

**Shri V. P. Nayar (Quilon):** What about the Rehabilitation Ministry? It appears from what you have read out that the Rehabilitation Ministry is also to be blamed

**Mr. Speaker:** As for the Rehabilitation Ministry also, in view of what has been stated by this one officer—it is not that a 'bundle' of officers should come here—the Rehabilitation Ministry, I am sure, will take note of this fact and act according to it. If, in spite of it, they commit a lapse, a similar one, next time, the hon Member is alert, and he can always bring it to the notice of this House

\*DEMANDS FOR GRANTS—contd

MINISTRY OF HEALTH

**Mr. Speaker:** The House will now take up discussion of the Demands for Grants Nos 47, 48, 49, 50 and 119 relating to the Ministry of Health. As the House is aware, 2 hours have been allotted for the Demands of this Ministry

There are a number of cut motions to those various Demands. Hon Members may hand over at the Table within 15 minutes, the number of the selected cut motions which they propose to move. I shall treat them as moved if the Members in whose name, those cut motions stand are present in the House and the motions are otherwise in order.

Personally, I am in favour of allotting the largest amount of time for the Ministry of Health, but somehow the Sub-committee which sat over this matter—it has given 101 hours for the entire Budget—has been a little frugal with respect to the Health Ministry. All the same, it is not for me to decide that, it has been accepted by the House.

I shall give preference, first of all, to doctors, then to lady Members and then to others

**Shri Kaswara Iyer (Trivandrum):** What about lawyers?

**Mr. Speaker:** I shall call Shri D. S. Raju first

DEMAND NO 47—MINISTRY OF HEALTH

**Mr. Speaker:** Motion moved

"That a sum not exceeding Rs 7,66,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1958, in respect of 'Ministry of Health'"

DEMAND NO 48—MEDICAL SERVICES

**Mr. Speaker:** Motion moved.

"That a sum not exceeding Rs 2,26,43,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1958, in respect of 'Medical Services'"

DEMAND NO 49—PUBLIC HEALTH

**Mr. Speaker:** Motion moved

"That a sum not exceeding Rs 5,35,30,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1958, in respect of 'Public Health'"

DEMAND NO. 50—MISCELLANEOUS EXPENDITURE UNDER THE MINISTRY OF HEALTH

**Mr. Speaker:** Motion moved

"That a sum not exceeding Rs 60,56,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1958, in respect of 'Miscellaneous Expenditure under the Ministry of Health'"

DEMAND NO 119—CAPITAL OUTLAY OF THE MINISTRY OF HEALTH

**Mr. Speaker:** Motion moved.

"That a sum not exceeding Rs. 5,89,68,000 be granted to the

\*Moved with the recommendation of the President

[Mr. Speaker]

President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1958, in respect of 'Capital Outlay of the Ministry of Health'."

Shri D. S. Raju (Rajahmundry): I would like to make a few observations on some of these health problems, which, I think, should be tackled and solved on a national emergency basis. I do not say that these problems are not within the awareness of the public and the responsible authorities, but I would only like to suggest that they should be tackled more urgently and more efficiently.

With regard to medical services, we are aware that all over India, from the Himalayas to Cape Comorin, almost all the hospitals are overcrowded. There is a shortage of doctors, nurses and midwives. For a country like India, with a population of about 380 million, there are only 70,000 qualified doctors, 24,000 midwives and 24,000 nurses. In spite of the fact that a host of other unregistered doctors were functioning during this influenza epidemic, we had a lot of difficulty in controlling this epidemic. That is because we are short of doctors and nursing services.

On a rough estimate only one doctor is available for about 6000 to 7000 people whereas in foreign countries, it works out to one doctor to about 2000 or 1500 people.

Under the Second Five Year Plan, we have proposed to start about 6 more medical colleges. Without asking for more money, I would suggest that existing hospitals can be expanded to quite a good strength. Also a few more hospitals could be started. After all, doctors cannot be manufactured by spending a lot of money on buildings alone. It is not the brick and cement or the stone and lime that could make doctors. We want experienced teachers, and for this purpose some of the Retired Surgeons and Physicians could also be available.

So I would suggest that we can save some money by cutting down on this capital expenditure in the construction of buildings and all those things. We can rent, if necessary, quite a number of buildings in most of the cities. They could be utilised for starting new medical colleges. Therefore, by saving some money we can easily expand the existing medical colleges as well as start new medical colleges under the Second Plan.

Then there is the question of de-urbanisation. You are aware that urbanisation and industrialisation are creating for us a number of problems. Ours was an agricultural economy for centuries. Now people are migrating to cities in larger and larger numbers. They are congregating in industrial areas so much so that we are finding it difficult to provide for them food, accommodation, medical facilities and other conveniences. Quite a number of these people come from villages. They are quite illiterate and they come without their families, so much so that after coming to the cities their morals also have dropped. That creates for us another problem. So de-urbanisation is a very urgent question which requires constant attention from our leaders and statesmen.

I think there is a lot of truth in the saying of great men 'back to the village'. Even Mahatma Gandhi had said that if villages perished, our nation perishes. There is a lot of truth in this, because after all we have lived for centuries in villages and we have been revitalised and re-energised from the natural surroundings of villages. It is not for a tropical country like ours to so suddenly change from village, agricultural economy to an industrial economy. We should be slow and cautious.

Next I would refer to the question of import of drugs. We are all aware that we are spending about Rs. 30 to Rs. 40 crores on the import of foreign drugs. I admit that some of these drugs are quite useful and efficient, but as a medical practitioner for a

number of decades I would like to suggest that quite a number of these drugs are not necessary for the treatment of diseases. They might be put down to a few dozens. Probably, if a committee could go into this and find out what are our essential requirements in respect of foreign drugs, we can save a lot of foreign exchange also.

Another point is about the Hindustan Antibiotics Ltd. This company has been stated to produce penicillin. It has gone into production about two years ago. But still it is not able to meet all our requirements of penicillin. Penicillin, after all, is a very very useful antibiotic. If more energy, more vigour and more enthusiasm had been put into the organisation, I think it should have been able to meet our requirements by now.

Also production of streptomycin and chloromycetin, which are very useful antibiotics, could be achieved by an extension of the same process. This production of the two valuable antibiotics should have been started by now.

Then I come to anti-malarials which have been dumped into India in vast numbers. Paludrin, Daraprim, Chamoquin etc. all these drugs, I agree, are quite efficient, but we should not forget our old quinine which has stood the test of time for the last 300 years. It is still a basic remedy in the treatment of malaria and in the preparation of so many contraceptives and anti-ceptive remedies. It is a thing which Government should take in hand and encourage. Almost all the hill stations in India can produce a lot of quinine.

Suppose something happens—as happened with regard to the Suez crisis—and we are not able to get our foreign stock. Then we will be in trouble. So I would suggest that we should revise our policy of relying to much upon foreign drugs for most of these anti-malarial or synthetic remedies. I would suggest to Government to pay more attention to the production of quinine and en-

courage the use of quinine by medical practitioners, government hospitals etc.

DDT is another product which is very very important in the anti-malarial and anti-mosquito campaign. We have got a factory in Delhi. But it produces only about a ton a day whereas our requirement for the whole country is about 10 tons a day. We should hurry up with the production of this insecticide which is such an important and essential material for anti-malarial purposes.

Then there is the question of sales tax on drugs. There is an urgent necessity for a revision of the sales tax policy with regard to drugs. At present, there is some harassment caused to chemists, druggists and also some medical practitioners who have got to keep a daily account of these things, by reason of the attitude of the sales tax officials. I would humbly request Government to take this matter into consideration and afford relief to the people concerned.

Medical research is very very important item. Under the present conditions of our life, as a direct consequence of the effects of our civilisation, we are getting more and more sick. Not only we, but everywhere in the world, people are getting more and more sick. The stress and strain of life, the competitive existence from birth to death, the problem of finding bread and butter—all these things are produced by our civilisation. In future also, we are bound to get more and more sickness.

Diabetes and blood pressure are the direct consequences of the present civilisation. I would call them twin sisters. There is increasing morbidity on account of these two diseases in almost all countries, including America.

I would suggest that a separate section or branch should be opened in the All India Institute of Medical Sciences to give prominence to this. This Institute should be started well and very good foundations should be laid even from now on. It should

[Shri D. S. Raju]

attract and give facilities not only to our talented young men, but doctors from all over the world should be encouraged to come and do reach on some of these very important and urgent problems.

Regarding some of our ancient systems of medicine, ayurveda and unani, I have great respect for them. In ancient ayurveda, tuberculosis was described in detail. Gold was suggested as a remedy for it about two thousand years ago. Even now, in spite of antibiotics, we are occasionally compelled to use Myocrysin and Sanocrysin. These are preparations of gold for the treatment of tuberculosis. I would suggest that due attention should be given to research in ayurveda and unani.

You will have seen from the papers that there is a new drug found out called Rauwolfia Serpentina. In ayurveda, it is called Serpagandhi. This has got a very good name lately in the medical profession. Out of this, they are able to manufacture alkaloids which are very good for the reduction of blood pressure. They are also good for mental diseases. These alkaloids serpassil, Reserpine etc of serpentina—have become very very useful remedies.

**D. S. Raju:** Alkaloids are not made here.

**Shri D. S. Raju:** The raw products are grown here.

**Shri D. S. Raju:** Alkaloids are not manufactured in India. It is a highly technical process. The raw products are grown in India on an extensive scale in almost all the hill regions. I would like the Government to take serious note of this industry.

We have several programmes in the country: National Malaria Control programme, filaria control programme and TB control programme and Leprosy control programme, and many others. They are well thought out. Funds have been allotted for these schemes but I feel that they are not sufficiently large. I know the

real difficulties of the profession and the people and I suggest that the Finance Minister should be more generous in allotting funds to some of these important items. Malaria takes a very heavy toll; fifty million people are affected every year. You can imagine the extent of the damage and the loss to the country by this one dreadful disease.

It is true that the Government by its preventive methods have protected about ten crores of people and given mass treatment to about half a million people. It is good but still much more has got to be done on this matter. During the last war allied planes with sufficient quantity of DDT sprayed certain whole areas and completely eliminated this disease and other mosquito borne diseases. It was extra-ordinary how they can spray those areas and kill these mosquitoes. I wonder if our Government could take this measure by spraying these areas with DDT from planes.

Then, about this TB control programme. We have got only 24,000 beds all over India which is inadequate. Some of the very good remedies streptomycin and INH, a synthetic product—are being very effective. In fact, some years ago cases which were considered incurable, patients in advanced stages of TB, are very well controlled by streptomycin and INH. Efforts should be made to manufacture some of these products on a sufficiently large scale in India. It is not possible to depend upon foreign sources for any length of time, especially for essential drugs. We should take note and create maximum facilities and give maximum allotment for the production of these things in India.

Then about the leprosy clinics. Some institutions are doing very good work: Mahatma Gandhi Memorial Trust, Ramakrishna Mission and Kushta Nivarana Sangha Mission lepers. There are about two million lepers and it is very difficult to collect these lepers in different asylums and give treatment to them. Sulphone

drugs latterly are very effective and even very advanced cases are marvelously cured in about a year or two years' time. They are very cheap also costing about two annas per day per patient or even less. One tablet costs half an anna and two or three tablets would be ample. Even patients in advanced stage previously thought incurable, have made remarkable recoveries if they swallow these tablets for two years or so. It is one of the recent advances in Medicine of which every scientist can be proud and every doctor happy.

**Shri Feroze Gandhi (Rai Bareli)**  
Can it be used for flu also?

**Shri D. S. Raja:** No Sir. The remedy should not be more drastic than the disease itself as in the case of flu. Leprosy which is claiming and disabling about two million people in India is a curable disease and can be tackled easily and effectively. The influenza epidemic has affected the lives of so many people. There is no necessity to get unnecessarily panicky about the disease. After all, it has been there in almost all the countries in an endemic form, occasionally it sprouts in an epidemic form. It takes only three or four days and there is some fever and then probably it leaves. We should not get panicky over such a mild disease. The Government is trying to prepare some vaccine in the Coonoor research laboratories. I do not know how far it will be effective or useful because the virus changes its nature frequently. If we find out a cure for one type, it changes itself into another type by changes in mutation and this vaccine may not be useful. I would ask the Government not to waste so much money and to go cautious about the preparation of the vaccine.

I would refer to family planning before I conclude. We are multiplying very rapidly and every year five million more people are added. While the birth rate has increased, the death rate has fallen and the average expectation of life has increased. That means that there should be more

for accommodation, travelling facilities, medical and other amenities. At this rate, by the end of the century, our population, it has been calculated, will be double the present that is, 74 crores. Could we imagine a country like ours expanding so rapidly? Could we be able to provide for the 78 crores of people? We should take stock of the situation and give more prominence to family planning. It should be done on a very enthusiastic and vigorous scale. Everybody should take interest in this, not only the Government but voluntary organisations and almost all the intelligent people of the country should become aware of the seriousness of the problem and try to tackle it now. In the next decade this problem will probably be unmanageable and uncontrollable and there would be a cause for regret.

The Second Plan provides four crores for family planning. I hope intense research will be done and contraceptive and other methods will be found out.

