

13.6½ hrs.

# HOMOEOPATHY CENTRAL COUNCIL BILL—contd.

**MR. SPEAKER:** The House will now take up further consideration of the following motion moved by Shri A. K. Kisku on the 16th November, 1973, namely:—

"That the Bill to provide for the constitution of a Central Council of Homoeopathy and the maintenance of a Central Register of Homoeopathy and for matters connected therewith, as passed by Rajya Sabha, be taken into consideration."

13.07 hrs.

*The Lok Sabha adjourned for Lunch till Fifteen Minutes Past Fourteen of the Clock.*

*The Lok Sabha re-assembled at Twenty Minutes past Fourteen of the Clock.*

[MR. DEPUTY-SPEAKER in the Chair]

# HOMOEOPATHY CENTRAL COUNCIL BILL—contd.

**\*SHRI J. MATHA GOWDER:** (Nilgiris): Mr. Deputy Speaker, Sir, I was saying on Friday last, when the Bill was taken up for discussion, that the Congress Government at the Centre had taken 25 years to introduce the Homoeopathy Central Council Bill for the development of Homoeopathy in the country. In Tamil Nadu, the Congress Party Government did not take any interest either in the development of homoeopathy or in the welfare of homoeopathic practitioners for twenty long years. The D.M.K. Government immediately after coming to power, got the Homoeopathy Council Bill enacted and now the Council has also been set up.

There are about 1 lakh of homoeopathic practitioners in Tamil Nadu. They are all Members of the Homoeopathy Medical Practitioners Association, which was formed as early as

1945. As there was no State Council in Tamil Nadu and as there was no Homoeopathy College also happily now the D.M.K. Government in Tamil Nadu has decided to set up shortly a Homoeopathy College—they all got themselves registered either with the Bihar State Board or with the Andhra State Board. If you look at the second Schedule of this bill, you will find that only those practitioners who had got themselves registered with the Bihar State Board and with the Andhra State Board from 1971 would become eligible for registration in the Central Register proposed to be started under this Bill. You can very well imagine the plight and disappointment of 1 lakh of Homoeopathy Medical Practitioners in Tamil Nadu who got themselves registered with the Bihar State Board and with the Andhra State Board very much earlier than 1971. The Tamil Nadu Homoeopathy Medical Practitioners Association represented before the Joint Committee that Clauses 13 and 21 as also the second Schedule of the Bill should be so amended as to enable them to become members of the Central Register. They also wanted as an alternative that the Tamil Nadu Homoeopathy Council Act should be treated on par with the Acts of other States so that they can get themselves registered in the Central Register. I am unhappy to find that the Joint Committee has not considered favourably their suggestions. For no fault of theirs, I am afraid that they might be handicapped.

I would appeal to the hon. Deputy Minister of Health that he should bestow his personal attention on the problem of one lakh of Homoeopathy Medical Practitioners in Tamil Nadu and bring forward suitable amendments to Sections 13 and 21 as also to Second Schedule of the Bill. If that is not feasible, he should bring the Tamil Nadu Homoeopathy Council Act on par with the Acts of other States,

\*The Original Speech was delivered in Tamil.

which alone can solve the problem of the Tamil Nadu Homoeopathy Medical Practitioners.

In his introductory speech, the hon. Minister stated that during the fifth Five Year Plan period an All India Institute of Homoeopathy Medical Research will be set up. I appeal to him that this must be done during the Fifth Plan period without fail. On no account this proposal should be postponed to the Sixth Five Year Plan. Similarly, I would also request him to initiate proposals for having at least one Homoeopathy Medical College in all the States of the country, which will prevent the future generation from the fate that has overtaken the Tamil Nadu Homoeopathy Medical Practitioners.

I would now refer to another important point. I am sorry to say that as per the Second Schedule the Homoeopathy Medical Practitioners who have gone through the four-year Degree course in a College and those practitioners who have got diplomas and certificates like D.H.S, D.H.B., and C.H.P. just after a short course of six months or so for the sole purpose of getting themselves registered with the State Board are being treated on par. The membership of the Central Homoeopathy Council proposed to be set up under this Bill will compose of 40 per cent nomination by the Central Government and 60 per cent through election. It might happen that the Diploma and Certificate holders will come in majority both in 40 per cent nomination and 60 per cent election. The objective of the Central Homoeopathy Council to bring about a uniform standard of education in Homoeopathy medicine will be set at naught if the majority of the Council is composed of Diploma and Certificate Holders. You cannot also blame the Practitioners with Degrees, if they are violently agitated over this question. I am afraid that in such a set instead of Homoeopathy only politics will grow. I request the hon. Deputy Minister of Health that

he should try to remove the genuine misgivings of the Homoeopathy Medical Practitioners who have got their Degrees after four years. I am sorry that the Government should have brought such a half-baked legislative measure for the development of Homoeopathy in our country, which alone can reach the poorest of the poor living in the remote corners of our vast country.

I request the hon. Minister of Health to give earnest consideration to the suggestions I have made.

With these words, I conclude.

श्री मूलचन्द डागा (पाली) : उपाध्यक्ष महोदय, मैं इस बिल का स्वागत करता हूँ और मैं चाहता हूँ कि इस में जो मैंने मंशोधन रखे हैं उन को आप मानने का कष्ट करें।

यह मैं समझ नहीं पाया जो इस की परिभाषा के अंदर आप ने कुछ बातें लिखी हैं, आप ने कहा है :

Homoeopathy means the

Homoeopathic system of medicine and includes the use of Biochemic remedies".

होम्योपैथिक के जो फाउंडर हैं डा० सैम्युएल हनीमैन उस ने जो किताब लिखी है ओरिजिन आफ मेडिसिन, उस के अंदर 115 मेडिसिन्स उस ने प्रेस्क्राइब की हैं उस को आप ने क्या महत्ता दी है सिवाय इस के कि आप ने बायोकेमिक को मान्यता दे दी ? लेकिन आप ने एक दृष्टिकोण को छोड़ दिया जो सब से ज्यादा जरूरी था डा० हनीमैन के सिद्धांतों के अनुसार जिन्होंने शिक्षा प्राप्त की उन संस्थाओं को आप ने नेलेक्ट कर दिया। 1908 में जो संस्थाएं थीं और उस के पहले जो बंगाल में संस्थाएं थी उन को आप ने माना अपने

[श्री मूल चन्द डागा]

शेड्यूल में लेकिन और उन सारी संस्थाओं को आप ने नेग्लेक्ट कर दिया जैसे होम्योपैथिक ट्रेनिंग जो मुरादाबाद में होती थी 1908 तक, उनको आपने सैकिड शेड्यूल में शामिल नहीं किया और आपने उसको एक्सक्लूड कर दिया। हनीमैन के जो सिद्धांत थे जो इसका फाउंडर था जिन्होंने इस बात को बढ़ाया उसको आपने एक्सक्लूड किया और जो बंगाल के अन्दर संस्थाएँ थीं, राजस्थान का तो कहीं नाम ही नहीं, फर्स्ट, सैकिड या थर्ड शेड्यूल में लेकिन वेस्ट बंगाल में सेंट्रल होम्योपैथिक कालेज कलकत्ता जिनकी डिग्री 1910 के अन्दर थी उनको आपने रखा है मगर हैनिमेनियन मेडीकल कालेज मुरादाबादके अन्दर जो ट्रेनिंग होती थी जहाँ पर कि हजारों विद्यार्थी ट्रेन होते थे, पाँच हजार उनके विद्यार्थी ट्रेड हैं और उन्होंने 1908 के गवर्नमेंट आफ इंडिया एक्ट के अन्दर शिक्षा प्राप्त की थी उनको आपने एक्सक्लूड कर दिया। जिन्होंने ठीक मैडीसिन का काम किया और जिनकी रिपोर्ट है इसकी वाकत उनको आपने पहले ही निकाल दिया है और आपने एक इंफ़ीनीशन दे दी है ;

“recognised medical qualification” means any of the medical qualification, in Homoeopathy, included in the Second or the Third Schedule.”

