked under them are also recognis-

ed. There is nothing horrible in that. It is not as if we are allowing everybody to come in. We gave very careful consideration to this thing and we thought that not only this is a good amendment but it was an amendment that, possibly, we might ourselves have brought up. I am thankful to Mr. Vijaivargiya for making up the loss, for bringing forward something which we ourselves should have done.

MR. DEPUTY CHAIRMAN: The question is:

6. "That at page 4, for lines 20 to 24, the following be substituted, namely:—

(d) the names of persons who carry on the business or profession of pharmacy in the State, and

(i) would have satisfied the conditions for registration as set out in section 31, on the date appointed under sub-section (2) of section 30, had they applied for registration on or before that date; or

(ii) have been engaged in the compounding of drugs in a hospital or dispensary or other place in which drugs are regularly dispensed on prescriptions of medical practitioners as defined in sub-clause (iia) of clause (f) of section 2 for a total period of not less than five years prior to the date appointed under sub-section (2) of section 30;"

The motion was adopted

MR. DEPUTY CHAIRMAN: The question is:

"That clause 11, as amended, stand part of the Bill."

The motion was adopted.

Clause 11, as amended, was added to the Bill.

Clauses 12 to 19 were added to the Bill.

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

SHRI D. P. KARMARKAR: Sir, I beg to move:

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

MR. DEPUTY CHAIRMAN: Motion moved:

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

DR. R. B. GOUR: Mr. Deputy Chairman, I think the hon. Health Minister while replying to the points raised by me during the consideration of the amendments has misunderstood the thing or rather he could not completely understand my points. He has said that in Bombay there is a register or ten registers but, is that the situation in other States? That is point number one. If in the State of Bombay, integrated school of medicine is recognised for purposes of enrolment in a register of Bombay State, does that automatically suggest that a gentleman if he happens to go to Allahabad will be able to prescribe an allopathic drug under the Pharmacy Act? His name is not on the all-India register. Such practitioners registered in such registers do not come under the Indian Medical Council Act and are not able to practise in other States and they will not be able to prescribe these drugs in other States at all. My amendment meant this. A person is recognised only for the purpose of the Pharmacy Act even though the Indian Medical Council Act does not recognise him and so, the question of being registered in a register in a particular State is not there which in turn means that he can prescribe the drugs for the purposes of the Pharmacy Act in any State even though he will not be able to do it under the Indian Medical Council Act. The whole thing is that the Government has not decided on this question. It is just passing on the baby to the States. It does not want to touch this. You must make up your mind on this subject. You

[Dr. R. B. Gour.]

tell us whether you are just playing with the lives of our young men who are joining these integrated schools. Tell us that and then finish them off, just as you finished off the L.M.S. and the L.M.P. There is no idea in playing with this thing. Some State Government takes into its head to start an integrated school; some other State Government takes it into its head to ban all such schools. We cannot leave this to them. After all, the Constitution guarantees me that I may be born in one State, educated in another State and earn my living in another State. I am educated in integrated medicine in U.P. and I must have the right to practise that in Bangalore. I am a medical graduate from Hyderabad and I must have the right to practise in Lucknow. Nobody can ban me. Therefore, make up your attitude on this question. You cannot go on dilly-dallying with this problem; you cannot postpone it and you cannot pass on the baby to the States. There is no use arguing in that manner. After all, in our country, we are followers of a uniform policy and approach. You do not have different medical education because medical health is a State subject. You are not having different standards of medical education in the different States. You have got a Medical Council which lays down the standards and uniform standards are created. That is why I have got my own criticism against the Indian Medical Council. If the Indian Medical Council thinks that there is a school which cannot be recognised for purposes of allopathic medicine, then it must give its arguments and must tell us whether the curriculum that is there is defective, whether the subjects that are taught there are insufficient and whether the standards that are obtaining there are inadequate. If the standards are not adequate, then the Council should suggest improvements in the standards. This kind of evading the issue and passing it on to the States will not help the Health Ministry, the Government of India or the country. This is a problem that we must face. There is no use telling us that the States