I have no complaint against anything except that we are not going with such zeal and enthusiasm that I would like to see in the implementation of the programmes. If you do so, our desire for a welfare State would be much nearer than expected.

**Shri Easwara Iyer:** Sir, I do concede the competency of doctors and women to speak on this subject of health.

**Mr. Speaker:** Patients also.

**Sardar Hukam Singh (Bhatinda):** He is not in any of these categories.

**Shri Easwara Iyer:** In fact, I have been suffering from a certain amount of fear complex as to whether I am the right person to speak on this subject of health but a look at my hon. friend in the Treasury Bench on the other side gave me some sort of assistance.

Coming to the subject of health, I am desirous of pointing out as a layman, as a lawyer layman, if I may say so with all respect, as to what I

[Shri Easwara Iyer]

think should be the programme for the development of our national health. I bestowed serious attention on the report of the Ministry of Health for 1956-57, and I cannot deny that we have made some progress in the matter of health. But, to me it appears that regarding certain aspects of the matter we have to make a different approach, particularly regarding the question as to how we should tackle the problem of disease.

Tackling the problem of disease falls under two main heads. We employ drugs which are preventive or curative. So, diseases are either prevented or cured; there is no third way of dealing with a disease. Probably, the conservative cynic might be tempted to say that there is a third way, tackle the disease by another drug, and that is by death; that is, by the non-application or wrongful application of the drugs.

On the question of drugs the science of medicine has, I understand from the hon. friend on the other side, made strides of progress during the last two decades. Certainly so. Antibiotics like penicillin, chloromycetene, tetracylin and all such things have come to effectively combat the diseases.

But the question still remains, Sir, as to whether these drugs, these essential life saving drugs are available to the ordinary poor man. The sale of these essential drugs are still in the hands of private business, and when a patent medicine in the name of Lederle, Parke Davis or Sharp and Dhome come for the first time in this country, we find that they are offered for fanciful prices. I remember a time when penicillin was first marketed. Then it was not available for even Rs. 50, that is in 1950 or 1951. When chloromycetene first came into the market, it is very useful for typhoid and various other ailments, it was not available for less than Rs. 100.

Still we find that the sale of these drugs are in the hands of private business. Even though we find various firms offering them at competitive prices, we find, as a matter of

fact, that these drugs are not available for the common man, or the ordinary poor man.

Shri D. S. Raju: It is only one rupee now.

Shri Easwara Iyer: I certainly know that. But, when these drugs are out of stock, when at times of necessity like the influenza epidemic or other times a private businessman can find a way out of the situation by concealing the stock and boosting up prices, these drugs are not available to the poor man.

So, I would suggest, as a matter of constructive suggestion, to our Health Minister that he must have some sort of a control over at least the sale of these essential life saving drugs. He might answer me by saying that we have got the Drugs Control Act. But the Drugs Control Act has no control over the sale prices of these essential drugs. What I am suggesting is that at least with respect to these essential antibiotics they must develop a public sector. If that is not possible, in the alternative I must say that we must have a control over the prices of these antibiotics, otherwise the common man who is asked to elect between cure of the disease and death has no option.

When I am on this question of drugs I am tempted to say that in this country we have various laws. Of course, speaking as a lawyer I am saying that we have a number of laws to control the quality of drugs and the standard of drugs. But, I do not know as to whether this Drugs Control Act provides for testing the components of every medicine that is marketed, and also the efficacy of the medicines for the purpose for which they are advertised. We find that products are marketed professing to cure so many things. These products come forward with a good load of literature and the suffering man, unhelped by the professional man, reading these advertisements concludes that he has found a panacea for all his ailments. We find that

these advertisements proclaim to the world that the product is a simple remedy for all ailments. Have we got a law, or have we got the machinery to test the components of each drug that is being marketed to see whether they are really efficacious for the purpose for which they are advertised?

I remember to have read a law in America, a Federal Law. I believe, whereby it is provided in America that before any drug is patented and put into the market that drug must be submitted to a central research laboratory, a huge laboratory the kind of which we cannot afford to have, where these drugs are tested. The research workers there examine the details of the advertisements of the drugs to be put forward in the market, and see whether they are really applicable for the disease to which they are to be applied. This is what they do. If the research workers come to the conclusion that these drugs are spurious, then they are not allowed to be marketed in New York. There is a proviso, and that is the hard part of the job. The proviso says, even if they are found to be spurious and unfit to be marketed in New York, if those goods are marked "for export only", then they can be exported. We find some of those medicines coming here and widely advertised.

So far as these Knox products are concerned, we find a lot of advertisements coming out, like cystex for kidney troubles, mendaco for asthma, hynox for blood pressure.....

An Hon. Member: Okasa.

Shri Easwara Iyer: I have only come to the Knox products. These things are not allowed to be sold in New York. In fact, this medicine mendaco can be sold in New York only with the caution administered that it is dangerous for children under seven years and cannot be administered to T.B. patients. I do not know how many of our professional men know that. But we find sometimes this mendaco for asthma and hynox

for high blood pressure prescribed by various doctors. I am not disputing the efficiency of professional men, but sometimes these men do prescribe these things as though they are effective remedies.

The question is whether we can afford to have a central laboratory and prevent the import of these goods, otherwise America would find that India is a good place for selling her spurious goods. I would respectfully submit that we can effectively check them if we can make a law whereby it is said that any drug which cannot be sold in America cannot be imported at all; if it is marked "for export only", it should not be imported at all. This is one point which I would respectfully submit before this House for the consideration of the hon Minister for Health.

I have so many aspects of the matter to deal with, but for lack of time I cannot deal with all of them. I have to deal with the question of public health, which is of utmost importance. Here we deal with the preventive side of the disease. We have got so many complaints regarding the manner in which the problem of public health is tackled in our country, the most important aspect of public health is the problem of fresh water. In fact, in the coastal lines of Kerala State, we find water everywhere, but not a drop to drink. So, I would request the hon Minister to pay some attention to the matter of fresh water problem in Kerala State.

Then, there is the question of subsidy for the control of leprosy in Noornad in Kerala State. We have got a leprosy colony and I understand this year there is no subsidy given for that centre. I would earnestly request the hon Minister to consider the claims of this leprosy colony. This is one of the biggest leprosy centres in South India.

I have also to point out that the system of training auxiliary nurses and midwives needs a complete reorganisation. The target figures show

[Shri Easwara Iyer]

that we must have at least 6,000 people of this kind before the end of the Five Year Plan, but we find that very little personnel being trained. We must examine the reason why we are not getting enough trainees. My suggestion is that it is because the pay is very low and the medium of instruction is English. I find in most of the States the medium of instruction is English and women, who have passed out of the fifth or sixth standard and who are being trained as auxiliary nurses, are not able to follow the lectures that are given. Therefore, I earnestly request the hon. Minister to consider the problem of training of auxiliary nurses and midwives and to give more incentive to the trainees.

With regard to the indigenous system of medicine, which has been referred to by the hon. Member who spoke last I must say with respect that the allopathic doctors have developed a sort of allergy towards ayurvedic vaidhakims or homoeopathic doctors. This allergic attitude towards the indigenous system of medicine should stop. There is need for more collaboration between them and the Ministry should provide facilities for collaboration and consultation between the ayurvedic doctors or hakims or siddha v aids and the allopathic doctors. I am told in China there is an academy of Chinese medicines to develop the indigenous systems of medicine. I am also told that even the best allopathic doctors who have got special qualifications and who are specialists go there and have consultations, discuss matters and find out the efficacy of the indigenous medicine. The need for standardising and testing the quality of ayurvedic medicine is also there. I do not deny that.

There are spurious drugs in ayurveda also coming up in the market nowadays. We have to test whether they conform to the quality or can be effective for curing the disease it professes to cure. As a matter of fact, instances are not lacking. We find that in the market—I am only citing

an example—there is a rasayanam from the south called *karumkorangu rasayanam*, which is said to be an extract of the elements of the black monkey. But from the quantity of this rasayanam that has now been marketed, I think that if there is any element of the monkey in the rasayanam, the whole species would have been extinct by this time.

Mr. Speaker: Nobody takes exception on the ground that it is cruel to animals.

Shri Easwara Iyer: I am not aware of it. The glands or the adrenals of the monkey are supposed to be the component parts of the rasayanam. I do not want to elaborate it.

Regarding arishtams and asavams also, we find that their important component parts are honey and other costly medicines. These are being marketed with jaggery water. In the *kasturi rasayanam* also, we do not find any *kasturi* or any element of musk. These are the spurious drugs that are marketed and the suffering man is really cheated. So, even with respect to ayurvedic medicines, I would say that we must have control over them, test the quality and standard of the medicine before they are allowed to be marketed. Not to speak of the *navaratna kalpa* which contains the extract of nine gems and which is marketed for Rs 2. I do not want to enter into details because of want of time. I only say that while the need for collaboration between ayurvedic and allopathic doctors is very high, there is also the need for standardising the quality of the medicines.

I want to invite the attention of the hon. Minister to the problem of ayurvedic doctors in our State, where it cannot be denied that this system of medicine is highly developed. But we have not got the facility for research work or post-graduate work. So, I would request the hon. Minister to consider the claims of Kerala State regarding ayurveda.



Again, there is one branch of Ayurveda which has not come up for discussion or consideration, namely, the system of bone-setting in our place. We have got experts in bone-setting. I have come across cases of bone-setting successfully done by these experts where allopathic doctors have failed miserably.

**Mr. Speaker:** In Puthur in the Andhra State also it is there.

**Shri Easwara Iyer:** These people are not encouraged. I am told they are proceeding on some scientific basis, probably handed over to them from generation to generation. They have made a good deal of study about this matter and they are experts in the line; I would submit that this system, particularly bone-setting with massaging, should be encouraged. In the allopathic system, bone-setting is done by putting the bones together and keeping it at rest for a number of days; this sometimes fails. These experts, I am told, do the bone-setting and do a little bit of oil massaging. This method of bone-setting is very remarkable. These things which are available are escaping the attention of our Health Ministry.

Regarding control of malaria and filaria—of course, my hon. friend said it is control of malaria, what we want is total eradication. It is not merely control. We have reached a stage when we must say that India is no longer suffering from malaria, so that there need not be a control over malaria. In fact, the World Health Organisation is extending its help for the eradication of Malaria. As regards filaria, I must say that my State has not got the help which the people of that State deserve. In Shertalai and other places, we find filaria in abundance.

Before concluding, I must make an earnest appeal to the members of the medical profession. I should not be misunderstood when I make this appeal to them. This is one of the noblest of the noble professions. We do concede that. But, they must engage themselves as citizens of India

with the responsibility which has been thrown upon them in a spirit of self-sacrifice, and serve mankind and be prepared to go to the villages and rural parts without caring for the remuneration that they may get and try to build up India with good health and prosperity. If they do so, they will be remembered for generations. I should say that among some of the members of the profession, pecuniary considerations are even now prevailing. That is why I am saying that the medical profession is one of the noblest of the noble professions in India for serving mankind and that, they should realise. If the Minister of Health would agree to provide refresher courses for even the medical men in the profession, by which they are again and again reminded of their duties, I would say it will serve the purpose.

I have got so many points to stress. I do not wish to take more of the time of the House. I will utilise any other occasion that may come to me for taking up this aspect of public health.

**Mr. Speaker:** Shri Bbagwan Dm Misra. He is an Ayurvedic vaid. I called an allopath; I called a patient; now I call a vaid.

**Shri Easwara Iyer:** I am in good health.

**Shri B. S. Murthy (Kakinada-Reserved-Sch. Castes):** If every patient is like Shri Easwara Iyer, there is no need for a health department to exist.