अब तो बड़ा लिमिटेड आप ने स्कोप कर दिया है। कोई लंदन से पढ़ कर आए होम्योपैथी में और दो महीने की उस की ट्रेनिंग हो लंदन की, वह तो प्रैक्टिस कर सकता है।

But what about those who have been practising for the last ten or fifteen years in this country?

उन के ऊपर आप ने रेस्ट्रिक्शन लगा दिया। यह जो आप ने थर्ड शेड्यूल के अंदर रखा है, इनकी क्वालीफिकेशन क्या है? व्हाट क्वालीफिकेशन डू दे होल्ड? ऐसा मालूम होता है कि इस में कुछ वेस्टेड इन्टरेस्ट वाले लोग हैं।

अब यह डी०एफ०होम., एम० एफ० होम. और एफ० एफ० होम फेजो आफ दि फैकल्टी आफ होम्योपैथी लंदन से पढ़ कर आ गए, दो महीने तक ट्रेनिंग ली होम्योपैथी की और उन को कह दिया कि यैस, यू आर एलाउड टु प्रैक्टिस। इन का फर्स्ट शेड्यूल में नाम है। वट व्हाट एवाउट दोज पीपुल, मैं ने कहा कि कुछ आदमी ऐसे हैं जिन के नाम नहीं हैं, व्हाट बिल यू डू बिद देम? आप ने उन को एक्सक्लूड कर दिया है। क्लॉज 15 सब-क्लॉज (2) देखिए :

“No person, other than a practitioner of Homoeopathy who possesses a recognised medical qualification and is enrolled on a State Register of the Central Register of Homoeopathy,....”

Fistly, he must have the qualifications. Then, he must be enrolled. These two qualifications are essential. If he does not hold these two qualifications he will not be entitled to issue any certificate and he will not be entitled to take part in elections.

जो पन्द्रह-पन्द्रह साल से सर्विस कर रहे हैं he will not be able to do any of these things once this Bill is passed.

जिन के पास डिप्लोमा नहीं है, मैं एक बात कहता हूं, हिन्दुस्तान में इलाज और इंसान दोनों में बड़ी कठिनाई है। इलाज करने वालों

का मन देखना चाहिए। डाक्टर हो सकता है लेकिन सेवा भावी नहीं बन सकता है। कुछ डाक्टर कमाने के लिए होते हैं। डाक्टर का मन, डाक्टर की सेवा करने की भावना देखनी चाहिए। बीस बीस और पन्द्रह पन्द्रह साल के जो पुराने हैं उन को तो आप ने एक्नक्जूड कर दिया और दूसरों के लिए शेड्यूल बन कर उस में कह दिया :

"shall hold office as Homoeopathic physician". What about one who has been practising for the last fifteen years. If he does not hold any diploma, you say 'please get out, you are not holding a diploma'. I say that he has experience of so many years because he has been practising in the villages. You say he does not possess a diploma; let him go to London and get a diploma within two weeks; then he can practice."

मैं यह नहीं समझ पाया, आप ने यह जो कहा है

"No person, other than a practitioner of Homoeopathy who possesses a recognised medical qualification and is enrolled." Here I would suggest that you should use the word "or" in place of "and". That will do.

फिर 31 में देखिए। यह जो फंडामेंटल राइट्स हैं हमारे उन को क्यों आप खत्म कर रहे हैं? यह 31 में आप क्या कर रहे हैं :

"No suit, prosecution or other legal proceeding shall lie against the Government, the Central Council..."

आप अपने आप को बचा लीजिए, लेकिन आप तो अगले को भी बचा रहे हैं

"...the Central Council or a Board or any committee thereof or any officer or servant of the Government or the Central Council or the Board or the Committee aforesaid for anything which is in good faith done..."

इस का मतलब हम कहीं जा ही नहीं सकते।

We are debarred from going to the court. What is the definition of "good faith"?

यहाँ अच्छा कानून आप ने बना दिया। आप गलती करें और वहाँ कि

you please do not go to any court.

यह गुडफैथ की कौन जांच करेगा

MR. DEPUTY-SPEAKER: I have been listening to his speech. He has taken ten minutes for what could have been said in two minutes.

**श्री मूलचन्द डागा :**

"State Register of Homoeopathy means..."

आप ने इसके अन्दर लिखा है —

"The right of a person to practise Homoeopathy in a State..."

Here, I have suggested one amendment.

मैं इस अमेंडमेंट का समर्थन करता हूँ।

**श्री हुकम चन्द कछवाय (मुरैना) :**

उपाध्यक्ष जी, आप जो बिल सदन के सामने लाये हैं उस का उद्देश्य है होम्योपैथी का अधिक से अधिक फैलाव हो, अधिक से अधिक लोगों को उस का लाभ मिले। केन्द्र सरकार इस का विकास चाहती है। क्या केन्द्र सरकार राज्यों को भी आदेश देगी कि वे भी अपने अपने राज्यों में इस का विकास करें। ताकि अधिक से अधिक लोगों को इस का लाभ मिले? परन्तु सरकार ने इस में इस का कोई उल्लेख



[श्री हकम चन्द कछवाय]

नहीं किया है, इस पर कितनी धनराशि सरकार खर्च करेगी ? यदि राज्य सरकारें इस पद्धति को फैलाने में, इस के द्वारा अधिक लोगों को लाभ पहुंचाने में सहयोग नहीं देती हैं तो क्या सरकार उन को दी जाने वाली मदद में, अनुदान में कटौती करेगी ? यदि राज्य सरकार इस को अपने यहां लागू करती हैं तो सरकार उन्हें अधिक से अधिक सहयोग देकर इस का विकास कराये ।

जहां तक पाठ्यक्रम की बात है, इस में कोई समानता नहीं है । कहीं 2 वर्ष का पाठ्यक्रम है, कहीं 4 वर्ष का । मैं सरकार से निवेदन करना चाहता हूं कि सब जगह 4 वर्ष का पाठ्यक्रम करें । जिस से समानता आये ।

जिस डाक्टर का जहां रजिस्ट्रेशन हुआ हो उस को यह भी अधिकार दिया जाय कि वह किसी भी प्रदेश में जा कर प्रैक्टिस कर सके । इस समय इस पर पाबन्दी है । यदि कोई व्यक्ति दिल्ली में रजिस्टर्ड है और यहां योग्य माना जाता है, वह यदि बम्बई जाता है तो योग्य नहीं माना जाता—यह ठीक नहीं है । मेरा निवेदन है कि सरकार इस प्रतिबन्ध को हटाये । जिस का नाम एक बार रजिस्टर हो चुका हो, उसे सब प्रकार को छूट हो, किसी भी प्रदेश में जा कर प्रैक्टिस कर सके ।

जो सरकारी कर्मचारी होम्योपैथी के द्वारा अस्वास्थ्य इलाज करवाते हैं उन के

बिलों का भुगतान नहीं किया जाता । होम्योपैथी सबसे सस्ता इलाज है । डॉ. बिल में ऐसा कोई उल्लेख नहीं है कि सरकारी कर्मचारी के होम्योपैथी के इलाज का बिल सरकार भुगतान करेगी । सरकार को यह भुगतान करना चाहिये, इन को रोकने का कोई अर्थ नहीं है ।