have so many registers. Maybe, but I want to get the chance of using that facility in other States. Will the Health Minister tell us who are opposed to this? In West Bengal is it Dr. B. C. Roy who is opposed to this? Is it somebody else who is opposed to this? Let the Health Ministers meet and discuss this thing. If the Health Ministers' Conference is not unanimous on this subject, then prevent the U.P. Government from starting such schools, prevent the Bombay Government from starting such schools. I know there is another difficulty for you. The moment you recognise them, you think they will apply immediately for service in the public hospitals and you do not want to give them those chances. That is the position. Therefore, when we raise this question again and again our only intention is that you take a decision on this point, a decision which should be applicable to the entire country. It is no use saying that the Bombay State has recognised this system. That recognition will be quarantined in the Bombay State. Madras has recognised but the moment an area has gone, South Kanara has gone to Mysore State, to another State, that new State does not recognise. North Kanara has gone to Mysore from Bombay and all those people will not be recognised. This way you are not building up a uniform medical system, medical education and recognition of that education. This way you are frustrating a section of the people who have undergone that education. Therefore, this point cannot be denied. You should take 4 P.M. us into your confidence. Take the House and the country into your confidence. If there are differences among the Health Ministers, if there are differences on the subject between State and State, why don't you tell us who are differing? Tell us so that we may go and persuade them. If there is no uniformity, then for goodness sake, do not encourage these institutions and spoil the lives of these people. Students join the Banaras Ayurvedic College from all parts of the country, but when they go back, they

cannot practise. What is this idea? Take a decision on this. Think about it. But you have thought enough. Shall we agitate? We have agitated enough. The point is that you are not taking a decision. You are not bold enough and you are not courageous enough to take a decision and implement it. Somebody else is probably intimidating you from taking a decision. Tell us the position. That point has not been replied.

AN HON. MEMBER: The Health Minister is not attentive.

DR. R. B. GOUR: That is his usual habit

SHRI D. P. KARMARKAR: That is not the point at issue. I am attentive.

DR. R. B. GOUR: You have extended this Act to the ex-Part B States. We know the position in the ex-Part B States. Of course, the question of matriculates and qualifications etc. you have waived for the purpose of the present pharmacists. But at the same time you have modified the original Act in suggesting that even their assistants must be qualified. That is going to do harm, especially to those in these ex-Part B States. Sir, I don't think the hon. Health Minister needs some consultations with the Housing Minister.

SHRI D. P. KARMARKAR: No, I can foresee what is coming.

DR. R. B. GOUR: But here the question is: Why do you want even the assistants to be qualified and registered pharmacists? That point was raised by Dr. Subba Rao, but that was lost in the great discourse of the hon. Minister about Ayurveda and Homoeopathy *versus* Allopathy. No medical practitioner is going to risk his reputation by appointing as his compounder or dispenser who would dispense all sorts of nonsense and kill the patient. He may be a poor practitioner. There are many who do not have big incomes. There are many who do not even come up even half-way up the income-tax paying ladder. Such a person is obviously not a busy man and he may dispense himself, and he may also appoint a non-matric for dispensing the tablets. The mix-

tures he himself may dispense. But if this Act comes into force, he would not be able to do that. His assistant also has to be a qualified pharmacist, a matriculate and all that. Therefore, you are creating another problem for all these people. I do agree that in a pharmaceutical shop there must be a qualified pharmacist. We should not allow them to even open a shop without such a qualified person, because after all, they are dealing with things *en masse*. If you extend the thing to quarters where dispensing is done, including where small practitioners are working, who themselves sometimes dispense medicines or sometimes appoint a person to dispense, then I do not know how it is going to help you. These are the points which are bound to arise.

MR. DEPUTY CHAIRMAN: Yes.

DR. R. B. GOUR: These are the difficulties that are bound to arise when you implement this Act in these States. Therefore, I do think that the Health Ministry has to give a little more thought to these problems before going through with this measure. But at this stage when the thing is about to be passed, I can only say that I do hope that the hon. Minister will give some reply to these problems and will give some consolation to us. With these words and thanking you, Sir, for this opportunity, I conclude my remarks.