श्री श्री बी० विष्णु (केनराज) .  
अध्यक्ष महोदय, स्वास्थ्य मंत्रालय के  
अन्तर्गत स्वास्थ्य विभाग की ४७, ४८,  
४९ और ५० नम्बर की मांगों का बर्णन  
है। स्वास्थ्य विभाग को दो भागों में  
बांटा जा सकता है। एक वह हिस्सा  
है जिसके द्वारा यह चेष्टा की जाती है कि  
देश में रोग फैलने न पावें और सकई रहे  
और शुद्ध जल तथा शुद्ध वायु का प्रबन्ध  
हो। दूसरा हिस्सा चिकित्सा से सम्बन्ध  
रखता है। उनके द्वारा रोग होने पर

[श्री म० सी० मिश्र]

रोगियों को निरीग करने का प्रयत्न किया जाता है ।

जहाँ तक सफाई, शुद्ध जल और शुद्ध वायु के प्रबन्ध का सम्बन्ध है इस विषय में स्वास्थ्य विभाग ने शहरों में तो बहुत हद तक काम किया है यद्यपि इस में भी अभी बहुत कुछ करने को शेष है । एक माननीय सदस्य ने कहा कि शुद्ध जल का अभी प्रबन्ध काफी नहीं हो पाया है । लेकिन मैं अपने स्वास्थ्य मंत्री का ध्यान इस ओर आकर्षित करना चाहता हूँ कि सफाई, शुद्ध जल और शुद्ध वायु का प्रबन्ध अभी देश के उस थोड़े हिस्से में ही रहा है जिस को ग्रहण कहते हैं । लेकिन देश की २५ करोड़ जनता के लिये जो कि देहातों में रहती है और जिस को ग्राम शुद्ध भाग्य कह सकते हैं उन के लिये तो अभी सफाई का लेव मात्र भी नहीं है । बहा पर शुद्ध जल और शुद्ध वायु के लिये कोई प्रबन्ध नहीं किया गया है । बहुत से स्थानों पर नौंग नानाओं का पानी पीने है और बहुत सी जगह नदियों के किनारे मूड्डे खोद कर पानी प्राप्त करते हैं । अभी गाँव के रहने वालों के लिये सफाई का, शुद्ध जल का और शुद्ध वायु का प्रबन्ध नहीं हो सका है ।

इस में संदेह नहीं कि जहाँ तक सकारक रोगों का संबंध है, जहाँ तक मलेरिया का सम्बन्ध है, इन को रोकने में इन विभाग ने बहुत कुछ सफलता प्राप्त की है । पहले जब बड़े बड़े मेले हुआ करते थे तो उन के बाद भ्रूक्षर जैसे जैनी सकारक बीमारियाँ फैल जाया करती थी । उस पर हेल्वि विभाग ने बहुत कुछ कटौत कर लिया है और जिले बहाराइच के उत्तरी भाग में मलेरिया बहुत हुआ करता था । लेकिन आज इस विभाग द्वारा उसको रोकने की समुचित व्यवस्था करके उसे उसका प्रकोप करीब २५ प्रतिशत ही रह गया है । आज की

प्रबन्ध में गाँवों में रहने वालों के लिये सफाई, शुद्ध जल और शुद्ध वायु का प्रबन्ध करने की बहुत अधिक आवश्यकता है । गाँवों में ही देश की अधिकतर आबादी रहती है ।

दूसरा भाग चिकित्सा का प्रारम्भ होता है । अभी इस सम्बन्ध में माननीय सदस्य ने आयुर्वेदिक चिकित्सा पद्धति का जिक्र किया । हमारे डा० राजू ने भी आयुर्वेदिक औषधियों की कुछ बर्षों की है । उन्होंने सर्पगंधा के प्रयोग के बारे में कहा और छय के लिये सोने के उपयोग के बारे में भी कहा । मैं तो कहना हूँ कि आयुर्वेद को कोई भी जानने वाला प्रारम्भ में ही यह जानता है कि छय रोग के लिये सोने का प्रयोग किया जाना चाहिये । और यह कोई आज की बात नहीं है । महस्वी वर्षों में यह प्रयोग चला आता है । लेकिन यह दुःख है कि चिकित्सा के सम्बन्ध में शिक्षा मन्त्रालय ने इसी में सन्तोष कर लिया कि जगह जगह अस्पताल खोल दिये हैं । क्या उन के द्वारा ३७ करोड़ जनता रोग विनिर्मुक्त हो सकती है । मैं कह सकता हूँ कि आज भी देहातों में आयुर्वेदिक, यूनानी और दूसरी देशी चिकित्सा पद्धतियाँ फैली हुई हैं । बहुत सी धर्मार्थ मन्पाओं के और कुछ विद्यालयों के औषधालय काम कर रहे हैं और उन के द्वारा लाखों रोगी रोग विनिर्मुक्त होते हैं । इस में कोई शक नहीं कि आपने ऐलोपैथिक पद्धति के लिये माइटिफिक प्रयोग किये हैं और उस के लिये करोड़ों रुपये खर्च किया है । उन के बाद आप कह सकते हैं कि हमको इतनी औषधियाँ शुद्ध रूप में मिल नहीं हैं । और ये इन इन रोगों के लिये प्रयुक्त हैं । लेकिन जो २५ करोड़ की जन संख्या देहातों में रहती है उसको इन औषधियों से लाभ नहीं पहुंच रहा है । बल्कि मैं तो कहूँ कि शहरों में भी जो आबादी थी तो आई थी

व्यय मासिक पाता है वह भी इन चीज-  
धियों से अपने बाल्कों का इलाज नहीं करवा  
सकता। पहले अक्सर निक्सचर  
दिये जाते थे। पर अब ज्यादातर  
डाक्टर इन्वेक्शन काम में जाते हैं। वे  
रोमी को नुस्खा लिख देते हैं जो कि २०  
रुपये में १५ रुपये में या ३५ रुपये में मिलता  
है। बेचारा रोमी इतनी कीमत देव कर  
परेशान हो जाता है और दूसरी चिकित्सा  
पद्धति की ओर जाता है और उम प्रणाली  
से रोग विनिर्मुक्त होता है।

ऐसी अवस्था में इस बात की बहुत  
आवश्यकता है कि सरकार देशी चिकित्सा  
पद्धति को अपनाए। सरकार की ओर से यहा  
पर जो खर्च की कमी की चर्चा की जाती है,  
पर इस के साथ ही साथ वह अधिक से अधिक  
कीमती चिकित्सा प्रणाली को प्रचलित  
करके देश के एक कोने से दूसरे कोने तक सब  
लोगों को लोगों से विनिर्मुक्त होने में सहायता  
पहुँचाना चाहती है, यह कहा तक सम्भव है ?

12 hrs.

मैं यह भी कह सकता हूँ कि मेडिकल कौंसिल  
के कुछ डाक्टर भी यह चाहते हैं कि देश में  
धायुर्बैदिक चिकित्सा प्रणाली, या होम्योपैथिक  
सिस्टम या सुनानी सिस्टम किसी तरह से भी  
प्रचलित न हो सके। वे हमेशा इन प्रणालियों  
को अनसह्युक्तिक बता कर इन को ठुकराने की  
चष्टा करते हैं। मैं यह दावे के साथ कह सकता  
हूँ कि हमारे देश के डाक्टर इन चिकित्सा  
प्रणालियों के साथ सदा सौतेला व्यवहार करते  
हैं। यह नहीं चाहते कि ये चिकित्सा प्रणालियाँ  
अच्छी तरह से सफल हो कर देश की सेवा कर  
सकें। मैं निवेदन करना चाहता हूँ कि दस वर्ष  
पहले उत्तर प्रदेश में एक कमेटी बिठाई गई थी,  
जिस का मैं भी सदस्य रहा हूँ। उस कमेटी ने  
यह सिफारिश की थी और यह तय कर लिया  
गया था कि धायुर्बैदिक चिकित्सा प्रणाली  
को विशेष प्रोत्साहन दिया जाना चाहिए।  
मैं यह जानना चाहता हूँ कि केन्द्रीय सरकार के

द्वारा इस चिकित्सा प्रणाली को कहां तक  
प्रोत्साहन दिया गया है। मैं एक नबागतुक  
सदस्य हूँ, इसलिए इस विषय में मुझे पूरा पूरा  
पता नहीं है, लेकिन मैं समझता हूँ कि अगर  
कुछ प्रोत्साहन दिया गया होगा, तो वह नहीं  
के बराबर होगा।

देशी चिकित्सा प्रणाली में रिसर्च करने  
के लिए आमनगर में एक इंस्टीट्यूट खोला गया  
है। मुझे पता नहीं है कि उस में कहां तक काम  
हो सकता है और किन व्यक्तियों के तत्वावधान  
में वहां काम हो रहा है। अगर वहां पर इन्हीं  
महाप्रभु डाक्टरों के तत्वावधान में ही काम  
हो रहा है, तो आप को मैं विश्वास दिलाता हूँ  
कि अन्त में उन की रिपोर्ट असफल होने की ही  
आयगी, सफलता के सूत्र आप के सामने नहीं  
आ सके।

इसलिए मैं चाहता हूँ कि यदि आप वास्तव  
में धायुर्बैदिक चिकित्सा प्रणाली को प्रोत्साहन  
देना चाहते हैं, तो आप अनुदानों और अन्य  
प्रकार के उत्साह के द्वारा राज्य सरकारों को  
इस बात के लिए प्रेरित करें कि वे अपने यहां  
धायुर्बैदिक चिकित्सा प्रणाली को स्थान दे।  
इस सम्बन्ध में मैं उत्तर प्रदेश सरकार को  
अवश्य धन्यवाद देना चाहता हूँ। उसने इस  
दिशा में बहुत कुछ भागें कदम बढ़ाया है, यद्यपि  
उसे मतोषजनक नहीं कहा जा सकता है।  
फिर भी उम ने एक धायुर्बैदिक विद्यालय  
खोला है और एक बहुत बड़ी रमायनशाना  
स्थापित की है, जिस में बच्चों के तत्वावधान  
में धीपधिया नैयार की जाती है। उस  
देहात में बहुत से धायुर्बैदिक चिकित्सालय  
भी खोले हैं, यद्यपि मैं यह जानना चाहता  
हूँ कि उन के साथ जैसा व्यवहार होना चाहिये,  
वह नहीं किया जा रहा है। देहात में एक एसी-  
पैथिक चिकित्सालय खोलने के लिए सरकार  
की तरफ से दोस हजार रुपए भवन बनाने के  
लिए दिए जाते हैं, जब कि धायुर्बैदिक चिकित्सा-  
लय के लिए पंद्रह रुपए मासिक किराये पर  
एक मकान की व्यवस्था की गई है। इस अवस्था

[श्री भ० दौ० मिश्र]

में मैं यह कैसे कह सकता हूँ कि सरकार जिस तरीके से इस सम्बन्ध में कार्यवाही कर रही है, उस के परिणामस्वरूप यह किसिस्ता प्रणाली प्रफुल्लित हो सकती है और पूर्ण रूप से बेस की सहायता कर सकती है।

जहाँ तक मिडवाइन्ज का सम्बन्ध है अगर आप आँकड़ों को देखें, तो आप को पता चल जायगा कि अपने राज्य की ती वषों की अवधि में आप अधिक में अधिक दो में चार हजार तक ट्रेन्ड मिडवाइन्ज नैयार की होंगी। मैं निवेदन करना चाहता हूँ कि घात्री गिखा एक ऐसी चीज है, जिस का सम्बन्ध देश के गब भागों और सब वर्गों में है। इसलिए ऐसा व्यवस्था को जाना चाहिए जिस के द्वारा गरीबों में गरीब और छोटे में छोटे व्यक्ति को यह मुविधा मिल सके। सुदूर में वॉगन मिडवाइन्ज के अनुसार देहन में रक्त वाहियों का टूट करन का प्रवन्ध किया जाना चाहिए, तानि अधिक में अधिक लोग लाभ उठा सके। मैं नि दिन करना चाहता हूँ कि इस और आप को अधिक ध्यान देने का आवश्यकता है। साथ ही राज्य सरकारी का भी ध्यान हम योग्य आवर्षित किया जाना चाहिए।

अब मैं एक विशेष बात के सम्बन्ध में कुछ कहना चाहता हूँ, जिसकी चर्चा अभी एक मानवैय सदस्य ने की है। हमारे देश में कुष्ठ रोग बहुत ज़ोरों में फैल रहा है और इस के कई विशेष कारण हैं। हमारे देहात में ज्यादातर लोग नमक या अटाई से भोजन करते हैं। उन के भोजन में पोषक-तत्वों का पूर्णतया अभाव होता है, जिस के कारण देहात में रक्त की बीमारियाँ पैदा हो री हैं। इस सम्बन्ध में जो सेंट्रल एक्ट है, उसमें यह विधान नहीं है कि कृषि कुष्ठ रोग सक्कामक है। इस लिए उसमें आकर्मत व्यक्ति जनता से पूषक रखे जायें। उन लोगों को अपने घरों में न रहने दिया जायें, बल्कि उनके लिए दूसरी जगह व्यवस्था की जाय, जिस में ऐसा कोई नियम नहीं है। स सम्बन्ध में मैं आप को बहराइच का एक उदाहरण देना

चाहता हूँ। वहा एक दरगाह के पास मेला लगता है, जिसके विषय में यह किचवन्नी है कि जो कुष्ठ-रोगी वहां जाता है, वह उस रोग से विनिर्मुक्त हो जाता है। सिर्फ हमारे सूबे से ही नहीं, बल्कि देश की दूसरी जगहों से भी कुष्ठ के रोगी वहां पहुंच जाते हैं। इस का नतीजा यह है कि उन की बीमारी ठीक होती नहीं, अपितु वे बहराइच जिले में अधिकाधिक कुष्ठ रोग को फैला रहे हैं। मैं आपको बता सकता हूँ कि ऐसे गांव भीजूद हूँ, जिन में पचास साठ प्रतिशत कोड़ी है और उन का कोई उपचार सम्भव नहीं हो रहा है। ऐसी अवस्था में यह आवश्यक है कि सेंट्रल गवर्नमेंट अपने एक्ट में उचित मशोषन करे। हमारे सिविल मजंन में इसविषय में कहा है कि मेरी तरफ से इसका कोई रोक-थाम नहीं की जा सकती है, जब तक कि सेंट्रल गवर्नमेंट की तरफ से हमारे ऊपर कानूनी प्रतिबन्ध न लगा दिया जाय। मैं निवेदन करना चाहता हूँ कि इस बीमारी को रोकना बहुत आवश्यक है और इस के लिए थार जल्द में जल्द आवश्यक कदम उठाये। हमारा गहा एक आपघालय को लैंग अमाइलम के तौर पर प्राविशियालाइज किया गया है, लेकिन फिर भी ऐसी अवस्था में नहीं है कि कुष्ठ रोग को रोका जा सके। कोड़ी लोग बराबर बाजारों में घूमते हैं और दुकानों के सामने खड़े होते हैं। कुष्ठ रोग एक सक्कामक बीमारी है और लोग बराबर इस के शिकार होने रहते हैं। इस लिए मैं स्वास्थ्य मंत्री में प्रार्थना करूंगा कि वह शीघ्र में शीघ्र इस विषय में कोई कार्यवाही करे और इस एक्ट को इस प्रकार मशोषित करे कि कुष्ठ के रोगी को घर में न रख कर पूषक रखा जाय। इसके साथ ही साथ जो कुष्ठ के रोगी बाजारों में भिडा मागत फिरते हैं, उन के लिए निवास, भोजन और उपचार का उचित प्रबन्ध किया जाना चाहिए, अन्यथा इन बीमारी में मुक्ति सम्भव नहीं है।