जहां तक अधिक से अधिक अस्पताल खोलने की बात है—आप ने इन बिल में यह नहीं दर्शाया है कि देश में कितने बड़े पैमाने पर होम्योपैथी के अस्पताल खोलना चाहते हैं । मैं चाहता हूं कि मंत्री महोदय इस बहस का जवाब देते समय इस बात को पूरा उल्लेख करें कि इस सम्बन्ध में आने वाले भविष्य में उन की क्या योजना है । कितने बड़े पैमाने पर वे इस देश में होम्योपैथी के अस्पताल और दवाखाने खोलने जा रहे हैं—इस बात का उल्लेख करें । आप इस काम पर कितना खर्च करने जा रहे हैं—इस बात का उल्लेख भी इस में नहीं किया गया है । चलते-फिरते दवाखाने भी आज के जीवन में बहुत जरूरी हैं । हर व्यक्ति 3-4 रुपये का इंजेक्शन नहीं लगवा सकता । यह मानी हुई बात है कि देश में होम्योपैथी इलाज इतना सस्ता है जो कोई भी व्यक्ति सरलता से ले सकता है । आज कोई भी एलोपैथी डाक्टर देहात में जाने के लिये तैयार नहीं होता है, वे 10 प्रकार की अड़चनें बतलाते हैं, क्योंकि उत का पालनपोषण ऐसे वायु-मण्डल में हुआ है कि वे शहरों में ही रहना पसन्द

करते हैं, बड़े-बड़े चमकदार शहरों में रहना चाहते हैं और देहातों में जाना पसन्द नहीं करते। इस लिये जो डाक्टर-एलोपैथी के देहातों में नहीं जाते हैं उन की जगह पर होम्योपैथी के डाक्टरों को भेजिये, वहां अधिक से अधिक दवाखाने खोलिये। इस समय जो दवाखाने खुले हुए हैं उन में दवाइयां नहीं मिलती हैं, पर्याप्त मात्रा में दवाइयां नहीं हैं, मुझे नहीं मालूम कि ऐसा क्यों है ?

MR. DEPUTY-SPEAKER: This is something different.

**श्री हुकम चन्द कछवाय :** इस समय जो स्थिति है, वह यह है कि दवाइयां नहीं मिलतीं। वहां पर उपयुक्त दवाइयां मिलें, आप एसो व्यवस्था करें।

आप जो बिल लाये हैं, मैं उस का स्वागत करता हूँ—लेकिन साथ ही साथ यह भी निवेदन करना चाहता हूँ कि होम्योपैथी के डाक्टरों का वेतन एलोपैथी के डाक्टरों से कम नहीं होना चाहिये। इस समय उन के वेतन में जो अन्तर है, उस से बड़ी ईर्ष्या पैदा हो रही है। आप एलोपैथी के डाक्टरों को बहुत अच्छा वेतन देते हैं—इस लिये होम्योपैथी के डाक्टर का वेतन किसी प्रकार से भी कम नहीं होना चाहिये। यदि कम होगा तो आप अपने उद्देश्य में सफल नहीं हो पायेंगे। इन के साथ किसी प्रकार का भेदभाव नहीं होना चाहिये, जो व्यवहार आज आप एलोपैथी के डाक्टरों के साथ करते

हैं, वही व्यवहार इन के साथ भी होना चाहिये।

**डा० संकटा प्रसाद (मिसरिख):** उपाध्यक्ष महोदय, होम्योपैथी सैन्ट्रल कान्सिल बिल लाने के लिये मैं सरकार तथा मंत्री महोदय को बधाई देना चाहता हूँ। यद्यपि यह बिल बहुत देर में आया, बहुत पहले आना चाहिये था—होम्योपैथी के साथ यह इनजस्टिस की गई है। यदि यह बिल पहले लाया गया होता तो होम्योपैथी के द्वारा जनता की और अधिक सेवा की जा सकती थी। यह बिल अनेकों कमेटीयों में बहुत दिनों तक पड़ा रहा। इस के पहले राज्य सभा में आया था। उस के बाद सिलैक्ट कमेटी बनी। सौभाग्य से मैं भी उस कमेटी का सदस्य था। वह सिलैक्ट कमेटी काफी दिनों तक बैठी, होम्योपैथी के अनेक विशेषज्ञों से राय ली गई, एविडेन्स ली गई और बहुत गहराई से इस बिल पर काफी दिनों तक विचार किया गया। अनेकों मत हमारे सामने आये। इस तरह से बहुत गहराई से, बहुत व्यापक रूप से इस पर विचार किया जा चुका है। अब यह एक बहुत काम्प्री-हेंसिव बिल बन गया है और मैं समझता हूँ कि अब इस में किसी प्रकार के अमेंडमेंट की जरूरत नहीं है।

यह सही है कि अभी भी अनेकों लोग इस में तबदीलियों के बारे में कहना चाहते हैं। लेकिन जहां तक होम्योपैथीक एजुकेशन के स्टैंडर्डाइजेशन की बात है, उस के लिये इस में किसी अमेंडमेंट की

### [डा० संकटा प्रसाद]

की जरूरत नहीं है। वैसे होम्योपैथी की तरक्की के लिये मैं सरकार से निवेदन करना चाहता हूँ कि हिन्दुस्तान के अनेक भागों में रिसर्च सैन्टर्स खोले। इस की पूरी तरक्की के लिये दिल्ली में एक नेशनल इंस्टीट्यूट खोला जाय जिसके माध्यम में होम्योपैथी की देख-रेख हो सके। मेरा यह भी निवेदन है कि हर प्रदेश में कम से कम एक यूनिवर्सिटी में होम्योपैथी की फैकल्टी खोली जानी चाहिये।

जहां तक रूरल हेल्थ स्कीम का ताल्लुक है आज ऐलोपैथी के डाक्टर गांवों में जाना नहीं चाहते हैं। जो डिस्पेंसरीज खुलती हैं उन के दर्वाजे तो खुले रहते हैं लेकिन डिस्पेंसिंग का रास्ता बन्द रहता है। होम्योपैथी के द्वारा ग्रामीण जनता की अधिक सेवा की जा सकती है। यह इतना सस्ता इलाज है—लेकिन इतना एफिशियेंट और अच्छा इलाज है—कि गांव के लोगों को इस से अधिक फायदा पहुंच सकता है। आज हिन्दुस्तान में ऐसे बहुत से इलाके हैं जहां इलाज के साधन नहीं हैं। दूर दूर के क्षेत्रों जहां रेलवे लाइन नहीं है, बसें नहीं हैं, चिकित्सा सुविधाओं का अभाव है, वहां होम्योपैथी के अस्पताल खोले जाने चाहिये। अगर हमें होम्योपैथी के स्टैंडर्ड को बढ़ाना है, अगर हमें इस से अधिक फायदा लोगों को पहुंचाना है, करोड़ों लोगों को फायदा अभी हो रहा है, लेकिन अगर और तरक्की करनी है तो यह बिल मैं समझता

हूँ कि बहुत अच्छा है, इस में किसी तरह के अमेंडमेंट की जरूरत नहीं है, ऐसे ही पास होना चाहिये। इन शब्दों के साथ मैं इस बिल का समर्थन करता हूँ।

**SHRI RANABAHADUR SINGH** (Sidhi): Sir, I rise to commend the Bill to the House. This is a Bill which has been delayed for quite a while and what we felt was that this Bill should have been taken up long ago. Back since the sixteenth century when people were being held by physicians as a cure for their sicknesses, any development in this science was frowned upon by them, the art of the physician has always looked down upon any advancement in the science. It has been the rule that the majority of the physicians always looked down upon any new innovation in treatment. Homoeopathy unfortunately has been suffering a similar fate. In this connection there can be no two opinions about the fact that with the large population and with our poverty the present methods of treatment are beyond the capacity of our people. If some strong base is laid for homoeopathy it would be for the good of the people.