SHRI M. P. BHARGAVA (Uttar Pradesh): Mr. Deputy Chairman, we have just accepted some amendments to the Pharmacy Act. This Act deals only with the modern scientific system of medicine. But this system is taken advantage of by only 15 per cent. of the people in our country. The rest of the population, the major portion of them, have to depend upon other systems of medicine, that is to say, the Ayurvedic system and the Unani system of medicine and also the Homoeopathic system. I would, therefore, urge upon the Health Minister to examine the question of setting standards in these systems of medicine also and when he has got the report about the standards, he should come forward with another Bill seeking to

regulate the practice of these systems of medicine. Thank you.

SHRI KAILASH BIHARI LALL: Mr. Deputy Chairman, I have only stood up at this last moment because I felt like not congratulating the hon. Health Minister. Generally on this occasion when a Bill is about to be passed, the Minister concerned is congratulated, but I feel that it should be otherwise. So, I have stood up. I thought that from Kaur to Karmarkar we have had a change in the Health Ministry of the Government of India. But I now find that it is all the same. Of course, the Health Minister has shown much advocacy and said what he thought to be his duty while piloting this Bill. But I was not at all convinced. It is not as if I can now open up the whole discussion. I was patiently hearing his long discourse for more than 45 minutes while he was defending what he called the modern science of medicine and denouncing something else, and said something like this, that because Ayurveda has sprung up here in our country, so he was not bound to help it. I do not understand such an argument and why such an argument should come to his mind, that because Ayurveda was born in our country he has not got a soft corner for it. That is a strange thing.

MR. DEPUTY CHAIRMAN: He said that he had got the highest regard for it.

SHRI KAILASH BIHARI LALL: Yes, he said he had the highest regard for the thing, but all the arguments and so many points for which many hon. friends here shed tears have gone unheeded by him. He knows there is to be no change. The Government of India and the Health Ministry are still in the same colour and we only hope that in course of time, they will feel that a change is required in order to give an equal place to those who have qualified themselves. I do not say quacks and others should be recognised. But the hon. Minister must be feeling in his heart of hearts that even those who are qualified Ayurvedic practitioners are not being recognised simply because they passed out from an Ayur-

vedic or Unani institution. That he must be feeling. But then, I know there are pressures from other directions and they are so much that the Health Minister may not be able to do much. Even Mahatma Gandhi said that if he was made the Governor-General, or even if Malaviyaji was made the Governor-General, they would make very little change in India. I remember that saying now and I know on account of pressures from all sides, modernised sides, so to say, this is the position. We have become so much modernised that we have taken a fancy to modern things. I do not decry modern things. I do not say that we should not take advantage of them, these streptomycin and so many other 'mycins'. But why do you condemn the others? You are condemning them in such a way that tears have come in the eyes of some of the people.

MR. DEPUTY CHAIRMAN: You have taken three minutes.

SHRI KAILASH BIHARI LALL: In course of time, I do hope the hon. Health Minister will consider these others also and he will realise that he has made the position very difficult for the Ayurvedic and Unani practitioners.

श्री पा० ना० राजभोज (मुम्बई) :

उपसभापति महोदय, मुझे बहुत बोलना था, लेकिन टाइम नहीं मिला। इसलिये मैं दो तीन प्वाइंट पर ही बोलूंगा।

मेरा यह निवेदन है कि सरकार ने फार्मैसी के बारे में जितना करना चाहिये उतना किया नहीं है। दक्ष लोगों की बहुत सी समिति या अब तक नियुक्त हो चुकी हैं, लेकिन अभी तक एक स्वयंपूर्ण बिल नहीं आ सका है। इसलिये फार्मैसी की शिक्षा के बारे में तथा धंधे के बारे में एक पूरी खोज होनी चाहिये और एक समिति नियुक्त करके स्वयंपूर्ण बिल लाना चाहिये।

दूसरी बात यह है कि देशी ड्रग्स को प्रोत्साहन मिलना चाहिये। उससे विदेशी चलन बचेगा। उसका स्टैंडर्ड नियुक्त करना चाहिये। जो छोटी-छोटी फार्मैसीज हैं

