

PAPER LAID ON THE TABLE
REVISED BCPGET ESTIMATES FOR THE YEAR
1956-57 AND THE BUDGET ESTIMATES FOR
THE YEAR 1956-57 OF THE EMPLOYEES'
STATE INSURANCE CORPORATION.

THE DEPUTY MINISTER w» LABOUR (SHRI ABID ALI) : Sir, I beg to lay on the Table, under section 36 of the Employees' State Insurance Act, 1948, a copy of the Revised Budget Estimates for the year 1955-56 and the Budget Estimates for the year 1956-57 of the Employees' State Insurance Corporation. [Placed in Library. See No. S-173 /56.]

ELECTIONS TO COMMITTEES

INDIAN CENTRAL ARECANUT COMMITTEE

MR. CHAIRMAN: Shri T. R. Deo-girakar being the only candidate nominated for election to the Indian Central Arecanut Committee, I declare him to be duly elected to be a member of the said Committee.

NATIONAL FOOD AND AGRICULTURE
ORGANISATION LIAISON COMMITTEE

MR. CHAIRMAN: Prof. G. Ranga and Shri Deokinandan Narayan being the only candidates nominated for election to the National Food and Agriculture Organisation Liaison Committee, I declare them to be duly elected to be the members of the said Committee.

ANNOUNCEMENT RE. ORDER OF
GOVERNMENT BUSINESS

THE MINISTER FOR PARLIAMENTARY AFFAIRS (SHRI SATYA NARAYAN SINHA): Sir, with your permission, I beg to announce the order of the Government business in this House after the disposal of the Industrial Disputes (Amendment) Bill, on or about the 9th May:

(1) Consideration of amendments made by the Lok Sabha to the Hindu Succession Bill. This is,

however, subject to the amendments being duly transmitted to the Hous* in time.

(2) Motion for concurrence to the reference of the Constitution (Tenth Amendment) Bill to a Joint Committee.

This is expected to be brought forward on 14th May.

(3) Agricultural Production (Development and Warehousing) Corporation Bill.

(4) Representation of the People (Second Amendment) Bill.

(5) Life Insurance Corporation Bill

(6) Part C States (Laws) Amendment Bill.

(7) The Budget for 1956-57 of the Travancore-Cochin State and the connected Appropriation Bill will be provided for consideration on 16th May.

(8) Discussion on the working of the Preventive Detention Act will be provided on or about 23rd May.

12 NOON.

Time permitting, it is proposed to bring forward also the Securities Contracts (Regulation) Bill and the Reserve Bank of India (Amendment) Bill for consideration and passing.

I shall announce in due course dates for the discussion of the Second Five Year Plan, which is expected to be presented to this House on 15th May.

THE ALL-INDIA INSTITUTE OF
MEDICAL SCIENCES BILL, 1956—

Continued. /

SHRIMATI T. NALLAMUTHU RAMAMURTHI (Madras): Sir, the Bill to establish an All-India Institute of Medical Sciences is an ambitious and laudable venture, for none can deny the need for research, for prevention and cure of diseases, especially of diseases common in our country, and the need for training teachers of medical sciences. But it is painful and pathetic to hear that in the term 'Modern Sciences' our indigenous systems are not included, and in the

[Shrimati T. Nallamuthu Rama-murti.] term "Medical Sciences" our own Unani, Ayurvedic and Homoeopathic cannot find a room or department of research and training. In that case, Sir, the title "The All-India Institute of Medical Sciences" should be modified, for the institute which excludes from its compass these very important systems that have gone into the making of our race, can neither be "All-India", much less "Medical", much less "Sciences"!

Sir, I was shocked, when I listened yesterday morning to the gibes and the derisive laughter the House indulged itself in, when references were made to our indigenous systems of medicine. I felt, Sir, as if the old scene of Mahabharata was being re enacted and relived in our House, namely, the scene of Draupadi Vastra-paharanam, Draupadi *Manabhangam* as we say, and the Dhrutarashttras laughing and jeering at the womanhood of India. I hope, Sir, that a Lord Krishna will be possible and I find the symbol of Lord Krishna in Dr. Gilder and others there, and my sister Mrs. Parmanand to save us from this *Manabhangam* to our own systems of medical sciences.

SHRI R. U. AGNIBHOJ (Madhya Pradesh): Who is doing the *Manabhangam*?

SHRIMATI T. NALLAMUTHU RAMAMURTI: We ourselves, for we are insulting and committing sacrilege to our own when it should be our duty to respect and reinstate our forgotten heritage in these systems of medicine.

Sir, when we were young (in our villages) we were administered preventive and curative medicines by our mothers and grand-mothers, by our elders and by our own Vaidyas. They gave us mixtures called *Kasha-yam* made out of herbs and drugs—cheap in cost, easily compoundable in our household equipment "*Ammi* and *Kulaui*" (grinding stone) produced out of the herbs and drugs available in our own local environment, and we, children

and adults, have been nurtured, have thrived and flourished on these decoctions. Even our own food, Sir,— I might address this to the Food Minister—was a well-balanced diet, a mixture of Arusuvai consisting of six testes, Ooppu (salt); Oovarpu (astringent); Poraipu (pungent); Kasappu (bitter); Poolippu (sour) and Tithippu (sweet)—not the preparation of vegetables soaked in oils and of the same colour and ingredient combinations of modern restaurants and hotels. True, Sir, our grandmothers' decoctions and treatments cannot be tested in the test tube and the microscope of modern scientific research, but they are based on centuries of practical experiments of trial and error. I am sure our Health Minister, Rajkumariji, would not deny that she herself had received benefit from the Ayurvedic treatment. Our own methods, Sir, to discover the best in our own systems are, I am sure, available in our country. They have to be tapped, nay dug out, and our research scholars have to take their research to the doors of our people in villages and towns, and it should be the endeavour of an institute of research to discover and restore our own rich heritage in the field of medical sciences. These—our systems—had been over shadowed and submerged under a foreign rule as, for example, even the skill of weaving the finest of Dacca Muslins that had gone underground. Let it not be said, Sir, that even after we had gained our freedom we followed the policy of our previous rulers in ignoring what is our own. If opportunities are created and real zeal enthused in our workers in our own systems of medical sciences, there is no doubt this same Rajya Sabha, a few years hence, will be amazed at the vistas of possibilities and achievements opened before their eyes, of our indigenous systems of medicine—

Now I would like to be enlightened, Sir, on the following points. What are the institutions of research in our systems that have been promoted by our Government so far? And in how many States and what financial pro-

vision, if any, by way of recurring and non-recurring funds has been made by our Government? What grants to schools and for scholarships have been made by our Government?

Sir, I have said so much about the hidden treasures of prevention and cure in our own systems, for I have Come from a village myself and I also at the same time come from a family of doctors of allopathic medicine. Thus I have seem "The best of both worlds," and therefore I plead that in any attempt to establish a Research institute, the focus and centre of research must be first and foremost on our own systems of medical sciences besides encouraging other foreign systems.

Secondly, with regard to hospitals and colleges, all-India hospitals and colleges must be located— I think it is reasonable to say that— in densely populated areas, in population concentrated areas so that they can supply a felt demand for prevention and cure of many diseases that are found in these crowded areas. Colleges and hospitals should not therefore be merely area-wise or region-wise but located in thickly populated centres. Else we would be repeating the tale of rotten boroughs in England where they had representatives of Parliament and stones marked the areas where there was a vacuum of population.

Thirdly with regard to research institutions they are all over the world and I am not saying that we should not have departments of research, but I am pleading that research scholars of the finest type should be utilised, their research should be utilised and the State must come forward to provide funds for the advance of such research so that there could be co-ordination between the finest research scholars' achievements and an institute of medical sciences like this. The research institutions all over the world had been built round the work done by outstanding research scholars of eminence, *e.g.*, the Pasteur

Institute in Paris around Louis Pasteur (anti-rabic treatment); the Curies, 'husband and wife, who discovered^ radium, in Paris; Ross in India—discovery of the cause of malaria, Haffkine for the plague vaccine in India (Bombay); Sir J. C. Bose, Calcutta, on life of plants; Sir C. V. Raman, of world repute as a gigantic genius of scientific research in the realm of physical sciences of Dr. K. S. Krishnan and Dr. E. K. Janaki Ammal and others, all scientific research ' savants.

We should endeavour to utilise these researches in the institution that we are going to start. Merely by creating a department and calling it a Research Department we do not produce research workers. They have to be given a chance to emulate the research that is going on in the country. We have had so many national laboratories in this country—I do not know—but we hear very little of original contribution being made in them so far since the dawn of our freedom. I beg to be corrected if I have committed any error here. I am all for scientific research and I know of enough talents in the country which could be advanced usefully for promoting original research. But I do not think that the purposes of our plans will be achieved by having, an Institute undertaking undergraduate teaching even though it is for training teachers. It is not correct to compare a post-graduate research institute with a training college. Here you do research in diseases, that are diseases which are common in our country, and not evolve methods of teaching medical students on various subjects. On the other hand, if the training of teachers of medical colleges is the purpose of this Institute,, let us say so; let us be frank about it. Even in regard to this I would like to say that so far as I know, the teaching in the existing medical colleges, *e.g.*, Madras Medical College, has not suffered in the least because of the absence of a teachers' training; college for doctors. In the Madras Medical College from where many of the members of our family have gra-

[Shrimati T. Nallamuthu Rama-murti.] duated and where many of my own Mfeld posts of the highest importance, k the students are given training in theory as well as in practice all along the way. In the classroom they get theoretical knowledge but as they go along they are given practical training in diagnosis and treatment of patients. After graduation and even in the senior classes, th*y go through a period of House Surgeoncy in all aspects of medical science. These hospitals all over our country are educating doctors in the theory and practice of medicine. Are we to say that henceforth only if you pass through the portals of this Institute you would be certified fit to become a doctor? We are forgetting that all roads lead to Rome. Sir, we have the great teaching:

Before a scholar like you, revered Chairman, I tremble to repeat these words. There are many ways of Teaching the Heaven of achievement. That being so, we seem to be creating in this Institute—the one and the only way of reaching the Heaven of -achievement in medical science, in teachers' training—a dangerous monopoly in a democratic State.

SHRI AKBAR ALI KHAN (Hyderabad) : Mr. Chairman, I have been listening with interest to the long debate that has been going on on this measure. My feeling is that the debate has taken a strange turn and that is to pay compliments and homage to the indigenous systems of medicine as well as to level scathing criticisms at the Health Ministry for not being in sympathy and for not giving due attention to these indigenous systems. Sir, I am second to none in paying my compliments to Ayurvedic and Unani and Homoeopathy. Our historian Dr. Mookerji related instances from the time of Xord Buddha to the present day showing how effective the Ayurvedic treatment has been. My learned friend Mr. Desappa gave a number of

personal instances where these Ayurvedic and Unani systems have don* great wonders. I entirely subscribe to this view to this extent that in many cases where Allorahy and other doctors have given up hopes, Ayurved and Unani have rendered immense services. So when I say that I consider that this debate has taken a strange turn, I only mean that while considering this Bill I feel it was something, with due respect to the hon. Members, irrelevant. This Bill deals with modern medical sciences. However much may be my regard for the indigenous systems, I think it would be wrong to put them together along with modern medical sciences. If we consider that the Jamnagar Institute is not adequate, let us have more Institutes; if we consider that there are many things to be done and more money to be spent, let us do it. Every effort should be made to resuscitate and to give new life to the old indigenous systems. There is no question about that. But while we are thinking of establishing an Institute for modern medical sciences I feel, with due respect, that this criticism is out of place.

SHRI H. C. DASAPPA (Mysore): If you look at the title of the Bill

SHRI AKBAR ALI KHAN: The title is 'The All-India Institute of Medical Sciences Bill, 1956', and in the body of the Bill on several occasions the expression 'modern sciences' has been used. So my submission is when we know a little of its history—as has been explained by some of our medical friends—the matter becomes still more clear. The position is this. Some time back two doctors—General Hance and Dr. Pandit—toured the whole world and submitted a Report. I wanted to see that Report but I could not lay my hands on it. And they came to this conclusion that there should be an Institute of this nature and character. The other thing that has got to be kept in mind is that under the Colombo Plan New Zealand has given certain amount of money for this specific purpose. In view of those

two factors we have to take the Bill as one for modern medicine and then judge it and give our criticisms and views for or against it.

Now, Sir, coming to the Bill itself, I have also got my own criticism. I submit that in these days of specialisation to have an all-India Institute where you should attempt to have research and all kinds of things is I think absolutely unsuitable, unworkable and not at all in the best interests of the work that we have in mind. For instance, take the established medical colleges at Bombay, Madras, Calcutta, Lucknow and so on. Some of them are doing excellent work. Is it not the duty of the Centre to see that encouragement is given and help is given to these old established institutions for further research rather than to have a white elephant in Delhi and try to do things at one place which cannot be done and which practically would be impossible to do? That is one criticism that I have against this.

The other thing is that there is a great demand for medical education. We have recently established one Gandhi Medical College in Hyderabad; one Gandhi Medical College in Bhopal; and one at Kanpur. I would like a categorical assurance from the Health Ministry that these institutions will be fully supported and they will be looked after. It is also necessary that we should have more institutions, more colleges, because there is a great demand for medical education. If we spend a lot of money on this and if our other institutions are going to be starved or if our future plan for increasing the medical colleges is going to be handicapped, I think, from that point of view also this Bill needs further consideration. Now, there is no doubt we would like to have a very good, ideal, all round research institute. So far as I know—I speak subject to correction—the Indian Council of Medical Research is meant for this purpose and this Institute usurps some of its functions. Now, when we have that Institute and there is no representative also of that institution in this Institute,

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can we not financially and otherwise help that Research Council and see that some of the objects that we want to achieve through this new All-India Institute are achieved through the agency of the All-India Medical Research Council? That is an important point which deserves consideration.

Then, Sir, it has been pointed out by my learned friend, Dr. Gilder, yesterday that most of the things—at least he quoted nine instances—will be subject to regulations or rules. Of course, regulations are made by the Institute. There is some solace in it. But I feel that this Institute is going to be—if it is as it is—a section in the Health Ministry. It is a part of the Department. That is fundamentally wrong. If we want to have a research institute, the basic principle, according to me, should be that it should be as far as possible autonomous. You may appoint the best people that you can get and then leave them the liberty, leave them the opportunity to grow and to develop the institution. These institutions develop mostly round the personalities and when you have excellent people who are devoted to research in those cases the Institute will flourish, but if it is made to develop as a section, as a part of the Ministry, however eminent may be the Minister and the staff—it will not work, because officialdom, red tapism, would hamper its growth. The feeling that nobody should interfere in their work and administration should be there, otherwise it is definitely against the best interests of a research institute. Apart from that, you see the composition in clause 4, except for the little mercy that the Health Minister had on Rajya Sabha and Lok Sabha, everybody else is nominated by the Ministry. Only three persons are there who will be elected from these two Houses. Then, you will see that in all important matters it has been said 'subject to the rules made by the Central Government',—clause 7 and clause 14 lay down a long list of rules to be made by the Government.

[Shri Akbar Ali Khan.] A id then, again, clauses 25, 26 and 27 all show how strong the Government wants to have its grip on this Research Institute.

[MR. DEPUTY CHAIRMAN in the Chair.]

I would submit: please don't call it a Research Institute, call it a section in the Health Ministry. I have nothing to say. But if you want to have a research institute, let it be an autonomous body. Let the best men come there and then think of the great ideals which certainly have motivated it. My submission is that I feel that in the present circumstances today it has become more or less a fashion to think of everything as an All-India Institute. Now, it is time we think over and we divide our resources, because after all just today during question hour the Health Minister said that our resources are limited. I quite appreciate that. But then don't spend it in such a way, but spend it throughout the country, giving impetus and encouragement to the old medical college for research work and post-graduate studies. Give help to the Indian Medical Council to think of improving the pattern which you want to improve through this new institution. And then increase the medical institutions and strengthen the colleges that have been recently started so that we may have greater medical education and certainly I am sure she will give her best thought, apart from this Bill, to give as much, help and as much encouragement to the indigenous systems which are doing a great service. But certainly it cannot be treated at par with modern sciences. With these observations I give my qualified support to this Bill.

श्री राम सहाय (मध्य भारत) : उप-सभापति महोदय, इस बिल के बारे में यह शंकाएँ की जा रही हैं कि यह आयुर्वेदशास्त्र और देशी औषधियों से सम्बन्ध रखता है या नहीं। मैंने इस बिल को कई बार पढ़ा है और इसके नाम को, इसके स्टेटमेंट आफ आवजेक्ट्स एंड रीजंस को, इसकी धारा १३

में जो इंस्टीट्यूट के आवजेक्ट्स हैं उनको और धारा १४ की उपधारा ए से एम तक को देखा है। इन सब को देखने के बाद मैं तो कम से कम इस नतीजे पर पहुँचता हूँ कि इसमें इस बात की कोई रूकावट नहीं है कि देशी औषधियों और आयुर्वेदशास्त्र के ऊपर कुछ विचार न किया जा सके या इसके अन्तर्गत उस पर रिसर्च वर्क आदि का कोई कार्य न किया जा सके। माडर्न मेडिसिन और मेडिसिन, इन दो शब्दों का इसमें उपयोग किया गया है। जहाँ इसका नाम है वहाँ कहा गया है कि आल इंडिया इंस्टीट्यूट आफ मेडिकल साइंसेज। यहाँ माडर्न मेडिसिन का उल्लेख नहीं है। धारा १३ में जहाँ कि इंस्टीट्यूट के आवजेक्ट्स बताये गये हैं वहाँ भी कहीं माडर्न मेडिसिन का लपज इस्तेमाल नहीं किया गया है। धारा १४ की केवल उपधारा ए में माडर्न मेडिसिन का लपज इस्तेमाल किया गया है। इन सब बातों को देखने से यह पता चलता है कि जो बिल के बनाने वाले हैं वे माडर्न मेडिसिन और मेडिसिन में तो भेद अवश्य ही करते हैं लेकिन उन्होंने कोई इस प्रकार का भेद नहीं किया है कि जिससे यह सारा ऐक्ट केवल माडर्न मेडिसिन पर ही लागू हो सके और दूसरे किसी सिस्टम पर न हो सके। इसके नाम, इसके स्टेटमेंट आफ आवजेक्ट्स एंड रीजंस और इंस्टीट्यूट के आवजेक्ट्स को देखने से भी इसकी पुष्टि होती है लेकिन फिर भी जब इस प्रकार की शंका हाउस में हुई है तब मैं समझता हूँ कि श्रीमती मिनिस्टर महोदया का अवश्य ही यह कर्त्तव्य है कि वह इस बारे में स्पष्टीकरण करें और साफ तौर पर यह बतायें कि दरअसल इस बिल को प्रस्तुत करने से उनका उद्देश्य क्या है।

माडर्न मेडिकल साइंस के बारे में दुनिया में, अनेक देशों में, अनेक प्रकार की संस्थायें और अनेक प्रकार के इंस्टीट्यूट चल रहे हैं लेकिन आयुर्वेदशास्त्र के बारे में कहीं भी कुछ कार्य नहीं हो रहा है। वह होना भी नहीं चाहिये क्योंकि इस बारे में याद कहीं कोई

कार्य हो सकता है तो वह केवल भारत में ही हो सकता है। इसलिये मैं मिनिस्टर महोदया से नम्रतापूर्वक निवेदन करूंगा कि वह यह देखे कि दरअसल यह जो आयुर्वेदशास्त्र की पद्धति है वह किसी भी प्रकार से नेगलेक्ट न रहे। ब्रिटिश राज्य में आयुर्वेद पद्धति को बहुत काफ़ी नुकसान पहुंचा है, उपरान्त प्रोत्साहन तो बिल्कुल मिला ही नहीं बल्कि यही तरीके अस्तित्व के लिए किये गये कि आयुर्वेदशास्त्र की पद्धति को हर प्रकार से डिस्क्रेज किया जाय। इस पद्धति से उसकी उन्नति करने में जो हानि पहुंची है वह तो पहुंची ही है लेकिन एंथ्रोपिक की पद्धति से यह भी हुआ कि आयुर्वेदशास्त्र जानने वाले जो लोग थे और जो इस पद्धति से उपचार करते थे उनसे जनता को एक और भी हानि पहुंची। वह किस प्रकार की हानि पहुंची, उसका मेरा यह अनुभव है—अनुभव ही नहीं बल्कि मेरी देखी हुई बात है। आयुर्वेदशास्त्र का थोड़ा सा अध्ययन मैंने भी किया है इस लिये मुझे अवसर मिला है—मैंने देखा है कि आज से २५, ३० साल पहले वैद्य लोग गरीब लोगों को मुफ्त दवाएं देते थे। लेकिन जब से इस एंथ्रोपिक सिस्टम का शोशनीकरण हुआ तब से इन वैद्यों को भी जो कि लोगों को मुफ्त दवाएं दिला करते थे, यह प्रलोभन हुआ कि उन्होंने भी एंथ्रोपिक के डाक्टर के अनुसार अपनी दवाइयों को कीमत लेना शुरू कर दी। पहले तो वैद्य लोग अपने पास से मुफ्त दवा देते थे, और अगर के बड़े बड़े सेठ, साहूकार या बड़े बड़े लोग जो दवाएं खासतौर से तैयार करवाते थे उनके द्वारा वे इस प्रकार दवाएं तैयार कराते थे कि जिससे गरीबों को मुफ्त दवा मिल जाय। मैंने खुद देखा है कि बंसियों, पञ्जीसियों, मरोजों को किस प्रकार मुफ्त दवाइयां दी जाती थीं। दो-रो, तीन-तीन मुहल्लों में वैद्य इस प्रकार से काम करते थे। इसलिये मेरा निवेदन यह है कि इस आयुर्वेदिक शास्त्र की पद्धति को या देशी औषधियों की पद्धति को जितना नुकसान ब्रिटिश राज्य के जमाने में पहुंच चुका है उसको ध्यान में रखते हुए हमारा तो यह कर्तव्य