While speaking on this Bill one hon. Member has raised his objection to Section 15 wherein some people are debarred from registering or practising homoeopathy under this Act. I would like to draw his attention to a further perusal of the same section wherein under Sec. 3, part C, it is specifically mentioned that any person whatsoever who has been practising homoeopathy for the last 5 years before the formation of the Central Council would be entitled to be registered. That should obviously put at rest this objection of the honourable Member.

I feel however, Section 31 goes against the grain of Foundational Rights, wherein it debars any judicial

Proceedings against the Central Council, the Government or the Board or any officer thereof for any action which is taken in good faith under this Act.

I believe this is something which is put forward as a protective measure for this newly formed organisation which one hopes would give uniformity of education and practice to homeopathy in this country, but I would still say, Sir, that this is a matter which can be examined again by this august House, as soon as any obstruction in its functioning is brought to notice, in the nature of any possible impediment because of this section.

In the end, Sir, I would only say, there could be no difference of opinion about this Bill. It is for the benefit of the poorer sections of this country. I hope that this Bill will receive the prompt and unanimous support of this honourable House. It is only under homeopathy that the general people in this country can look forward to a healthy and meaningful life.

SHRI N. TOMBI SINGH (Inner Manipur): Mr. Deputy-Speaker, Sir, I rise to support this Bill. While doing so, I would like to make a few observations.

The underlying principle before this Bill is that on the one hand we want to systematize and standardise the practice and promotion of the system of homeopathy and on the other, we want to show the due respect to all the systems other than the allopathic system.

I would like to draw the attention of the Government and the House that in this country today as also all over the world that among the different systems of medicines, allopathy has been universally accepted. However, as the climate differs from place to place and the individual acceptability of the same medicine prescribed for the same disease also differs from

individual to individual in the world and, particularly, in our own country where we have different climates and different food habits and so many other different situations, we feel the need for the encouragement of different systems of medicines. The system of homeopathy, as we have seen is the need of the hour. And this measure is also to standardise and control its practice and dispensaries. It is true that this measure will have all the advantages but, the people may like to go to allopathic doctors who still are out of their reach in spite of the wide arrangements that Government have made in respect of public health. There are difficult areas where modern medical facilities are yet to reach. In such a situation, homeopathy and other systems of indigenous medicines, namely, ayurveda, nature cure, Unani and other systems of Indian medicines that are available in different regions of the country should be made available to the people. The need for this is still there and therefore, may I request the Government of India that while establishing the Central Council of Homeopathy, we should not stop at that rather, we should see that we control the standards of the doctors. Also we should take measure for education of the general public in this respect. Medical treatment is more or less a matter of mental attitude at some stage. The medical practice is to provide on the one hand physical care and on the other mental security. One has to have a certain confidence in this system. When we find a number of systems like allopathy, homeopathy, ayurveda, unani and nature were and so many other systems prevailing in this country, the people need a certain guidance and education. For that Government has to come to the rescue of the common people, particularly, to the rescue of the people inhabiting in the backward areas where the system of allopathy cannot reach. To-day the allopathic doctors social and economic values have gone up so

[Shri N. Tombi Singh]

much that the best boy or the girl in any family or in any society is rushing in for this system of medical education. It shows that they get qualified duly and they are able to establish their career. But their relations with the general public, particularly, with the poorer sections of the people require to be improved still.

With these words I support this Bill and I would request the Government to bring forward such measures as would encourage other systems of indigenous medicines.

With these words I support the Bill.

SHRI SAMAR GUHA (Contai): Mr. Deputy-Speaker, Sir, first of all, I should like to congratulate Shri Satish Samanta who brought forward a Resolution for recognition of the system of Indian medicines. We all know that the allopathic doctors have a peculiar attitude towards the system of homoeopathic medicines. But it is also a fact that in our poor country, everywhere, in all parts of the country, there are innumerable homoeopathic doctors and they are practising and in fact, in some cases where the allopath could not do anything, a miracle has been done by these homoeopath doctors. My hon. friend Shri S. M. Banerjee is reminding me of Dr. S. K. Das and Dr. Majumdar whose fees were much more than those of the allopaths. There are many such homoeopathic doctors who are practising. I have found that in my case also, the treatment by the homoeopathic doctor has done miracles where the allopaths could not do anything at all. I am mentioning this because some people say that the homoeopathic system is not scientific, and many allopath doctors are talking in a scoffing manner as if this is not a science at all.

I, therefore, congratulate our elder Member Shri S. C. Samanta who had drawn the attention of the Government to this matter long before. I welcome this Bill, because for the first time, Government are giving recognition to the homoeopathic system of medical treatment. I welcome this Bill for another reason namely that our country is poor, and this method is very cheap, and the medicine also is very cheap, and, therefore, where the allopath cannot reach, the homoeopathic doctor can do very well. Thus, this system is beneficial to the villages and to the poorer people.

So far, anybody could claim to be a homoeopath and practise this system and give medicines to the common people and the poor people. I am glad that not only have Government given recognition but they are also forming a Central Council for giving recognition, and for establishing a training system and for bringing about uniformity of practice by all the recognised doctors. But it appears to me that this Bill is incomplete in its object and purpose.

It is said that all kinds of help should be given not only for training and for recognition but for establishing this council. The main things which are important in this connection are firstly, recognised doctors, secondly, giving proper training, and thirdly the setting up of research centres all over the country. Unless research centres are set up in different parts of the country, even if you give training and give degrees to the recognised homoeopathic doctors, they will not be able to fulfil their objectives and practise properly.

In this Bill there is no provision for any hospital. At least some experimental hospitals should be set up in different parts of the country, at least a few in each State, by the Government for homoeopathy.

Government should do something to ensure medicines of proper quality being supplied to the people. There are spurious medicines in homoeopathy today. In my case, whenever any prescription is given by a homoeopathic doctor, I have to run to those medical stores which supply products manufactured in Germany or America, because in those countries, this system is recognised very much and therefore there are very qualified manufacturers of homoeopathic and bio-chemic medicines there.

Therefore, I wish that some provision regarding control on the manufacture of homoeopathic and biochemic medicines had been there in this Bill. In fact, Government themselves should have come forward to set up certain manufacturing companies for this purpose. Or, at least, they should have set up some control over the companies which manufacture these medicines and see that spurious homoeopathic medicines are not manufactured but the proper quality of medicines is prepared and supplied in adequate quantity to the people. It should be of uniform quality, it should be cheap for the common people and it should be very beneficial to hospitals and research centres. There should also be control over the manufacture of homoeopathic drugs. All these things are essential to make this Bill effective.

15.00 hrs.