[श्री निरंजन सिंह]

उनको स्टैंडर्ड तक पहुंचने में मुश्किल होगी। इसलिये उनमें कोऑपरेटिव मोमाइटीज़ निर्माण होनी चाहिये ताकि सरकार की तरफ से उनको पैसा, रिमर्च आदि महत्व की फ़ैसिलिटीज़ मिल सकें।

एक बात यह है कि एस्टीमेट्स कमेटी ने उनके लिये एक अलग प्रयोगशाला स्थापित करने की सिफ़ारिश की है। देशी वनस्पति को तथा काष्ठीपथि को योग्य रूप से इस्तेमाल करने के लिये बम्बई, बंगलौर, लखनऊ और जामनगर की संस्थाओं में अलग विज्ञ या विभाग खोलना चाहिये और दूसरी प्रयोगशाला खोलने के अवसर पर इसका पहला नम्बर लगाना चाहिये।

अन्त में एक और भी बात बतानी है और वह यह है कि बहुत सी फ़ार्मसी बिना लाइसेंस, अल्कोहल तथा दारू की चीज़ें बनाती हैं और जहां प्राहिबिशन है वहां बेच कर कानून को भंग करती हैं। तो उस पर नियंत्रण करने की आवश्यकता है।

जी बम्बई की तरफ से सजेशंस आये हैं और अन्य कई बातें हैं, उनके बारे में मुझे बोलने का टाइम नहीं मिला। लेकिन जो सजेशंस दिये गये हैं उनको अमल में लाने की आवश्यकता है, यही मेरी प्रार्थना है।

श्री निरंजन सिंह (मध्य प्रदेश) : उप-सभापति महोदय, जो बिल हमारे सामने है और जिसकी थर्ड रीडिंग अब हो रही है उस पर हुये भाषणों को मैं सुनता रहा हूं। मैं समझता हूं कि जिस चीज़ के ऊपर यह बिल आना था उस पर तो यह आया नहीं है बल्कि दूसरी चीज़ों के ऊपर लाया गया है।

सबसे पहली बात तो यह है कि जगह-जगह यह फ़ार्मसियां खुली हुई हैं और उन्हीं को गवर्नमेंट प्रोत्साहन देना चाहती है। मुझे से पहले बोलने वाले माननीय सदस्य ने थोड़ा सा इस बारे में कहा है कि हो क्या रहा है। हो यह रहा है कि फ़ार्मसी के नाम पर अल्कोहल बेचा जाता है। कहीं कमला टानिक

के नाम से, कहीं जिजर के नाम से और कहीं कुछ और नाम से बेचा जाता है और उसमें ६० परसेंट अल्कोहल रहता है। जो आर्डिनरी शराब होती है या जो इंग्लिश वाइन होती है उसमें अल्कोहल १५ परसेंट होता है या २० परसेंट होता है लेकिन जो फ़ार्मसी के नाम पर दवायें बिक रही हैं उनमें ६० परसेंट और ६५ परसेंट अल्कोहल होता है। तो इस बिल में उसके बारे में कोई प्राविजन नहीं है और पता नहीं कि इस बारे में होगा क्या? आयुर्वेदिक का जो असली झगड़ा है वह क्या है? वह यह है कि उन्होंने कहा कि हम कोई अंगूर की शराब बनाना चाहते हैं जिसको कि द्राक्षासव कहते हैं लेकिन उस द्राक्षासव को बनाने के लिये उनको राइट नहीं है पर यदि कोई कमला टानिक बनाये और उसमें पूरा का पूरा अल्कोहल मिला दे तो उसको राइट है। हमने देखा है कि जिनकी दवायें बिकती हैं, जितने मिक्सचर बिकते हैं उनमें कम से कम आठ गुना या नौ गुना अल्कोहल होता है और वह बिकता है। इससे इनको कोई मतलब नहीं है कि किसी का हार्ट खराब होता है या और कुछ होता है। इनकी वजह से लोग गिरते हैं और पड़ते हैं और सड़कों पर जितनी न्युसेंस हो सकती है वह हो रही है। इस चीज़ को गवर्नमेंट सटिफाई करना चाहती है क्योंकि गवर्नमेंट की ओर से इनको लाइसेंस मिलेंगे, इनके लिये मेडिकल प्रैक्टिशनर्स रहेंगे, एलोपैथी में होशियार लोग रहेंगे और इसलिये उनके ऊपर कोई बन्धन नहीं है। हमने यह भी देखा है कि जिनके पास बाक्टर होते हैं उनको इसके लिये लाइसेंस दे दिया जाता है और वे लोग इस तरह की चीज़ें बना कर बेचते हैं। बनिस्बत आर्डिनरी दवाओं को बना कर बेचने के इसमें उनको ज्यादा आमदनी होती है। आर्डिनरी मिक्सचर बनाने में या कुनैन का मिक्सचर देने में या और दूसरे मिक्सचर देने में फ़ार्मसी वालों को फायदा नहीं होता है। उनको फायदा उसमें होता है जिसमें कि नशे की चीज़ें होती हैं लेकिन उनके ऊपर इस