अन्त में मैं स्वास्थ्य मंत्री महोदय से विशेषण कर्ना कि यह विषय भी आवश्यक है।

जिस तरह सरकार मुसमरी के सम्बन्ध में परेशान है, उसी तरह इस विषय में भी परेशान होने की आवश्यकता है। आयुर्वेदिक तथा दूसरी देशी चिकित्सा पद्धतियों को सरकार की ओर से पूरा प्रोत्साहन दिया जाना चाहिए, तभी वह देश का कल्याण करने में समर्थ हो सकेगी।

**Mr. Speaker:** Shri Dasgupta

Before the hon. Member begins, I would like to say that I have received as many as 16 names. So far I have been able to call only three. The fourth Member is now in possession of the House. Is it the pleasure of the House that we may extend this time by one hour? Two hours have been allotted. Some people go by economic considerations, but other considerations are also necessary. The Sub-Committee have allotted 101 hours for the entire Budget but they have given only 2 hours for the Health Ministry, and a few hours for the Ministry of Education. I feel that hereafter there must be a full day of five hours for each of these subjects, they are the nation-building services.

**Shri Radha Raman (Chandni Chowk)** Health is an important subject

**Mr. Speaker:** Time after time, external affairs come up; that has already been accepted, on various other considerations, that has become the order of the day. But these other matters which are really useful to the public are thrown into the background.

I am sorry I did not bestow sufficient consideration on this. I merely accepted the Sub-Committee's recommendations. But I shall extend the time for the Ministry of Health by one hour, whatever may happen with respect to the other Demands.

Now, Shri Dasgupta. Hon. Members may take ten minutes each.

These are like first-class pills of the present day.

**Shri Dasgupta, B. (Purulia):** I am a new speaker. Shall I also have only ten minutes?

**Mr. Speaker:** New speakers will put everything into a nut-shell.

**Shri Dasgupta, B.:** I want to draw the attention of the House, and especially of Government to the food adulteration that is going on in our country. I think that is one of the most vital problems, which has not been given the proper attention which it deserves.

Food adulteration has reached such a stage in our country that practically it amounts to slow poisoning of the nation or killing the nation or eating into the vitals of the nation. If we are not alert, if we do not take adequate measures to prevent this, if we ignore the importance of this, then we shall be a party to killing the nation; we shall be a party to bringing the nation to a stage where it will be impossible to have a healthy nation, whatever be the type of food we may take.

It is needless to go into details regarding adulteration of food. We are eating from morning to evening, but I do not know whether we are eating soapstone, or whether we are eating *arizman*, or whether we are eating particles of stones. And there are so many diseases prevalent, such as diseases of the intestine, diseases of the heart, and so on and so forth. And there are so many medicines, so many doctors, so many specialists and so on; there are also the Health Departments of the States and the Health Ministry here. But the adulteration is going on freely in the country just with a view to bringing profit to that section of the population, for whom profit is the only motive.

I may cite to you one instance to show how this adulteration is going on in the case of even rice. We cannot just get pure rice. I know how big farms mix particles of stones in

[Shri Dasgupta, B]

the rice that they sell. They adopt a very ingenious method for this purpose. They put an iron pipe into the rice bag, and then they put rice around that iron pipe, but within the iron pipe they put a few seers of particles of stones; then, they slowly lift up the iron pipe, and pack the bags like any other bag. If anyone wants to see the quality of the rice, from the outside, he will see that the rice is pure, and quite all right. But when the bag is opened and rice is spread out on the floor, it will be found that it is a mixture of so many particles of stones with rice. It is in this way that we are taking adulterated food articles.

I want to draw the attention of the Health Ministry in particular, towards this because it is a very vital problem. If we cannot prevent this, then I am afraid that we shall not be able to have a healthy nation, a nation that can really deliver the goods not only to ourselves but to the world as a whole.

Even the laws that are in force in our country are not, practically speaking, adequate enough to prevent this. In other countries, I think there are much more stringent laws than in our country. There should be a law, and there should be some measures to take adulterators to such tasks that the punishment awarded to them will be a sufficient deterrent for others. In my opinion, food adulteration is as bad an offence as killing a man. If there could be the punishment of hanging for a murderer, I see no reason why there should not be similar punishments for that section of the people who are indulging in adulteration freely and killing the nation every minute. I would urge that there may be special laws in our country which will enable us to prevent food from being adulterated. Let there be an assurance that we can get pure food. Let there be such arrangements that we can get pure and healthy foods, so that we can live healthily and live long.

I now come to arrangements for the medical treatment of the poor. The arrangements that are there at present are such that they can be taken advantage of only by the wealthy or by that section of the people that can afford. But if we go to the villages and see the condition of the poor people there, we shall find that only five to ten persons out of the whole population can take advantage of those arrangements for medical treatment.

We are speaking of Ayurvedic treatment, and we are speaking of various other kinds of treatments. But what can the villagers do? The villagers cannot afford to call a doctor, to buy a medicine; he just cannot afford it. If there are no elaborate arrangements for giving free treatment to them, it is but natural that these villagers will be dying, and they are dying like anything, and they are suffering like anything. I would suggest that a proper scheme to facilitate medical arrangements for the poor should be drawn up by the Health Ministry. I know that such arrangements would require finance, and experts too, but I believe we can do something in this regard.

Here, I might put forward one useful suggestion. If it is not possible to arrange for allopathic treatment in all the villages, then we can at least arrange for homoeopathic treatment, for that is the cheapest treatment that can be given in the villages, and that is something which the people also can afford to have. I can cite to you the experience that we had in the Purulia District Board. When we found that it was not possible to make proper arrangements for the people in general, we from the district board started homoeopathic centres, and appointed homoeopathic doctors and supplied homoeopathic medicine. From the statistics collected, we found that at least 90 per cent. of the people had taken advantage of those medical facilities, and they had some treatment at least.

We have no treatment; we have no medical facilities at all. We have

nothing of the kind. We go to the quacks. We in the villages are compelled to go to the quacks. If they do not go to the quacks, they are to die without any medical facilities.

So if we want to rid the country of quacks, we must make arrangements for treatment under allopathy, homoeopathy or Ayurveda. It is one of the duties of the Ministry to see that if allopathy is not possible in a place, there should be homoeopathy there. Let homoeopathy be recognised. Let homoeopaths be trained and let them spread out in the villages so that at least the villagers may have the consolation that they had some medical treatment that could cure them. Let them at least feel that they have been treated. This is a long subject, but I do not want to encroach further upon the time of the House.

Shri Pramathanath Banerjee (Con-  
tai): I do not want to speak about medicine and hospitals, but I want to deal with the general state of health of the country. I know that the health of this country is deteriorating. The test is this. Our young men who go to compete in the Olympic games on different items generally get defeated there. Only our hockey team has come out successful. Even their standard is going down day by day, and it may not be long before we see them also defeated in the Olympics.

Now, what is the cause of this? Not only outside India but also in India we see this, when football teams from other countries come to India and play against our teams, in West Bengal or elsewhere. In football, at least West Bengal has got a good name, but it was miserably defeated by the Russian and Japanese football teams. The Russian and Japanese teams defeated teams of other States also. This is a shame to India, that her teams should be defeated at the hands of the Russians and Japanese in her own home.

We must find out what are the causes of our defeat. Then we shall  
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be able to take proper steps to improve the health of our boys and girls, the young men and women. Then medicine will be less necessary and doctors also will be less necessary.

In this respect, I think the Health and Education Ministry should collaborate. Government are taking measures to see that upto 14 or 15 years, there will be compulsory education. The education department has a great responsibility in improving the health of our boys and girls so that with improved health, they will be an asset to the nation, instead of being a burden to the nation. Now, how to improve the health of our young boys and girls?

One hon. Member has said that food is a great factor in improving health. Most of our students who go to school are from the poor and lower middle class. They are the very people who serve the nation in all departments. The care of these children going to school should be the concern of the education department. What do I see now? I see little boys going to school with a load of books on their back and not a morsel of food in their stomach. The parents of these children are not able to provide them with food, what to talk of balanced food. They cannot provide them a full meal a day. They cannot spare it. I think in every school Government should provide funds for enabling the school to give to all the students at least one good balanced meal so that their deficiency in food in their homes may be made up.

Next I would like to draw your attention to the health of the womenfolk of our country. I cannot speak for other States, but I can speak about West Bengal. There the health of the womenfolk is greatly deteriorating. They excel in music and other artistic attainments, but their health is deteriorating. They have got a sweet voice which we may compare with that of the cuckoo of

[Shri Pramathanath Banerjee]

the English poem, but their health gives cause for concern. What will be the condition of the Bengali young girls if this continues? I think the State Government are taking some steps. But I feel that the Central Government should also look into it.

I hope the family planning scheme is going on. Someone spoke about it. I have been told by one of our experienced physicians that generally healthy fathers and mothers have less children than weak fathers and mothers. I hope if the health of parents is improved, the burden of family planning will also be removed from the shoulders of the Government.

I hope our young men and women will be healthy, strong and robust so that they will be able to shoulder the various responsibilities awaiting them, and we shall see a happy and healthy country.

बंधित डाक्टर बाबू भार्गव (हिसार) :  
जनाब स्पीकर साहब, सब से धन्यवाद देता हूँ।  
हैल्थ मिनिस्टर साहब को मुबारकबाद देता हूँ।  
आज उन को हैल्थ मिनिस्टर बेल कर सारा मदन  
बड़ा खुश हुआ है। उन्होंने पुराने काम को  
किसनी जाफिसानी से किया है। कामर्स एंड  
इंडस्ट्री मिनिस्ट्री में इस से हम सब लोग बाकिफ  
हैं। अगर देखा जाए तो वह माउड माइन्ड इन  
ए साउंड बाडी का मुखसिमा है। जो बातें मैं  
कह रहा हूँ, उस में कोई सी पर्सनल बात है,  
क्योंकि हमें उम्मीद है कि आइन्दा जो कुछ भी  
हम कहेंगे वह उस को उसनी ही सरमर्मी से काम  
में लाएंगे जिस तरह से वह हमारी बातों का  
पहले जवाब करते रहे हैं। साथ ही जो हमारे  
कमिंटिसिज्म होने उन पर भी बैसे ही काम करेंगे,  
जिस में कि पांच बरस बाद जब वह अपना  
चार्य वापस लेंगे तो हिन्दुस्तान ज्यादा हेल्थी  
ही और हिन्दुस्तान की जो पुरानी चीजें हैं  
इलाज की उन में भी वह काफी सरफकी कर ले।

वेक्टर इस के कि मैं अपनी असल चीज की  
तरफ घाटें, मैं सब से पहले अखिल भाप की

तबज्जह एक छोटी सी बात की तरफ बिलाना  
चाहता हूँ। एक्सरे कि जितनी किस्म है उनके  
लिए तबजीज है कि कस्टम इयूटीज बढ़ा दी  
जाए। अब भी उस के ऊपर कस्टम इयूटीज  
ज्यादा थी, उन के धीर ज्यादा बढ़ाने से, या  
किसी किस्म का धीर टैक्स बढ़ाने से जो  
मेडिकल रिलीफ है, उस में फर्क पड़ जाता है  
धीर वह चीजे बहुत महंगी हो जाती हैं। इस  
पर ३४ परसेन्ट से ४० परसेन्ट इयूटी बढ़ाए  
जाने की तबजीज है। मैं अर्जे कसंगा कि आन-  
रेबल मिनिस्टर साहब इस पर ध्यान दें धीर  
कोशिश करे कि यह न बढ़े। इसी तरह से  
जहां तक सेल्स टैक्स का सवाल है, इसे लम्बरी  
गुड्स समझा जाता है। मगर यह लम्बरी गुड्स  
में नहीं आती है। इसी तरह से सजिकल गुड्स  
हैं, उन पर भी सेल्स टैक्स नहीं पढ़ना चाहिए।