होना चाहिए कि बजाय भाड़ने मेडिकल साइंस का उद्धार करने के—मैं यह नहीं कहता कि आप उसको उन्नति न करें, समय के लिहाज से आधुनिक विज्ञान को आप प्रोत्साहन दें—आयुर्वेदशास्त्र का उद्धार करें, भाड़ने मेडिकल साइंस के मुकाबले में आयुर्वेदशास्त्र को नेगलेक्ट करना तो किसी तरह से उचित नहीं है। इसलिये मैं नम्रतापूर्वक यह निवेदन करूंगा कि इस ओर काफ़ी ध्यान देने की आवश्यकता है।

आयुर्वेद पद्धति के बारे में, जैसा कि अभी एक सदस्य महोदय ने बताया, शंकाएं की जाती हैं और मखौल उड़ाया जाता है या उसको तमाशा बनाया जा रहा है। लेकिन यह बात नहीं होनी चाहिए। आयुर्वेदशास्त्र के सिद्धांत इतने बेसिक और महत्वपूर्ण हैं और उनमें पहले इतनी उन्नति हो चुकी है कि उनको किसी प्रकार से भुलाया नहीं जा सकता। साधारणतया हम जानते हैं कि यह सारा संसार पंचमहाभूतमय है। हम जानते हैं कि जितनी औषधियां हैं या जितने भी द्रव्य हैं, वे सब पंचमहाभूतों से बने हैं। हम यह भी मानते हैं कि मनुष्य का शरीर भी पंचमहाभूत से बना हुआ है। जब यह बेसिक सिद्धांत हमें मालूम है और इसके आधार पर आयुर्वेदशास्त्र कार्य करता है तो फिर कोई कारण नहीं हो सकता कि इसकी खोज में हम असली मकसद जो हमारा है उसे हासिल न कर सकें। मेरा यह निवेदन है कि इसके बारे में खाल तौर पर गौर होना चाहिए। मैं तो यह अर्ज करूंगा कि अगर मंत्री महोदया या यह मत है कि इस बिल को व्यवस्था के 'दर' आयुर्वेदशास्त्र या देशी औषधियों सम्मिलित नहीं हो सकती तो उस दिशा में श्रीमती डा० सोता परमानन्द ने जो एनैंडमट दिया है उसे स्वीकार करने पर विचार करना चाहिए और स्वीकार करके इस काम को पूरा करना चाहिए।

आज विदेशों में जिस प्रकार से उन्नति हो रही है और जिनसे अब तक हमने लाभ उठाया है और आगे भी लाभ उठा सकते हैं

[श्री राम सहाय]

उन कामों के रिस्क् इत्यादि पर हम आवश्यकता-नुसार खर्च करें, लेकिन आयुर्वेदशास्त्र को नगलेकट करके उन पर ज्यादा पैसा खर्च करें यह हमारे लिए किसी प्रकार से भी मनासिब नहीं है। देशी औषधियों के सम्बन्ध में मैं यह कहना चाहता हूँ कि जितनी खोज और जितना अन्वेषण आयुर्वेदशास्त्र ने किया है, उतना आज भी एलोपैथी नहीं कर सका है। आयुर्वेद-शास्त्र ने द्रव्य के गुण, रस, वायु, विपाक और शक्ति के बारे में जितनी खोज की है और हर एक प्रणाली के बारे में निबंटु में जितना विवेचन किया है, वैसी चीज हमें एलोपैथी में देखने को नहीं मिलती है। जैसा कि मैं ने निवेदन किया, मेरा कुछ थोड़ा सा सम्बन्ध आयुर्वेदशास्त्र से रहा है और एलोपैथी से यद्यपि मेरा विशेष निज का सम्बन्ध नहीं रहा लेकिन बड़े बड़े डाक्टरों और बड़े बड़े एक्सपर्ट लोगों से मेरा सम्बन्ध जरूर रहा है और जो मेरे निज के डाक्टर हैं उनसे मेरा सम्बन्ध रहा है, तो मैं ने यह देखा कि फार्मसों में बी. एस. सी. करने के बाद या फार्माकोलोजी, फार्माकिननाजी में एन. एस. सी. या डाक्टरेट या पी. एच० डी० की डिग्री लेने के बाद भी यह पद्धति उनको उतना ज्ञान नहीं देती जितना ज्ञान आयुर्वेद-शास्त्र के निबंटु में आज मौजूद है। ऐसे सूरत होते हुए भी अगर हम इस शास्त्र को नगलेकट करते जायें, तो यह किसी प्रकार से उपयुक्त नहीं है। मैं तो यह निवेदन करूंगा कि आज की जो पद्धति है, वह केमिस्ट्री, फिजिक्स, बायोलॉजी, साइकोलॉजी, इत्यादि पर अपनी बहुत सी बातों को निर्धारित करती है। लेकिन हमारी जो पद्धति, आयुर्वेदशास्त्र की है, वह इससे ज्यादा गहरी है। इसमें योग, सांख्य, न्याय, वैशेषिक इन दर्शनों से बहुत कुछ सहायता ली गई है और बड़े बड़े ऋषि मुनि जो इनके ज्ञाता थे और जो इनका अध्ययन करते थे केवल अध्ययन ही नहीं करते थे बल्कि इन शास्त्रों को अपनी प्रैक्टिस में लाते थे, उन्होंने इन सब बातों को बड़ी खोज की है। आज दुर्भाग्य से देश में यह बात तो नहीं है कि ऐसे

खोज इस प्रकार की खोज करने के लिए तैयार हों या मिल सकें लेकिन जो भी पद्धति आज की है, फार्माकिननाजी, फार्माकोलोजी, फार्मसी इन पद्धतियों के आधार पर हो अगर हम अपनी देशी औषधियों का अच्छी तरह से अन्वेषण करें, उनका उपयोग करें तो मैं समझता हूँ कि हमारे देश में देशी औषधियों के प्रति या इस आयुर्वेद शास्त्र के प्रति जो थोड़ी सी अश्रद्धा उत्पन्न हो गई है, वह मिट जायगी।

जितने भी सदस्य यहां बोले हैं और उनके भाषण में जो बातें सामने आई हैं उनसे स्पष्ट है कि सबसे आयुर्वेदशास्त्र की पैरवी की है। जब सारे ही सदस्य करीब करीब आयुर्वेदशास्त्र की पैरवी कर रहे हैं तो मैं समझता हूँ कि कोई कारण ऐसा नहीं होना चाहिए कि आयुर्वेदशास्त्र की पद्धति को इसमें शामिल न किया जा सके और उस पर विचार न किया जा सके।

मेडिकल साइंस के लिए तो बहुत से कालेज हैं, एक ही नहीं, बल्कि दो-दो, तीन-तीन और चार-चार कालेज कई प्रान्तों में हैं। उन सब के होते हुए भी फिर उसी चीज के लिए एक इंस्टीट्यूट हम यहां देहली में और कायम करें, तो उससे कोई विशेष लाभ होने वाला नहीं है। इसलिए मैं फिर यह निवेदन करूंगा कि इस बारे में खास तौर पर गौर करने की आवश्यकता है।

मैं हाउस का अधिक समय नहीं लूंगा। क्योंकि इस बारे में जितने भी सदस्य बोले हैं उन्होंने कुछ न कुछ अवश्य ही आयुर्वेद के बारे में कहा है। एक बात मैं और जरूर अर्ज करूंगा, गो वह एक्सपर्ट को राय की मोहताज है। मिनिस्टर महोदया ने यह फर्माया था कि वे प्राइवेट प्रैक्टिस की इजाजत डाक्टरों को नहीं देंगी। यह ठीक है कि हो सकता है कि किन्हीं प्रोफेसर्स को इस प्रकार की इजाजत न दी जाय। लेकिन आम तौर पर सारे टीचिंग स्टाफ के लिए इस प्रकार का बंधन या रोक होना, यह मनासिब नहीं है क्योंकि रोगों को जानना और मरीजों को देखना यह एक खास काम है और यह भा डाक्टरी विषय को पढ़ाने का एक अंग है।

मेरा यह अनुभव है कि बहुत से डाक्टर, वे चाहे कितने क्वालिफाइड हों या चाहे उन्होंने कितना ही लिखा पढ़ा हो, जब तक वे मरीजों को देखकर उनका इलाज नहीं करते हैं तब तक उनका ज्ञान, पुस्तकी ज्ञान रहता है या कालेज का ज्ञान रहता है, और वे अपने को उस विषय में माहिर नहीं बना सकते और रोगियों को अच्छा करने में कोई विशेष सहायता नहीं पहुंचा सकते।

श्री ज० रा० कपूर (उत्तर प्रदेश) :
उसमें सम्बन्धित जो सरकारी अस्पताल होगा
उत्तमें यह सब काम देख सकेंगे।

श्री राम सहाय : जैसा अभी आपने
फर्माया, वह ठीक है कि सरकारी अस्पताल में
होगा। लेकिन अस्पताल में भी रोगियों का
लिमिटेड नम्बर रहता है, हर प्रकार के अधिक
मरीज उसमें नहीं आते। टीचिंग स्टाफ को
हर प्रकार का ज्ञान लाजियों तराके पर मिलना
चाहिए। मैं ने तो यह निवेदन किया है कि
उसमें यह हो सकता है कि किन्हीं खास प्रोफेसर्स
को इस प्रकार की इजाजत मिलनी चाहिए,
लेकिन आम तौर पर एक रूल बना देना अच्छा
नहीं होगा। यही मैं ने निवेदन किया है।

अंत में मैं हाउस का अधिक समय न लेकर
मिनिस्टर महोदया से यह निवेदन करूंगा कि
वे मेरे सुझावों पर विचार करें और आयुर्वेदिक
पद्धति और देशी औषधियों को खास तौर पर
स्थान देने की कृपा करें।

SHRI M. GOVINDA REDDY (Mysore) :
Sir, if the hon. Shri Akbar Ali Khan made the
fine distinction that this Bill contemplates
only modern medical science, not any medical
science, his distinction has served one
purpose, and that is to confirm the doubt that
this House has all along been expressing
during this debate that the Government are
not intending to accommodate Ayurveda or
any other indigenous system in this Institute. I
may point out that my hon. friend is wrong in
presuming that this Bill contemplates only, or
should

be interpreted that it contemplates only,
modern medical science. Let my hon. friend
refer to clause 13 of the Bill, the clause which
determines the object of this Institute. This
clause does not say 'modern medical science.'

SHRI AKBAR ALI KHAN: It is clearly
mentioned here 'undergraduate and post-
graduate medical education'.

SHRI M. GOVINDA REDDY: It is all
right. Undergraduates and postgraduates may
be in any school of medicine. The title does
not warrant this.

DR. SHRIMATI SEETA PARMANAND
(Madhya Pradesh): 'Modern medical science'
has acquired the ~e-pii-" that it refers on" to
the allopathic system.

SHRI M. GOVINDA REDDY: That I
admit. My contention is that the statement
that this Bill refers only to modern medical
science is wrong, because the object does not
'confine this to modern medical science only.'

SHRI AKBAR ALI KHAN: Can you
mention any indigenous system where you
have these undergraduate and post-graduate
courses?

SHRI M. GOVINDA REDDY: We will
have post-graduate and undergraduate
courses. We may have them in any system of
medical education. This is what hon.
Members during these two days have been
asking. You have got some medical systems
in the country. Formulate courses for those
systems. Well, if my hon. friend has not been
able to follow the trend of the debate, I am
very sorry for him.

SHRI AKBAR ALI KHAN: The whole
point is that at present there are no such
courses in them.

SHRI M. GOVINDA REDDY: Government
may not have accepted them as medical
sciences, but our claim is that the indigenous
systems are sciences. Hon. Members have
pointed out that although we are ignorant of
it, they were scientific systems once.

SHRI AKBAR ALI KHAN: Some centuries
ago.

SHOT M. GOVINDA REDDY: They were far more developed than the present modern medical science. I am going to give instances to prove this. My hon. friend's distinction has focus-sed attention on one point, i.e., the policy of the Government in this matter. This Bill, although it does not directly refer to the policy of the Government in establishing this Institute, it does imply policy. What is that policy? Let us refer to the Statement of Objects and Reasons. This is not a clear statement, and I do not know whether the Minister for Health is very clear about it. It speaks of patterns of teaching and standards for undergraduates and post-graduates. Then it goes on to say:

....."it is necessary that the country should attain self-sufficiency in post-graduate medical education".

We do not want self-sufficiency in undergraduate medical education. Sir, any institute of an all-India character that the Government are contemplating to establish should have a bearing on the life of the country. I mean to say that it should be an institute which will prove useful to the country. If the Government's intention is that this applies to only modern medical science, if this Institute confines itself only to modern medical science, then I am in agreement with my hon. friend here that this Institute will not be very useful to this country. In the matter of training for undergraduates or post-graduates or diploma holders, the country's needs should be taken into account. In this wide country we do not have a doctor even for 200 to 300 villages, and the Government have in their wisdom taken the decision that the short-term courses like the L.M.P. and others that we had in several States should not be there, and they have been abolished. Now, we have got graduate courses only, and the course involves seven and a half years. Although the degree course is for five years, nobody passes without being plucked at least once, and there is hardly 3 to 4 per cent, who may pass in all the examinations without

failing in any. It is seven and a half years after undergoing two years' college education. This course means an expenditure of anything from Rs. 15,000 to Rs. 20,000 per graduate, and naturally after spending so much money, they do not like to go and settle in villages. First of all, we cannot have through this costly course as many doctors as the country needs. Secondly, these doctors who pass out at public expense are not willing to serve in the rural areas. So, most of them go to urban areas for service in comfortable positions or practise as private practitioners again in urban areas where they can earn money, and having spent such a heavy sum on their education, naturally they will have an eye on getting back at least as much money as they have spent on their education. What is the duty of the Government in these circumstances? The duty of the Government, as anybody can conceive, should be to provide for a course which, while it will assure minimum efficiency and competency, will be able to supply an adequate number of doctors for the country. I was hoping, when the talk of this Institute being established and a Bill being brought forward here was heard, that Government would be taking steps to meet the basic needs of the country. Today, what is the death rate? But for these so-called quacks, the Vaidis and Hakims, in areas where these allopathic doctors do not reach, the death-rate in this country would have been horrible. The primary need of the country is to have doctors— many doctors—with minimum efficiency and I would like the hon. Health Minister to consider this aspect. Is it not urgent for the country that" we should in as quick a time as possible, provide as great a number of doctors as possible? The hon. Health Minister has visited China. The hon. Dr. Gilder was referring to the advance that China has made. I believe the hon. Health Minister has had occasion to observe the developments that they have made. I don't say that China has advanced in every respect more than our country but what they have done

in the space of three or four years in the matter of medicine and public health is something really wonderful which we should without any sense of inferiority complex, emulate. The basic need that I have pointed out, in this country was the basic need of that country also. It was a country thousand times poorer than ours, much more miserable than ours before their liberation and a country teeming with diseases. It was notorious for its V.D., notorious for its T.B., notorious for its malaria and notorious for its typhoid. What have they done? Let me point that out to the hon. Health Minister and to this House. I believe she has had occasion to go into this. They started what is known as a People's Patriotic Health Movement. They hit upon a very nice plan. When I went there with a delegation, we had conferences with the medical authorities and public health authorities and their Health Minister,—each time lasting three hours and we had very frank discussions. We wanted them to tell us the extent of the diseases that were prevailing in China and what they have done to eradicate them. According to the statement which they made—I don't remember the exact percentage but approximately I am saying—about 70 per cent, of the cases were of V.D., over 40 per cent, of T.B., and malaria of course had no limits and it was not confinable to any computation and typhoid was upto a horrible degree. When we asked for the figures two years ago, they said they had brought down the 70 per cent, to about 7 per cent, and the others to much less than that and today these diseases which were a terror or dread of that country, were not" at all a problem. I put a straight question to them "Do you mean to say that within a period of three or four years, you were able to achieve this? Were you able to do this with 'magic'?" They said 'We don't mistake you for putting that question but -when we explain the method adopted, it will be very clear to you.' The method adopted was this. First of all they wanted to check the spread of the diseases. For that they hit upon

a very clever device and that was to find out in every village patients suffering from communicable diseases. In every village they have some institution called People's Movement—something like Village Panchayat. They issued instructions to the people's congresses in the villages like our Village Panchayats to notify to the authority who was sent to them, the patients suffering from communicable diseases. He went there, collected together the villagers and then asked for names of patients who were suffering from any communicable diseases beginning from cold and itches to much bigger diseases. They gave the lists. The man was not a full doctor but was trained only for detecting the communicable diseases. He verified these reports and segregated all those people who were suffering from communicable diseases. They had established camps at convenient distances and people were sent to those camps where a more qualified doctor took charge of them and if those communicable diseases were beyond the power of that doctor, they would be sent to District Hospitals for which Government had made arrangements

SHRI AKBAR ALI KHAN: What were the qualifications of that doctor?

SHRI M. GOVINDA REDDY: He had no qualification except practical training just as you train midwives, just as you train nurses. They also have got a training for doctors. That is exactly the point which I am making. They were able to achieve this by this method of the People's Patriotic Health Movement. They first of all checked the spread of the diseases. Then they attended to the cases which were segregated and doctors attended on them and then they thought, in order to attend to the health and medical problems, that this long course was quite incapable of supplying the doctors and so they have short courses. They don't award diplomas. There is only one degree—that is the medical degree which is a *co^irm* much the same like ours but there are short courses. Anybody can go and

[SHRI M. Govinda Reddy.] get trained in that and he will be a doctor with limited competency and within that he will have received good practical training. I put this question to the Head of the Department: 'You say within a period of 1 to 2 years you can train a doctor. How can you do that?' He said 'Mr. Reddy, you want a driver for your car. A perfect driver would be an automobile engineer who knows everything about the mechanism or engine of the car. Would you appoint him to serve the purpose of a driver? You want a man who knows enough to carry on with the driving of the car and who knows the rudiments of the mechanism of it. You don't want an automobile engineer.' So when the dire need of the country is so large, we want doctors who can, with their limited knowledge and competence, go to the villages and give some relief. Let the hon. Minister imagine what it means for a patient from a village to go to a hospital in a District. For us, who get comfortable incomes it has no significance but for those in the villages, to go for even the smallest complaint to a town means loss of work for him and for those elders who attend on him. It means going 20 to 50 miles to a district town and staying there for weeks together—all that would cost about Rs. 500. Let us take an average case—not too small a case and not too big a case. Rs. 500 for a poor peasant—peasants form about 50 per cent, of the villages at least to make a moderate estimate—for him Rs. 500 is a life's fortune. How many people can afford to have that? In Delhi if you have the misfortune to go to a doctor for a prick, you have to buy your own medicine. For the prick he charges you Rs. 10 and the medicine cost is yours. If you have some tooth ache and if you want a doctor to attend on you, he charges you Rs. 27 to Rs. 30 just for touching and if it is for extraction of tooth, no less than Rs. 70. In a country with the object of socialist pattern of society here are doctors who can fleece us to any extent. If that should be the case

with individuals like us, urban people, getting good incomes, what should be the case with rural people? So my point in enlarging upon this is to show that we need doctors in the villages. We need as many doctors as is possible for the Government to give to the country and that can not be had by this long-term costly course; this Institute which the Government have thought well to establish, should devise courses which would equip the doctor with the minimum efficiency which is necessary for giving first aid or for giving first attention to cases in the rural areas. If this Institute does not think of doing that and if the Government have no mind of providing some sort of medical relief to the rural areas, I should say that they are failing in their duty. They have failed in their duty so far and they would be failing in their duty again. So I would like to say that there is nothing to prevent you, in this Bill, from having such a short course. So I would like the hon. Minister to give a direction because it is not specifically mentioned. Everything in this Bill is put in vague terminology. I would like her to give a specific direction that this Institute be charged,—with a view to solve the shortage of doctors in the country,—to devise courses by which we could provide doctors with conceivable efficiency, for the villages all over the country. The other aspect which I would like to deal with is in regard to research.

MR. DEPUTY CHAIRMAN: You can continue in the afternoon. The House stands adjourned till half past two.

The House then adjourned 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 M. GOVINDA REDDY: Sir, before the House rose for lunch, I said I would resume my speech by taking up the subject of research. But before I go to that point, I would like to clear up one or two points or—

wrong impressions which seem to have been left in the minds of members by what I said in the morning. I said that in order to relieve the country of the shortage of doctors, we should find devices and short-cuts to provide the adequate number of doctors at the earliest possible moment and that this was possible. I do not mean that we should not have the highest standards. We can have the highest standards possible. But the country needs doctors, and doctors of some sort we should give them. That was my point.

Secondly, somebody raised the question whether doctors without such long trainings, whether doctors with only short-cut trainings would be efficient in their work. I would content myself with giving one instance which is within my own experience. As many sitting here may know at Hindpur in Andhra between Mysore and Andhra, we are running an education-cwm-rural service centre and there we have a dispensary. In that dispensary we have a doctor who is not a qualified doctor. But he knows allopathy because he has been trained by his brother who is himself a doctor in allopathy. This so-called untrained doctor is looking after the dispensary there. He goes to the villages and anybody is free to go and see and verify what I say. There are allopathic doctors, highly qualified, Government doctors and in Hindpur there is a government hospital also. But believe me, Sir, people from Hindpur town come all the way to this dispensary to this man crossing a river, travelling some two and a half miles. They do not wish to go to the government hospital. They come to this man to be treated. And remember, he is not a qualified doctor, and yet he has conducted operations, which are a dismay to the allopathic trained government doctors themselves. This has happened not once or twice, but many times, because he has been there for the last twelve years and during these twelve years there is not a single case which he has not attended to. Well, this is a point to show that given good practical training, the

doctor will answer the purpose of medical service in our rural areas.