श्री चण्डीलाल चन्नाकर (दुर्ग) :  
हमारा देश एक गरीब देश है। हम लोग कुछ ऐसे प्रयत्न करत प्रतीत होते हैं जिससे एलोपैथी और बायोकेमिक का ही प्रचार हो सके। अगर हमने ऐसा किया तो इसका अर्थ जनता में यह लगाया जाएगा कि यह तो विधेयक है वह जनता विरोधी है क्योंकि वे सस्ती जो दवाइयाँ हैं उनकी मान्यता

समाप्त हो जाएगी और उनकी व्यवस्था नहीं हो पाएगी। बहुत असें तक इस विधेयक पर विचार होता रहा है। यह सिलेक्ट कमेटी के पास भी गया था और वहाँ पर भी इस पर विचार हुआ है। वहाँ जो होम्योपैथी की परिभाषा थी उसको ही बदल दिया गया और इसका परिणाम यह हुआ है कि जो असली होम्योपैथी दवाइयाँ हैं और जिन की संख्या पंद्रह सौ के ऊपर है उनको मान्यता प्राप्त नहीं रहेगी। जो बायोकेमिक की दवाइयाँ हैं इसके अनुसार उनको ही मान्यता मिलेगी। इसका परिणाम यह होगा कि जितनी अभी दवाइयाँ होम्योपैथी नाम से हैं और जिनका प्रयोग डाक्टर लोग पंद्रह या बीस साल से करते आ रहे हैं खाल कर ग्रामीण इलाकों में और जिन के जरिये गरीब लोगों का इलाज वे करते आ रहे हैं, उनकी मान्यता समाप्त हो जाएगी। अगर राज्य सभा ने इसको जल्दी से पास कर दिया हो तो इसका मतलब यह नहीं है कि हम भी उस पर मुहर लगा दें। मेरा सरकार से अनुरोध है कि इसको परिभाषा में ऐसा परिवर्तन करें जिससे कि होम्योपैथी की जो दूसरी दवाइयाँ हैं उनकी मान्यता समाप्त न होने पाए। मूल विधेयक जो 1971 का था और उस में जो परिभाषा दी गई थी या तो उसी परिभाषा को रहने दिया जाए या फिर इसको इस तरह से कर दिया जाए।

“‘Homoeopathy’ means a system founded by Dr. Samuel Hahneman and also homoeopathic system of medicines which includes use of biochemic remedies”.

[श्री चन्द्र लाल शर्मा]

जब तक इसकी परिभाषा में परिवर्तन नहीं किया जाता है तब तक इसका अर्थ यह होगा कि गरीबों को जो सस्ती दवाएँ मिलनी थीं वे उनको न मिल पाएँ। अगर हम इसको मान लेते हैं तो इसका मतलब यह भी होगा कि कंसिक्वेंशल चेंजिज हमें इस बिल में करनी पड़ें। मेरा अनुरोध आपसे यह है कि आप प्रेसिडेंट पर खड़े न रहें और यह न कहें कि चूँकि राज्य सभा ने इसको पास कर दिया है इस वास्ते हमें इसको पास करने में देरी नहीं करनी चाहिए। इस विधेयक का जनता से बहुत अधिक सम्बन्ध रहेगा और कितने ही हजार डाक्टर जो गांवों में काम कर रहे हैं, सस्ती दवाएँ उपलब्ध कर रहे हैं वे इससे वंचित हो जाएंगे। इस वास्ते यदि थोड़ी देर हो भी जाती है इसको पास करने में तो उसकी चिन्ता न करते हुए उचित संशोधनों के साथ ही इसको हमें पास करना चाहिए। डेफीनीशन को हम को बदल देना चाहिए। तभी सदन को संतोष हो सकेगा, ऐसा मैं मानता हूँ। सरकार यह भी कह सकती है कि ज्वायंट सिलेक्ट कमेटी ने इसको पास किया है और उसके बाद राज्य सभा ने पास किया है। लेकिन इस तरह का तर्क देना मैं समझता हूँ कि ठीक नहीं होगा।

अन्त में मैं इतना ही निवेदन करूँगा कि सरकार इस बिल की परिभाषा में परिवर्तन

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY PLANNING (SHRI A. K. KISKU): Sir, I would like to thank all the members who have participated in the discussion and showed their interest in support of this Bill. On behalf of Government, I convey to them our very sincere thanks for the support they have rendered. In this connection, I would also like to thank the members of the Joint Committee who had given their time and worked hard to make our work so much easier here now. But for their work and assistance, we would not have been able to bring this Bill so quickly before the Rajya Sabha as well as before the Lok Sabha today.

Homoeopathy, as so many Members have pointed out, has gained ground on a very solid footing, having its scientific basis and also its popularity among the people not only in the rural areas but everywhere. As far as the question of legislation is concerned, we find from the year 1937 there had been attempts from time to time to get the legislative recognition here in Parliament as well as in the different State Governments. In 1937, Mr. Gyasuddin had moved a resolution in the Legislative Assembly regarding recognition for homoeopathy. Then in 1948, our elderly friend, Shri Satish Chandra Samanta, also had moved a resolution in the Constituent Assembly of India. Thereafter, Shri Mohanlal Saxena had also brought a resolution. In view of these resolutions by Shri Samanta and Shri Mohanlal Saxena, the then Minister of Health, Rajkumari Amrit Kaur, had given some assurance that the whole question of recognition should be gone into thoroughly.

SHRI S. M. BANERJEE (Kanpur): Which year?

SHRI A. K. KISKU: That was in 1948. Ever since, this was being considered at different levels. In 1968, the Bill on the Indian Council for

Indigenous Medicines and Homoeopathy was introduced, and at that time there was a package of the two systems together, but later, it was found that because there is some fundamental difference between the two, the indigenous systems of medicine having their own scientific basis, and homoeopathy having its own identity, this Bill was brought in, and today we are going to pass it.

Sir, I do not know if I will be able to cover all the points that have been mentioned by the different Members, but I will try to cover them as briefly and as pointedly as possible. Shri S. M. Banerjee has spoken very highly of the homoeopathic system of medicine and has given it very special recognition in the sense that he said some illnesses are not cured by ordinary medicines; in other words, there are some illnesses which are curable only by homoeopathy. In this connection, Shri Banerjee had pointed out as well, as many other Members,—

MR. DEPUTY-SPEAKER: Are you answering the points or summarising their speeches?

SHRI A. K. KISKU: I am making some observations on them. The point mentioned by so many Members was that it should be used specifically for the rural health service. The comment I would like to make is that it is not only for the rural people but for anybody, whether in the rural area or in the urban areas. The point is that some people constitutionally respond in a better way to some systems of medicine, this that or the other. The point that the hon. Members were trying to present is that the medicine's curable component should be available to anybody, whomsoever and wheresoever he may be.

Some Members have pointed out that there is a discrimination being

meted out by the Government between modern medicine and the homoeopathic system of medicine. I do agree that there was a little more weightage—I should not use the word 'discrimination'—given so far to the modern systems of medicine, but now our mind is more towards giving relief or medical care to the people everywhere and we are trying to get whatever resources are available in whatever science,—whether indigenous, homoeopathy, yoga, nature cure or modern medicine, so that we are able to reach them to the farthest corners of our country. It is not true that there has been discrimination to that extent that it was overlooked totally. Today there are 300 dispensaries all over the country run on homoeopathic lines. There are 30 hospitals. In Delhi, there are three Central Government homoeopathic dispensaries. We are spreading out in the different cities of Calcutta, Bombay, Kanpur, Meerut, Nagpur etc. etc.

SHRI S. M. BANERJEE: The Kanpur dispensary was to be established, but it was not done. A doctor was appointed, but she was not sent to Kanpur because there was no post.

SHRI A. K. KISKU: I have noted it. This will not happen any more. Not only Kanpur, but in every city we are going to cover under the CGHS, there will be proportional representation to homoeopathy and indigenous systems of medicine.

There are 77 homoeopathic medical colleges all over the country. There is one university faculty at the university of Kanpur. This is very encouraging and it shows that homoeopathy has been given due recognition by the people.

SHRI S. M. BANERJEE: The Mayor of Kanpur was a Homoeopath.

MR. DEPUTY-SPEAKER: Kanpur can never be overlooked with you in the House, Mr. Banerjee!