मैं ने इस रिपोर्ट को, जो कि पुराने हेल्थ  
मिनिस्टर को ऐंटिब्यूट की जा सकती है, बहुत  
गौरमे पढा। इस के अन्दर सफा १०१ पर एक  
सास बात यह है कि राजकुमारी स्पोर्ट्स कोषिण  
स्कीम्स मौजूद है। जिस के लिए १६ एक्सपर्ट्स  
बाहर से मंगाए गए। सन् १९५३ से अब तक  
मैं समझता हू कि शायद चार लाख रुपया तो  
उन की तनख्वाहो पर ही खर्च हो गया होगा।  
मेरा खयाल है कि जब देश के अन्दर मेडिकल  
रिमीफ का यह हाल है, जिस का कि मैं घागे  
जिक्र करूंगा, तब इस किस्म की जो चीजें हैं,  
हमारे लिए आउट आफ डेट हैं, कल भरते ही  
यह जरूरी हो जाएं। हमारे दोस्त ने ओलिम्पिक्स  
की तरफ तबज्जह बिसाई है। इस तरफ भाप  
जरूर तबज्जह दे, लेकिन आज वह बलत है  
जब कि हमारा देश इस तरफ ज्यादा पैसा खर्च  
करने की इजाजत नहीं दे सकता।

जब हम सफा १०० पर देखते हैं तो वहां  
पर जिक्र पाते हैं बिस्किट जिक्र पाउडर का जो  
कि इन केस आउटफोर्सेस बाहर से आया है।  
मैं उन मुल्कों को मुबारकबाद देता हूँ जिन्होंने  
इमर्जेंसी के बलत हमारी मदद की, लेकिन मैं  
यह खर्च करना चाहता हूँ कि हिन्दुस्तान को



घरों के मारे गर्क हो जाना चाहिए कि वह स्किम्ड मिल्क पाउडर बाहर से मगता है। यह वह देश है जिस में गावों की पूजा होती है, जिस में कृष्ण महाराज गोपालन करते थे, जिस से हम लोग रोजमर्रा काऊ के वास्ते स्लोगन्स उठाते हैं। इस मुल्क में स्किम्ड मिल्क बाहर से आए, इस से ज्यादा बदनामी हिन्दुस्तान की नहीं हो सकती और इस से ज्यादा कोई फेल्योर गवर्नमेंट की नहीं हो सकती।

जिक्र आया कि हेल्थ के वास्ते क्या चीज जरूरी है। मेरे लायक दोस्त ने साफ पानी का जिक्र किया। मैं उम्मीद करता हू कि स्किम्ड मिल्क के साथ मैं किताब में यह पढ़ूंगा कि गवर्नमेंट आफ इंडिया ने हर एक स्कूल के हर एक लड़के लड़के के लिए आब सेर दूध का इंतजाम किया है। अगर आप कान्स्टिट्यूशन की दफा ४७ को देखें तो आप कां मानूम होगा कि उस में लिखा है कि हम न्यूट्रिशन के स्टैंडर्ड का बढ़ायेंगे। मैं यह समझ सकता कि इस तरह में न्यूट्रिशन का स्टैंडर्ड कैसे बढ सकता है। आप किनी दूसरे सिविलाइज्ड मुल्क के लिए देखिए कि वहाँ के बच्चे कितना दूध इस्तेमाल करते हैं और उन की हेल्थ कितनी अच्छी है। आज हिन्दुस्तान में आप चार मजदूरों को तनख्वाह दे, लेकिन चार मजदूर उतना काम नहीं कर पायेंगे जितना कि एक रशियन मजदूर, एक रशियन सिपाही या एक जापानी जेबरर और सिपाही कर सकता है। इस से ज्यादा खराबी हमारे लिए और नहीं हो सकती। आज यह मिल्क का मामला हम मिनिस्ट्री के चार्ज में नहीं आता है, इस लिए इस मसले पर ज्यादा नहीं कहूंगा। जब फूड ऐंड ऐग्रीकल्चर की डिमान्ड आएगी उस में मैं अपनी बात अर्ब करूंगा।

मैं ने इस रिपोर्ट को देखा। उस को पढ़ने पर कुछ जगहों पर मुझे ऐसा लगा कि हमारी मिनिस्ट्री की बजह में देश की बड़ी तरक्की हुई है? मैं ने जब फेमिली प्लैनिंग की बात को

पढ़ा तो बड़ा खुश हुआ। मैं चाहूँ वहाँ से मुलवातिर इस चीज को कहता रहा हूँ। धाखिर वक्त आया कि गवर्नमेंट ने इस की तरफ कदम उठाया है। मैं चाहता हूँ कि फेमिली प्लैनिंग के ऊपर और ज्यादा धपया खर्च किया जाए। यह देश के वास्ते बहुत जरूरी चीज है।

जहा तक मलेरिया का मवाल है, मैं मिनिस्ट्री को मुबारकबाद देता हूँ कि उस की इन्सिडेंस देस में बहुत कम हो गई है और ज्यादा कमी की तरफ जा रही है। वक्त आएगा जब कि मलेरिया हमारे देश से नापैद हो जाएगा।

इन चीजों को पढ़ने के बाद मैं ने देखा कि उस में बड़े अस्पतालों का जिक्र है। विलिंगडन अस्पताल, इरविन अस्पताल, दूसरे अस्पताल, मद्रान में, बंगलौर में, और न जाने कहा कहा, जिन के लिए कहा गया कि वह बहुत तरक्की कर रहे हैं। बड़ा अच्छा है वह तरक्की करें। मैं उन क बिल्साफ नहीं हूँ। मैं ने उस में यूनिफ़ॉर्म और डब्ल्यू० एब० प्रो० का जिक्र भी पढ़ा। इन सब चीजों को पढ़ कर मुझे खुशी होती है लेकिन जो सब से जरूरी चीज मैं समझता हूँ वह यह है कि आप नेशनल मेडिकल रिजर्व के वास्ते क्या कर रहे हैं। जिन के नाम पर गवर्नमेंट चलती है, जिन के नाम पर रोज पालिदानेट के मेम्बरान कस्मे खाते हैं, उन का जिक्र मैं ने इस किताब में कही नहीं पढ़ा कि उन के लिए मेडिकल रिजर्व के बारे में आपने क्या किया। मैं उम्मीद करता हूँ कि अपनी रिपोर्ट में डा० कि मि० करमरकर की रिपोर्ट होगी उस में आप अपना पर्सनैलिटी का आर्क डालें। मैं पूछना चाहूंगा कि हिन्दुस्तान के अन्दर करल एरियाज या विलेज के वास्ते आप ने क्या किया है मेडिकल रिजर्व के तौर पर। मैं यह उम्मीद नहीं करता हूँ कि यह चीज इस में मे मिलिग होगी। अगर मिसिग हीमो तो मैं इस को पढ़ना नहीं चाहूंगा। मैं नहीं चाहता कि आप के सामने मैं कोई खराब नकसा पेश करूँ। लेकिन खराब नकसा मैं क्या पेश करूँगा, सन् १९४४ में मोर कमेटी हवाई। विलेज की गवर्नमेंट ने मुकर्रर की थी क्योंकि वह मैं इस

[पंडित ठाकुर दास भांगव]

बात से मुतासिर थी कि हिन्दुस्तान के लोगों की हेल्थ के लिए ठीक इन्तजाम नहीं है। भोर कमेटी ने रिपोर्ट लिखी, उस के अन्दर आयुर्वेदिक, होम्योपैथिक या यूनानी और नैचुरोपैथी का जिक्र नहीं है, लेकिन जो कुछ भी उन्होंने लिखा बहुत सानदारी के साथ लिखा। उन्होंने हिन्दुस्तानियों की तन्दुहस्ती को असली फोटो हमारे सामने खींची। मैं उस का एक छोटा सा टुकड़ा जनाब की इजाजत से ढ़ कर सुनाना चाहता हूँ ताकि हाउस को मालूम हो कि जिस चीज का मैं जिक्र कर रहा हूँ उसके बारे में उसकी क्या राय थी। कमेटी ने लिखा :

“We are unfortunately not in a position to assess the real value of these indigenous systems of medical treatment as practised today as we have been unable, with the time and opportunities at our disposal, to take such an investigation into this problem as to justify clear cut recommendations. Yet, with its present resources, the western medicine, can only provide a part of the country's medical relief. Not only this. The programme projected by the Committee on Health Survey and Development will take a period of about 40 years to provide full relief, and will cost the country an immense sum of Rs. 362, 99,00,000 non-recurring and Rs. 601,82,00,000 recurring in the first ten years. The ring and Rs. 601,82,00,000 recurring in the first ten years. The Report of the Health Survey and Development Committee gives the number of qualified graduates and licentiatees of the Western system in 1941-42 as 47, 524 in the then British India, which works out to one doctor for every 6,300 of population. This is in great contrast to one doctor for every one thousand of population in the U. K. This unsatisfactory state of affairs becomes all the more alarming when we

served in each province per medical institution, i.e. hospitals and dispensaries put together.”

मैं इस को और आगे नहीं पढ़ना चाहता हूँ, लेकिन इतना जरूर अर्ज कर सकता हूँ कि उस में दर्ज है कि जितने डाक्टरों यहां हैं उन में से कम से कम ७५ फी सदी शह में रहते हैं, जिस के माने यह है कि इन में से बड़ी तादाद ऐसी है जो गांवों में नहीं जाती। उन्होंने खुद तो कोई तबज्जह गांवों की तरफ नहीं की लेकिन जब से यह रिपोर्ट निकली उस वक्त पे गवर्नमेंट की आंखें खुलीं। मैं पुरानी हिस्ट्री में नहीं जाना चाहता, लेकिन तकरीबन १३० वर्ष हुए जब अंग्रेजों ने यह चाहा कि यहां पर यूनानी और आयुर्वेदिक सिस्टम्स को मदद दी जाए। लेकिन चन्द वर्षों के बाद ही सन् १८३३ में पुरानी गवर्नमेंट ने यह मामला खत्म कर दिया। ईस्ट इंडिया कम्पनी ने प्रिंजेजी सिस्टम को यहां पर जारी करना शुरू किया। मैं अर्ज करना चाहता हूँ कि जिस देश के अन्दर उन की हुकूमत चली जाती है, उस देश की सिर्फ हुकूमत नहीं जाती, उस देश के सारे सिस्टम एग्रेगेशन के और मेडिकल साइंस के, हर एक चीजें खत्म हो जाती हैं और कोई ताज्जुब की बात नहीं कि हिन्दुस्तान के सिस्टम आयुर्वेद और यूनानी के अंग्रेजों ने सारे के सारे खत्म कर दिए, कम से कम खत्म करने की कोशिश की। नतीजा यह हुआ कि हमारी आयुर्वेद की साइंस पीछे पड़ गई। मैं इस बात को मानता हूँ कि यह दुनिया के अन्दर सबसे बड़ी साइंस थी और यूनानी और ऐलोपैथी तो डाक्टरों के कहने के मुताबिक इसकी पोती और पड़पोती हैं। मुसलमानों के जमाने में ही यह साइंस पीछे पड़ गयी थी और इसका पहले जैसा बोलवाला नहीं रहा था। मेरे पास आयुर्वेद का सारा इतिहास आपके सामने रखने का वक्त नहीं है हाउस का हर एक मेम्बर इसके बारे में जानता है कि

किसी जमाने में आयुर्वेद किसनी हाइट पर पहुँच चुका था। जो आज की मैडीकल साइंस है मैं उसके खिलाफ नहीं हूँ। मैं तो पंडित जवाहर लाल जी की इस बात को सिर पर रखना चाहता हूँ कि जहाँ तक साइंसेज का ताल्लुक है, हमारे मुलक को साइंटिफिकल्ली धाने बढ़ना है। अगर नये सिस्टम में कोई चीज धरती है तो हम उसको कबूल करेंगे। अगर किसी बारे में आयुर्वेद थुप है तो हम ऐलोपैथिक साइंस को कबूल करेंगे।

पिछले ४० सालों में प्राविसेज में इस बारे में पचासी कमेटियां बैठ चुकी हैं और इस मसले पर गौर कर चुकी हैं। मेरे पास इस वक्त चोपड़ा कमेटी, बनर्जी साहब की होमियोपैथिक कमेटी और दावे कमेटी की रिपोर्टें मौजूद हैं। उनको पढ़ने से मालूम होगा कि पिछले चालीस पचास सालों में हर एक प्राविसे में किसनी कमेटियां इस बारे में बनीं। इन रिपोर्टों में कहा गया है कि यहाँ पर पुराने सिस्टम को फिर से जारी करके लोगों को मैडीकल रिस्की का फायदा पहुँचाया जाये।