Now, I may give a contrary instance, a case to show that because a doctor is highly qualified, it does not mean that he is competent. I have myself been the recent victim of a very competent, highly qualified doctor about which I will, with your permission, Sir, say a few words. In March last, in the beginning of the month, I had a cold and I went to an allopathic doctor. He said it was a case of cold and bad throat also. And he prescribed for me sulpha diazine pills at the rate of six tablets a day. This he prescribed for nearly two weeks. Then my kidneys ceased functioning properly. They got weak, but I thought; it was due to congestion in the stomach or something like that and I did not attribute it to the medicine. He also did not care to enquire about the reactions. Then on the 24th and 25th of last month, I had again a cold and again got the same prescription from him. I had to go to Bombay immediately after the commencement of this session, to attend a meeting. There I got temperature. In fact I had fever here even on the 22nd and 23rd. For thirty years I had not known what fever was. But I got fever on the 22nd and I had it on the 23rd and on the 24th I flew to Bombay and on the 25th I had a temperature of 104 degrees. The people concerned with that meeting got frightened and they sent for a doctor and he got from me the treatment that I had been having and he wondered how with such heavy doses I did not pass blood instead of urine. Sir, I am still not recovered. I had to fly to Bangalore and I got myself checked up and everywhere they wondered how a doctor could prescribe such a heavy dose as six pills a day of sulpha diazine. And who is the doctor? That doctor is in the Parliament House. He is to look after us. This is not one case that has happened here, there are many cases. I am saying this not as a complaint against that doctor, because I have already written to him a strong letter describing what happened to me

[Shri M. Govinda reddy.] .and asking him not to prescribe sulphadiazine as one gives peppermint to children. Sir, my business is not to complain. I am simply saying that because a doctor is highly qualified it is no guarantee that he is competent. It is the practical training that he receives and the extent to which he puts his heart and soul in the work that matters.

I am not against our providing for the proper training of doctors and that too in allopathy, because all along I have been dealing till now only with allopathy. I have not yet come to Ayurvedic doctors.

Now I come to the subject of research. This Institute is to confine itself only to research in allopathy. But what is it that we can do in that direction? Let us examine this point calmly. There are many countries which are far more advanced in allopathy than we are. We are nowhere compared to them. We are nowhere compared to England, or America or Germany. We are nowhere when compared with many other countries of the world which are far more advanced than we are. And if we believe the accounts given by doctors who have gone abroad and visited the foreign hospitals and institutions, the equipment in our hospitals and the methods that we adopt are at least twenty five years behind the latest methods and equipments that they are adopting. Under these circumstances, what is the contribution that we can make by way of research in allopathy? I do grant that we can make some research here and there, but can it be a significant one; can we call that as India's contribution to the science of allopathic medicine? On the other hand, Sir, there is a vast field which for the rest of the world is quite unknown, a vast field in which India can make a wonderful contribution to the science of medicine, the science of anatomy and physiology.

I will just quote one instance to bring home my point. Many hon.

Members and the hon. Minister for Health also know the case of the Yogi who" lay buried in Delhi for seven days and on the seventh day stepped out quite fit. What was that? That was no magic. That was no black art. What was it? What was it that made him live in a confined atmosphere for seven days and yet remain quite fit? Surely, there must have been some knowledge in his possession which made him control all his organs, his whole body. I will give another instance. We have heard of Hatha Yoga. Recently, only a few years back, we had a genius here in India who performed most wonderful feats. He swallowed almost anything, bottles, acids, glass pieces, razor blades, nails and needles and all sorts of poisons that the people of science and doctors mixed for him. They experimented at Calcutta, at Madras and at Bombay and also in several other cities in this and other countries. Famous scientists like Dr. C. V. Raman witnessed these experiments. But there was no explanation as to how he could eat all this and still live. No scientist could explain what exactly was the knowledge that was in the possession of this man which enabled him to digest all these things, things like nails and razor-blades and acids. What was it that enabled him to digest glass and iron nails? What was it that helped him to neutralise the acids that he drank? It is something wonderful and remarkable. And if such a thing had only happened in a country like America or England, where the sense of patriotism is very high, they would not have left the man as we have done. They would have put scientists on such a person and made them study and test him so as to find out the secret, the processes that he was doing or what exercises enabled him to do all this. I would not have minded our Health Minister giving a lakh of rupees to such a man, lodging him in a fine hotel and having a dozen physicists and medical men and chemists study the processes and the secrets of this wonderful phenomenon. So, is there not sufficient

room for us to study? In which part of the world can we see such miracles, I would like to know. We may call it quackery. But there it is, baffling the scientists. That is a thing which is purely based on science. The hata-yogi may not be able to explain it but he has learnt it by sheer practice and it must have been based on some science. This is a field in which this Institute has to undertake research and I am sure if the hon. Minister had only put scientists to study this, by now every great scientist in the world would have run to India to study this wonderful phenomenon. India would have been a place of pilgrimage. We are saying that this Institute is of national importance. What more national pride could we have if we had but investigated this problem? Has the Government moved its little finger to analyse this and to find out the reasons for this? Has the Government done anything to tap this information and to disseminate it to the wide world? We have not done anything. We expect a very high sense of patriotism from our people but when we see instances which display hitherto unknown forces of knowledge before us, we shut our eyes simply because we do not know what it is or because we believe in something else. It is a grievous fault on our part.

In the field of medicine, I can give one or two instances. I do not wish to take more time but will only give one or two instances which are within my experience. A lady fell ill in a village, sixty miles from the district hospital. She was suffering from gas in her belly which became just like a barrel and she had some other trouble down below. There was no other doctor anywhere near and she could not be taken to the hospital in that state, sixty miles on a country road and in a bullock cart. The pandit had to be called. He was a reputed man no doubt and he wanted to examine her but the lady would not give in. Everybody tried to persuade her that in that hour—she was expected to croak within an hour or so—she should consent. The pandit asked her

to give him her feet so that he could touch them in obeisance and go. She was lying and the pandit took hold of her feet in his hands and in a few seconds she became unconscious. He pressed the feet just behind the hub of the foot bone and she became unconscious. He asked another lady to hold her feet like this and examined her. When he came out, I asked him, "What is it that you did? Please tell me". He was my family doctor too and he asked me to stand with folded hands. I stood with folded hands. My uncle was present there beside me. The doctor did not touch my feet but pressed two fingers on my sides and I became unconscious. My uncle wanted to know and the doctor agreed to show him too. He asked him to stretch his hands. My uncle did like that and the doctor by pressing the points (here) made my uncle unconscious.

SHRI AKBAR ALI KHAN: Why not bring him here to Parliament?

SHRI M. GOVINDA REDDY: In our place, there are no shaving saloons. We give our heads to a country barber for shaving. This barber shaves 150 people per week for only ten or fifteen rupees a month. He belongs to the same community as the doctor. As you know, Sir, the barbers in our community are physicians. I told him of this instance and of my experience. He said he would do likewise and placed the thumb and the middle fingers on my temples and I became unconscious. There was another friend who is a trustee of the mandir who wanted to try it and by doing this thing, that friend too became unconscious. This may be laughed at but it is a fact. The man, however, cannot explain it but it is a fact that every man who knows something of indigenous medicine knows something like this and not of course the whole of the science. I agree that ayurveda as administered today is not scientifically administered but that is not the fault of ayurveda. That is our fault. We have neglected it utterly; we have not encouraged it. (Interrupt-

[Shri M. Govinda Reddy.] tion). We are also responsible for the Government. What is the use of blaming the Health Minister? We are equally responsible. We have neglected it and that is why we see ayurvedic pandits coming in rags. Because he is ill-looking and because he sits in a hut, you say that he is not competent. Let the Health Minister order for a field survey to be conducted, not in the whole country but let her select one dispensary in one district in Mysore and another one in Madras. Let a survey be conducted of the number of patients that go to the ayurvedic dispensaries, the number of patients that get cured and also the cost which is more important. Let them also take a census on the same basis of the hospitals. I dare say that ayurveda will get the laurels. When I speak of ayurveda, I include all the indigenous systems. I believe in all. This is a thing which the Health Minister should do. Dr. Seeta Parmanand read out the Health Minister's speech which said that she bowed to none in her respect for ayurveda but, Sir, within my experience of the last four years, ever since this House was formed—and you know that many Members of this House have been asking several questions on ayurveda—we have found her very apologetic and not at all enthusiastic about ayurveda. Why should she not take pride in a science which today is the largest institution administering medicine? This is a field where we have to undertake research. What is the use of imitating the Western countries? Even if we imitate, what is the measure of research or fresh knowledge that we can add to it? We will be nowhere. Just as in politics India has made her own contribution and is being respected by every country in the world, so also I dare say that if the Health Minister only comes out with some aid—instead of saying that it is not a science and all that sort of thing—and believes that this must be a great thing—let her devote chairs for research in this subject—I am sure that we will gain equal respect in the world, and every country in the world

will be grateful to India for the knowledge which she will be adding in the field of anatomy and even of life.

I want this Institute to fulfil this function and to bring such a pride to the country. Left to itself, I know it will not do that because the experts that we have are not practical men. Without any offence to them, I say that they are not practical. We had a distress period in Mysore and there was an Englishman belonging to the Friends' Service Union whom I was taking along. That Union was giving multi-vitamin tablets, milk powders, etc. He was fresh from the college and he was looking transfixed at a bullock cart. I asked him, "What are you looking at?" He said, "I say, Mr. Reddy, are there not thousands of engineers in your country who have gone abroad to study in England and America?" I said, "At a modest estimate I will put it at least at 10,000". Then he said, "Is it not a shame that no engineer in your country has attended to this phenomenon, to lighten the burden so as to make the bullock cart move easily?" He said the same thing with regard to drawing water. You know, Sir, the tedious way of drawing water and where bullocks are employed for the purpose they will have only four years' life. He said, "What are your engineers doing?" He made me hang down my head in shame, and even today that fact stands. What have our engineers done about this rural problem? That is why I say unless the Government directs the experts will not do these things. That is why we want Ministers. The Ministers have practical experience. They have moved in the world and they will be able to direct the services of the secretariat in a proper way and therefore it is that I want the Health Minister to give directions, to charge this Institute with these two purposes, to relieve the shortage of doctors by whatever means it be and to conduct research in indigenous systems. We need not concentrate on allopathy alone because, even'

if we do, we can do precious little. There are other countries which are far advanced in this and in this modern age, a discovery made today will be spread to-morrow.

The other day we read in papers about *Rauwolfia Serpentina*, the herb that we were exporting to America, and that some medical student has synthesised that successfully and therefore it is said that America will no longer import the herb.

Well, such things are going on; we can profit by them. But here is a field which no other country in the world can attend to, and here is a field in which a vast store of knowledge of the human body undreamt of by the civilised world is there. Let this Institute, Sir, develop on these lines and bring our country pride, and I congratulate the Minister for bringing this Bill and for establishing this Institute, but I would reserve my congratulations with this exception and that is it should serve these two purposes which I have elaborated.

Thank you, Sir.

SHRI BISWANATH DAS (Orissa): Sir, I rise to give a conditional welcome to this Bill. I am delighted, and I am thankful to the hon. the Minister for having brought this measure which will upgrade medical institutions and improve medical instruction and also improve the professional capacity of medical men. In this view of the question it is a welcome measure.

Sir, as it is, it raises certain pertinent questions. The first is: What is going to be the position of the medical colleges that are now being controlled by the State Governments as also by the various universities. They have built up a reputation of their own, some of them like Calcutta, Bombay and the rest, and there are again certain new medical colleges which have been established. What is going to be the position of these institutions in terms of and in relation to this institution? For new institutions it is a difficult thing. A medical college means a conception in terms of

crores of rupees. Now will these institutions be upgraded or will they go down to be assigned the position of second or third-rate medical colleges? I want to have an assurance from the hon. the Minister as to what she is going to do in this regard. So far as the States are concerned, many of the States are not able to find the finances necessary to develop these institutions. Therefore it is necessary and desirable that we should have a clear picture of the future with regard to all

Sir, the other question that comes to our mind is this: Why should Delhi be the most fortunate place to have everything for herself? Calcutta has developed, Bombay has developed and Bangalore is very important, a very attractive place both from the point of view of the climate and also its central location; equally so is Hyderabad. The question why Delhi has been chosen for this purpose is one for which an adequate explanation is necessary.

Sir, having stated all this, let me come to another important question about our conceptions of medicine. Medicine as seems to have been understood by the hon. the Minister and also by the Department merely, confines itself to allopathy; all the activities undertaken by Government are on this side. Sir, it reminds me of the old bygone times when the poor Indian was regarded as a native in his own country and the Britisher as an honourable gentleman in India. It used to be said, "Oh, here is a native." Are you going to give that very status? Britain has gone; India has become independent. Her culture has to survive and develop. Are you going to retain the same old labels and keep the Indian cultural institutions and culture in the same old position which it used to occupy in times of yore? I want to have a clear statement of policy by the Minister and also by the Government.

Sir, there are things which could be tolerated and there are again certain things which cannot be tolerated.

[Shri Biswanath Das.] Eight years have passed. I have a right to know, I have a right to claim from the Treasury Benches, I have a right to see how far, to what extent my culture has been protected, and my cultural institutions have been developed. Every Indian and also the Members of this House have a right to demand an explanation from the Government.

Sir, in this respect I feel as if Government is going one way and the people just the reverse way. Why should this reverse process go on? Our country which is absolutely independent is free to chalk out her own way of life. Sir, we have got our cultural institutions and organisations in every sphere of activity. We spend crores of rupees on meteorology, on the western system. It is probably necessary and useful. But we have our meteorological system, which is equally useful. Go to a moffusil place. The poor peasant looks to his Panjika to see when the rains would set in to prepare himself to face this season. What have we done? How are we worth our name, how are we worth our salt if we do not attend to his needs? Sir, I do not discountenance the proposal, but I have a right to claim that both these should at least be allowed to develop *pari passu*. I have a right to know what has been done. It is not only meteorology. Leave alone any other thing, even the Britishers had to admit that the system of philosophy in the East and especially in India is the finest and the best. It pains me to see that neither the Government nor the universities have taken care to see that the Indian philosophic systems, neither Sankhya nor Mimamsa nor Vedanta nor any of the others are given due place except the start that has been made by the baby University of Poona, which is doing something in that line. Sir, how long am I to see that my money is being spent in developing a culture which is foreign to my culture? I do not say "nothing doing", but I do say: Do something; at least give an equal slice for me and my culture.

3 P.M.

Sir, my hon. friend, the Health Minister is the guardian of the health of the 36 crores of people of this country. May I put to her a straight question? I know her kind feelings towards human beings. She is one of us. Till yesterday she was with Gandhiji. She had sat at his feet to get inspiration and to be inspired. Sir, is there anyone in India. I ask, who is a greater revivalist, who is a greater lover of things ancient to be put in the modern way than Gandhiji? I would ask my hon. friend whether she has followed the wise and illustrious steps of her great Master and if so to what extent. She says she loves Ayurveda. I also love it equally and I join with her and bless her. But what is the sport of love that she has? The performance of the Government of India in these last seven or eight years reminds me of a comedy that I read when I was a student in the High School. It is a comedy wherein a poor Plebeian tried his very best to save the honour of his daughter from the rapacious hands of a Patrician. Finding that he was unable to save her the last thing that he had to do out of his affection for her was to take the girl with him to the open market in Rome and stab her to death. That was the way he could save her. Is this the sort of love that she is going to show for our culture that has stood the test of time? My hon. friend, Dr. Mookerji, was quoting chapter and verse from Buddhistic literature. Why go in for research in Buddhistic literature? Think of Ramayana; think of Maha Bharata and the War of Kurukshetra and see how useful it was even in times of war. Sir, with all her best efforts and with all the money at our command, we can never expect to reach the level of America in Modern medicine. So why waste money? Why not copy their experiments and try to apply them here? If there are talented Indians, let them take to research even in Allopathy I do not mind. I do not know how well to thank my hon. friend from Bombay for whom

have always a regard—I mean Dr. Gilder, an eminent scientist and physician. All praise for Allopathy but my hon. friend would not accept that. I fully agree with friends like Dr. Dube who said, 'leave Ayurveda to itself. That is exactly what I want. Leave me to myself; don't you murder me; don't you stab me. Leave me to myself to grow. And how am I to grow? Sir, it is the people who have kept Ayurveda alive today. We have got eminent physicians here in this House as well as outside the House.

Sir, I am one who was suffering from Filaria. As the Chief Minister of Orissn the best oi treatments was available to me. But they were all to no purpose. It was only Ayurveda that cured me and for the last 13 or 14 years I have no Filaria.

AN HON. MEMBER: Cured?

SHRI BISWANATH DAS: Yes; cured fully. And thousands are being cured. Therefore, to dub it as unscientific and to kill it for all times is a thing which the people of the country will not tolerate and to which I as their representative can never agree despite all my affection, respect and regard for my hon. friend.

Sir, we have appointed committees, I know. The report pf the Indigenous System of Medicine Committee is there in the secretariat archives. Thereafter Dr. Pandit's committee wa? appointed and what is the recommendation of that committee? On page 26 in paragraph 96, they say: "The study of Ayurveda has been neglected so long in the past and it would be a distinctly retrograde step to take any measure which will continue the existing state of affairs even for a short period." I take you again to page 27, paragraph 99, wherein the Committee says: "From what has been stated it will be clear that no advance in the proper understanding of the indigenous systems of medicine is possible unless at least one centre of research for these systems is brought into being

as soon as possible." Thereafter in paragraph 102, it is said: "We suggest that at l^ast one institution should be selected by each state Government for upgrading in the manner indicated above." They have made a lot of recommendations and they have called upon each State to have an upgraded institution which would serve the purpose of Ayurvedic colleges for higher study, instruction and research. I want to know from my hon. friend as to what has been done on these recommendations. My money is being spent annually. Sir, I thank the hon. the Health Minister for her inattentiveness.

I say that she is one of those who is never satisfied with the few crores that she is getting for developing the allopathic system. May I ask how many lakhs is she spending for Ayurveda and other indigenous systems of medicine? We have a right to know this. If it is understood that the Government is not going to listen despite all the protests from this House, we will have to take other measures to make the Government feel that they will have to respond to the wishes of this House and to the wishes of the people.

Sir, Mahatma Gandhi lived, worked and died to see that the system of untouchability is wiped out not only from India but from the whole world. Unfortunately, my hon. friend who received inspiration from him and served at his feet is the one who is creating untouchables. Ayurveda is now an untouchable; it is an untouchable system. I quite see that the allopathic doctors would not touch it even with a pair of tongs even though they are born in India and bred in India. Probably they themselves may be getting treated by Ayurveda.

DR. W. S. BARLINGAY (Madhya Pradesh): That is their morality.

SHRI BISWANATH DAS: I won't blame any one, nor would I speak of any one's morality, but I would appeal to them to see.....

DR. R. P. DUBE (Madhya Pradesh): Irrelevant talk. Does not concern the Bill at all.

SHRI BISWANATH DAS: But I would appeal to them to see the actions and the result of the actions that they are taking. I as a member of the Council in Madras agitated. The agitation, first began with a group of friends for the Indian system of medicine and we succeeded in establishing one institute. I always feel that for providing medical treatment for the vast masses of your people and also for utilising the herbarium potentialities of this country there is no other go but Ayurveda. There is no other go but Ayurveda, either from the point of view of national finance or from the point of view of national security, in times of emergency or war. There is no other way but to develop this system, which is our own. And I want her to lead in this because India could never gain her prominence in allopathy, in race with America, Russia, England and the rest. But in the field of Ayurveda she is herself alone, absolute. Sir, China is one country where the doctors, even topmost people, the best of doctors do not reject the old system. They do not do so, that is, in outlook, ways and mentality. Why have we gone down or why have we ourselves degraded? I would appeal to my friends to upgrade ourselves. Once I was looking into Russian propaganda literature. When they talk of public health, they inspire the reader with what Russia did five hundred or seven hundred years back, the Russian scientists and Russian medical men did five hundred or seven hundred years back. Why don't you inspire yourself and get inspired by what your people....

DR. RADHA KUMUD MOOKERJI (Nominated): What did you say about China?

SHRI H. P. SAKSENA (Uttar Pradesh): Please repeat. We could not follow.

SHRI BISWANATH DAS: In China the Government and the best medical men have a very soft corner for their own culture and cultural institutions. The Government spends a lot of money over them and their system of medicine is also being developed.

DR. R. P. DUBE: Question.

SHRI BISWANATH DAS: Why can't you do the same thing? I am not, in favour of mixing all these. *Kichdis* are difficult things to digest. Therefore, I am not in favour of mixing. I want that Ayurveda should grow by itself. It is a science that could stand the test of time and it has stood the test of time. But I want that money must be found. Institutions must be started. Research must be carried on and postgraduate and undergraduate courses must be provided for people. To that extent I think most friends will agree. With these few words I offer my conditional support and I will give her my fullest support if she agree to include within the scope of this institution—of course, it may be in separate activities—the development of Ayurveda, Unani, Siddha and other indigenous systems.

MR. DEPUTY CHAIRMAN: Mr. Panj hazari. We want to finish this Bill today.

SARDAR RAGHBIR SINGH PANJHAZARI (Pepsu): Yes, Sir. I will finish within five minutes.

MR. DEPUTY CHAIRMAN: We have spent too long a time over this Bill. So, please be brief.