**SHRI A. K. KISKU:** Today we are trying to give a much wider coverage for the health and medicare of the people. About 12000 practitioners in homoeopathy, institutionally trained, are ready to go into the villages. We are going to have a pilot project to assess in a very scientific way the acceptability of both indigenous systems of medicine and homoeopathy before we can launch our effort for a wider coverage in the fifth plan. We have been sanctioned about Rs. 10 lakhs by the Planning Commission and it will take about three years to complete this assessment, after which I am sure we will be able to give a better coverage of the country.

About the manufacture and import of homoeopathic medicines some comments have been made by some members that it is not being given due weightage. Today in India we have been able to raise the quality and standard of homoeopathic medicines manufactured here. For this purpose, we have established a research centre of a very high order in Calcutta, which is functioning very well. I am sure when this standard homoeopathic pharmacopoeia comes out, we will be in a much better position to ensure better standards of medicine.

As regards research centres, as many hon. Members have pointed out, we would like to have more research centres throughout the country.

**Dr. L. N. Pandeya** has tabled some amendments on which I am not going to comment now because, I think, when he moves them, I would reply to him at the appropriate time. However, I would like to say one or two things about some of the comments that he made. He said that there is no separate directorate in the different State Governments. May I say, whereas the present position is like that, some States have a very good, excellent directorate and there are

some States which are lagging behind? This is exactly the purpose of the Bill so that in all the State Governments we may be able to have a good directorate for the purpose and bring about uniformity in the standards.

Coming to **Dr. Kailas's** observations, he is not here and I do not think I should comment upon anything in his absence excepting that he has covered on my behalf the question of different categories of practitioners and he has supported the Bill that we have covered all the categories of practitioners under Schedules I, II and III.

I would like to thank our C.P.M. leader, **Mr. Halder**, for his unreserved support. I can only say that his apprehension that Homoeopathy may be crushed by the modern medicine is unfounded because Homoeopathy by its own merit has stood the test throughout these years and I can tell him that it will excel in the years to come. (*Interruptions*) I am not saying as a Bengali. What I am saying is that we are going to open a new chapter for rendering our service in the field of Homoeopathy to the nation in the years to come.

Although **Mr. Bhagwat Jha Azad** is not here, I would say, he has been a little uncharitable in his comments on modern medicine. The modern medicine has shown its merit through science, through research and, specially, through surgery and we have seen some unprecedented things in the science of medicine today by way of transplantation of heart, kidney and all that. It has been applauded throughout the country.

I would say that from the Government of India's side, there has been a trend of increased allocation for Homoeopathy from the Second Plan period up-to-date. Just to give you the figures, in a very brief way, in the Second Plan period, the total

allocation was Rs. 10.7 lakhs; in the Third Plan period, the total allocation was Rs. 15.1 lakhs and, during the interim period of 1964-65, there was an addition of Rs. 5 lakhs, in the Fourth Plan period, the allocation was Rs. 58.20 lakhs and in the Fifth Plan, it is Rs. 131 lakhs, although we have asked for more to the extent of Rs. 300 lakhs. I hope, we will get the sanction of the Planning Commission soon.

The D.M.K. Member asked for an assurance that the practitioners of homoeopathy in Tamilnadu who have got themselves registered should be recognised. I can only say that the practitioners of Tamilnadu who are registered in other States can apply for registration to their Board which has started registration of such practitioners who have been practising for the last five years.

Two or three hon. Members suggested that the biochemic system of medicine should have a separate identity and it should be mentioned in the Bill. In the definition clause we have stated that biochemy is also included in this.

**SHRI MANORANJAN HAZRA** (Arambagh): What is he going to do about the establishment of a pharmacopoeia?

**SHRI A. K. KISKU:** At the time of the introduction of the Bill I have said that we are going to have a standard pharmacopoeia.

May I say that with the constitution of the Central Homoeopathic Council there will be a central register which will help us to build up uniform standards and open up new avenues for research and effective implementation of the Act throughout the country? It will also help us to develop proper pharmacopoeia on scientific lines.

With these words, I move this Bill for consideration.

**MR. DEPUTY-SPEAKER:** Before I put the question to the vote of the House, I want to say that I am intrigued by two provisions in the Bill with regard to inspectors and visitors in clauses 17 and 18. I have not been able to make out what is the difference in functions between them; they appear to be duplicatory.

**SHRI A. K. KISKU:** The difference between the reports of the inspector and the visitor is that while the inspector's report has to be forwarded by the Central Council to the University, Board or medical institution which conducts the examination, and after receiving the comments of the university, the Board or the medical institution concerned forwarding to the Central Council the report by Visitors will be treated as confidential and shall only be made available to the Central Council if the latter requires it or to any other authority as the President of the Council may direct. This is the clarification I can give at this moment.

**MR. DEPUTY-SPEAKER:** I do not know. But this appears to be a little intriguing—two sets of people, Inspectors and visitors doing the same thing with the provision that certain reports may be treated as confidential while the others are not. I really do not know. Anyway it is upto the House and the Ministry. I think this has to be carefully looked into. There appears to be a duplication—one set of people practically doing the same job as the other, the only difference being that one report may be confidential while the other report may not be.

**SHRI DHAMANKAR** (Bhiwandi): At present there are a very few Universities which have got the faculty of homoeopathy. I would like to know from the Minister whether

[Shri Dhamankar]

the Government would allocate more funds in the Fifth Plan to the States and Universities and urge upon them to at least have one university with homoeopathy faculty.

MR. DEPUTY-SPEAKER: I think this is a little bit outside the scope of the present Bill.

SHRI DHAMANKAR: It is very much within the purview of the Bill, Sir.

MR. DEPUTY-SPEAKER: That relates to administration which may better taken up at the time of discussion of the Demands for Grants of the Ministry of Health. This Bill has a limited scope of establishing a Central Council and having a register for that. All these administrative details—how much funds should be allocated, for what, where hospitals or Universities should be set up—all these things do not come within the scope of this Bill.

Now, the question is:

"That the Bill to provide for the constitution of a Central Council of Homoeopathy and the maintenance of a Central Register of Homoeopathy and for matters connected therewith, as passed by Rajya Sabha, be taken into consideration."

*The motion was adopted.*

*Clause 2 (Definitions)*

DR. LAXMINARAIN PANDEYA (Mandsaur): I beg to move:

Page 2,—

for lines 7 and 8, substitute—

' "Homoeopathy" means the system of Medicine founded by Dr. S. Hahnemann subject to organon of medicine which includes Biochemic also;" (3)

SHRI M. C. DAGA (Pali): I beg to move:

Page 2,—

for lines 12 to 14, substitute—

' "recognised medical qualification" means any of the medical practitioner whose name is registered in the Central Register of Homoeopathy or State Register of Homoeopathy;" (4)

डा० लक्ष्मीनारायण पांडेय : उपाध्यक्ष महोदय, जैसा मैंने इस विधेयक पर विचार करते समय अपने पिछले भाषण में कहा था कि होम्योपैथी को जो परिभाषा यहां पर दी गई है, उस परिभाषा में यद्यपि होम्योपैथी और बायोकेमिक को इन्क्लूड किया गया था, लेकिन उस से यह साफ़ जाहिर नहीं होता कि होम्योपैथी कब और कैसे पैदा हुई, किस के द्वारा प्रारम्भ की गई, कब प्रारम्भ हुई या उस का प्रादुर्भाव कैसे हुआ । इस विधि को परिचालित करने वाले डा० हैनिमैन का नाम इस में अवश्य जोड़ा जाय । ऐसा करने से ही इस की परिभाषा अधिक स्पष्ट हो सकती है । इसी लिये मैंने इस में निम्नलिखित संशोधन प्रस्तुत किया है —