आज मेरे एक दोस्त ने बोन सैटिंग का जिक्र किया। मैं एक शास्त्र को जानता हूँ जो कि जयपुर में बोन सैटिंग का काम करता था। जिन केसेज को सिविल सर्जन ठीक नहीं कर सकते थे उनको वह कुम्हार एक रुपया लेकर ठीक कर देता था और वह एक रुपया भी वह चैरिटी में दे देता था। आज इस हाउस में ऐसे बहुत से मेम्बर हैं जिनको अपने बिस्म पर या अपने घर बावों के बिस्म पर आयुर्वेदिक इलाज के फायदे का तथ्य है कि जहाँ ऐलोपैथी फेल हो गयी वहाँ आयुर्वेद ने फायदा पहुँचाया। इस वक्त हाउस में हमारे नम्बर जी मौजूद नहीं हैं। उनकी निस्साल हमारे सामने मौजूद है कि जहाँ डाक्टर फेल हो गये और आयुर्वेदिक सिस्टम ने फायदा पहुँचाया। इसमें कोई शक नहीं है कि आयुर्वेद एक बहुत ऊंची साइंस है। इसको यह कहना कि यह साइंस नहीं खुद अपसाइंटिफिक है। मैं समझ से धर्म करना चाहता हूँ कि चोपड़ा कमेटी, दावे

कमेटी और बनर्जी कमेटी की सिफारिशों को गवर्नमेंट तत्समीन कर चुकी है और यह जान चुकी है कि सारी साइंसेज का सिविलिज के तीर पर देश को फायदा पहुँचाया जावेगा। आपने ऐलोपैथिक सिस्टम पर इस देश में करोड़ों रुपया लगाया है। मैं यह नहीं कहता कि इसको खत्म कर दिया जाये। लेकिन मैं एक बात आपकी सिफरत में धर्म करना चाहता हूँ। आप इस चीज का धन्दाजा लगाइये कि जब से यहाँ ऐलोपैथी का सिस्टम शुरू हुआ है तब से दूसरे देशों से ऐलोपैथिक दवायें मंगाने पर कितना रुपया खर्च किया जा चुका है। अगर आप धन्दाजा लगायें तो आपको मालूम होगा कि अगर यह रुपया बाहर न भेजा जाता तो आपको अपनी फाइव हज़र प्लान्स के सिधे रुपये की जरूरत नहीं रहती। सारा रुपया देश से ही मिल जाता। इस देश का धरतों धरतों रुपया बाहर से ऐलोपैथिक दवायें मंगाने पर खर्च हो चुका है।

जो डाक्टर साहब सब से पहले बोले थे उन्होंने फरमाया कि हमारे देश में सर्वनथा और दूसरी दवायें होती हैं। जो कि धाना बर्ब की है और जिनकी नालिज देश के बहुत से लोगों के दिलों में मौजूद है। कितने ही ऐसे लोग अपने साथ उस नालिज को जिन्हे घर आते हैं और उसको धाने नहीं बढ़ाते। इस देश में घर घर में खानदान खानदान में लोग ऐसी बहुत सी दवायों को जानते हैं। हमारी बूढ़ी धीरतें इन दवाईयों के जरिये बन्धों को बन्धा कर लेती हैं, जैसा कि डाक्टर भी नहीं कर सकते। यह सारा ट्रेडीशनल नालिज है। यह सब आयुर्वेद का हिस्सा है।

**श्री किरोक नानी (रायबरेली):** होमियोपैथी की।

चित्त डाक्टर बाबू नानक जी जहाँ तक साइंस का ताल्लुक है मैं होमियोपैथी को नहीं ही जगह देने को तैयार हूँ जैसी कि आयुर्वेद को या दूनानी और ऐलोपैथी को। साइंस साइंस है। साइंस के बारे में हमको अपना

[पंडित ठाकुर दास भार्गव]

दिमांग, पंडित जी के अल्लाख में, हमेशा बुला रखना चाहिये।

आज मैं बड़े जोरो से आपके सामने यह अर्थ करने के लिये खड़ा हुआ हूँ कि पिछले साल की रिपोर्ट पढ़कर मुझे बहुत दुःख हुआ। रिपोर्ट में सफा ४५ और ४६ पर आयुर्वेद को एनकरेजमेंट देने का जिक्र है। जब कमी आयुर्वेद का जिक्र आता है तो हमारे सामने जामनगर रख दिया जाता है। सिर्फ यही एक चीज है जो कि अभी तक आयुर्वेद की तरफकी के लिये की गयी है। पहली पंच वर्षीय योजना में ३०। लाख रुपया मंजूर किया गया था। मैं अदब से पूछना चाहता हूँ कि इसमें से कितना रुपया खर्च किया गया। इस दूसरी पंच वर्षीय प्लान में मेडिसिन और उससे मुतालिक सारी चीजों के लिये २०० करोड़ रुपया रखा गया है और सिर्फ एक करोड़ रुपया आयुर्वेद, यूनानी, होमियोपैथी और हैथरोपैथी के लिये रखा गया है। ५.२३ करोड़ रुपयासतो के अन्दर रखा गया है। यह कितना पर सट हुआ था। फना सकते हैं। वर्कमेंट इन चीजों के बारे में फैसला कर चुकी है लेकिन आज देश में हालत यह है कि अब नये फैसले करने का जरूरत नहीं है। यह माना जा चुका है कि सिस्टम के नीचे पर साँची चीजों को एक ही जगह पर रख जायगा और सब सिस्टम का माइस को जानन वाले एक ही तरह के डाक्टर बनाय जायेंगे। पिछले मंत्रा जनाव हमारी इमदाद करमाया था। आपने फरमाया था कि यह नहीं कहा जा सकता कि आयुर्वेदिक मॉडर्न साइन्स नहीं है। यह अब तो होने के बाद मैं अदब से पूछना चाहता हूँ कि क्यों आज तक काउन्सिल आफ आयुर्वेदिक मेडिसिन कायम नहीं की गयी। क्यों यूनानी और होमियोपैथी के लिये काउन्सिल कायम नहीं की गयी, क्यों इनके डायरिक्ट्रीट कायम नहीं किये गये। दावे रिपोर्ट को और दूसरी रिपोर्टों को माना जा चुका है लेकिन अभी तक सिर्फ एक एडवाइजरी बोर्ड बनाया गया है जिसकी मॉटिंग जायद ६ महीने में

एक बार होती है। मैं अर्थ करना चाहता हूँ कि यह निहायत असतोषजनक हालत है। सिर्फ तीन चार कालिजों को इमदाद देने से मैंड, कल रिलेफ का मसला हल नहीं हो सकता। आपके डाक्टर साहिबान कमी गाबो में जाना नहीं चाहते। फिर इनका इलाज इतना महंगा है कि गरीब आदमी तो क्या अमीर से अमीर आदमी तक के लिये इनका इलाज करवाना मुश्किल है। अगर आपकी इनका इलाज करवाना है तो पहले तो तरह तरह के टेस्ट कराने होंगे, बूक का टेस्ट कराइये, पेशाब का टेस्ट कराइये, खून का टेस्ट कराइये। तब कही आपका डाइगनासिस हो सकेगा। डाइगनोसिस के बाद दवाये इतनी महंगी हैं कि कोई राजा महाराजा है। उनसे फायदा उठा सकता है, गरीब आदमी तो उनसे फायदा उठा ही नहीं सकता। मेरा खयाल है कि नेशनल मेडिकल रिलेफ का काम नाममचिन होगा अगर आप पुरानी ट्रेडिशन को फिर से नये सिरे से जारी नहीं करेगे और अपने बंधों को और हकीमों को गाबो में नहीं भेजेगे जो कि लोगों से बिला पैसा लिये इलाज करे। जब तक ऐसा नहीं होगा तब तक न तो हमारा एंजुवैशन का मामला हल होगा और न मैडिकल रिलेफ का मामला हल होगा। पहले तो नैच हुआ करने थे वे बिना से पैसा नहीं लेने थे व गरीबों के साथ उनके घर जाकर उनका इलाज करने थे। पर वे लोग भूखे नहीं रहते थे। आज हिन्दुस्तान के लेडमैस लेंबरर का मालाना आमदनी १०० रुपया है और एक मामूली आदमी की आमदनी २५२ रुपया मात्र है। क्या ऐसे आदमी इन दवाओं से फायदा उठा सकते हैं? मैं खूबन सिन्हा साहब को मुबारकबाद देता हूँ कि कल Contributory Health Scheme पर बहम करते हुए उन्होंने वर्कमेंट की तबज्जह इस तरह बिसाई कि एंथोपैथिक सिस्टम को रिप्रायत न ही करे और एक सफम को इजाजत ही कि वह चाहे जिस सिस्टम से चाहे अपना इलाज करायें। मैं तो चाहता हूँ कि अब तक जो वर्कमेंट

को पालिसी रही है उसको रिवर्स किया जाये। सब सिस्टम के साथ यकत्ता सलूक किया जाये। सब साइलेंट को बराबर का दर्जा दिया जाये और सब को बराबर प्रोत्साहन मिले। प्राय ऐसा तरीका निकालिये कि ऐनोपथी के साथ साथ दूसरे सिस्टमस का फायदा भी लोगों को मिल सके। मैं इसके हक में नहीं हूँ कि कितो एक सिस्टम को हो प्रोत्साहन दिया जाये। मैं चाहता हूँ कि प्राय जो रुपया खर्च करते हैं उसका फायदा सब सिस्टमस को मिले। अब तक प्राय इस तरह ध्यान नहीं देंगे सब तक प्राय नेशनल मंडाकल रिलाक के मतभे को हल नहीं कर सकेंगे। अब तक प्रा गया है कि प्राय अपनी पालिसी को बेंज करें और उन साइलेंट को, जो कि इस देश को पैदावार है, पूरा प्रोत्साहन दें। मैं यह नहीं चाहता कि प्राय उनका हर एक बात को कबूल करें, लेकिन उन में जो बातें अच्छी है, साबितशुदा है, उन को अपनाये और एनकरेज करें। इस में एक करोड़ रुपये का सवाल नहीं है, प्राय इसके लिये और भी बहुत ज्यादा रुपया खर्च करें। अगर मेरे हाथ में इन देश का हुकूमत होतो, तो थोड़ा मो, निहायत जरूरी चीजों के अलावा, जिन का इतजाम यहां नहीं हो सकता है, जैसे सजिकल गुड्स है, कोई भी चीज बाहर से न आने देना। मैं अर्ज करना चाहता हूँ कि इंटेड मेडिसिन्ज इस देश के लिये एक कर्म है। जिस इंटेड मेडिसिन को कोमत दो आने होतो है, उसके दस रुपये चार्ज कर लिये जाते है। अगर इन मेडिसिन्ज को मंगवाना बन्द कर दिया जाय, तो इस देश का कुछ भी नहीं बिगड़ेगा। हमारे यहां कुनीन तो पहले ही से पैदा की जा रही है। हमारे देश में हर एक क्लिन को क्वाइमेंट है, हर तरह को मेडिसिन्जस यहां पर तैयार की जा सकतो है। प्राय हालत यह है कि इस मामले में आपने ऐनोपथी को बेसिस बनाया हुआ है। इस पालिसी को रैडिकली बेंज करना होगा। अगर हम ने इस देश का भला करना है, तो यह निहायत जरूरत है कि इस देश की जो अच्छी चीजें हैं, हम उन को बहुत जोरों के साथ प्राय

बनायें। इस देश की जो जो साइंस है, उस के साथ बहुत धरसे से बेइसाफी की जा रही है। मैं यह अर्ज करना चाहता हूँ कि प्राय गरीबों के साथ बेइसाफी न कांजिये। और बातों का स्वराज्य मिल गया है, लेकिन मेडिकल स्वराज्य, जिसकी लोग दस बच से इंतजार कर रहे है, अर्था तक नहीं आया है। अब तक प्रा गया है कि इस देश के लोगों को मेडिकल स्वराज्य दिया जाय।

प्राक्त्रि में मैं सिर्फ यही अर्ज करना चाहता हूँ कि इस देश की चिकित्सा पद्धति और इस देश का दवाओं को, जहां तक बे दुस्त हों, अपनाया चाहिये। एनोपथी की जो अच्छी चीजें हैं, उनको नहीं छोड़ना चाहिये, लेकिन जो दवायें बाहर से आतो है, उन का आना जहर बन्द कर दिया जाना चाहिये।

**Shri Pattabhi Raman (Kumbakonam):** It is admitted on all hands that we have to have more medical colleges and more doctors in this country. For this, we should have many more doctors well qualified to teach students, so that the number may go up. We are told that in the second Five Year Plan, we need 90,000 doctors and we have now got about 70,000. We may reach somewhere near that number in 15 years time, but we have to allow for the diminution of the existing strength of doctors. Therefore, it is a growing need that we should have efficient doctors well-qualified to take up the work of preventing and healing diseases in this country.

Firstly, I wish to state that we have fixed a very high minimum as the cost plan for the medical colleges. I believe it is somewhere near Rs. 1½ crores; that is the amount needed for the medical college at Hubli. I do not think it is necessary to build huge buildings for the purpose of colleges or hospitals. There are very many big buildings in the former princely States and also in former capitals like Nagpur. In Nagpur we have got a Government House, a secretariat, a

[Shri Pattabhi Raman]

High Court, etc. I would suggest also that many railways and military hospitals should be got up-to-date. This, I would put as the first necessity, so far as the building up of hospitals and the technical personnel is concerned.

I wish to state in this connection that we must stop—I have no doubt the hon. Minister will take steps in that direction—destroying existing institutions. I am referring to the Lady Hardinge Medical College here in Delhi. It has functioned very effectively for more than 40 years and students from all over India have come and joined it. About 60 girls are taken every year as against 1500 applications. I submit that this institution must be preserved and the argument that we should not have a wholly women's college is unsound, at any rate so far as North India is concerned. Even in the United States, there are colleges like this for girls.