सरदार रघुवीर सिंह पंजहजारी : उप-सभापति जी, मैं राजकुमारी जी को मुबारकबाद देता हूँ कि उन्होंने भोर कमेटी को सिफारिशों को मद्देनजर रखते हुए आज यह बिल नये हिन्दुस्तान के निर्माण के लिए इस हाउस के सामने रखा है। भोर कमेटी के मेम्बरान आउटस्टैंडिंग पोजीशन के मालिक हैं और उन्होंने तमाम हिन्दुस्तान का दौरा कर के, तमाम हेल्थ सैंटर्स में जाकर, हेल्थ इंस्टीट्यूशंस

में जा कर, बहुत बारीकी से हालत को देख कर, उन हालात के मुताबिक रिपोर्ट पेश की है और उसी के मुताबिक आज आज इंडिया इंस्टीट्यूट ऑफ मेडिकल साइंसेज दिल्ली में बनने जा रहा है। कौन नहीं जानता है कि हिन्दुस्तान के कुछ थोड़े ही डाक्टर पोस्ट ग्रेजुएट ट्रेनिंग के लिये हिन्दुस्तान से बाहर जाया करते थे उनमें से कुछ डाक्टर्स जो अमीर होते थे वे तो अपने पैसे से जाते थे लेकिन ज्यादातर डाक्टर्स गवर्नमेंट की स्कालरशिप से ही जाया करते थे और जब वे हायर ट्रेनिंग लेकर हिन्दुस्तान में आते थे तो उनका रहजान शहरों की तरफ ही रहता था और उनके नये तजुर्बे से शहरों के लोगों को ही फायदा पहुंचता था। लेकिन आज इस बिल के जरिये से जो इंस्टीट्यूशन हमारे हिन्दुस्तान में बनने जा रहा है उससे जब बहुत ज्यादा तादाद में डाक्टर्स नया तजुर्बा ले कर, नये हालात को जान कर, नये रिसर्च को कर के और नई ट्रेनिंग ले कर बाहर आयेंगे तो वे सिर्फ शहरों की ही नहीं बल्कि हिन्दुस्तान के देहातों की, जिनकी आबादी ७० से ७५ फीसदी है, भी सेवा करेंगे। मैं समझता हूँ कि आज की दुनिया में जब कि परिमाणु शक्ति से दुनिया की हालत को और हिन्दुस्तान की हालत को बेहतर बनाने की कोशिश की जा रही है तब नए हालात के मुताबिक ही हमारे लिये मेडिकल ट्रीटमेंट को भी आगे बढ़ाना जरूरी है।

कोई जमाना था कि देहात के लोग डाक्टरों के नाम से घबड़ाते थे और वे कभी भी एलोपैथिक ट्रीटमेंट नहीं करवाया करते थे, वे सिवाय वैद्यक ट्रीटमेंट के और हिकमत के और कोई ट्रीटमेंट नहीं करवाते थे। उप-सभापति जी, आप सुन कर हैरान होंगे कि देहातों में जो वैद्य या हकीम हुआ करते थे वे वहां पर ही एक या दो किताबों को पढ़ कर इलाज करना शुरू कर देते थे और वे डाइग्नोसिस तो कभी जानते ही नहीं थे। वे किसी को मुहागा खाने को कहते थे तो किसी को नीम का पानी पिलाते थे और उसका नतीजा

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यह होता था कि बगैर किसी इलाज के लोग मर जाया करते थे। आज मुझे खुशी है कि आज हमारे हिन्दुस्तान में मेडिकल एंड इतनी ज्यादा हो गई है कि जल्दी से आदमियों को अब मरने नहीं दिया जाता है। मिसाल के तौर पर पहले जब देहातों में कोई टो० बी० का मरीज हो जाता था तो लोग यही समझ लिया करते थे कि यह अब तो मर गया है और वो बेचारा मर ही जाया करता था, कोई वैद्य या हकीम उसको बचा नहीं सकता था लेकिन आज टो० बी० को इनक्थोरेबिल डिजोज नहीं समझा जाता है बल्कि एक्स रे लेकर के सही डाइग्नोसिस किया जाता है और इसका इलाज किया जाता है।

मैं जहां से आ रहा हूँ वहां खुशकिस्मती से एक मेडिकल कालेज भी है और उसके साथ ही साथ उसमें आयुर्वेद का भी एक छोटा सा सेक्शन है, वहां उसका हास्पिटल भी चल रहा है। हमारे यहां पटियाला में एलोपैथो होस्पिटल जो है उसमें सात सौ बेड्स हैं और वहां कभी भी कोई जगह खाली नहीं रहती है। उसमें ज्यादा तादाद में देहातों के लोग अपना इलाज कराने के लिये आते हैं। लेकिन आयुर्वेद के इलाज के लिए पिछले छः महीनों में सिर्फ एक ही मरीज वहां पर आया, वह थे जानी करतार सिंह जी। वे उस अस्पताल में बीमारी की वजह से या किसी पोलिटिकल बिना पर ठहरे थे। जो रुपया उस होस्टल के लिए गवर्नमेंट ने रखा था वह हर साल तकरीबन लैप्स हो हुआ करता था।

मैं यह नहीं कहता कि आयुर्वेद को बिल्कुल ही इग्नोर किया जाय। मुझे यह देखकर खुशी हुई कि जामनगर में आयुर्वेदिक कालेज खोला गया है और उसमें रिसर्च भी किया जा रहा है। मैं यह चाहूंगा कि हेल्थ मिनिस्ट्री उसको ज्यादा से ज्यादा फाइनेन्शियली मदद करे और उसको आगे बढ़ाये। अगर उसमें वह तरक्की कर जाय तो ऐसे इंस्टीट्यूशन हिन्दुस्तान में और भी सूबों में बनाये जायें। लेकिन अगर वही कालिज कामयाब न हो तो मेरी

[सरदार रघुवीर सिंह पंजहजारी]

समझ में नहीं आता कि इस इंस्टीट्यूशन में जो कि नया बनने जा रहा है आयुर्वेद को लाकर हम क्या फायदा हासिल कर लेंगे, बल्कि मैं तो समझता हूँ कि फायदे के बजाय मेडिकल साइंस में जो नये नये रिसर्च, नए नए तजुबे हो रहे होंगे उनसे जो फायदा होने वाला होगा उसमें रुकावट जरूर पड़ जायेगी। जनाबेवाला, मैं यह अर्ज करूंगा कि आपने यह देखा होगा कि आयुर्वेदिक में अभी तक रिसर्च की कोई पूरी बात या नतीजा सामने नहीं आया। आप कहीं भी ले लीजिए, सिवाय लखनऊ के, कहीं भी आयुर्वेदिक मेडिसिन्स नहीं बन रही हैं।

सक माननीय सदस्य : बहुत जगह बन रही हैं।

सरदार रघुवीर सिंह पंजहजारी : बहुत कम। कोई ट्रेड आदमी उनको नहीं मिलता। मिसाल के तौर पर आप दिल्ली को लीजिए। दिल्ली में आपके कितने वैद्य हैं और आपके मेडिसिन बनाने वाले कितने हैं। इसके मुकाबले में एलोपैथी में आप देखिए कितने उसके डाक्टर हैं, कितने मरीज उसका इलाज कराने के लिए आते हैं। किसी किस्म का प्रेस्क्रिप्शन डाक्टर से लिख कर के दे देता है तो दवाई 'विदिन नो टाइम' मिल जायेगी। लेकिन आयुर्वेदिक के बारे में मैं कहता हूँ कि कोई भी दवाई हो वह सस्ती होगी लेकिन आसानी से मिलेगी नहीं, क्यों कि उनको बनाने वाले ट्रेड आदमी नहीं हैं।

जो यह मेडिकल इंस्टीट्यूट बनने जा रहा है, इसमें एक चीज जो मुझे पसन्द आई वह यह है कि पुरानी संस्कृति को राज-कुमारी अमृत कौर जी ने उसमें रखा है। वह यह है कि उसमें वहां के प्रोफेसर्स और स्टूडेंट्स का साथ साथ रहना। मैं समझता

हूँ कि स्टूडेंट्स और प्रोफेसर्स के इकट्ठा रहने से गुरु और शिष्य का रिस्ता मजबूत कायम होता है और इससे स्टूडेंट्स प्रोफेसर्स से ज्यादा से ज्यादा फायदा उठा सकेंगे। मैं समझता हूँ यह चीज हिन्दुस्तान के लिए बहुत फायदेमंद होगी। इसी बात जो उन्होंने की है वह यह है कि यूनीवर्सिटी से उसको अलग रखा है। हमें उम्मीद है कि यह हिन्दुस्तान में एक ऐसा इंस्टीट्यूशन बनने जा रहा है जो न सिर्फ इस मुल्क में बल्कि बाकी दुनिया में भी अपना नाम ऊंचा करेगा और इंस्टीट्यूशन वालों का यह काम होगा कि उसको कामयाब बनाने के लिए ज्यादा से ज्यादा तजुबे दुनिया को बतलाकर हिन्दुस्तान और एशिया में ही नहीं बल्कि दुनिया में अपनी एक अलग जगह बना लेंगे।

जनाबेवाला, मैं एक छोटी सी बात कह कर बैठ जाऊंगा। मैं आयुर्वेद के सपोर्टर्स को यह अर्ज करूंगा कि अगर वे वाकई आयुर्वेद को आगे ले जाना चाहते हैं तो इस किस्म की मुखालिफत जो वे कर रहे हैं उसे उन्हें नहीं करना चाहिए। इस सिलसिले में मैं एक मिसाल देना चाहता हूँ। एक आदमी को वैद्य बनने की जरूरत पड़ी और वैद्य बनने के लिए वे दूसरे गांव में वैद्य का काम सीखने के लिए गए। उस गांव में एक डाक्टर था जो कि देशी तरीके से इलाज किया करता था। उसने देखा कि डाक्टर के पास एक बैल आया, जिसका गला फूला हुआ था क्योंकि उसमें फोड़े की वजह से गिल्टी बाहर निकल आई थी। डाक्टर ने एक इंटली और उससे आहिस्ता आहिस्ता थपथपा कर के वह गिल्टी ठीक कर दी। जब उस आदमी ने देखा जो कि वैद्य का काम सीखने गया था, कि डाक्टर ने दो मिनट में गिल्टी ठीक कर दी तो उसने मन में सोचा कि मैं भी उसी तरीके से इलाज करूंगा। उसने दूसरे गांव में जाकर वैद्य की दुकान खोल ली। वहां किसी आदमी के गिल्टी हो गई थी और वह उसके पास इलाज कराने

पाया। उस डाक्टर ने जिस तरह से बैल का इलाज किया था उसी तरह से ये जो नये वैद्य बने थे इन्होंने भी उस आदमी के गले में सोटा लगाना शुरू किया, जिसका नतीजा यह हुआ कि उस मरीज की जान चली गई। यह किस्सा कहने से मेरा मतलब यह है कि वैद्य तो होने चाहिये लेकिन उनको पूरी ट्रेनिंग भी साथ ही मिलनी चाहिए। इस किस्म के वैद्य जो आज कल हिन्दुस्तान में हैं, वे मुल्क को नुकसान ही पहुंचाने वाले हैं।

इन अल्फाजों के साथ मैं आपका शुक्रिया अदा करता हूं और अर्ज करना चाहता हूं कि इस इंस्टीट्यूशन को बढ़ाने के लिए हेल्थ मिनिस्ट्री को हर तरीके से सब लोगों को सपोर्ट देना चाहिए।

DR. P. SUBBARAYAN (Madras): Sir, I am afraid we have had a very long discussion on allopathy and Ayurveda from what I have understood from hon. Members. But this Bill is confined to the improvement of standard of education amongst what I would call the practitioners of modern medicine and, therefore, I do not think that it is proper to go outside the limits of this measure which only deals with practitioners of modern medicine. I do not think

SHRI BISWANATH DAS: May I know if it does include medical practitioner of Ayurvedic system of medicine?

DR. P. SUBBARAYAN: No. no. You are mistaken because it does not deal with medical practitioners; it deals with the improvement of medical education as practised by practitioners of modern medicine. That is where you are mistaken and we have the pathological and medical history of some of our hon. Members as well as.....

DR. W. S. BARLINGAY: That is the title of the Bill, if I may say so.

DR. P. SUBBARAYAN: The title of the Bill says: "The All-India Institute of medical Sciences Bill, 1956." If you will read the Statement of Objects and Reasons it says, "The Institute will have the power to grant medical degrees, diplomas and other academic distinctions which would be recognized medical degrees for the purpose of the Indian Medical Council Act, 1933." Therefore, it really confines itself to a particular system of medicine. That is what I hold and, therefore, it is out of that scope. You can certainly suggest amendments to improve the scope of this Bill and to improve the standard of medical education in this country as understood by modern medicine. It may be, of course, possible that in the course of this study, we may adopt some of the drugs as have been recommended by the Chopra Committee which are found useful by practitioners of modern medicine.

SHRI H. P. SAKSENA: Do you deny the name even of 'Medicai Sciences' to Ayurveda and Unani?

DR. P. SUBBARAYAN: I do not deny that at all. What I am saying is this. The Bill confines itself to the Indian Medical Council Act of 1938. When there is no representation on that Council for Ayurveda or recognition of Ayurveda, it is done under a different legislation. That is my point. Therefore, what we are concerned with in this Bill is—I repeat it once again—the practice of modern medicine as understood by that phrase.

DR. W. S. BARLINGAY: Change the title of the Bill.

DR. P. SUBBARAYAN: The title of the Bill does not really make any difference. You may also find out what is provided for in the Bill and the Bill relates to the improvement of medical sciences as understood by practitioners of modern medicine.

DR. RADHA KUMUD MOOKERJI: I think the term 'Medicai Sciences' cannot exclude Ayurveda, the science of.....

DR. P. SUBBARAYAN: So long as I am on my feet, I do not wish to be interrupted however high the interrupter may be.

Well, Sir, what I say is this. I think what the Bill provides for is for a particular purpose and provisions have been made to carry out this purpose. I have only a request to make to the hon. Minister and that is this. For instance, with regard to the memorandum regarding delegated legislation, it says, "The delegated legislation is of a character normal to such Acts." That is what I quarrel about I am sure some of the hon. Members have read the book on the subject—it is an old book, but still a standard work—Lord Hewart's 'New Despotism'. That says, "The tendency of modern executive governments is to take as much power as they can through delegated legislation and therefore, Parliament's power to that extent is restricted". Therefore, they found a phraseology to suit this in the House of Commons and that is this. "All rules and regulations made by such delegated legislation should be laid before both Houses of Parliament for fifteen days and these rules and regulations do not have the power of law till they have been on the Table of the House for these fifteen days and no amendment or no legislation has been proposed by either House."

SHRI AKBAR ALI KHAN: There is a provision made:

DR. P. SUBBARAYAN: No, you please read. It is only to be laid ready before the House. It does not provide for its being discussed or for amendments to be proposed by Members of this House. That is the power which is given to the Houses of Parliament so that, before it becomes law, Members of Parliament would have had the right to discuss the matter and come to a conclusion before actually it takes the shape of delegated legislation. I would like the hon. Minister to consider this point and see that through such delegated legislation the executive

does not take away more power than is provided for by a parliamentary system of Government.

MR. DEPUTY CHAIRMAN: What is the particular section you refer to? You referred to the Indian Medical Council Act, 1933.

DR. P. SUBBARAYAN: Clause 28 (3) says, "All rules made under this section shall as soon as may be"

MR. DEPUTY CHAIRMAN: You referred to the Indian Medical Council Act, 1933.

DR. P. SUBBARAYAN: I am referring to the rules and regulations made under this Bill. If you read this Bill through, you will find that there is a lot of power taken by the Government to make rules, etc. At least there are seven clauses under which such powers are taken.

MR. DEPUTY CHAIRMAN: I want to know the section in the Indian Medical Council Act which you referred to.

DR. P. SUBBARAYAN: There is no section. I was only referring to that Act. It has nothing to do with this. What I mean to say is that this House should have the right to formulate resolutions on the rules made by Government, and a certain time should be given for that. If within that time the House does not propose to do it, then the delegated legislation takes effect and becomes the law of the land.

SHRI KISHEN CHAND: If you refer to page 9 of the Bill, it is clearly stated there that 'All rules made under this section shall, as soon as may be after they are made, be laid before both Houses of Parliament.' It is already there.

श्री ज० रा० कपूर (उत्तर प्रदेश) :
उपाध्यक्ष महोदय, इस विधेयक पर काफी
बाद विवाद हुआ है और यह स्वाभाविक ही
है कि इस सदन में, जिसके बारे में यह समझा
जाता है कि इसके ज्यादातर अधिक उम्र

के वयोवृद्ध लोग होंगे, ऐसे विधेयक के ऊपर काफ़ी वाद विवाद हो क्योंकि जिन लोगों की अवस्था अधिक हो गई है उनके लिए यह स्वाभाविक भी है कि उनको ऐसी बात से दिलचस्पी हो जिस के द्वारा ऐसी संस्था बनाई जाय, जिससे लोगों की आयु बढ़े ।

उपाध्यक्ष महोदय, मैं मंत्राणी महोदय को हार्दिक बधाई देता हूँ इस अच्छी सूझ के लिए, जिस के फलस्वरूप यह विधेयक हमारे सामने प्रस्तुत किया गया है । हमारे देश में इस बात की बड़ी आवश्यकता रही है कि डाक्टरी शिक्षा देने के लिए एक उच्च कोटि की संस्था हो जिसमें वैज्ञानिक शिक्षा और चौरफाड़ की शिक्षा दी जाय, जिस के लिए अभी तक हमारे देश के विद्यार्थियों को विदेशों में जाना पड़ता था । यह हर्ष का विषय है कि भविष्य में हमारे देश में इस तरह की काफ़ी उपयुक्त संस्था स्थापित हो जायेगी ।

उपाध्यक्ष महोदय, माननीय मंत्राणी महोदय को इस बात के ऊपर भी बधाई देना चाहता हूँ कि इस विवाद के अंतिम समय में भी उन्हें डा० सुब्बारायन जैसे सुप्रसिद्ध नेता का समर्थन प्राप्त हुआ जबकि इससे पहले केवल डा० दुबे का थोड़ा अंश में और श्री अकबरअली साहब का ही समर्थन प्राप्त हुआ था । इनके अलावा सभी सदस्यों ने जिन्होंने इस विवाद में भाग लिया, इस विधेयक की काफ़ी आलोचना की ।

स्वास्थ्य मंत्री (राजकुमारी अमृतकौर) :

सप्रू साहब ने भी इस बिल का समर्थन किया है ।

श्री ज० रा० कपूर : तो मैं इस बधाई को दोबारा कहना चाहता हूँ कि सप्रू साहब का समर्थन भी आपको प्राप्त है । जो कुछ भी संतोष आपको इन समर्थनों से मिल रहा है, उसके लिए मुझे कोई अफसोस या रंज नहीं है । चाखिर, संतोष तो आपको मिला कुछ समर्थनों से ।

लेकिन उपाध्यक्ष महोदय, इस विधेयक की जो कटु आलोचना हुई है उसकी जिम्मेदारी स्वयं माननीय मंत्राणी के ऊपर ही है क्योंकि इस विधेयक को अगर आप उपयुक्त शब्दों में रखतीं तो इस प्रकार की आलोचना नहीं होती । डा० सुब्बारायन ने कहा कि इस विधेयक का क्षेत्र इतना विस्तृत नहीं है कि उसके ऊपर इस तरह की आलोचना की जाय । यथार्थ में बात यह है कि नीयत भले ही कुछ रही हो उसका क्षेत्र संकुचित रखने के लिए किन्तु जो शब्द इस विधेयक के नाम में रखे गये हैं "All India Institute of Medical Sciences," और धारा १३ में जो इसका उद्देश्य वर्णित किया गया है और उससे भी अधिक 'स्टेटमेंट ऑफ आबजेक्ट एन्ड रीजन्स' में बताया गया है कि किस कारण से यह विधेयक प्रस्तुत किया गया है, इन सब बातों से तो प्रत्यक्ष यही मालूम पड़ता है कि इसका दायरा बहुत कुछ विस्तृत है । मन में कुछ भी बात रही हो लेकिन डा० सुब्बारायन ने जो यह कहा कि इसका क्षेत्र बहुत सीमित है वह उचित नहीं मालूम देता । उन्होंने एक चतुर वकील की तरह इस विधेयक के Statement of Objects and Reasons के अन्तिम शब्दों को पढ़ लिया लेकिन इसके पहले जितने भी शब्द स्टेटमेंट ऑफ आबजेक्ट एन्ड रीजन्स में दिये हुये हैं उनको उन्होंने बड़ी योग्यतापूर्ण दृष्टि से अलग रख दिया । अच्छा होता यदि उसको वे पढ़ लेते, पढ़ा तो उन्होंने अवश्य होगा, लेकिन उन्होंने हमारा ध्यान उन शब्दों की ओर ही आकर्षित कराया जिनके बारे में वे अपनी दलील देना चाहते थे, लेकिन जो पहले के शब्द हैं उनसे यह साफ बात मालूम होती है कि इस बिल का क्षेत्र बहुत विस्तृत है । इसका उद्देश्य यह है कि जितने भी मेडिकल साइन्स हैं, उनके प्रचार के लिए और उनकी वृद्धि के लिए यह संस्था स्थापित की जाय । यदि माननीय मंत्राणी महोदय यह मंजूर कर लें कि इस बिल के नाम में जो ये शब्द दिये हैं कि "आल इंडिया इंस्टीट्यूट ऑफ मेडिकल साइन्सेज", इसके बाद इन्फोर्मेशन में

[श्री ज० रा० कपूर]

“ऐलोपैथिक एन्ड एलाइड” शब्द जोड़ दिये जायें तो लोगों को इस तरह की आलोचना करने का अवसर न मिलेगा। इस विषयक के अन्तर्गत भले ही आप भारतीय पद्धति की बातों को न रखें लेकिन यह बात बहुत आवश्यक है कि भारतीय पद्धति के आधार पर एक इसी तरह की केन्द्रीय संस्था की स्थापना की जाय ताकि भारतीय पद्धति की उन्नति हो सके।

उपाध्यक्ष महोदय, जब मैं यह कहता हूँ तब मैं यह भूल नहीं जाता कि सरकार की ओर से जामनगर में इस प्रकार की एक संस्था स्थापित कर दी गई है जिसमें भारतीय पद्धति को प्रोत्साहन दिया जा रहा है। लेकिन यदि हम इस रिपोर्ट को पढ़ें जो सन् १९५५-५६ की है जिसमें सन् १९५६-५७ का कार्यक्रम इस स्वास्थ्य मंत्रालय ने दिया है तब मालूम हो जायेगा कि यह कोई बड़ी संस्था नहीं है। अभी तक इस संस्था के ऊपर कोई विशेष रुपया खर्च नहीं किया गया है। मैं माननीय सदस्यों का ध्यान पृष्ठ ४४, ४५, ४६ और ४७ की ओर दिलाऊंगा जिसमें जामनगर की संस्था के सम्बन्ध में बताया गया है कि अभी तक इसने क्या काम किया है और भविष्य में क्या करने जा रही है।

उपाध्यक्ष महोदय : एक बड़ी बात जो इस संस्था में कही जाती है वह यह है कि :

“A standard has been prepared—nothing less than that—laying down the fundamental equivalent for weights and measures used in Ayurveda in the metric as well as in the English system.”