"होम्योपैथी से औषध अन्वेषण-विधि के अध्यक्षीन डा० एच० हनिमैन द्वारा प्रस्थापित चिकित्सा पद्धति अभिप्रेत है जिस के अन्तर्गत जीवरसायन भी है ।"

उपाध्यक्ष महोदय, सभी माननीय सदस्य इस बात को जानते हैं कि होम्योपैथी एक अलग चिकित्सा पद्धति है और बायोकेमिक एक अलग चिकित्सा पद्धति है । बायोकेमिक के लिए आप अलग से कोई परिषद गठित नहीं

कर रहे हैं, उस को इसी में शामिल किया जा रहा है। इस के लिए अलग में एक परिषद की आवश्यकता थी, क्योंकि यह एक अलग विज्ञान है। लेकिन यदि इस में ही इस को सम्मिलित किया गया है तो उसका अलग से इस में उल्लेख होना चाहिए जैसा कि किया गया है किन्तु साथ ही होम्योपैथी की परिभाषा भी बिल्कुल स्पष्ट होनी चाहिए।

मैं उम्मीद करता हूँ कि यह सदन मेरे संशोधन को स्वीकार करेगा।

**SHRI M. C. DAGA:** He mentions, 'any qualification' which is mentioned in the second or third schedule. Other people who have been practising for 10 or 15 years are excluded. This is the position. I want to point out that this should be amended. It should include any other medical practitioners whose names are registered in the Central Registry of Homoeopathy or State Registry of Homoeopathy.

मैंने कहा है कि जो आप के दूसरे डाक्टर्स हैं, उन का क्या होगा, जिन को इस में इन्क्लूड नहीं किया गया है, न थर्ड शेड्यूल में और न सैकण्ड शेड्यूल में। मैं जानना चाहता हूँ कि इन के लिए क्या डेफिनीशन होगी? मैंने अपने पहले भाषण में मुरादाबाद के इंस्टीट्यूट का उल्लेख किया था, उस के 1500 आदमियों को इस प्रकार से एक्स-क्लूड कर दिया गया है—यह उचित नहीं है।

**MR. DEPUTY-SPEAKER:** The point is clear. If you want that any other institution should be included in this list, you should have brought

in an amendment to that effect. You can't have just a blanket provision like that. The hon. Minister may reply if he likes.

**SHRI A. K. KISKU:** Sir, all these points have been gone into in depth by the Joint Select Committee. About definitions, there are only 12 varieties involved in biochemical medicines and these are included in the curriculum and in the practice of homoeopathy. These were considered in depth by the Committee. It is already covered in the Bill and there is nothing more for me to submit.

**MR. DEPUTY-SPEAKER:** I think this will satisfy Mr. Daga.

**SHRI M. C. DAGA:** No, Sir. I am not satisfied.

**MR. DEPUTY-SPEAKER:** I will satisfy you. The Select Committee went into this whole question thoroughly and it had a look round the country as to which are the institutions in the country which are maintaining a certain standard and which can be given recognition. If however it is within your knowledge that there are some institutions in the country which have been excluded, etc. you can bring forward an amendment that these should also be included. The Schedule can be amended by further addition of more names. Some more names can be added on. But we cannot make a sort of blanket provision.

I will now put amendments moved to Clause 2 to the vote of the House.

*Amendments Nos. 3 and 4 were put and negatived*

**MR. DEPUTY-SPEAKER:** Now the question is:

"That Clause 2 stand part of the Bill."

*The motion was adopted*

*Clause 2 was added to the Bill.*

[Mr. Deputy-Speaker]

Clause 3—(Constitution of Central Council).

MR. DEPUTY-SPEAKER: Mr. Daga, are you moving your amendment No. 5 to clause 3?

SHRI M. C. DAGA: I am not moving my amendment.

MR. DEPUTY-SPEAKER: Dr. Pandeya, are you moving your amendment No. 6 to clause 3?

DR. LAXMINARAIN PANDEYA: I move:

'page 3, line 5,—

omit "or other related disciplines." (6)

उपाध्यक्ष महोदय, मेरा संशोधन बहुत वास्तविक है और मैं समझता हूँ मंत्री महोदय इसे निश्चय ही स्वीकार करेंगे। इसमें जो शब्द हैं वह यह हैं—“जो होम्योपथी तथा अन्य सम्बन्धित शिक्षाओं की बाबत विशेष ज्ञान या व्यावहारिक अनुभव रखते हों” इसमें अन्य शिक्षाओं के बारे में बात कही है लेकिन बाईकेमिक जिसे अन्य सम्बन्धित चिकित्सा शिक्षा में हम मानते हैं उसको इनक्लूड कर लिया है फिर मैं समझता हूँ “अन्य सम्बन्धित शिक्षाओं” को इसमें रखने की आवश्यकता ही नहीं थी। क्या होम्योपैथी और बायोकेमिक के अतिरिक्त भी कोई शिक्षा पद्धति है जिसको होम्योपैथी के अन्तर्गत हम रख सकते हैं? यदि है तो मंत्री महोदय बताने की कृपा करेंगे। मैं समझता हूँ बायोकेमिक को हमने जब परिभाषा में इनक्लूड कर लिया है तो फिर इन शब्दों को

यहां पर रखना डुप्लीकेशन होगा। इसलिए इसकी यहां से निकाल देना उचित होगा। मैं आशा करता हूँ मंत्री महोदय इस संशोधन को अवश्य स्वीकार करेंगे कि धारा 3में अंतिम दो पंक्तियां हैं उनको निकाल दिया जाये।

SHRI A. K. KISKU: Sir, I am unable to accept this amendment. But, I would like to tell my hon. friend that a certain medicine from homoeopathy is close to that of allopathy. I may give you one example of Natrum Muraticum. This medicine is used by homoeopaths as well as by biochemists. There is such a big closeness to this medicine. So, there is no need for this amendment. I oppose his amendment.

डा० लक्ष्मी नारायण पांडेय : मंत्री महोदय सम्भवतः मेरी बात समझ नहीं पाये हैं। इन दो पंक्तियों को रखने की आवश्यकता क्या है जब बायोकेमिक को परिभाषा में इनक्लूड कर लिया है। होम्योपैथी से सम्बन्धित जितनी पद्धतियां हैं, यह शब्द रखने की आवश्यकता नहीं है और इनको निकाल दिया जाये तो कोई प्रभाव पड़ने वाला नहीं है।

MR. DEPUTY-SPEAKER: Now, the question is:

'Page 3, line 5,—

Omit "or other related disciplines" (6)

The motion was negatived.

MR. DEPUTY-SPEAKER: The question is:

"That clause 3 stand part of the Bill."

*The motion was adopted.*

*Clause 3 was added to the Bill.*

MR. DEPUTY-SPEAKER: Now I come to clauses 4 to 14. There are no amendments. The question is:

"That clauses 4 to 14 stand part of the Bill".

*The motion was adopted.*

*Clauses 4 to 14 were added to the Bill.*

MR. DEPUTY-SPEAKER: Now, amendment Nos. 7 and 8 to clause 15 by Mr. Daga. Are you moving your amendments, Mr Daga?

SHRI M. C. DAGA: I am not moving my amendments.

MR. DEPUTY-SPEAKER: The question is:

"That clauses 15 to 25 stand part of the Bill".

*The motion was adopted.*

*Clauses 15 to 25 were added to the Bill.*

**Clause 26 (Privileges of persons who are enrolled on the Central Register of Homoeopathy).**

MR. DEPUTY-SPEAKER: I come to clause 26. Are you moving your amendment Dr. Pandeya?