The Directorate General of Health and Medical Departments, used to publish health reports annually giving out the data of the health situation in the country. These reports are of great importance and they must be revived, if they have been stopped. They must be available at any rate to this House.

We used to have all-India services like the old Indian Medical Service and the Women's Medical Service. I would plead that if these services are there, they will not only co-ordinate the medical talent in this country, but will also supply homogeneity and medical administrators with all-Indian outlook and experience which will counteract fissiparous tendencies found in the various parts of the country. Actually in the olden days, there were many efficient doctors from the south serving in north and *vice versa*; I believe that we must plan realistically so far as medical personnel are concerned. The attempt must be to give some form of medical care to all as far as possible. I wish to add to what fell from my learned friend. We

must have auxiliary medical services and for this the Government should mobilise the services of acknowledged Ayurvedic Vaidyas and Hakims, who can be trained to serve as auxiliary medical men.

There is frequent reference to the need for doctors going to the rural areas. It is very important. For this purpose, we must have very many rural dispensaries with a modicum of modern equipment and drugs. Many of the doctors who go to the rural areas have to maintain households in nearby towns for the education of their children and so on. Actually while the doctors in the towns get city allowances, the doctors going to the rural areas lose it. They should not be made to suffer in this way for taking up such work. They must be given an extra allowance for going to the rural areas. They must also have links with hospitals in nearby towns and we must also have frequent visiting teams of experts, so that they will be kept trim and posted with up-to-date knowledge.

There is always reference to the importation of specialists in this country. I welcome such specialists wherever necessary. We have great need, so far as the proper utilisation of these experts is concerned.

**Shri V. P. Nayar (Quilon):** They charge high fees.

**Shri Pattabhi Raman:** I am not referring to the charge; I am on a different point. We have got many specialists, but we find that a specialist in ophthalmology is being transferred to the general side, or, an E.N.T. specialist is asked to attend to accident cases. If we collect statistics regarding the mis-use—(misuse) of specialists, it would be very revealing.

Finally, there should be real emphasis on preventive medicine and treatment. I wish to refer in this connection to the Pasteur Institute in Coonoor, which I visited. I find it is

one of the leading anti-Rabic institutions in Asia and has frequently come to the help of the Government. They have recently isolated the influenza virus and they have been given a grant of Rs. 2500. This is a charitable institution and a trust; the resources are not enough for improving and expanding it appreciably. Actually I was astounded to learn that this institution would be able to supply 20,000 vaccines against the influenza virus by August. This, I submit, is a drop in the ocean. We need much more of preventive care. From what I hear of this epidemic, the second wave is expected to be more dangerous in its incidence; and, there is a likelihood of a third wave also. Therefore, I would submit that every care should be taken to help institutions like the Pasteur Institute and Haffkine Institute and other institutions to which reference is made in the report submitted to us by the department

The staff for these institutions have to be very carefully selected and they must be increased. I am also aware that there is a Virus Institute at Poona I do not know what the actual expenditure incurred on it is. I find that an extensive survey is being conducted in this institute by eminent doctors from America and they are determining the anti-body levels of the blood population against different viruses I sincerely hope that qualified Indians are also being trained and they are given all encouragement in the Virus Institute at Poona I am not against importation of foreign experts so far as they are necessary. To the extent necessary they must be imported. But I am sure the Government will make it a condition that each and everyone of them must train as many Indians as possible in the Departments in which they are experts.

13 hrs.

Reference has been made to the drug industry *in extenso*. I wish to echo the sentiments of my learned friend, Pandit Thakur Das Bhargava, with regard to crores of rupees being

spent by Indians on drugs. There are already some European and American firms which have established big concerns here and have taken Indians into their management and organisation. There is an institute in Calcutta doing some work. I am sure Government will take every step to see that we become as self-sufficient as possible in the manufacture of drugs.

#### PANEL OF CHAIRMEN

Mr. Speaker: Before I call upon Shrimati Maniben Patel, I have to inform the House that under Rule 9(1) of the Rules of Procedure and Conduct of Business, I have nominated the following Members as Members of the Panel of Chairmen:

- (1) Shri J. M. Mohamed Imam.
- (2) Shri C. R. Pattabhi Raman.

I request Shri Pattabhi Raman to come and take the Chair.

#### DEMANDS FOR GRANTS—contd.

##### MINISTRY OF HEALTH—Contd.

The Minister of Health (Shri Karmarkar): When are you likely to call me?

Mr. Speaker: The time was extended by one hour; that means the debate will be concluded at 2.15. How long does the Minister propose to take?

Shri Karmarkar: If you allow me, half-an-hour.

Mr. Speaker: He will be called at 1.45 I propose to allow ten minutes for every hon. Member. I find a number of hon. Members are anxious to take part in the discussion.

Shri Dasappa (Bangalore): I thought you were allotting four hours for this Ministry.

Mr. Speaker: Three hours. I extended it by one hour. I said that in future five hours will be allotted

[Mr. Speaker]

for Education and five hours for Health.

The following are the selected cut motions relating to various Demands under the Ministry of Health which have been indicated by the members to be moved.

Demand No.	No. of Cut Motions
47	737
48	741, 742, 743.
49	749, 750, 751, 752, 753, 760.
119	805.

*Desirability of revision of wages of officers and staff*

Shri Tangamani (Madurai): I beg to move:

"That the demand under the head 'Ministry of Health' be reduced by Rs. 10."

*Proper aid to State Governments for establishing Cancer Research Institute*

Shri Tangamani: I beg to move.

"That the demand under the head 'Medical Services' be reduced by Rs. 100."

*Giving grants for development of 'Siddha Vaidyam' a system prevalent among Tamil speaking people in Madras State*

Shri Tangamani: I beg to move.

"That the demand under the head 'Medical Services' be reduced by Rs. 100."

*Low grants given to Madras State*

Shri Tangamani: I beg to move.

"That the demand under the head 'Medical Services' be reduced by Rs. 100."

*Necessity of B.C.G. subsidy*

Shri Tangamani: I beg to move:

"That the demand under the head 'Public Health' be reduced by Rs. 100."

*Working of health centres in N.E.S. Blocks*

Shri Tangamani: I beg to move:

"That the demand under the head 'Public Health' be reduced by Rs. 100."

*Allocation for Family Planning*

Shri Tangamani: I beg to move:

"That the demand under the head 'Public Health' be reduced by Rs. 100."

*Relief to destitute and the poor*

Shri Tangamani: I beg to move:

"That the demand under the head 'Public Health' be reduced by Rs. 100."

*Need to expand pilot project for influenza vaccine set up at Coornoor in Madras State*

Shri Tangamani: I beg to move:

"That the demand under the head 'Public Health' be reduced by Rs. 100."

*Low allocation to Andhra and Kerala States*

Shri Tangamani: I beg to move:

"That the demand under the head 'Public Health' be reduced by Rs. 100."

*Kadambari Estate Cincona cultivation*

Shri Tangamani: I beg to move:

"That the demand under the head 'Capital Outlay of the Ministry of Health' be reduced by Rs. 100."

Mr. Speaker: These cut motions are before the House.



श्रीव.श्री. अलिखेन पडेज (आन्ध्र) .  
 अध्यक्ष महोदय, मैं जो अपनी प्राबाज  
 इस प्राबाज में मिलाना चाहती हूँ कि लेडी  
 हाइंग मैडिकल कालेज को बहनों के लिये  
 ही खुला रखना चाहिये । उसमें सारे  
 हिन्दुस्तान से कितनी ही बहनें प्रतिवर्ष  
 आती हैं । आप अगर इस बात की ज़रूरत  
 महसूस करते हैं कि भाइयों के लिये भी  
 मैडिकल कालेज की आवश्यकता है तो  
 दिल्ली के अन्दर आप दूसरा कालेज खोल  
 सकते हैं । परन्तु मेरे निवेदन है कि आप  
 इस कालेज को खराब न करे । अगर  
 आप दोनों सदनों, यानी लोक-सभा तथा  
 राज्य सभा, की बहनों से पूछेंगे तो मेरा  
 यह दृढ़ विश्वास है कि सिवाय उस बहिन  
 के जो भी अभी कुछ देर पहले मिनिस्टर  
 थी, बाकी की सब बहनें यही कहेंगी कि इस  
 मैडिकल कालेज को जारी रखा जाना चाहिये  
 और यह केवल बहनों के लिये ही खुला  
 होना चाहिये ।

यहां पर डी० डी० टी० का भी जिक्र  
 हुआ है । इसके बारे में मुझे यह निवेदन  
 करना है कि मैं जहां भी जानी हूँ मुझे यही  
 शिकायत सुनने को मिलती है कि डी०  
 डी० टी० का पहले जो अमर हुआ करता  
 था वह आज नहीं होता है । इसका क्या  
 कारण है, यह तो मैं आपको नहीं बतला  
 सकती हूँ । परन्तु हमारा यह अनुभव है कि  
 पहले जितने भी मच्छर, कीड़े इत्यादि  
 घरो में हुआ करते थे या कोई दूसरे जन्तु  
 हुआ करते थे, वे सभी इसके प्रयोग से खत्म  
 हो जाते थे परन्तु आज इसका मच्छरों पर  
 भी असर नहीं पड़ता है । आज यह कहा  
 जाता है कि इसके प्रयोग से मलेरिया खत्म  
 हो जाता है, मच्छर खत्म हो जाते हैं तथा  
 और प्रकार से यह उपयोगी है । परन्तु  
 हमारा अनुभव यह है कि इसका प्रयोग  
 करने पर भी काफी मच्छर बच रहते हैं,  
 इसका कारण क्या है, उसको अगर आप  
 ढूढ़ने की कोशिश करेंगे तो आप को पता चल

जायेगा । मैं निवेदन करती हूँ कि आप  
 इस और भी ध्यान दें ।

13.05 hrs.

[SHRI PATTABHI RAMAN in the Chair]

जामनगर की इन्स्टीट्यूशन का भी यहाँ  
 पर जिक्र किया गया है । आयुर्वेदों के लिये  
 आपने एक इन्स्टीट्यूशन तो खोल रखा  
 है परन्तु मैं देख रही हूँ कि उसके ऊपर जो  
 नियंत्रण है वह एक डाक्टर का है जो कि  
 एलोपैथी का डाक्टर है । जो आयुर्वेदिक  
 सस्था होती है, उसके ऊपर अगर आयुर्वेदी  
 जानने वाले का नियंत्रण न हो तो उसका  
 विस्तार तथा विकास नहीं हो सकता है ।  
 उस पर केवल उसका ही नियंत्रण रहना  
 चाहिये जो आयुर्वेदी में श्रद्धा रखता हो,  
 उसमें विश्वास रखता हो । जिस की उसके  
 साथ सहानुभूति होगी वही उसको प्रोत्साहन  
 देने में सफल हो सकता है । यह काम जितनी  
 अच्छी तरह से आयुर्वेदी जानने वाले से हो  
 सकता है उतनी अच्छी तरह से एलोपैथिक  
 डाक्टर से नहीं हो सकता । इस वास्ते मैं  
 निवेदन करना चाहती हूँ कि इन और भी  
 आपका ध्यान जाना चाहिये । यह बात जो  
 मैं कह रही हूँ यह मेरी भी ही बात नहीं है ।  
 मैं जामनगर गई हूँ और वहाँ पर अच्छे  
 अच्छे आदमियों से मिली हूँ, ऐसे आदमियों  
 से मिली हूँ जिन को इसमें काफी दिलचस्पी  
 है, जिन्होंने इसको शुरू किया है और जिन्होंने  
 ने इसके विकास में काफी मदद की है और  
 काफी मेहनत भी की है । उन लोगों के दिनों  
 में भी इसके बारे में चिन्ता है कि अब इसका  
 क्या होगा । इस वास्ते मैं आपसे प्रार्थना  
 करती हूँ कि लोगों की चिन्ता को दूर किया  
 जाये और उसको उस डाक्टर के अन्दर  
 रखा जाये जो आयुर्वेदिक हो या इससे  
 हमदर्दी रखता हो ।

स्किम्ड मिलक के बारे में यहाँ पर कुछ  
 कहा गया है । मैं बतलाना चाहती हूँ कि  
 आन्ध्र में जो डेरी है वहाँ पर स्किम्ड मिलक

## [श्रीमती मण्डिबेन पटेल]

पाउडर बनता है और अब उसे विदेशों से लाने की जरूरत नहीं है । वहाँ गाय का दूध तो नहीं है, यह बात सही है । परन्तु मैं आपको बतलाना चाहती हूँ कि जितना स्किम्ड मिल्क बाहर से आता है उसमें बट्टर मिल्क पाउडर भी होता है । इस चीज को जो एक्सपोर्ट्स है वे जांच करके देख सकते हैं । इस लिये मिल्क पाउडर का दूध जो बम्बई के होटलों में दिया जाता था उस दूध की जांच लोग पसन्द नहीं करते थे । इस चीज को हमें भेजने वाले एक आदमी ने बताया है कि हम स्किम्ड मिल्क पाउडर की जगह पर बट्टर मिल्क पाउडर भी भेजते हैं । इस लिये मैं निवेदन करना चाहती हूँ कि भ्रान्त्य को प्रोमोटिव डेरी में भेस के दूध का ही सही परन्तु शुद्ध और ताजा स्किम्ड मिल्क पाउडर तैयार होता है और उसके इस्तेमाल को प्रोत्साहन दिया जाना चाहिये ।