यह एक बड़ा भारी काम बताया जाता है जो कि इस संस्था ने अभी तक किया है। इसके अलावा भी कुछ काम वैसे बताये जाते हैं, लेकिन वे भी कुछ विशेषता के काम नहीं हैं। “Future Plan of work at the Institute” जो बताया जाता है कि भविष्य में क्या कार्यक्रम है उसमें हमें बताया गया है कि “Animal experiment Laboratory” भी स्थापित की जायगी। जो इस संस्था में

जानवरों के अनुसंधान की एक लेबोरेटरी भी स्थापित की जायगी। ठीक है, हिन्दुस्तानी आदमी और जानवर दोनों के अनुसंधान के लिए एक संस्था यहां स्थापित की जायगी और कोई हर्ज भी इसमें नहीं है क्योंकि मनुष्य भी तो एनिमल कहा जाता है। एक समय में यह व्याख्या की गई थी कि : “Man is also animal”, और “रेशनल” शब्द बाद में जोड़ दिया गया, लेकिन एनिमल तो खैर मनुष्य भी है। तो इस प्रकार की यह संस्था है। भूतकाल में वेट्स और मेजर्स बनाये गये हैं और भविष्य में जानवरों के सम्बन्ध में भी अनुसंधान किया जायगा।

उपाध्यक्ष महोदय, इसमें बताया गया है कि हमारे माननीय प्रधान मंत्री, जवाहरलाल नेहरू जी ने इस संस्था को देखा और इस सम्बन्ध में उन्होंने जो लिखा है वह पृष्ठ ४६ पर दिया गया है। उन्होंने ठीक ही कहा है। जो कुछ उन्होंने लिखा उसमें इस मंत्रालय को कुछ सीखना चाहिये। इस मंत्रालय को उसकी ओर कुछ ध्यान देना चाहिये और उसके अनुसार आगे काम करना चाहिये। पंडित जी ने लिखा है :—

MR. DEPUTY CHAIRMAN: Mr. Kapoor, we are not concerned with the Jamnagar Institute now. Please let us know what you want this Institute to do.

श्री ज० रा० कपूर : मैं तो यह चाहता हूँ कि जामनगर जैसा इंस्टिट्यूट भी इसके अन्तर्गत रहे क्योंकि इसका क्षेत्र बहुत विस्तृत है और इसमें काफ़ी तरक्की की जाय और इस तरह की एक हंसी मज़ाक की वहां संस्था स्थापित करके यह न कहा जाय कि इस मंत्रालय ने आयुर्वेद और यूनानी पद्धति को बहुत काफ़ी प्रोत्साहन दिया है। मैं समझता था कि सभी लोगों ने इस पर जोर दिया है और मैं भी इस पर विशेष रूप से जोर दूँ कि इस बिल के अन्तर्गत जो संस्था स्थापित की जा रही है, इस बिल के अन्तर्गत जो रुपया खर्च किया जायगा, उसमें

से कुछ अंश, उसका अच्छा अंश आयुर्वेद, यूनानी, होम्सोपैथो इत्यादि पद्धतियों पर भी खर्च किया जाय और इसी लिए मैं जामनगर संस्था की बात कह रहा था। उसका विशेष उल्लेख, यदि मैं ने भूल नहीं की है तो माननीय मंत्री महोदया ने स्वयं ही किया था और बिना उस बात को सुने हुये तो शायद हमारा ध्यान इस संस्था की ओर न जाता क्योंकि यह कोने में एक छोटी सी संस्था पड़ी हुई है और इसके बारे में हम लोगों को बहुत मालूम नहीं था। इस सम्बन्ध में मैं विशेष समय न लेकर दो मिनट में इस विषय को खत्म कर दूंगा। प्रधान मंत्री जी ने कहा है :

"This is a fascinating inquiry going on in this research Institute and it may well lead to very fruitful results. The so called conflict between ayurvedic and modern medicine has to be studied and resolved."

आगे चल कर उन्होंने कहा :

"The only right approach has to be the one of science, that is, of experiment, trial and error."

कहने का तात्पर्य यह है कि उन्होंने ठीक ही लिखा है कि वैज्ञानिक अनुसंधान इस सम्बन्ध में हमें करना चाहिये और हम भी और क्या चाहते हैं? यही तो चाहते हैं कि आयुर्वेद और यूनानी के सम्बन्ध में वैज्ञानिक अनुसंधान हो और उसी प्रकार से अनुसंधान हो जिस प्रकार एलोपैथी में आप कर रहे हैं और करने जा रहे हैं। यदि इस विषयक के अन्दर ऐसा जैसा कि कुछ माननीय सदस्यों द्वारा संशोधन प्रस्तुत किया गया है, यह जोड़ दिया जाय कि भारतीय पद्धतियों के संबंध में भी अनुसंधान इस संस्था में होगा तो हम लोगों को बहुत कुछ संतोष हो जाय।

एक और बड़े विशेषज्ञ जो संस्था को देखने गये और उन्होंने जो कुछ उस सम्बन्ध में लिखा उसको पढ़ के बहुत कुछ हमें हर्ष होता है और

हमारा उत्साह बढ़ता है। वे सज्जन हरबर्ट जे० अर्बन, आस्ट्रिया के एक विशेषज्ञ थे। आप लिखते हैं :

"Many scientists and scholars in Europe have great interest in Ayurvedic medicine; this was one of the reasons why I was sent to India by my Government, since I had done already some study in History of Medicine, comparative therapy etc."

I was very pleased to hear that this highly qualified institution will start Post-Graduate Training in this field.

Returned to my country, I will contact with both Governments i.e., Austria and India in order to make it possible for qualified Austrian doctors to attend these courses. These mutual exchanges of ideas and training will do a lot of benefit to our patients."

उपाध्यक्ष महोदय, इसे पढ़ने का तात्पर्य यह है कि विदेशियों को भी हमारी भारतीय पद्धति के प्रति सम्मान है और वे इससे लाभ उठाना चाहते हैं, हमें भले ही इसके प्रति सम्मान न हो। मैं यह नहीं कहता कि माननीय मंत्री महोदया को सम्मान नहीं है, लेकिन यदि कोई सज्जन ऐसे है जिनको इसके प्रति उतना सम्मान नहीं है जितना कि होना चाहिये तो उन्हें भी हरबर्ट जे० अर्बन महोदय की इस बात को सुनकर हर्ष होना चाहिये और उनके हृदय में भी भारतीय पद्धति के प्रति सम्मान होना चाहिये। उपाध्यक्ष महोदय, इस संस्था के ऊपर कोई विशेष रुपया खर्च नहीं किया गया है। जहां तक मुझे याद है, यदि मैं गलत कह रहा हूं तो मुझे आप क्षमा करेंगे और मंत्री महोदया मेरी भूल सुधार देंगी, कि प्रथम पंचवर्षीय योजना के अन्तर्गत शायद साढ़े ३७ लाख या कुछ इतना ही रुपया भारतीय पद्धति को प्रोत्साहन देने के लिए रखा गया था। लेकिन जहां तक मुझे मालूम है, केवल कोई १५, १६ या १७ लाख रुपया

[श्री ज० रा० कपूर]

उसमें से खर्च किया गया और बाकी रुपया अभी तक खर्च न होने के कारण रह गया। जब कि चारों ओर से हमारे देश में स्वराज्य प्राप्ति के बाद यह आवाज है कि इस भारतीय उपचार पद्धति को भी प्रोत्साहन मिले, तब हमें यह देख कर दुःख होता है कि इस छोटी सी मात्रा में जो रुपया पहली पंचवर्षीय योजना में रखा गया था पाढ़े ३७ लाख, उसे भी संभाल कर खर्च न कर सका, जबकि हमारी आवश्यकता तो इससे भी कहीं अधिक थी और जब कि एलोपैथी के ऊपर बहुत ज्यादा रुपया खर्च किया गया और किया जाना चाहिये, उसमें कोई गलती नहीं है, लेकिन जब उस पर इतना रुपया खर्च किया जाता है तो इसपर भी कुछ रुपया खर्च किया जाय और खासकर वह रुपया खर्च कर ही दिया जाय जो कि इसके निमित्त रख दिया जाता है। तो, उपाध्यक्ष महोदय, मैं क्या कहूं, यह एक बड़े दुख की बात है, दुर्भाग्य की बात है कि यह जो नई संस्था स्थापित की जाने वाली है, इसमें आयुर्वेद और यूनानी की कोई बात नहीं रखी जायगी, जैसा कि अब तक है, और वह संस्था कहां स्थापित होने जा रही है? दिल्ली जैसे नगर में, जिस नगर का भूतकाल में सम्बन्ध रहा है स्वर्गीय हकीम अजमल खां से। स्वर्गीय हाजिकुल मुल्क हकीम अजमल खां के नगर में केन्द्रीय सरकार द्वारा जो संस्था स्थापित हो, उसमें यूनानी और आयुर्वेदिक पद्धति का विचार न हो, कुछ भी उसके प्रोत्साहन के लिए गुंजाइश न हो तो यह मैं एक दुर्भाग्य की ही बात कहूंगा।

उपाध्यक्ष महोदय, बहुत से माननीय सदस्यों ने बताया है कि कैसे कैसे कठिन रोगों का इलाज हिन्दुस्तानी पद्धति से आसानी से हो जाता है। उनको दोहराने की आवश्यकता नहीं है, लेकिन मैं भी दो छोटे से उदाहरण दूंगा, एक आयुर्वेद का समझिये और दूसरा होम्योपैथी का। जहां तक पाइल्स और फेस्चुला का सम्बन्ध है, बहुत लोगों को ज्ञात होगा कि

बंगाल में कोई स्थान चांदसी है जहां के लोग बड़ी आसानी से बिना चीर फाड़ किये हुये पाइल्स का और विशेष कर फेस्चुला का इलाज केवल एक थोड़ा सा डोरा डाल कर करते हैं। मेरे एक सम्बन्धी को यह रोग हुआ था और मुझे जान कर बड़ा हर्ष हुआ कि कैसी आसानी से बिना चीर फाड़ किये उनका इलाज एक चांदसी के वैद्य ने किया। होम्योपैथी का जहां तक सम्बन्ध है, मेरे एक मित्र की धर्मपत्नी के पेट में नहीं मालूम क्या रोग हो गया था, एक्सरे भी हुआ था, लेकिन कुछ पता न लग सका। लखनऊ में इलाज के लिए बं ले जाई गयीं। किसी ने कहा कि इंटेस्टाइनल टी० बी० है, किसी ने कुछ कहा, लेकिन जब एक होम्योपैथिक डाक्टर महोदय के सामने वे प्रस्तुत की गयीं तब उनकी आंखों की तरफ देखकर होम्योपैथिक डाक्टर महोदय ने केवल एक प्रश्न पूछा। वह बड़ा साधारण सा प्रश्न था। उनसे पूछा कि गर्भवती होने की अवस्था में क्या तुमने मिट्टी खाई थी। इसका जवाब देने में उन्हें कुछ संकोच हुआ लेकिन उन्होंने फौरन कहा कि हां, यह बात तो है। उन डाक्टर महोदय ने बताया कि गर्भवती होने की दशा में स्त्रियों को कुछ सोंधी सी चीज खाने की तबियत करती है और वे वंशलोचन इत्यादि और कभी कभी मिट्टी भी खा लिया करती हैं। इतना कहते ही उन्होंने एक दवा दी जो कि कोई साधारण सी दवा होगी और केवल यह कहा कि तुम सिर्फ पूरी और आलू खाओ। तो दो तीन महीने केवल पूरी और आलू खाने से और उनकी दवा लेने से उनका रोग बिल्कुल ही दूर भाग गया जब कि हमारे मित्र बहुत चिंतित थे कि यह क्या हो गया और यह इंटेस्टाइनल टी० बी० है या क्या चीज है?

उपसभापति महोदय, कहने का तात्पर्य यह है कि हमारे यहां आयुर्वेद की, यूनानी की अथवा होम्योपैथी की जो पद्धतियां हैं उनको भी अगर उपयुक्त प्रोत्साहन मिले तो कहीं ऊंचे दर्जे का फल हमें मिल सकता है।

MR. DEPUTY CHAIRMAN: Mr. Kapoor, I want to call the Minister at four o'clock to reply to the debate. And there is one more speaker.

SHRI JASPAT . \Y KAPOOR: What am I to do, Sir?

MR. DEPUTY CHAIRMAN: You said you would take only two minutes.

SHRI JASPAT ROY KAPOOR:- I never said that I would take only two minutes. In fact, had I known that I would take only two minutes, I would have preferred not to open my lips.

DR. SHRIMATI SEETA PARMANAND: He said two minutes with regard to that particular point.

MR. DEPUTY CHAIRMAN: Was j it with regard to that particular point? I thought you said you would finish the speech in two minutes.

SHRI JASPAT ROY KAPOOR: No I never said that, I am afraid.

MR. DEPUTY CHAIRMAN: Please do finish soon.

SHRI JASPAT ROY KAPOOR: If you will please give me time up to four o'clock, I will finish within that time, Sir.

MR. DEPUTY CHAIRMAN: Mou-lana Faruqi also wants to speak.

SHRI JASPAT ROY KAPOOR: We shall be very happy to hear him, Sir.

MR. DEPUTY CHAIRMAN: Please finish as soon as possible.

SHRI JASPAT ROY KAPOOR: I will try to be as brief as possible. I am just trying to pick and choose my points.

उपसभापति महोदय, इस बिल में कहा गया है कि इस संस्था को वह गौरव प्राप्त होगा जो कि एक राष्ट्रीय उच्च कोटि की संस्था को होना चाहिये और हमारे संविधान की लिस्ट सं० १ में इसकी गणना की जायगी। ठीक है, जब इसको राष्ट्रीय संस्था का गौरव

प्राप्त होने जा रहा है तो उचित यही होगा कि हमारी जो उपचार की राष्ट्रीय प्राचीन पद्धति है उसको भी इसमें स्थान मिले। मैं इस सम्बन्ध में और कुछ नहीं कहूंगा क्योंकि हमारे और मित्रों ने भी इसी विषय पर बहुत कुछ जोर दिया है और मैं नहीं जानता कि मेरे इस पर और अधिक जोर देने का कोई फल होगा, यदि और मित्रों के इस पर जोर देने से अभी कोई फल न हुआ हो या आगे चल कर भी न हो। मैं केवल यही कहूंगा कि यदि इस संस्था के अन्दर भारतीय पद्धति से शिक्षार्थियों को शिक्षा देने का इस वक्त प्रबन्धन हो सके तो कम से कम अनुसंधान के लिये तो इसमें अवश्य ही गुंजाइश होनी चाहिये और इसके अलावा मैं आशा करूंगा कि हम लोगों की जो इच्छा है, जो कि मंत्राणी महोदय से छिपी नहीं है, उसको ध्यान में रखते हुए वह शीघ्र से शीघ्र एक ऐसा विधेयक भी प्रस्तुत करेंगी जिसके द्वारा एक ऐसी ही उच्च कोटि की संस्था बना कर उपचार की आयुर्वेदिक, यूनानी अथवा हो सके तो होम्योपैथिक, पद्धतियों को भी प्रोत्साहन देने के लिये वह प्रयत्न करेंगी, क्योंकि अगली पंचवर्षीय योजना में भी आपके पास इस सम्बन्ध में काफ़ी रुपया है और यदि आपने यह नहीं किया तो जैसे पहली पंचवर्षीय योजना में जो रुपया आपको मिला था वह आप खो बैठी हैं वैसे ही अगली पंचवर्षीय योजना में जो रुपया आपको मिलेगा वह भी आप खो बैठेंगी।

राजकुमारी अमृत कौर : मैं नहीं खो बैठी हूं।

श्री ज० रा० कपूर : एक बात मैं और कहना चाहता हूं। जहां तक गर्वनिग बाडी आदि का सम्बन्ध है उसमें जो आपको सुझाव दिये जा रहे हैं और संशोधनों द्वारा जो दिये जायगे उनको स्वीकार कर के हिन्दुस्तानी पद्धति के विशेषज्ञों को भी उसमें आप रखेंगी ऐसी मुझे आशा है। शायद आपने इंस्टीट्यूट के मेम्बरों की संस्था १७ रखी है, तो या तो उनमें

[श्री ज० रा० कपूर]

से एक या दो स्थान ऐसे विशेषज्ञों को आप देंगी अन्यथा आप इस संस्था में दो या चार से वृद्धि कर देंगी और उन लोगों को रखेंगी और इसी प्रकार से गवर्निंग बाडी में भी एक या दो स्थान ऐसे लोगों को आप देंगी ।

उपसभापति महोदय, मुझे यह जानकर हर्ष हुआ है कि जो डाक्टर इसमें रखे जायेंगे उनको निजी प्रैक्टिस करने की आप आज्ञा नहीं देंगी । चारों ओर से इसका समर्थन हुआ है, केवल राम सहाय जी ने ही कहा है कि ऐसा होना उचित नहीं मालूम पड़ता है । उनका खयाल यह था कि इसमें जो डाक्टर नियुक्त किये जायेंगे उनको पूर्ण रूप से ज्ञान प्राप्त करने का अवसर नहीं होगा क्योंकि वे किन्हीं रोगियों का इलाज तो नहीं कर सकेंगे । उस समय ही मैं ने कहा था कि इस संस्था के साथ अस्पताल सम्बद्ध होगा और उसमें रोगी भी होंगे, उसमें अनेक रोगी होंगे और उनका इलाज करने का उन्हें अवसर मिलेगा लेकिन मैं समझता हूँ कि यदि लोग चाहें तो इस सम्बन्ध में कुछ व्यवस्था हो सकती है । इस सम्बन्ध में जब कभी लोगों ने बात हुई तो कुछ लोगों ने यह भी सम्मति प्रकट की कि जो लोग अस्पताल में नहीं जाना चाहते हैं उनको यदि ऐसे विशेषज्ञों से लाभ उठाने का अवसर न मिले तो यह उचित नहीं होगा । इस सम्बन्ध में मैं एक सुझाव प्रस्तुत करना चाहता हूँ कि जो धनी लोग अस्पतालों में आ कर इन विशेषज्ञों से लाभ न उठाना चाहते हों और यह चाहते हों कि उनसे अलग से सलाह और मशविरा करें तो उनके लिये अस्पताल के समय में ही अथवा उसके अलग कुछ समय निर्धारित कर दिया जाय और उस समय में और लोग जा कर अस्पताल के ही किसी विशेष स्थान में उनसे सलाह मशविरा करें और सलाह लेते समय उनको फीस दें जो कि सरकार की ओर से निर्धारित हो और उस फीस में से अधिकांश सरकार को जाय तथा थोड़ा सा अंश उन

विशेषज्ञों को दे दिया जाय । ये विशेषज्ञों घरों पर जा कर उनकी देखभाल नहीं करें बल्कि वहीं पर वे लोग आयें जब तक कि कोई खास ऐसी विशेष परिस्थिति न हो कि रोगी अस्पताल में किसी तरह से जा ही न सके और उस दशा में भी जो कुछ फीस उन्हें मिले उसका अधिकांश अस्पताल को अथवा इस संस्था को जाय और केवल थोड़ा सा ही अंश उस विशेषज्ञ के पास जाय ।

अंत में, उपसभापति महोदय, मैं यही कहूंगा कि मुझे यह मालूम पड़ता है कि यह विधेयक बहुत जल्दी में बनाया गया है और मालूम पड़ता है कि ऐसी कोशिश की गई है कि किसी न किसी रूप में, स्केलेटन रूप में, इसका ढांचा हम लोगों के सामने आ जावे और उसके बाद इसको नियमों और अधिनियमों द्वारा आवरण दिया जाय । यह कोई अच्छी बात नहीं मालूम पड़ती है भले ही नीयत इस समय यह हो कि जल्दी में इस उच्च कोटि की संस्था को स्थापना कर दी जाय । अब तो जो कुछ हो सकता है वह यह अवश्य हो सकता है कि जैसा कि डा० सुब्बारायन ने सुझाव दिया है, कि धारा २८ में यह लिख दिया जाय कि जो नियम इस सम्बन्ध में सरकार बनावे उनको यहां उपस्थित किया जाय और जब दोनों सदनों के सम्मुख उपस्थित किये जायें तो ये नियम १४ दिन तक रहें और इन दोनों गृहों को यह अधिकार हो कि इस अवधिके अन्दर उनका जिस प्रकार से भी चाहें संशोधन कर सकें । यह कोई बहुत नया सुझाव नहीं है, अनेक विधेयकों में भी इसी प्रकार के नियम रखे गये हैं, इसी प्रकार की धारा रखी गई है । इस सम्बन्ध में मैं ने भी एक छोटा सा संशोधन भेज दिया है और मैं आशा और विश्वास करता हूँ कि मंत्राणी महोदय यह संशोधन कल स्वीकार कर लेंगी ताकि इस संसद् को यह अधिकार हो कि जिस रूप में भी चाहे उस रूप में उन नियमों में संशोधन कर सके अन्यथा इस संसद् के अधिकार को इस तरह से ले लेना और हमसे यह कहना

کی ہم ایک چیک کو دستخط کر کے بیلکول
بلیک رپ میں دے دیں جس سے کہ سرکار کو پتہ چلا
اس مسئلہ کو سب प्रकार سے سارے अधिकार
ہوں اور اس طرح سے ہمارے अधिकार کو لے کر
کہ ہمارے ہاٹ کاٹ لیتے جائیں، یہ کچھ उचित
प्रतीत نہیں होता है ।

اب میں اور کچھ باتیں نہ کہہ کر یہی
آگیا کہنگا کہ جب میں میں آگیا ہمارے
مجلس آئیں تو ان میں جو مشاوت ہم
لوگوں کی طرف سے مشاورتوں کے रूप میں دیں
جائیں ان کو مشاورتی महोदया स्वीकार कर
लेंगी ।

مولانا ایم - فاروقی (اتر پردیس) :