DR. LAXMINARAIN PANDEYA: I move:

'page 10, lines 22 and 23,—

omit " , with the previous approval of the Government of the State where he intends to practise". (9)

उपाध्यक्ष महोदय , मंत्री महोदय मेरी बात को ध्यानपूर्वक सुनेंगे तो अवश्य स्वीकार करेंगे ।

मैं मंत्री महोदय का ध्यान धारा 26(2) की अंतिम दो पंक्तियों की ओर आकर्षित करना चाहता हूँ जहाँ पर उन्होंने कहा है कि यदि एक राज्य का रजिस्टर्ड प्रैक्टिशनर किसी दूसरे राज्य में प्रैक्टिस करना चाहेगा तो उसे उस राज्य सरकार का एप्रूवल लेने के बाद प्रैक्टिस करने की अनुमति दी जायेगी । मैं समझता हूँ यह बहुत आतिथेयजनक है । केन्द्रीय परिषद् के रजिस्टर में उसका नाम रजिस्टर होता है और एक राज्य में वह प्रैक्टिस करता है तो उसको इस बात का भी अधिकार होना चाहिए कि किसी दूसरे राज्य में भी जा कर वह अपनी प्रैक्टिस कर सके । इसलिए यहाँ पर यह प्रावधान ठीक नहीं है क्योंकि इसका आशय यह है कि उत्तर प्रदेश का रजिस्टर्ड प्रैक्टिशनर उत्तर प्रदेश में तो चिकित्सा करने में समर्थ है परन्तु महाराष्ट्र में जा कर चिकित्सा नहीं कर सकता है । उत्तर प्रदेश की जनता की चिकित्सा वह कर सकता है परन्तु महाराष्ट्र में नहीं कर सकता है । यदि उत्तर प्रदेश में वहाँ की जनता की चिकित्सा करने का अधिकार है तो महाराष्ट्र में भी उसको वही अधिकार होना चाहिए । इसलिए मैं चाहता हूँ इसमें यह जो विसंगति है उसको निकाल दिया जाये । मैं आशा करता हूँ मंत्री जी मेरे इस संशोधन को अवश्य स्वीकार करेंगे ।

**SHRI A. K. KISKU:** With reference to the amendment proposed by Mr. Laxmi Narayan Pandeya, may I say that when the Bill was introduced in the Rajya Sabha, it did not contain this sub-clause? The Central register was to contain only names of persons who possessed the recognised qualifications and were enrolled on a State register. It was pointed out before the Joint Committee that the State registers contained at present several persons who did not have a recognised qualification but were having long experience in the profession. It was pleaded that such persons should also be made eligible for enrolment in the Central register.

The Joint Committee, therefore, amended clauses 21 and 26 having regard to the contribution made by most of them for the cause of homoeopathy and thus enabled such persons to be enrolled on a new part, namely Part II of the Central register.

However, due to legal requirements, since this subject-matter is a concurrent one, the necessity for obtaining the approval of the concerned States was included while drafting this new sub-clause of clause 26 (2).

Since this requirement is a legal one and the State authority is involved, this requirement cannot be waived. It is expected that there would not be any difficulty in obtaining this formal permission. Therefore, this amendment cannot be accepted.

**MR. DEPUTY-SPEAKER:** That, I think, should be all right. Just because of a legal requirement, since health is a concurrent subject, they cannot do that.

I shall now put amendment No. 9 to the vote of the House.

Amendment No. 9 was put and negatived.

**MR. DEPUTY-SPEAKER:** The question is:

"That clause 26 stand part of the Bill".

*The motion was adopted.*

*Clause 26 was added to the Bill.*

*Clauses 27 to 33 were added to the Bill.*

*The First Schedule was added to the Bill.*

### **Second Schedule**

*Amendment made:*

Page 14, line 34,—

for "MYSORE" substitute—

"KARNATAKA" (1)

(Shri A. K. Kisku)

**MR. DEPUTY-SPEAKER:** The question is:

"That the Second Schedule, as amended, stand part of the Bill".

*The motion was adopted.*

*The Second Schedule, as amended, was added to the Bill.*

*The Third Schedule was added to the Bill.*

*Clause 1 (Short title, extent and commencement).*

**DR. LAXMINARAIN PANDEYA:** I beg to move:

'Page 1, lines 5 and 6,—

for "Homoeopathy Central Council Act, 1973" substitute "Homoeopathy and Biochemic-cum-Homoeopathy Act, 1973". (2)

जैसा मैंने परिभाषा के सम्बन्ध में कहा कि उसमें इस बात को स्वीकार कर लिया गया है कि होम्योपैथी के साथ साथ वायोकेमिक को स्वीकार करते हैं और जो रजिस्टर रखा जायेगा उनमें जो होम्योपैथी के प्रैक्टीशनर हैं या चाहे फिर वायोकेमिक के द्वारा ही प्रविष्ट कर रहे हैं उनको भी होम्योपैथी का प्रैक्टीशनर मान कर रजिस्टर करेंगे। तो मैं समझता हूँ इस अधिनियम का जो नाम दिया गया है कि यह अधिनियम "होम्योपैथी केन्द्रीय परिषद् अधिनियम, 1973" कहा जायेगा तो उसके साथ में वायोकेमिक का शब्द भी जोड़ दिया जाये और इसको इस प्रकार से रखा जाये — "होम्योपैथी तथा जीव रसायन एवं होम्योपैथी अधिनियम, 1973"। इस प्रकार मैं समझता हूँ जो अस्पष्टता है वह समाप्त हो जायेगी। दोनों के लिए समान रूप से रजिस्टर रहेंगे और दोनों प्रैक्टीशनर्स इस अधिनियम के द्वारा रजिस्टर किये जा सकेंगे, दोनों संयुक्त चिकित्सा पद्धति के रूप में देखे जायेंगे। मैं आशा करता हूँ मन्त्रि महोदय इसको स्वीकार करेंगे।

SHRI A. K. KISKU: As I have already mentioned, there is no further need for any amendment and, therefore, I oppose this amendment.

MR. DEPUTY-SPEAKER: I shall now put amendment No. 2 to vote.

*Amendment No. 2 was put and negatived.*

MR. DEPUTY-SPEAKER: The question is:

"That Clause 1, the Enacting Formula and the Title stand part of the Bill".

*The motion was adopted.*

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

SHRI A. K. KISKU: I beg to move:

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

MR. DEPUTY-SPEAKER: The question is:

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

*The motion was adopted.*

15.46 hrs.

# CODE OF CIVIL PROCEDURE (AMENDMENT) BILL

THE MINISTER OF STATE IN THE MINISTRY OF LAW, JUSTICE AND COMPANY AFFAIRS (SHRI NITIRAJ SINGH CHAUDHARY): I beg to move:

"That the Bill further to amend the Code of Civil Procedure, 1908, as passed by Rajya Sabha, be taken into consideration".

Sections 109 and 110 of the Code of Civil Procedure contain provisions relating to appeals to the Supreme Court. As laid down in the said Section 109, these provisions of the Code of Civil Procedure are subject to the provisions of Chapter IV of Part V of the Constitution which includes the provisions of art. 133. Sections 109 and 110 and the connected provisions of Order XLV, rules 3, 4 and 5 lay down the test for valuation of property or the subject matter of dispute as conferring the right of appeal to the Supreme Court. These provisions were in keeping with the corresponding provisions of art. 133 of the Constitution as it stood before it as amended by the Constitution (Thirtieth) Amendment. As a consequence of this amendment of art. 133, it has become necessary to amend these sections.