फार्मसी एक्ट में कोई भी पाबन्दी की बात नहीं है ।

उपसभापति महोदय, मैं आपसे कहना चाहता हूँ कि जब से यह फार्मसी ऐक्ट हिन्दुस्तान के भीतर लागू हुआ है तब से जब कभी यह सवाल हमारे स्टेट में उठा तो यही कहा गया कि यह तो सेंट्रल सबजेक्ट है, इसके लिये सेंट्रल एक्ट है । यह चीज तो इस सेंट्रल एक्ट के मातहत आती है इसलिये भाई हम कुछ नहीं कर सकते । यह तो फार्मसी एक्ट में आता है और उनको दवा बनाने का अधिकार है, इसलिये दवा के नाम पर वह सब कुछ बेच सकते हैं और वे अथोराइज्ड हैं, अगर वह मार सकें तो मारें, वह चीज ग्रैंड मेडिकल एडवाइज हो सकती है । उसके लिये उनकी एक्सपर्ट ओपीनियन हो सकती है और इसलिये उनके ऊपर कोई केस नहीं चलता, इनके ऊपर कोई कार्यवाही नहीं होती । उसका परिणाम यह हो रहा है कि दिन प्रति दिन हमारी तन्दुरुस्ती खराब हो रही है, हमारे मारल का डिटेरियोरेशन हो रहा है ।

मैं उम्मीद यह करता था कि जब फार्मसी एक्ट अमेंडमेंट के लिये आयेगा तब उस समय कम से कम जो रिप्रेजेंटेशन्स स्टेट गवर्नमेंट्स के पास से सेंट्रल गवर्नमेंट को बार-बार आये हैं उनके ऊपर ध्यान दिया जायेगा लेकिन ऐसा कुछ न करके इस एक्ट का ऊपर-ऊपर अमेंडमेंट गवर्नमेंट ने किया है । मालूम नहीं माननीय मंत्री जी का स्टाफ क्या है और क्या नहीं है कि कोई ठीक चीज बार-बार कही जाय लेकिन उसको भी नहीं माने । मैं आपके सामने एक उदाहरण देना चाहता हूँ । आप एक कम्पाउंडर को इसके लिये मान सकते हैं लेकिन हमारे यहां के एक आर० एम० पी० को नहीं मानते हैं । हमारे यहां आर० एम० पी० का कोर्स चालू है, उसके लिये गवर्नमेंट सबसिडी देती है, उसको प्राविशियल गवर्नमेंट रिकग्नाइज करती है और वह प्राविशियल गवर्नमेंट की अथारिटी से खोला गया है