جناب ڈپٹی چیئرمین صاحب -
ایوان میں اس سلسلہ میں کافی باتیں
کہی جا چکی ہیں - میں بھی اس
سلسلہ میں تھوڑی سی باتیں کہنا
چاہتا ہوں - کہونکہ وقت بھی میرے
پس بہت کم ہے - اس کے علاوہ میں
آنریبل ممبر کا زیادہ وقت نہیں لینا
چاہتا - خاص طور پر ایسی کھور
صاحب نے جو جلد سچھاو اور جلد
تجویزیں پیش کی ہیں ان سب کی
میں تائید کرتا ہوں -

یہ مسئلہ گفتگو میں برابر آتا رہا
کہ کون سا طریقہ علاج سائنٹیفک ہے
اور کون سا ان سائنٹیفک - میری تو
صرف یہ خواہش ہے کہ کوئی موقع
دیا جائے ان لوگوں کو جو کہ طب اور
ایورومینک سے واقف ہوں اور اس کے بعد
کھل کر یہ مسجلے کی کوشش کی
جائے کہ آیا ایورومینک اور طب میں جس
کے اوپر تین ہزار برس سے کم ہو رہا ہے
کوئی چیز بھی اس قسم کی ہے جو

مقبول مانی جا سکتی ہے - یا
نہیں مانی جا سکتی ہے - ایسٹ
انڈیا کمپنی کے وقت سے برابر جو
پروپگنڈا ہوتا آ رہا ہے کہ یہ ہمارے
دیس علاج اور طبی طریقہ علاج جو
ہیں وہ سب ان سائنٹیفک ہیں اور
وحشیانہ ہیں - تو اس پر آپ کے زمانہ
میں ضرور غور ہونا چاہئے - میں
عرض کروں گا کہ اس پر غور کرنے کا
موقعہ نہیں ملا ہے لہذا اس کا موقعہ
یقیناً دیدوں اور حکیموں کو دیا جائے
کہ وہ دنیا کو اس بارے میں کچھ
سمجھا سکیں - سمجھے یہ جان کر
ہوا افسوس ہوتا ہے اور خاص طور سے
جب ڈاکٹر حضرات کو یہ کہتے ہوئے
سنتا ہوں کہ طب ان سائنٹیفک ہے
میری سمجھ میں یہ نہیں آتا کہ کس
بلیڈ پر وہ یہ باتیں کہتے ہیں -

تقریباً سترہویں سینچری تک
اکسفورڈ یونیورسٹی کے میڈیسن ے
کورس میں ۲۰ قانون ۲۰ جو شیخ کی
طب میں بلحاظی کتاب ہے طب کے
کورس میں برابر داخل تھی - ایک
کتاب زہراوی کی ہے - اس وقت بھی
اسے دیکھیں تو اس میں آپ کو جسم کے
سرجری کے متعلق تمام فوٹو ملیں گے -
یہ کتابیں جو اس زمانے میں رائج
تھیں وہ اس میں سے ہو کر یورپ میں
آئیں اور ان ہی کے اوپر آپکا میڈیکل
سائنس قبول ہوا - تو جو چیز کہ
یلوہ تھی میں بلحاظی جگہ دکھتی ہے
اس کے بارے میں آپ یہ فوٹاں کہ

[مولانا ایم فاروقی -]

صاحب یہ تو ان سائنٹفک ہے یہ تو کوئی سمجھ میں آنے والی بات نہیں ہے۔ آپ کو اس بات پر غور کرنا چاہئے کہ یہ چیز آج کی نہیں ہے بلکہ تین ہزار برس کی پرانی ہے۔ ہمارے یہاں کے وید یہاں سے آئے کر بغداد گئے وہاں خلیفہ ہارون رشید کے زمانہ میں گریک، بابلی سیرین ایچیشن وغیرہ نے ملکر تمام طریقوں کو ملا کر طب کو ایجاد کیا۔ اسوقت بغداد تمام چیزوں کا سینٹر تھا۔ جس وقت بیرونی ہندوستان میں آیا وہ بنارس میں ۷ برس تک پنڈت کی شکل بنا کر پنڈت کی طرح رہا۔ اور اُس نے یہاں کے متعلق کافی معلومات حاصل کیں۔ اور جب یہاں کے وید بغداد گئے تو بادشاہ خود اُسکے استقبال کے لئے آئے۔ طب جو اسوقت بنی وہ صرف یونانی ہی نہیں ہے بلکہ اس زمانہ میں جتنے بھی علاج کے طریقے تھے ان سب کو ملا کر طب بنائی گئی۔ طب میں جو ترجمہ گریک سے، بابلی سے یا سیرین سے ہوا ہے اسے آپ دیکھیں گے تو معلوم ہوگا ان میں ۷۵ فیصدی دوائیں اور علاماتیں وہی ہیں جو آپ کو آیوروید میں بھی ملیں گی۔ اس کے بعد جب یہ طب یہاں آئی تو طب اور آیوروید سے ملکر ایک نئی چیز پیدا ہوئی۔ ہندوستان کی ویدکی سے طب نے جو کچھ لیا اور طب سے جو ویدکی نے لیا وہ سب کے سامنے موجود ہے۔

کوئی بیماری اور علاج ایسا نہیں جو اس میں موجود نہ ہو۔ ایک ایک ہزار صفحہ کی کتاب تو صرف آنکھ کے علاج کے لئے آپ کو ملے گی۔

ایک چیز کی جانب آپ کی توجہ میں اور دلانا چاہتا ہوں۔ آپ آیوروید اور طب کو ان سائنٹفک کہتے ہیں لیکن آپ کا جو سسٹم آف میڈیسن ہے اس کو صرف قیرہ سو برس ہوئے ہیں اس میں آپ اصول علاج کو چھوڑ دیجئے۔ سرجری کہ چھوڑ دیجئے جو نیا نیا ڈیویلپ ہوا۔ لیکن ہمارے آیوروید اور یونانی میں جو دواؤں کا جو تجربہ ہے وہ تین ہزار برس کا ہے جو کہ طبیبوں نے کیا ہے۔ آپکا تو صرف قیرہ سو برس کا تجربہ ہے دواؤں کا آپ غور کریں کہ ان دونوں میں کون سا ان سائنٹفک ہے۔

ایک معمولی چیز اسرول جو ہمارے یہاں کی دھڑہ دون کی وادیوں میں پیدا ہوتی ہے اس نے دنیا بھر میں انقلاب پیدا کر دیا ہے۔ ہمارے طریقے کے ذریعہ اس اسرول میں مرچ اور دو چار معمولی چیزیں ملا کر ایک نسخہ تیار کیا جاتا ہے جس کو ہمارے یہاں کے وید اور حکیم چلوں کے لئے اور دماغ کے لئے استعمال کرتے ہیں۔ آج یہ اسرول بلیڈ پریشر کے لئے استعمال ہو رہا ہے۔ امریکہ کے لوگ اسے سرین تائن کے نام سے لے رہے ہیں اس طرح کی اور بھی بہت سی چیزیں ہیں۔ ایکے مرض

ذیابیطس کا ہے آپ کے یہاں اس کا کوئی علاج نہیں ہوگا - آپ برابر اس کے لئے ایفیکٹرین کا انجیکشن دیتے رہیں گے - لیکن میں آپ کو یقین دلاتا ہوں کہ اس وقت بھی آپ کے ہندوستان میں ایسی جڑی بوٹیاں ہیں جن سے اس بیماری کو جلد دور کیا جا سکتا ہے - آپ ان کو دیولپ تو کیجئے اس کے لئے مدد تو دیجئے اور سائنٹفک طریقہ آسے تحقیقین کیجئے - لیکن آپ کہتے ہیں کہ ہم تو اسے چھوٹیں گے نہیں - آپ غور فرمائیں کہ کتنی زیادتی کی بات ہے کہ جو ملک ایلنی دلوں اور اپنے کلچر اپنے تمام فلسفے اور حکمت کے سلسلہ میں دنیا میں مشہور تھا آج قیرہ سو برس میں ہمارے دماغ کے اوپر باہری ملکوں اور مغربی ملکوں کا اثر اس قدر ہو گیا ہے کہ ہم اُس ملک کی چیزوں کو نظر انداز کرتے جا رہے ہیں - تو آپ کو چاہئے کہ اب اپنے موتی جو خاک میں پڑے ہیں ان کو اکٹھا کر کے صاف کریں - جدید سائنٹفک طریقوں سے آپ ضرور فائدہ حاصل کریں - میں یہ نہیں کہتا کہ آپ ان سے فائدہ حاصل نہ کریں - لیکن تین ہزار برس سے جس پر ہم تجربہ کرتے چلے آ رہے ہیں اُس کو کیوں چھوڑ دیتے ہیں - میں کہتا ہوں کہ آپ مریضوں سے جا کر پوچھیں اور اس چیز کو خود دیکھیں کہ اس سے کتنے فی صدی مریضوں کو فائدہ ہوتا ہے - آپ اور ہم سب جانتے ہیں

کہ کسی بھی طریقے سے علاج کرنے میں سو پرسیلٹ فائدہ نہیں ہوتا - لیکن اگر کسی چیز سے ۷۵ پرسیلٹ بھی فائدہ ہوتا ہے تو آپ اسے مجرب دوا قرار دیتے ہیں - اگر جانچ کرنے کے بعد ۷۵ پرسیلٹ بھی فائدہ ہوتا ہے تو میں کہتا ہوں کہ آپ ان علاجوں کے لئے اور دوائیوں کے لئے جتنی مدد دے سکتے ہیں دیجئے - آپ ہمارے یہاں کے علاج کو دیولپ کیجئے اور ہماری دوائیوں کو ترقی دیجئے اور میں اس بات کو دعویٰ کے ساتھ کہہ سکتا ہوں کہ بہت سے امراض میں آج ہمارے طریقے میں جو دوائیاں ملیں گی وہ دوسری جگہ نہیں ملیں گی -

چونکہ ہارت کی بیماری کے فن سے میرا تعلق ہے اس لئے اس کے بارے میں ایک مثال میں آپ کے سامنے پیش کرتا ہوں - ہمارے ایک ڈاکٹر ہارت کے ڈاکٹر ہیں ڈاکٹر فریدی جو کہ لکھنؤ میں ایک بہترین ڈاکٹر سمجھے جاتے ہیں - ان کے نیچے چار پانچ جونیئر ڈاکٹر کام کرتے ہیں اور ^{ہوئے} ملک کی تگیاں ان کے پاس موجود ہیں - لیکن سال بھر سے وہ ہمارے یہاں کی بنی ہوئی ایک ڈیسی دوا کی بقیہ لئے ہر وقت بیٹھے رہتے ہیں اس خیال سے کہ کہیں اس کے بغیر ہارت فیل نہ ہو جائے اور مر نہ جائیں - کہنے کا مطلب یہ ہے کہ ہمارے یہاں اس قدر زور اثر دوائیاں ہیں جو کہ

[مولانا ایم - فاروقی]

دوسری جگہ نہیں ہیں۔ صرف آپ ان کے لئے فیسلہٹی دیجئے۔ یہ کون سی بات ہے کہ آپ موقع نہیں دیتے ہوں۔ آپ فیسلہٹی دیجئے اور موقع دیجئے اور اس طریقے پر انہوں کو ٹیولپ کرنے دیجئے جس طریقے پر آپ فارن اصول علاج کر یا فارن طب کو ٹیولپ ہونے کا موقع دیتے ہیں۔ ہمارے طریقہ علاج کو نظر انداز کر دینا یہ کوئی انصاف کی بات نہیں ہوگی۔ یہ کہہ دینا کہ صاحب یہ تو ان سائنٹفک مینسٹری نہیں ہے۔ دراصل اس کو سمجھنے کے لئے بہت گہرے اور علمی مطالعہ کی ضرورت ہے۔ آپ بھٹک کر گفتگو کیجئے اور سمجھنے کی کوشش کیجئے کہ وہ کیا چہز ہے۔ ابھی تک تو اتنا بھی صبر نہیں ہوتا ہے کہ آپ یہ جاننے کی کوشش کریں کہ ریڈکی ہے کیا چہز یا طب ہے کیا چہز۔ لیکن ڈاکٹر لوگ وید اور حکیموں کے بارے میں کہتے ہیں کہ یہ تو بھکڑ ہیں۔ وید لوگ کہتے ہیں کہ ڈاکٹر بھکڑ ہیں۔ ہمیں تو یہ چہز تسلیم نہیں کرنی چاہئے۔

تو میں اس سلسلہ میں یہ عرض کرنا چاہتا ہوں کہ آپ اس بات کی پوری فیسلہٹی دیجئے کہ ایسے یہاں کے جو اصول علاج ہیں ان پر تھوڑے سے تجربہ کیا جائے۔ علاج کے سلسلہ میں سائنٹسٹوں چہزوں آپ کو ٹیولپ کر رہے ہیں آپور وید اور طب کو بھی ٹیولپ

دیجئے۔ ڈاکٹر لوگ طب کو برا کہیں اور آپور وید والے ڈاکٹری کو برا کہیں اس کے کوئی معنی نہیں ہیں۔ ہمیں جتنے بھی مہڈیسلس ہیں ان سب کو ٹیولپ کرنا ہے۔ ہلدوستانی طریقہ علاج سب یا آپور وید اور ایلوپیتھی یا دوسرے بھی جو علاج کے طریقے دنیا میں رائج ہیں ان سب سے آپ ملکر فائدہ لیں۔ اس طرح جتنے بھی سائنٹفک طریقے ہیں ان سے فائدہ حاصل کیجئے اور جتنی آپ کی گذشتہ چیزیں ہیں ان سے تجربہ حاصل کیجئے۔ یہ سوال ہی نہیں پیدا ہونا چاہئے کہ آپور وید کو نہ لیا جائے طب کو نہ لیا جائے لیکن ایلوپیتھی کو لیا جائے۔ دوسری بات جو مجھے عرض کرنی ہے وہ حکیم وید یا ڈاکٹر کی حیثیت سے نہیں بلکہ ایک معمولی آدمی کی حیثیت سے کہنی ہے۔ میں جو عرض کرنا چاہتا ہوں وہ یہ ہے کہ ہمارے ملک میں جو اسپتال ہیں ان کی حالت بہت خراب ہے۔ ہمارے ملک میں جتنے بھی اسپتال ہیں چاہے وہ ہیلتھ منسٹری کے اندر ہوں یا نہ ہوں۔ ان اسپتالوں میں جو دوائی دی جاتی ہے وہ صرف ۲۵ فیصدی مریضوں کے لئے بھی کافی نہیں ہوتی۔ عام طور پر ڈاکٹر صاحب ایک طرح کا مہکسچر بنا دیتے ہیں اور وہی زیادہ تر تو بیماروں میں مریضوں کو دی جاتی ہے۔ جب کسی مریض پر وہ دوائی اتر نہیں کرتی تو

پھر اس کو انجکشن کا ایک نسخہ
دے دیا جاتا ہے -

RAJKUMARI AMRIT KAUR: Hospitals have nothing to do with this Bill.

مولانا ایم - فاروقی : میرے کہنے
کا مطلب

MR. DEPUTY CHAIRMAN: Hospitals do not come in under the operation of this Bill.

مولانا ایم - فاروقی : میں تو یہ
بتلا رہا تھا کہ

RAJKUMARI AMRIT KAUR: I Dro-test very strongly against irreWant discussion. The House has taken three days over this Bill. The condition of hospitals run by the States or run by anybody else has nothing to do with the Bill that is before the House.

SHRI JASPAT ROY KAPOOR: Perhaps the hon. Member wants to suggest how the hospitals which you will establish under this Bill should be regulated and conducted.

MR. DEPUTY CHAIRMAN: This Bill has nothing to do with hospitals.

SHRI JASPAT ROY KAPOOR: No, Sir.

MR. DEPUTY CHAIRMAN: It is concerned with medical education and medical research. Please confine your remarks only to these.

SHRI JASPAT ROY KAPOOR: There are the hospitals which will be established under this Bill. I hope they are going to establish some hospitals. It is specifically provided herein.

RAJKUMARI AMRIT KAUR: We are not concerned with this point at present.

مولانا ایم - فاروقی : میرے کہنے
کا مطلب یہ ہے کہ ان اسپتالوں میں
جو سرکاری ملازمین علاج کرائے کے لئے
جاتے ہیں انہیں بھی اس طرح کی
حالت کا سامنا کرنا پڑتا ہے - سرکاری
ملازمین کے لئے یہ کمپلکس ہے کہ وہ
اپنا علاج سرکاری اسپتالوں میں ہی
کرائیں - اگر کوئی سرکاری ملازم باہر
علاج کراتا ہے تو اسے کسی کا بل ادا
نہیں کیا جاتا جیتک

MR. DEPUTY CHAIRMAN: Please confine your remarks only to this Bill.

مولانا ایم - فاروقی : میرے کہنے
کا مطلب یہ ہے کہ ہمارا جو پرانا
طریقہ علاج تھا وہ ریکنگلایز نہیں ہو
سکتا ہے اور نہ اس کے اوپر کچھ خرچ
ہو سکتا ہے - تو کم سے کم ان اسپتالوں
کی حالت تو اچھی ہوتی جہاں پر
سارن طریقہ پر علاج ہوتا ہے تاکہ اس
سے کم سے کم عوام کو تو فائدہ حاصل
ہوتا -

میں ان جملوں کے ساتھ یہ کہتا
ہوں کہ کپور صاحب نے اپنی تقریر کے
دوران میں اس بل کے متعلق جتنی
باتیں کہیں ہیں ان سے میں پورا
اتفاق کرتا ہوں اور ان کی باتیں ۹۹
فیصدی منظور کرنے کے قابل ہیں -

†[مولانا ام. فاروقی (اتر پردیش):
جناب ڈپٹی چیئرمین صاحب، عرض کروں
میں اس سلسلے میں کافی باتیں کہی جا چکی
ہیں۔ میں بھی اس سلسلے میں بڑی سہجہ

†Hindi transliteration

[भौलाना एम० फ़ारूकी]

बातें कहना चाहता हूँ, क्योंकि वक्त भी मेरे पास बहुत कम है। इसके अलावा मैं आनरेबिल मिनिस्टर का ज्यादा वक्त नहीं लेना चाहता। खास तौर पर अभी कपूर साहब ने जो चन्द सुझाव और चन्द तजवीजें पेश की हैं, इन सब की मैं तारीफ़ करता हूँ।

यह मसला गुप्तगू में बराबर आता रहा कि कौन सा तरीका-ए-इलाज-सैन्टिफिक है और कौन सा असैन्टिफिक। मेरी तो सिर्फ़ यह ख्वाहिश है कि कोई मौका दिया जाय, इन लोगों को जो कि तिब और आयुर्वेदिक से वाकिफ़ हों और इसके बाद खुल कर यह समझने की कोशिश की जाय कि आयुर्वेद और तिब में, जिसके ऊपर तीन हजार वर्ष से काम हो रहा है, कोई चीज़ भी इस किस्म की है जो माकूल मानी जा सकती है या नहीं माना जा सकती है। ईस्ट इंडिया के वक्त से बराबर जो प्रोपेगंडा होता आ रहा है कि यह हमारे देशी इलाज और देशी तरीका-ए-इलाज जो है, वह सब अनसैन्टिफिक और बर्हाशयाना है, तो इस पर आपके जमाने में जरूर गौर होना चाहिये। मैं अर्ज करूंगा कि इस पर गौर करने का मौका नहीं मिला है। लिहाजा इसका मौका यकीनन वैद्यों और हकीमों को दिया जाये तो वह दुनिया को इस बारे में कुछ समझा सकें। मुझे यह जान कर बड़ा अफ़सोस होता है और खास तौर से जब डाक्टर हजरात को यह कहते हुए सुनता हूँ कि तिब अनसाइन्टिफिक है, मेरी समझ में यह नहीं आता कि किस बुनियाद पर वह यह बातें कहते हैं।

तकरीबन सत्तरहवीं शताब्दी तक आक्स-फोर्ड यूनिवर्सिटी के मेडोसन्स के कोर्स में "कानून" जो शेख की तिब में बुनियादी किताब है, तिब के कोर्स में बराबर दाखिल थी। एक किताब जहूराबी है। इस वक्त

भी आप इसे देखें तो आपको इसमें जिस्म के सरजरी के मुतल्लिक तमाम फोटो इसमें मिलेंगे। यह किताबें जो इस जमाने में राइज थीं वह स्पेन से होकर यूरोप में आई और इन्हीं के ऊपर आपका मेडिकल साइन्स डेवलप हुआ। तो जो चीज़ कि एलोपैथी में बुनियादी जगह रखती है उसके बारे में आप यह फरमायें कि साहिब यह तो अनसाइन्टिफिक है, यह तो कोई समझ में आने वाली बात नहीं है। आपको इस बात पर गौर करना चाहिये कि यह चीज़ आज की नहीं है, बल्कि तीन हजार वर्ष की पुरानी है। हमारे यहां के वैद्य यहां से उठ कर बग़दाद गये, वहां खलीफा हारून रशीद के जमाने में ग्रीक बाबली, सीरियन, इजिप्शन वगैरह ने मिलकर तमाम तरीकों को मिला कर तिब को ईजाद किया। उस वक्त बग़दाद तमाम चीज़ों का सैन्टर था। जिस वक्त वैरूनी हिन्दुस्तान में आया और वह बनारस में सात वर्ष तक पंडित की शवस बना कर पंडित की तरह रहा, उसने यहां के मुतल्लिक काफ़ी मालूमात हासिल की। और जब यहां के वैद्य बग़दाद गये तो बादशाह खुद उनके इस्तक़बाल के लिये आये। तिब जो उस वक्त बनी वह सिर्फ़ यूनानी ही नहीं है, बल्कि उस जमाने में जितने भी इलाज के तरीके थे, उन सब को मिला कर तिब बनाई गई। तिब में जो तर्जुमा ग्रीक से बाबली या सीरियन से हुआ है, उसे आप देखेंगे तो मालूम होगा कि उनमें ७५ फीसदी दवायें और अलामतें वही हैं जो आपको वैद्यकी में भी मिलेंगी। इस के बाद जब यह तिब यहां आई, तब और वैद्यकी मिल कर एक नयी चीज़ पैदा हुई। हिन्दुस्तान की वैद्यकी से तिब ने जो कुछ लिया और तिब से जो वैद्यकी ने लिया वह सब के सामने मौजूद है। कोई बीमारी और उसका इलाज ऐसा नहीं, जो इसमें मौजूद न हो। एक एक हजार सफ़ा की किताब तो सिर्फ़ आंख के इलाज के लिये आपको मिलेगी।

एक चीज की जानिब मैं आपको तबजुह और दिलाना चाहता हूँ। आप आयुर्वेद और तिव को अनसाइन्टिफिक कहते हैं। लेकिन आपका जो सिस्टम आफ मेडिसिन है, उसको सिर्फ डेढ़ सौ वर्ष हुए हैं। इससे आप उसूले इलाज को छोड़ दीजिये। सर्जरी को छोड़ दीजिये जो नया नया डेवलप हुआ। लेकिन हमारे आयुर्वेद और यूनानी में जो दवाओं का तजुर्बा है, वह तीन हजार वर्ष का है जो कि तबीयों ने किया है। आपका तो सिर्फ डेढ़ सौ वर्षों का तजुर्बा है दवाइयों का। आप गौर करें कि इन दोनों में कौन सा अनसाइन्टिफिक है।

एक मामूली चीज असरोल जो हमारे यहां देहरादून की बादियों में पैदा होती है उसने दुनिया भर में इन्क्लाब पैदा कर दिया है। हमारे तरीका के जरिये इस असरोल में मिर्च और दो चार मामूली चीज मिला कर एक नुस्खा तैयार किया जाता है जिसको हमारे यहां के वैद्य और हकीम जनुन के लिये और दिमाग के लिए इस्तेमाल करते हैं। आज यह असरोल ब्लड प्रेशर के लिए इस्तेमाल हो रहा है। अमरीका के लोग इसे सर्पेन्टाइन के नाम से ले रहे हैं। इस तरह की और भी बहुत सी चीज है, एक मरज ज्वावतीस का है। आपके यहां कोई इसका इलाज नहीं होगा। आप बराबर इसके लिए एफड्रिन का इन्जेक्शन देते रहेंगे। लेकिन मैं आपको यकीन दिलाता हूँ कि इस वक्त भी आपके हिन्दुस्तान में ऐसी जड़ी बूटियां हैं जिनसे इस बीमारी को जल्द दूर किया जा सकता है। आप इनको डेवलप तो कीजिये, इसके लिए मदद तो कीजिये और सैन्टिफिक तरीके से तहकीक कीजिये। लेकिन आप कहते हैं कि हम तो इसे छुड़ेंगे नहीं। आप गौर फरमायें कि कितनी ज्यादाती की बात है कि जो मुल्क अपनी दवाओं और अपनी कल्चर, अपने न्याम फ़्लसफ़े और हिकमत के

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सिलसिले में दुनिया में मशहूर था, आज डेढ़ सौ वर्ष में हमारे दिमाग के ऊपर बाहरी मुल्कों और मगरबी मुल्कों का असर इस कदर हो गया है कि हम उस मुल्क की चीजों को नज़रन्दाज़ करते जा रहे हैं। तो आपको चाहिए कि अब अपने मोता जो खाक में पड़े हैं, उनको इकट्ठा करके साफ़ करें। जदीद साइन्टिफिक तरीकों से आप ज़रूर फायदा हासिल करें। मैं यह नहीं कहता कि आप इन से फायदा हासिल न करें। लेकिन तीन हजार वर्ष से जिस पर हम तजुर्बा करते चले आ रहे हैं उन को क्यों छोड़ देते हैं। मैं कहता हूँ कि आप मरीजों से जाकर पूछें और इस चीज को खुद देखें कि इससे कितने फ़्री सदी मरीजों को फायदा होता है। आप और हम सब जानते हैं कि किसी भी तरीका से इलाज करने में सौ परसेंट फायदा नहीं होता है लेकिन अगर किसी चीज से ७५ परसेंट भी फायदा होता है (तो आप इसे महबूल दवा करार देते हैं। अगर जांच करने के बाद ७५ परसेंट भी फायदा होता है) तो मैं कहता हूँ कि आप इन इलाजों के लिये और दवाइयों के लिये जितनी मदद दे सकते हैं, दीजिये। आप हमारे यहां के इलाज को डेवलप कीजिये और हमारी दवाइयों को तरक्की दीजिये। और मैं इस बात को दावे के साथ कह सकता हूँ कि बहुत अमराज में आज हमारे तरीका में जो दवाइयां मिलेंगी, वह दूसरी जगह नहीं मिलेंगी।

चूँकि हार्ट की बीमारी के फ़न से मेरा ताल्लुक है, इसलिए इसके बारे में एक मिसाल मैं आपके सामने पेश करता हूँ। हमारे एक डाक्टर हार्ट के डाक्टर हैं डाक्टर फरीदी, जो कि लखनऊ में एक बेहतरीन डाक्टर समझे जाते हैं। उनके नीचे चार जूनियर डाक्टर काम करते हैं और हर बड़े मुल्क की डिग्नरियां उनके पास मौजूद हैं। लेकिन साल भर से वह हमारे यहां की बनी हुई एक देसी दवा की

मौलाना एम० फ़ारूकी

डिबिया लिये हर वक्त बैठे रहते हैं, इस स्थान से कि कहीं इसके बगैर हाट फेल न हो जाय और मर न जायें। कहने का मतलब यह है कि हमारे यहां इस कदर ज़द असर दवाइयां हैं कि जो कि दूसरी जगह नहीं हैं। सिर्फ़ इनके लिए फ़सिलिटी दीजिये। ये कौन सी बात है कि आप मौका नहीं देते। आप फ़सिलिटी दीजिये और मौका दीजिये और इस तरीका पर उन्हें डेवलप होने दीजिये, जिस तरीका पर आप फ़ारेन उमूलें इलाज को या फारेन तिब को मौका देते हैं। हमारे तरीका-ए-इलाज को नज़रन्दाज़ कर देना कोई इन्साफ़ की बात नहीं होगी। यह कह देना कि साहब यह तो अनसाइंटिफ़िक है मुनासिब नहीं है, दरअसल इसको समझने के लिए बहुत गहरे और ग़मली मुतालिआ की ज़रूरत है। आप बैठ कर गुफ़तगू कीजिये और समझने की कोशिश कीजिये कि वह क्या चीज़ है। अभी तक तो इतना भी सबर नहीं होता कि आप यह जानने कि कोशिश करें कि वैद्यकी है क्या चीज़ या तिब है क्या चीज़। लेकिन डाक्टर लोग वैद्य और हकीमों के बारे में कहते हैं कि यह तो बेकार है। वैद्य लोग कहते हैं कि डाक्टर बेकार हैं। हमें तो यह चीज़ तस्लीम नहीं करनी चाहिये। तो मैं इस सिलसिले में यह अर्ज करना चाहता हूँ कि आप इस बात की पूरी फ़सिलिटी दीजिये कि अपने यहां के जो उमूलें इलाज हैं इन पर थोड़े दिन तज़रबा किया जाय। इलाज के सिलसिले में आप सैकड़ों चीज़ें डेवलप कर रहे हैं। आयुर्वेद और तिब को भी डेवलप कीजिये। डाक्टर लोग तिब को बुरा कहें और आयुर्वेद वाले डाक्टरों को बुरा कहें इसके कोई मानी नहीं हूँ। हमें जितने भी मेडीसन हैं उन सबको डेवलप करना है। हिन्दुस्तानी तरीका-ए-इलाज, तिब या आयुर्वेद और एलोपैथिक या दूसरे भी जो इलाज के तरीके दुनिया में राज़ हैं, उन सब से आप मिल कर फायदा हासिल करें।

इस तरह जितने भी साइंटिफ़िक तरीके हैं, उनसे फायदा हासिल कीजिये और जितनी आपकी गुंजायती चीज़ें हैं, उन से तज़रबा हासिल कीजिये। यह सवाल हो नहीं पैदा होना चाहिए कि आयुर्वेद को न लिया जाय, तिब को न लिया जाय, लेकिन एलोपैथिक को लिया जाय। दूसरी बात जो मुझे अर्ज करनी है, वह हकीम, वैद्य और डाक्टर की हैसियत से नहीं बल्कि एक मामूली आदमी की हैसियत से कहनी है। मैं जो अर्ज करना चाहता हूँ वह यह है कि हमारे मुल्क में जो अस्पताल हैं उनकी हालत बहुत ही ख़राब है। हमारे मुल्क में जितने भी अस्पताल हैं चाहे वह हेल्थ मिनिस्ट्री के अन्डर हों या न हों, इन अस्पतालों में जो दवाई दी जाती है वह पच्चीस फीसदी मरीजों के लिये भी काफी नहीं होती। आम तौर पर डाक्टर साहब एक तरह का मिक्चर बना देते हैं और वहीं ज्यादातर बीमारियों में मरीजों को दिया जाता है, जब किसी मरीज पर वह दवाई असर नहीं करती तो फिर उसको इन्जेक्शन का एक नुस्खा दे दिया जाता है।

मेरे कहने का मतलब यह है कि इन अस्पतालों में जो सरकारी मुलाजमीन इलाज कराने के लिए जाते हैं, इन्हें भी इस तरह की हालत का सामना करना पड़ता है। सरकार के मुलाजमीन के लिए यह कम्प्लेसरी है कि वह अपना इलाज सरकारी अस्पतालों में ही कराये। अगर कोई सरकारी मुलाजम बाहर इलाज कराता है, तो इसे किसी का बिल इलाज के लिए अदा नहीं किया जाता जब तक.....

मेरे कहने का मतलब यह है कि हमारा जो पुराना तरीका-ए-इलाज था वह रेकिग्नाइज नहीं हो सकता है और ना इसके ऊपर कुछ खर्च हो सकता है, तो कम से कम इन अस्पतालों की हालत तो अच्छी होती, जहां पर माइंड तरीका पर इलाज होता है ताकि इससे कम से कम अराम को तो फायदा हासिल होता। मैं इन जुमलों के साथ यह कहता हूँ कि कपूर साहब ने अपनी तकरीर के दौरान मैं इस बिल के

मुसल्लिक जितनी बातें कही हैं, उनसे मैं पूरा इत्तिफाक करता हूँ और इनकी बातें ६६ फीसदी मन्जूर करने का बिल हैं।]

RAJKUMARI AMRIT KAUR: Sir, I have listened with very great attention during the last three days to all that has been said by every single speaker that has risen to speak on this Bill. I am, like my friend, Dr. Subbarayan, a Member of this House, distressed that instead of considering the Bill, instead of having read the Bill and the objects and objectives of that Bill, this debate has just deteriorated into almost a battle of Ayurved against modern medicine. It was never the intention of the Government of India, under whose auspices and with whose blessings this All-India Institute of Medical Sciences is being brought into being, to have any quarrel with Ayurved or Unani or Homoeopathy or Nature Cure or any other system of medicine that may to-morrow come into being.

SHRI BISWANATH DAS: May I know, Sir, whether it is the view of the hon. the Minister that none of these systems come under the purview of medical sciences?

RAJKUMARI AMRIT KAUR: Sir, if the hon. Members will permit me to explain the position, their questions and the arguments that have been raised will be answered *seriatim*.

The All-India Medical Institute was an institute that had been suggested to be brought into being as long ago as when the Bhoré Committee issued its Report and I confess that I am extremely happy to have had in this House, at a time when I have brought this measure for being passed here, a Member of that Committee for whose support and for whose clear enunciation of what this institute was meant to be—he was the first speaker in this debate—I am thankful.

I would draw the attention of the Members to the Statement of Objects and Reasons and if you will turn to the last sentence, you will see there

that "the Institute will have the power to grant medical degrees, diplomas and other academic distinctions which would be recognised medical degrees for the purpose of the Indian Medical Council Act, 1933." Now surely nobody can ever draw the inference that of these medical degrees can be anything relative to either Ayurved or Unani or Homoeopathy.

At page 5 you will see under clause 14(a), "With a view to the promotion of the objects specified in section 13, the Institute may provide for undergraduate and postgraduate teaching in the science of modern medicine" and again at page 8 in clause 23 and 24 "Notwithstanding anything contained in the Indian Medical Council Act, 1933, the medical degrees and diplomas granted by the Institute under this Act shall be recognised medical qualifications for the purposes of that Act and shall be deemed to be included in the First Schedule to that Act." "Notwithstanding anything contained in any other law for the time being in force, the Institute shall have power to grant medical degrees, diplomas and other academic distinctions and titles under this Act."

Therefore the purposes of this Institute have been very clearly laid down in this Bill. Naturally therefore it pertains to the development of modern medicine. Now, when I took over charge of the Ministry of Health, one of the first things that I deplored greatly was the fact that so many of our young boys and girls and doctors who had been in practice for sometime, especially in the teaching profession in our colleges, used to have to go abroad to get their postgraduate training away from their own background, away from conditions which they would have to practise under when they came back, away very often from the clinical material that this country offers and offers in a special way because, after all, we are a tropical country and we have many diseases here, which we do not have in the western hemisphere, and therefore it was that I thought that,

[Rajkumari Amrit Kaur.] if I could have a medical institution where I could give postgraduate studies to my own people in my own country, it would be of enormous advantage. It would not only save money but it would give them the necessary knowledge in their own country and with a sense of pride that they will be getting it in their own country rather than having to go abroad for it.

Secondly, it has been born in upon me recently—and born in upon me in a special manner when I go abroad as I have the opportunity of doing fairly often that there are noticeable new trends that are taking place in the modern system of medicine and I want to adopt many of those new trends here. For example, last year we had a special conference on medical education for this purpose and many suggestions have been made and many things have been said to us in regard to the alteration of the curricula that exist in our medical colleges today. I was anxious that we should also come into this picture and perhaps take a first step in this direction whereby other countries might also learn from us. Now, as far as the modern system of medicine is concerned, I would just like to read to you the Cabinet decision which was taken after several days of serious talk, naturally under the leadership of our Prime Minister:

"The Central and Provincial Governments should decide that modern scientific medicine shall continue to be the basis of the development of national services in the country....."

but they also recommended and I remember so well that it was at my own suggestion that—

"facilities for research on scientific lines into the Ayurvedic and Unani systems of medicine should be promoted on as broad a basis as possible on the lines recommended in the Chopra Committee's Report and the results of such research when they are of proved value will not only enrich the Ayurvedic and

Unani systems but will also be incorporated in modern medicine so that eventually there will emerge only one system of medicine."

Now, I say this to you in all humility that in the Central Ministry of Health while I have been its chief servant it has been my endeavour to follow this resolution which was passed by the Cabinet of this country not only in the letter but in the spirit. And I claim with all sincerity that I have given full play, as much as I could, to the development of Ayurved on proper lines. I will comment in detail on this question of Ayurved later. I would like first of all to answer some of the other points that have been raised because they are really very much more relevant to the Bill.

First of all, hon. Members have said, 'why have you located it in Delhi?' Well, Delhi was thought—again after much consideration—to be the best place because it was going to be a new venture and naturally it was right that it should be under the eyes of the Ministry concerned so that we could see to it that it develops along right lines.

DR. W. S. BARLINGAY: May I ask the hon. Minister one question because that will help the hon. Minister? There is a statutory provision in this Bill to the effect that this institution shall be located in Delhi. What I want to ask is this. What is the necessity for such a statutory provision for this purpose?

RAJKUMARI AMRIT KAUR: You have to ask the law Ministry. I do not know. It matters very little whether there is a statutory provision or not. But the land has been acquired and as I have said already, hon. Members can go there at any time and see how much of the building has already come up. Therefore the question of location really does not arise. And there is no gainsaying the fact that there is plenty of clinical material in Delhi. It is not necessary to go to Bombay, Calcutta or Madras to get clinical material.

Then I have been asked whether there were any conditions attached to the New Zealand grant. As a matter of fact, as I said, this concept of an All-India Medical Institute was given by the Shore Committee. I accepted it at once and from the very first year when I took over charge I pressed for it but I could not get any money. So when the Colombo Plan came I put forward a scheme and that scheme was accepted by the New Zealand Government. Their grant carries no conditions whatsoever. Naturally, they did understand that it was to be an all-India Institute for the development of postgraduate and undergraduate training in modern medicine and research.

Some other hon. Members asked, "why should there be a Dental College and a Nursing College? Why not others"? Someone else asked, "why any at all"? Sir, dentistry has been a very neglected science in our country. There really is not one first-class dental college in India today and I was determined to be able to have the facilities to turn out-trained dentists in my own country. Our dentists have to go abroad now to get really first-class qualifications. Therefore it was that I wanted a Dental College attached to this Institute. Similarly, nursing also has been the most neglected limb of the medical profession though it is an important limb. There are only two Nursing Colleges in the whole of India—one here and one in the South. They are producing for us Sister-tutors who can go back to the States and take up teaching of nursing. I do not want a whole heap of other colleges in this campus but I do look forward to a department for Social and Preventive Medicine. We cannot keep abreast with the development of modern medical science if we do not have the teaching of Social and Preventive Medicine.

Dr. Raghbir Singh talked about stereotyped colleges and the need for L.M.P. courses and rural services. I have no doubt in my mind that this is not going to be a stereotyped

college. It is a new venture; it is a pioneer venture. It will break new ground all the time and I have no doubt that with the support that it will have from the Government and I hope with the support that it will have from the elected representatives of the people who have the honour to come to the Rajya Sabha and to the Lok Sabha, this Institute will be a very fine Institute and it will be not only something worthy of India but something worthy of the world. I agree—as one speaker said—that our own young men are no less intelligent than others. Many of them have made their mark in the world of surgery, in the world of medicine, in the world of pathology and in all the other branches of this great science of medicine. We may never lower standards.

Someone asked, 'why is the U.P.S.C. not allowed to recruit?' We consulted the U.P.S.C. and they have agreed to recruitment being made without consulting the Commission until the Bill is passed and after the Bill is passed, because it will be a statutory non-government institution, recruitment will be outside the purview of the Union Public Service Commission and that is a logical corollary.

About rules and regulations, some have said that there are too many and some have said that we are taking away from Parliament what is really Parliament's due. Clause 28 gives power to the Central Government to make rules and clause 29 gives power to the Institute to make regulations. Clauses 6 to 10 specifically mention matters which may be catered for by rules and regulations. And these matters are mentioned in clauses 28 and 29 for the sake of further clarity. If references to rules were to be deleted from clauses 6 to 10 the language of the Bill, I was told, would become cumbrous. And this pattern has been followed in innumerable Acts and I only plead that we should give as much autonomy as we can to this Institute which is going to be a pioneer

[Rajkumari Amrit Kaur.] venture. Let us have elasticity and let us have autonomy and let us not feel that for every little thing, for every little rule and regulation they will have to come up here. After all, you are going to have an extremely good Governing Body which will lay down the policies which will be followed by the Institute and the regulations must be left to the discretion of the Institute itself.

SHRI JASPAT ROY KAPOOR: But where is the autonomy when the rules will be made not by the Institute or the governing body but by the Government? The autonomy is not there when the rules will be framed by the Government.

RAJKUMARI AMRIT KAUR: Well, the Government is not going to make rules that are not going to be acceptable to the governing body. Government will be in very close touch with the governing body. Trust your Government. Trust your good scientific people. Don't always think that all the wisdom lies in these Houses. It does not.

And now in regard to the University Grants Commission, section 3 of the University Grants Commission Act provides that the Central Government may declare that any institution other than a University shall be deemed to be a University for the purposes of this Act.

Shri Sapru asked for clarification regarding the Committees. I would refer him to clause 10 (5) whereby the Institute may set up as many standing committees and *ad hoc* committees as may be necessary for specific purposes and for advising the Institute and these sub-committees may either be executive or advisory. And liaison between the Institute and other medical colleges will be maintained through non-official representatives on the Institute. And if you will look at the membership in clause 4(a), 4(e) and 4(f), you will see that the non-official element is very, very much present there.

On this Institute, I was again asked, why representation had not been given to the Indian Medical Council. When the Bhore Committee recommended the inclusion of the President of the Medical Council of India and another member of that Council, at that time the idea was to include the supervision of the Council over the undergraduate part of the functions of the Institute. Latterly—and I think quite rightly—the whole concept has changed, because we want to make the Institute an independent organisation in the undergraduate field. We want to experiment in that undergraduate field. We want to shorten it or widen its scope or however else we may want to change it. But we want that done and, therefore, we do not want it to be a stereotyped college that will come under the Medical Council. Later on, of course, changes can be made. That is another matter. But at the moment we do want in this institution full freedom for experimental studies.

SHRI AKBAR ALI KHAN: There is no room for representation of the Indian Council.

RAJKUMARI AMRIT KAUR: These same reasons apply to the special status that we wish to give this new venture for non-affiliation with any University. There is no question of bypassing any University. There is no question of not going on helping the-existing Universities, to upgrade any of their institution or departments should they wish to do so. But this Institute has to become—if it is to play the role that I want it to play—a guide to all our teaching institutions. It has got to be an all-India seat of learning giving the lead and ever so-much in the truest sense of the term of 'all-India'. And I think we want an all-India spirit in this country now more than at any other time of our history. We are sadly in danger of going into narrow parochialism and provincialism which cuts at the very foot of all that we at any rate were-taught to fight for under the banner of the greatest man this country has ever produced. Moreover in the no-

donations under clause 4(e) and 4(f), members of the Indian Medical Council are almost certain to be there. I should say they are certain to be there, and I hope, therefore, that that satisfies the Members. I have already said that we want an undergraduate college and I need not repeat the argument. Apart from the fact that reform is needed in undergraduate studies because new trends are coming in everywhere. Please remember that in modern education now postgraduate studies are not and must not be in a water-tight compartment any longer

DR. SHRIMATI SEETA PARMANAND:
It will make it parochial.

RAJKUMARI AMRIT KAUR: They are too closely linked with undergraduate courses and dare not work in isolation if we have to forge ahead.