लेकिन एक कम्पाउंडर को दवायें बनाने का अधिकार हो सकता है, वह फार्मसी में एंवाएंट किया जा सकता है पर एक आर० एम० पी० को ऐसा अधिकार नहीं है । तो मैं आपके सामने यह बात कहना चाहता हूँ कि यह जो फार्मसी एक्ट है वह हमारे लिये घातक है, सारे देश के लिये घातक है । इसको आप और लिबरलाइज करना चाहते हैं और इसको और मेडिकल प्रैक्टिशनर्स के ऊपर लागू करना चाहते हैं लेकिन इसके द्वारा जो बुराई आप देश में फैला रहे हैं वह हमारे लिये घातक होगी । इस नाते से मेरा यह कहना है कि यदि आप इस फार्मसी एक्ट को यहां लाते हैं तो ठीक तरह से लाइये । जो आदमी सिर्फ पैसा कमाने के लिये ही फार्मसी चलाते हैं उनके ऊपर पाबन्दी लगाना आवश्यक है और जब तक इस बात का समावेश इस एक्ट में आप नहीं करते हैं तब तक कुछ नहीं होने वाला है । मैं आपको बताऊँ कि आज कल क्या हो रहा है । आजकल दवाओं के बारे में बिजनेस हो रहा है और चूँकि वे एक्सपर्ट हैं इसलिये ज्यादा से ज्यादा पैसा उनको मिल सकता है, अब चाहे लोगों की तन्दुरुस्ती रहे या न रहे, रोगी का क्या होगा और क्या नहीं होगा, इससे उनको कोई मतलब नहीं है । डाक्टर लोग तो प्रेस्क्रिप्शन लिख देते हैं और अगर फार्मसी वालों के पास उसकी कोई चीज नहीं होती है तो वह उसकी जगह दूसरी चीज सबस्टीट्यूट कर देते हैं । अब रोगी को तो कुछ पता नहीं कि उस दवा के द्वारा उसका भला होने वाला है या नहीं होने वाला है ।

MR. DEPUTY CHAIRMAN: Yes, that will do.

श्री निरंजन सिंह : एक मिनट में खत्म करता हूँ । तो मेरा यह कहना है कि प्रेस्क्रिप्शन के द्वारा जो दवा बनती है वह ठीक नहीं बनती है लेकिन इस एक्ट के द्वारा फार्मसी दानो को प्रोटेक्शन मिलता है और अब उनको इस तरह का प्रोटेक्शन आप और देना चाहते हैं जो कि केवल पैसा कमाने के लिये यह काम

[श्री निरंजन सिंह]

करते हैं। दवाई बनाने वाले को, दवाई देने वाले को तो मिशनरी स्पिरिट का होना चाहिये, और जो आदमी मिशनरी स्पिरिट से नहीं बल्कि बिजनेस के प्वाइंट आफ व्यू से यह काम करता है उसके लिये इस राष्ट्र में कोई गुंजाइश नहीं है और अगर उसका गवर्नमेंट प्रोटेक्शन करना चाहती है तो मैं समझता हूँ उससे ज्यादा अन्याय सरकार की ओर से और कुछ नहीं हो सकता है।

SHRI D. P. KARMARKAR: Mr. Deputy Chairman, I will not be long. When I heard my friend, Dr. Gour, for whom I have the highest respect, I was almost reminded of what an English professor told a class. When he had tried to make a point quite clear, one student rose and said, "I have not been able to understand." He said, "I cannot make it clearer. Is that clear?" So that is the story I am tempted to repeat. I can only assure my friend that his anxiety will be allayed because the State Government will go into the matter and I presume that if they have granted permits to integrated practitioners, earlier they would continue it, subject to the safeguard that there might be better training for any of them if the syllabus is not adequate, as it is not the same in every State and in every college.

My friend, Mr. Bhargava, gave a word of wisdom in the sense that we should take greater interest in the matter and try to see that Ayurvedic practice is placed on a uniform basis. The problem is beset with difficulties. We are slowly going towards that objective. It may take some time but in essence I entirely agree with him.

Then there is my friend, Shri Kailashpatiji. I do not know whether the object . . .

DR. R. B. GOUR: He is Shri Kailash Bihari Lall.

SHRI D. P. KARMARKAR: All right, Shri Kailash Bihari Lallji. I am not quite sure whether his real

object was to contribute to the debate or to provoke me. I refuse to be provoked by anything . . .

SHRI BHUPESH GUPTA (West Bengal): Sometimes provocation to you is a contribution.