There were some objections raised to clauses 23 and 24 of the Bill. I venture to submit that these are necessary because one of the main purposes of the Institute is to experiment in the field of medical education and adequate freedom for this purpose is hereby provided. Of course, these diplomas and degrees will be recognised. They will be recognised under the Act. They will have the impress of the Government of India and what is more I am hopeful and I am certain that they will be recognised throughout the world just as the F.R.C.S., M.R.C.P. and F.R.C.P. of London and Edinburgh and M. Ds. of America are recognised all over the world. I have no doubt that the degrees and diplomas that our people get in this Institute will also get not only worldwide recognition but worldwide approbation.

Now, regarding the budget of this Institute I say that it has not been sprung as a surprise. Every year for the last four years both Houses have been passing the budget for this Medical Institute. So, no surprise has been sprung. This actual Bill is just for power to manage the Institute in the best possible manner.

Someone then said that there may be conflict between the teachers and the Governing Body. Now, I see no reason whatsoever why scientific men should quarrel with each other. The Governing Body will lay down policies, but the internal management will be the burden of the Director with such staff as is under him. Someone then said, "We have experience of large buildings and little work being done therein." I can assure him that this will not be the case. As a matter of fact, Members may be interested to hear that postgraduate studies in orthopaedic surgery have already commenced and commenced in hutments.

Someone talked about 'modern medicine' being an American phrase. I must say that this took me by surprise. I do not know whether the lady who said this has visited America, but all I know is that the term 'modern medicine' is not really used in America or in England. As a matter of fact, in England if you were to speak, as I was speaking last year to the late Minister of Health of the United Kingdom, he talked about "orthodox medicine." The other day I was talking to an American professor and again he talked about "conventional medicine." I think we may claim that we here in India have coined this word 'modern medicine' and doctors both in England and elsewhere have taken to it and are going, I think, to adopt it. Anyway what is in a name? Further, in any case, allopathy does not mean modern medicine. Allopathy, I may tell the Members of the House if they do not already know it was a name coined by Homoeopaths because they wanted to call modern medicine by a name as opposed to homoeopathy. But modern medicine is very very much more than any 'pathy'. It is the sum total of all the knowledge, gained through all the years since mankind has existed, as I have said again and again and I have no doubt that Ayurveda and Unani have contributed to it

SHRI H. P. SAKSENA: But they are excluded from this conception of modern medicine.

RAJKUMARI AMRIT KAUR: No. They are certainly excluded as they exist today. Please remember that Ayurveda in its pristine glory was one thing, but as one of the very great supporters of Ayurveda has on the floor of the House more than once said, I agree that it is not being practised in the proper way today. It has remained static. Are we going to remain static in anything? Is India not to come up to scratch in this vital science? I should be very sad if my country failed in this when it was going to adopt everything scientific in every other department of life—in your engines, in aeroplanes, in motor cars, in river valley projects, and even in atomic energy. Atomic energy is going to come and is going to be used for medical purposes. Will you Ayurveda there too? You cannot mix up things.

SHRI BISWANATH DAS: Can the hon. Minister tell us whether she is prepared to give equal status, equal opportunity.....

MR. DEPUTY CHAIRMAN: She will come to it a little later.

RAJKUMARI AMRIT KAUR: When I used to be with Gandhiji we used always to have a great deal of humour with him. He used to say to me, "Tell me, what is the 'Thought for today' in today's *Times of India*? And I always used to read out the 'Thought for today' to him. And if he was struck by it, he used to tell me to write it down in a special book so that he could remember it. I have continued to read 'A Thought for today' in the *Times of India* ever since and today, this was the "Thought for today": — "The interests of society often render it expedient not to utter the whole truth, the interests of science never: for in this field we have much more to fear from the deficiency of truth, than from its abundance." And I was struck by it—not as a miracle as some

friends here have talked about as being done by vairs, but as a very happy coincidence because it does really express what I feel about the approach to this whole question. Science is a search for truth. Medical science is no less a search for truth than any of the other vital sciences. In fact it is much more vital because it touches the human being in a special way. It means life or death; it means enjoyment or suffering; it means illness or wellbeing; it means pain or lack of pain.. Therefore, we have to approach medical education in a very, very scientific manner. And I have felt all the time that I have listened to the speeches made here and time and again, even wondered— whether it is due to expediency or whether their arguments are due to an appreciation of a real search for truth. When I was fighting in 1951 for my election in my own constituency, vairs came to me and said, "Here are 3,500 or 4,500 votes which we will give you if you will recognize Ayurveda." I said, "Go and throw them down the next drain. Nothing doing. I am not to be bribed." Those votes went against me. I say to you, "Do not think in terms of placating any interest; think in terms of the science."

Now, in the speeches that have been made on the floor of the House, no differentiation seems to have even been conceived of between fundamental research and research in drugs. Many people have said, "Ayurvedic Medicines are this and that." I do not deny it. I say that there should be research—intensive research—in medicine that are used by the vairs and by the unanis and by the homoeopaths also. But fundamental research is a little different and is a far more difficult thing. If you will read the Health Ministry Report—one Member was good enough to turn to this Report—you will find that in addition to the research that has been done in Jamnagar on the study of Pandu, Grahani and Kamla group of diseases, "investigation on guineaworm in-

fection in collaboration with the Director of Ayurveda. Saurashtra and identification of drugs used in Ayurveda have been undertaken. In addition to the above research literary research for the collection of references on the subject of Anaemia from Vedas, Upanishads, Purans, and other classics and original works is also in progress. The Pharmacy Department have prepared some important medicines" and twenty items are given. And then they give you further information as to what the Institute is doing. If you turn to page 45, you will find that they are doing research on Mana Vinishchava, Darv-va Vinishchava and Varma Vinishchava. References are being compiled from Ayurvedic Classics on colour as well as similes used. Then, work on identification of crude drugs plants and herbs, cultivation of medicinal herbs etc. are also in progress. And there is the future plan of work at the Institute:—

1. To develop Siddha System of medicine.
2. To develop outdoor clinical research.
3. Schemes proposed in the Second Five Year Plan, viz.,

- (a) Establishment of the Unani Section.
- (b) Animal Experiment Laboratory.

After all, if you want to experiment on the effect of medicines available, yoti have got to take the help of modern medicine.

Then there are:—

- (c) Panch Karma and Naturopathy.
- (d) Manuscript and publication department.
- (e) History of medicine and so on.

People have rather.....

SHRI JASPAT ROY KAPOOR: Is there any student in this Institute firstly and secondly, is there any hospital attached to it?

RAJKUMARI AMRIT KAUR: Of course there are. I would beg of the Members to go to Jamnagar and see for themselves what is happening and perhaps they will then realise what the Prime Minister has written himself:

"This is a fascinating inquiry going on in this research Institute and it may well lead to very fruitful results."

SHRI JASPAT ROY KAPOOR: My simple question is: Is there any student in this Institute? I sought an enlightenment. Of course, I will avail myself of any opportunity to go there.

MR. DEPUTY CHAIRMAN: The reply was "there are."

RAJKUMARI AMRIT KAUR: I cannot give you the number; but the officials here will be able to tell how many there are. But of course there are students.

Now, immediately I come back from my tour, I am going to Saurashtra—to Jamnagar—myself to open postgraduate studies in Ayurveda, I do not want them to wait in this Institute; I want them to go on. We are going on.

Now, in spite of the fact that funds were provided in the First Five Year Plan for the development of Ayurveda and other ancient systems of India, they could not all be utilised. Why could they not be utilised? Simply because I write to every single State and say to them, "Send me schemes for research" and schemes are received. The vairs are not people who have been educated in modern medicine. They examine them and pass them or not. Some Members seem to have some kind of an antipathy to modern medicine in spite of the fact that, when they are ill, most of them come for accommodation in my hospital.

SHRI IT. P. SAKSENA: The antipathy lies elsewhere.

RAJKUMARI AMRIT KAUR: I am not going to give way to any one.

The advisers in Ayurveda are: —

1. Dr. Gokhale, Principal of Ayurvedic College, Poona.
2. Dr. Srinivasa Murthy, ex-President of the School of Indian Medicine, Madras.
3. Shri Ramprasad Sharma, Director of Ayurveda in PEPSU.

I have got people to advise me on Homoeopathy: Dr. Mazumdar, Dr. Diwan Jaichand, Dr. Dhawale, Dr. Saksena and others. For Unani also I am having talks with hakims to see what they can do. I have asked them on more than one occasion to send me schemes. Three times I have seen them myself, and asked them to send me schemes, but I have not yet got them. I am hoping that with the help of my friend, Mr. Zaidi, who is interested in this institution in Delhi, something may come out for Unani. In addition to that, Rs. 1 crore has been provided by my Ministry solely for research in the indigenous systems of medicine in various institutions in the country. Ayurveda has been allotted Rs. 60-5 lakhs. I can only hope they will be able to spend it. If they spend it and if the Unani and Homoeopath people also spend more, I have no doubt that I will be able to get them more money. There will be no question of lack of money. The only question is: Will they be able to spend it? In addition, the Indian Council of Medical Research of which I am again the President, have set aside another Rs. 20 lakhs in the Second Five Year Plan for investigation in indigenous drugs. It is for the State Governments really to do more for Ayurveda. What are they doing for Ayurveda? It is their burden in the first instance. If they do not encourage it, you should go and penalise them, if you so wish.

They are also responsible to the people whom they serve. I have met Health Minister after Health Minister from the States, and I have to contradict Dr. Gilder's statement which he made yesterday. They tell me that while they are opening ayurvedic dispensaries, the people actually demand modern medicine. This is what is happening. I think I have a recollection of Dr. Gilder wanting to put up an ayurvedic dispensary some where or other in some village in the Bombay State and telegram after telegram and representation after representation coming to him asking for a modern dispensary. After all, he was Minister of Health for five years in the Bombay Government. What was he able to do for Ayurveda? He started some new courses for it. I said to him, "What is happening today is, 'You train these young men in Ayurveda but they actually _____'"

SHRI M. GOVINDA REDDY: I will give the explanation as to why people prefer the allopathic dispensaries to Ayurvedic dispensaries. The State Governments do not give anything to the Ayurvedic dispensaries. They give them just Rs. 10 or Rs. 15, and no equipment and how can you expect people to go there?

RAJKUMARI AMRIT KAUR: If they are paying Rs. 5 or Rs. 10 to these vaidas, I say that it is very wrong. I will ask them to pay more. What I say is this: If you really want Ayurveda to live and not allow the practitioners of Ayurveda to practise anything but that science, then, if you teach them anatomy, teach them physiology, teach them pathology and all the other non-clinical subjects and teach them also how to read X-Ray pictures and expect them after that to practise Ayurveda, they are not going to do it. They are going to practise modern medicine and that is why the students in the college at Lucknow are on strike, the students in Trivandrum are on strike. They want to learn modern medicine. If you feel that the States are not doing enough, I am willing to write to the States. I have advised all the Minis-

ters of Health to teach the vairs a certain amount of hygiene, a certain amount of sanitation, teach them how to inoculate, how to vaccinate, and then let them give their own remedies in their own way to the villagers. In that way alone will Ayurveda live. Secondly, I say that, if the therapeutics of Ayurveda and Unani is made a postgraduate study, then alone will you get the real essence, the substance, the life-giving things which are in these systems, so that all knowledge may be brought into the broad stream of modern medicine. But my suggestion was not accepted by the Ministers. I hope to be able to give substantial stipends to M.B., B.S. fully qualified people to study Ayurveda and then to practise it. Now, I think that is a far better way of doing things. I am willing to give • to one or two colleges in the first instance a chair in Ayurveda so that those who have graduated in modern medicine may learn this science also. That is the way to revive Ayurveda. I fully agree with my friend from Bihar who said, 'Do something to revive it.' I would like to revive it and take from it all that is worthy of taking from it. That is what we want. As I said, I do not run the hospitals in the country. I am only the Health Minister in the Centre. I can only advise. But I claim that I have done more for research in Ayurveda than was ever done before. We have brought out today an Indian pharmacopoeia of Indian medicines produced by people who are not Vaidyas. I would like Vaidyas and Hakims to produce their medicines in a scientific way. There are difficulties, however, in fundamental research. When I went and saw the patients, in one place where we are having this fundamental research, being treated by the vairs and by modern medicine, the people who were being treated by modern medicine were able to get out quicker. The other people who were being treated with Ayurvedic medicines were asking to be changed over to modern medicine, so that they too could get out of hospital quicker. We want to do research, because after all

quickness is not everything. As Dr. Gilder rightly said, there are many people who get well without medicines and not by some homoeopathic pill or anything else.

The same about homoeopathy. I have been trying to get the three Homoeopathic Colleges in Calcutta to agree to have just one really good college so that I could give it enough, money, but they have not agreed. They are still quarrelling. I have chosen one college, and I have actually in the next Five Year Plan provided the best part of Rs. 14 lakhs for Unani, Homoeopathy and, if possible, nature cure. As Gandhiji once said, nobody in India knows the science of nature, cure.

Then one word with regard to the bias of some people against modern medicine. After all when you want surgery, where do you go? If you want gynaecology and obstetrics, where do you go? If you want pathology, where do you go? If you want radiology, where do you go? If you want dentistry, where do you go? If you want ophthalmology, where do you go? If you want maternity and child welfare, where do you go? Modern medicine has reached out to the villages. You have maternity and child welfare in modern medicine and not in Ayurveda. It is all very well to say that our people live because of these people. People live certainly. Man lives through all kinds of difficulties. He survives. But what about the high incidence of disease in India? The doctrine of the survival of the fittest still remains. In bio-chemistry, in preventive medicine, in all these things research can only be done in my opinion by scientific modern medical men. My friend, Mr. Govinda Reddy, said to me that research must be done by modern men, and I agree with him. I shall do my best in regard to research in Ayurveda, but that can be done only by modern medical men. Even in Ayurveda, there are two contrary views: One view is that there should be no modern medicine in it at all. There is another body of opinion which says, "Let the

[Rajkumari Amrit Kaur] vaids practise modern medicine as well." I think myself that that is wrong.

SHRI H. P. SAKSENA: May I know how much has been given for modern medicine? She said just now that Rs. 14 lakhs have been provided for Ayurvedic and Unani systems.

RAJKUMARI AMRIT KAUR: I have already told the House that Rs. 60 lakhs have been given to Ayurveda. In addition, Rs. 5 to 6 crores are being spent by the States.

SHRI H. P. SAKSENA: What is the Centre's expenditure for modern medicine?

RAJKUMARI AMRIT KAUR: As a matter of fact, for modern medicine, all the money that is provided in the country is provided by the States, and we give very little. I am providing for something for this Institute which, is still to start. I am providing Rs. 1 crore for the indigenous systems, for research in them. We have got under us only institutes like the All India Institute of Hygiene, Nutrition Laboratories and so on. A large sum of money is being provided, for research in modern medicine. In addition, Rs. 1 crore is being given for the indigenous systems of medicine. I am not stingy about giving to what is good. Now you talk about the attitude of mind of my Ministry. There is nothing wrong with the attitude of mind here but I want the best for my people and I do want here and now to say this, that I wish to condemn in the strongest language at my disposal the horrid remarks that are made by Members of this House—and I expect more responsibility on their part—against my advisers. They cannot defend themselves on the floor of this House. It is not right to hit below the belt and I bear witness that it is to their credit that in all my schemes for every sort or kind of help to the indigenous systems of medicines, I have had nothing but absolute, cent, per cent, support from them. It is cruel, wrong and wholly inaccurate to talk against them as -some persons

have done here and I would like those words to be withdrawn by them.

Regarding the chair for History of Medicine, I think it is most important that the History of Medicine should be taught and that our people should know from the beginning the history of Ayurveda among other things and I am delighted that Dr. Radha Kumud Mookerji quoted all the Sanskrit that he did. I would like to tell him that I have appointed in the Bangalore Institute for research in mental diseases a Sanskrit scholar who will help me to see what the ancients did in mental cases. I shall do likewise here and I wish to say this too that as this Institute develops—just now it is only in the under-graduate stage and a few post-graduate studies have begun—there is no reason at all why there should not be a close liaison between this and Jamnagar. I want Jamnagar to develop and become an All India Institute. It is an All India Institute for Ayurveda. I would like another Institute to spring up for Unani and I would like an All India Institute for Homoeopathy. These will spring up in time. Don't be impatient, don't ask me to mix up training here because the very purpose of this Bill will be spoiled. The Chair for the History of Medicine will be a tremendous asset and will give very great help. I can assure hon. Members that I will not deny help to research in the indigenous systems of medicine.

DR. RADHA KUMUD MOOKERJI: May I ask a question? May I know whether at this stage under-graduate study should be included in the scheme? When we are thinking of upgrading the standard of medical education, should we fritter away our resources in under graduate study.....

RAJKUMARI AMRIT KAUR: No. The emphasis will be much more on postgraduate studies. The under-graduate school I have to have as I have already said, because I want to experiment with the orientation of under-graduate education so that the University in Lucknow—the hon. Member's University—and others may

be able to learn something new and he may be able to bring the reorientation into all medical colleges. Also those who are taught here will become teachers. We badly lack personnel in our teaching colleges. We are so lamentably short that I do want young *men* and women to be trained here and trained in the proper way and therefore a teaching institution must surely have a practising school but it will be a very small undergraduate college. In time, I hope to draw from the very best from all over India. That is what I wish. Self-sufficiency on post-graduate education only refers to the fact that we should be able to have all our post-graduate education in our own country. Self-sufficiency in under-graduate education is not necessary. We have already got it. Now many Members have mentioned—I have nearly finished, and I might be allowed a few minutes more as it is difficult to break off in the middle of an argument—many people have talked about China. I have been to China quite recently myself. I took the trouble of going into the utmost details in regard to what they call, traditional medicines. It may interest hon. Members of this House to know what China and their Prime Minister told me—of course we have adopted the modern system of medicine—"We have to catch up with the West". I said "You may have a great deal in your traditional medicines". He said "We may have, we have." But no more traditional doctors are being turned out in China—not one. Now in the traditional school—and I went to two of them because I wanted to see what they were doing—not a single traditional doctor is allowed to treat anything except four or five chronic diseases like chronic hypertension which they treat with acupuncture and they are doing research on that. Then they treat chronic rheumatism, chronic arthritis, chronic gastro-enteritis and one or two other ailments. They were doing something for children—I think in some kidney trouble in children. That is all. No communicable disease[^] is allowed

to be treated by traditional doctors. They have got new graduates, men trained in modern medicine, educated absolutely in the modern way and their auxiliary personnel get their training in pathology, in anatomy, in physiology. That is what they are doing. They are teaching everyone, even the traditional doctors, whether they are old or young, a certain amount of modern medical science. I found an old man with a stethoscope round his neck and I asked him, "Are you using it?" "Yes, Madam," he answered "I am using it and I am-very glad I use it, because I find it much easier to do the diagnosis with the aid of the stethoscope than by just putting my fingers on the pulse." So that is China. Do not imagine that China is happy to lag behind the West. It is not. It is going ahead. We too are trying to train any number of what we call auxiliary medical personnel who are getting as good a training as the Chinese doctors, if not a little more.

I was told, "Do not think of tinkering with modern research." I think that was the word. I do not understand how research can be tinkering, for research has nothing to do with tinkering. But to do research only in Ayurveda without the vast field of medical research open to us in this country under the modern system would be to me the absolute negation of research. I do not understand what kind of research that would be. Research has to be all embracing and all inclusive. Therefore, I hope that I have explained everything to the satisfaction of everybody and that I have convinced the House that I am not against Ayurveda. I am willing to help Ayurveda and to give them fully qualified men. I want them to go into that field. They should have every opportunity for research, every opportunity for serving our people,, not only in the villages but everywhere. Why do you want always our villages to have the second best? *X* want the villages to have the very best. I want the villagers to have *even* better service than I have, because I consider them much more liable to

[Rajkumari Amrit Kaur] fall ill than I am. I want these people to serve in the hospitals, everywhere. I will have no objection to giving them the best facilities. We are developing better under-graduate and post-graduate studies in Jamnagar and when I get fully qualified postgraduate men from there, certainly we will collaborate with each other and there will be interchanges and there will be coordination so that all that is available in Ayurveda will come in, as I have said, into the broad stream of this vital science—medical science.

After what I have said, I hope those hon. Members who have put forward amendments will understand that it is impossible for me with the purpose that I have in view for this Institute, to accept those amendments. But I have given every assurance on the floor of the House and I shall carry out all those assurances, that none of them, neither Ayurveda nor Unani, nor Homoeopathy shall be allowed to suffer for lack of funds, for lack of facilities for research; and it is up to their protagonists and their practioner to give me schemes and get money from me, whatever I can give them. And I shall also ask the States not to pay the Vaidis so little, but to encourage them to serve the public and to do research also.

With these words, Sir, I would commend the motion to the House.

SHRI SHAH MD. UMAIR SAHEB (Bihar): Sir, I would like to know from the hon. Minister whether the House is likely to have another and similar Bill brought before it, dealing with Ayurveda and Unani systems in due course, some time in the future at least?

RAJKUMARI AMRIT KAUR: Certainly, if there is progress, why not? I would love to have a Bill like this. But today I find it so difficult to get

even professors learned enough for Ayurveda to go there and give even lectures. But we have got to work it out. I would request hon. Members to go to Jamnagar and see things and give me suggestions how to improve it further. I have no objection to bringing in a further Bill to this House whenever it is necessary to do so.

SHRI R. C. GUPTA: (Uttar Pradesh) : I would like to know, Sir, whether the hon. Minister will permit the doctors working in this Institute to have private practice or not.

RAJKUMARI AMRIT KAUR: No, I have said, no, Sir. But I think under the rules,—and we have not framed any rules yet—I feel very strongly that we should provide that those who can afford to pay, the wealthy people, for any advice they get, they should pay a fee, and this should be out of teaching hours, and this fee can go to the Institute, as was suggested by, I think, Shri Kapoor.

MR. DEPUTY CHAIRMAN: The question is:

"That the Bill to provide for the establishment of an All-India Institute of Medical Sciences, as passed by the Lok Sabha, be taken into consideration."

The motion was adopted.

MR. DEPUTY CHAIRMAN: We shall take up the clause by clause consideration of the Bill, tomorrow.

Now the House stands adjourned till 11 A.M. tomorrow.

The House then adjourned at thirteen minutes past five of the clock till eleven of the clock on Wednesday, the 9th May 1956.