SHRI D. P. KARMARKAR: Especially provocation from my friend, Mr. Gupta, is always inspiring. So I will not take the time of the House in trying to reply to Shri Kailash Bihari Lall. I am quite sure that I will be able to satisfy him, if not on the floor of this House, at least outside the House. That will be all right.

As regards the points of my friend Shri Rajabhoj—he is a good friend of mine—none of the points was relevant to the Bill and I would not like to take the time of the House but I will say that the good sentiments he expressed will be taken into consideration.

As regards my friend over there from Madhya Pradesh, who is having a chat with his neighbour—but it does not matter—he made a point and he gave us the information that 90 per cent. of what he found in the pharmacies' drugs is alcohol. The only conclusion I could draw was that he went to a wrong place.

DR. R. B. GOUR: I am sorry that your Hindi is weak. What he said was that even in the modern liquor and wines, the percentage of alcohol is 15 to 20 per cent. but there are certain things which are paraded as drugs which are having 90 per cent. alcohol.

SHRI D. P. KARMARKAR: The explanation does not make his observations any clearer. They were entirely clear. Even then, in regard to the case which he referred to, he must have gone to a wrong place. Regarding the other points that he made . . .

SHRI NIRANJAN SINGH: You can accompany me.

SHRI D. P. KARMARKAR: The friend who visited that pharmacy . . .

SHRI NIRANJAN SINGH: You can also visit there.

SHRI D. P. KARMARKAR: I am afraid I cannot accept his invitation.

Regarding the other points that he raised, we shall consider them in due course. But in the State from which he comes there is neither a register, nor a ban nor anything. I wish he comes with full facts and figures and then develops his argument.

MR. DEPUTY CHAIRMAN: The question is:

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

The motion was adopted.

THE APPROPRIATION (No. 2) BILL, 1959

THE MINISTER OF REVENUE AND CIVIL EXPENDITURE (DR. B. GOPALA REDDI): Sir, I beg to move:

"That the Bill to authorise payment and appropriation of certain sums from and out of the Consolidated Fund of India for the services of the financial year 1959-60, as passed by the Lok Sabha, be taken into consideration."

Sir, this Bill provides for the drawal out of the Consolidated Fund of India moneys required to meet the expenditure charged on that Fund and the grants voted by the Lok Sabha. The figures in the Bill follow the provisions shown in the Demands for Grants and Appropriations for Charged Expenditure and are inclusive of the sums voted on account and provided for in the Appropriation (Vote on Account) Act of 1959 for one month's supply.

[THE VICE-CHAIRMAN (Dr. R. B. GOUR) in the Chair.]

The Demands for Grants on which this Bill is based are for gross

amounts, that is total amount of expenditure exclusive of receipts and recoveries. Accordingly withdrawals from the Consolidated Fund of India for which authority is sought through this Bill amount in all to Rs. 7,616.33 crores, of which Rs. 1,116.79 crores relate to expenditure on Revenue Account, Rs. 616.18 crores to Capital expenditure, Rs. 524.69 crores for disbursement of loans and advances and Rs. 5,358.67 crores for the repayment of debt. The large provision for the repayment of debt is mainly on account of the discharge of treasury bills including the *ad hoc* issues in favour of the Reserve Bank to replenish Government's balances from time to time. As the hon. Members are aware, these treasury bills have a currency of 91 days. Provision has therefore to be made for their repayment four times during the year.

Full details of the provisions asked for, have, as usual, been given in the budget documents circulated to the hon. Members. The House has also had an opportunity to examine these provisions during the general discussion on the Budget. I do not propose to take the time of the House further at this stage to explain these proposals, but my colleagues and I shall try to meet the points that may arise during the debate.

Sir, I move.

THE VICE-CHAIRMAN (DR. R. B. GOUR): Motion moved:

"That the Bill to authorise payment and appropriation of certain sums from and out of the Consolidated Fund of India for the services of the financial year 1959-60, as passed by the Lok Sabha, be taken into consideration."

SHRI S. C. DEB (Assam): Sir, I rise to support the Bill, and in doing so I would like to make some observations.

Sir, with regard to industrial development, this year we have not done