अब मैं थोड़ा सा एन्टीबायोटिक्स के बारे में कहना चाहती हूँ । इन पर जितना खर्चा होता है यह देख कर लोग परेशान होते हैं । जो आयुर्वेदिक दवाई होती है जब वह नाकामयाब हो जाती है तब एलोपैथिक डाक्टर उसकी निन्दा करते हैं, नाराज होते हैं और मरीज से कहते हैं कि क्या बेबकूफी पुन करतें हो और ऐसे लोगों के पास क्यों जाते हो । परन्तु जब डाक्टर की दवाई से किसी को कुछ हो जाता है और कभी एन्टीबायोटिक्स से बुरा रिप्लेक्सन होता है तो क्योंकि वह डाक्टर है इस लिये उसे कुछ नहीं कहा जा सकता है । मैं ने देखा है कि पेशिस में तथा दवाओं में कोई ऐसे पदार्थ दिये जाते हैं डाक्टरों द्वारा जोकि बहुत खराब सिद्ध होते हैं । एक बार तो मैंने देखा है कि एक मरीज की ऐसी हालत हो गई थी कि डाक्टर लोग खूब खबरा गये थे परन्तु ईश्वर की कृपा से वह मरीज बच गया । ऐसी कोई बात नहीं है कि जितनी भी ऐलोपैथी की दवाइयाँ हैं

उनके सेवन से तभी अच्छे हो जाते हैं । एन्टीबायोटिक्स जब नहीं निकले थे तब भी हमारे यहाँ लोग बीमार होते थे और जाच भी होते हैं और तब भी अच्छे हो जाते थे और जाच भी हो जाते हैं । एन्टीबायोटिक्स का असर आज यह होता है कि ऊपर से कई तो बिछाई नहीं देता है और जब प्राप चरमा-मीटर लगाते हैं तो बुखार का पता भी नहीं चलता है । परन्तु शरीर के अन्दर बीमारी के जो कीटाणु रहते हैं और बिच रहता है उसको निकालने में एन्टीबायोटिक्स दवाओं द्वारा भी उतना समय लग जाता है जितना कि और दवाओं द्वारा इलाज करने पर । कई ऐसी घरेलू आयुर्वेदिक दवायें हैं जिनका कि उपयोग करने से उतना ही कायदा मिलता है जितना कि एन्टीबायोटिक दवाओं से ।

आज सब से बड़ी समस्या हमारी यह हो रही है कि हमें देहातों में भेजने के लिये क्वालिफाइड डाक्टरों नहीं मिलते हैं । शहरों में ५,६ साल तक मेडिकल शिक्षा प्राप्त करने के बाद जब वह डाक्टर बन कर निकलते हैं तो वे शहरों की सहाय्यता और अन्य चीजों के इस क्रूर धावी हो चुकते हैं कि वे देहातों में जाकर काम नहीं करना चाहते । ऐसा कोई नियम प्रापके वहाँ है नहीं कि हर एक मेडिकल विद्यार्थी को ५,६ महीने या साल भर जाकर देहातों में काम करना पड़े और उसके बाद सफलता मिलने पर उसको डाक्टरी की डिग्री मिले । मैं समझती हूँ कि अगर कुछ इस तरह का विधान कर दिया जाय तो देहातों में डाक्टरों की कमी की जो गम्भीर समस्या है वह किसी हद तक हल हो सकती है ।

मैं यह बात जाती अनुभव के तौर पर वहाँ पर कह रही हूँ कि हम कल्पना द्रष्ट की संरक्ष से राज में जो मेटरीकली अस्पष्ट

चला रहे हैं, वहाँ के लिये हमको क्यालिफ़ाइट केडी डाक्टर नहीं मिल रही है। ४००, ५०० रुपये प्रति मास तक हम बेतन देने को तैयार हैं और केडी डाक्टर के बास्ते मकान भी प्रबन्ध किया हुआ है लेकिन वहाँ के लिये हमें कोई बहन नहीं मिलती। कुछ भावी भी हैं तो ४ या ५ महीने रह कर फिर वाली जाती है और बिबस हो कर हमको यह तय करना पड़ा कि अगर उस प्रस्पताल के बास्ते कोई बहन डाक्टर नहीं मिली तो हमें उस जगह पर मर्दे डाक्टर रख कर काम चलाना पड़ेगा। कस्तूरबा ट्रस्ट की ओर से हम नर्सिङ तैयार करते थे और हमने अनुभव किया कि उनकी देहातों में भेजने में तकलीफ़ होती थी इतना ही नहीं प्रपितु वे देहातों में उतने अच्छे तरीके से काम भी नहीं कर सकती थीं क्योंकि जो सुविधा सहरों के प्रस्पतालों में मिलती है वह देहातों में नहीं मिल सकती। भोखिर हमने अपना कस्तूरबा ट्रस्ट के मातहत एक स्वतंत्र कस्तूरबा ग्राम इंदौर में जोला है जहाँ हम नर्सिङ तैयार कर रहे हैं, वहाँ से हम ४,६ महीने के लिये रास की प्रस्पतालों में भेजते हैं यह हमारी हासत है। इसके बारे में आपको सोचना चाहिये और कोई ऐसा उपाय करना चाहिये जिससे डाक्टर और नर्सिङ गांव में काम करने को मिल सकें और जो कि सहरों में मिलने वाली सुविधाओं की अपेक्षा कम सुविधा के बातावरण में गांव में काम करने को राजी हों।

अब मैं कुछ बातें सदन के सामने दिल्ली सहर की बाबत रखना चाहती हूँ मैं समझती हूँ कि सारे दिल्ली सहर के स्वास्थ्य और सफ़ाई की तमाम जिम्मेदारी भारत सरकार ने अपने ऊपर ले ली है। अब मैं दूर न जाकर यहीं सेनेटेरियट के बाहर जो बास के बास हैं उनकी तरफ़ आपका ध्यान ले जाना चाहती हूँ। आप शाम को या दोपहर को जा कर देखिये कि वहाँ की कैसी प्रबस्था बन रही है। वह बास सरकारी कर्मचारियों के संघ

पीरियड में आराम करने के बास्ते हैं लेकिन इन पर वे कर्मचारी बैठते ही नहीं हैं बल्कि वहाँ पर कागज में खाना बनीरह जाते हैं और बैठ कर जाते हैं और खाना खा चुकने के बाद उन झूटे कागजों और दोनों इत्यादि को वहीं बास पर फेंक देते हैं। संतरों के मौसम में यह लोग संतरे झाकर छिन्नके इधर उधर फेंक देते हैं और आज कल तो ग्रामों का मौसम है आपकी वहाँ पर इधर उधर लाये गये ग्रामों के छिन्नके और गुठलियाँ मिलेगी और तमाम जगह गंदगी फैली रहती है। अब आप ही बतलाये कि जब हमारे ही कर्मचारी इस तरह की गंदगी फैलायेंगे तो शेष जगहों पर आप समझ सकते हैं कि कितनी अधिक गंदगी होती होगी। शाम को आपको सड़कों पर, पटरियों पर, साइकिलों पर लोमचे लगाये बहुत से लोग लड्डे मिल जायेंगे, ग्रामों की टोकरियाँ लिये पटरियों पर बैठे मिल जायेंगे और लोग वही उनसे ग्राम लेकर जाते हैं और छिन्नके फेंक देते हैं। इस तरह की गंदगी सहर में चारों ओर हम देखने को मिलती है।

टैक्सी स्टैंडस का मतलब जहाँ तक मैं समझती हूँ यह तो होता नहीं कि रात दिन लोग वहीं पर बैठे रहें, वहीं पर खाना बनायें और वहाँ पर जो कमेटी का नल बना होता है उसी पर वे नहाते हैं और तमाम जगह को गंदा बना देते हैं। बम्बई में मैंने टैक्सी स्टैंड देखे हैं वहाँ ऐसी गंदगी नहीं रहती। पता नहीं दिल्ली के टैक्सी स्टैंड के लोग वहाँ पेशान करने जाते होंगे और कहीं पर पालाने जाते होंगे, मैं तो जब सुबह जूने जाती हूँ तो टैक्सी स्टैंड पर उन लोगों को सोते पड़ा पाती हूँ। टैक्सी स्टैंड कोई रहने की जगह नहीं है और इस ओर सरकार को ध्यान देना चाहिये।

इसके अतिरिक्त जो आपने पानी पीने के नल बनाये हैं उनके गटर्स का रास्ता कचरे

[श्रीमनो मणिवेन पटेल]

से भर जाता है और उसके परिणामस्वरूप पानी बह कर सबक पर आता है। एक और प्रजीब बीज नई दिल्ली में देखने में आती है और वह यह है कि कचड़ा उठाने के लिये जो सबक पर ट्रस्ट रखे हुए है, जब कचड़ा उठाने वाला आता है तो वह उसमें से कागज छिलका तो उठा ले जायगा लेकिन अगर उसको घास, पत्ती आदि का कूड़ा भी उठाने को कहो तो वह कहता है कि घास, पत्ती का कूड़ा उठाना हाटिकलचर वाले का काम है और अगर कोई पत्थर या सीमेंट आदि के टुकड़े पड़े हों और उसको उठाने को कहो तो वह कहेगा कि यह तो पब्लिक वर्कर्स वालो का काम है और मेरा कहना है कि अगर इस तरह से सफाई का काम चलेगा तो दिल्ली शहर में सफाई नहीं हो सकती है। मैं चाहती हूँ कि मन्त्री महोदय इस ओर ध्यान दें और कोई ऐसी व्यवस्था करे ताकि बम्बई आदि शहरों की तरह जहाँ सुबह ८ बजे बिल्कुल सफाई हो जाती है वहाँ दिल्ली में भी सफाई का काम हो जाय करे।

यहाँ जो हर एक कोने और जगह जगह पर कहीं साइकिल बनाने वाला, और कहीं फल बेचने वाला तो कहीं कोई शस्त्र चार प्याले लेकर चाय बेचता है तो यह सब चीजें गन्दगी को फैलाने वाली हैं क्योंकि स्पष्ट है कि जब उनको अन्यत्र मुविधा प्राप्त नहीं है तो वे वही सब अपना काम करते हैं और गन्दगी फैलाते हैं और जो कि लो गो के स्वास्थ्य के लिये खतरनाक है।

शास्त्र में मुझे इबिन अस्पताल के बारे में कुछ कहना है जहाँ कोई मरीज को देखने को कभी कभी जाना होता है। अब चूँकि इबिन अस्पताल भी आप के नीचे आ गया है इसलिये आप मेहरबानी करके देखिये कि बिस्किगडम अस्पताल कैसा है और इबिन अस्पताल कैसा है दोनों को आप

कम्येयर कीजिये और देखिये कि वहाँ कैसा है और वहाँ कैसा है। इबिन अस्पताल में मैंने देखा है कि बीच में पानी मरा रहता है, गन्दगी रहती है और प्रकाश की वहाँ पर कमी है, तो इन बातों पर आप विचार कीजिये और जो कमिया है उनको दूर करने का प्रयत्न कीजिये।

सभापति महोदय, आपने जो मुझे थोड़ा समय दिया उसमें जितना मैं कह सकी मैं न कह दिया हालाँकि मेरे पास कहने को अभी बहुत कुछ रह गया है। आपने जो मुझे बोलने का अवसर दिया उसके लिये मैं आपको धन्यवाद देती हूँ।

Shri Nanjappa (Nilgiris) Sir, I am very glad that the Speaker has repeatedly drawn the attention of the House to the inadequate time allotted for discussion of health problems. For Education, six hours were allotted; for Community development, five hours are allotted. I wonder why health is so badly neglected.

Health is divided into two departments, Medical and Public Health. In these days when in the government services so much talk about retrenchment, economy and austerity is heard, I wonder why there should be two departments, one for medical services and another for public health. Can this work not be done with one department for both medical services and public health? That would save a lot of money. One Director can manage both medical services and public health.

I shall take up the Medical department. Under this department, grants are made to the State Governments. First of all, take the T. B. clinics. A provision of Rs. 30 lakhs was made. In these days, these clinics are growing in importance. X-ray sets are installed and treatment is given. Nowadays, emphasis is laid on home treatment, and health visitors are appointed to visit patients in their homes. In T. B. early diagnosis is all

important. So, if there are more T. B. clinics in every district headquarters hospital, I think they will go a long way in eradicating T. B. So, the provision of Rs. 30 lakhs made is, in my opinion, very poor.

Secondly, provision is made with regard to pediatric centres, that is children's centres. These have also come to prominence these days. Children by themselves are not able to express their ailments and they suffer and hence diagnosis and treatment become difficult. So, children's wards and more clinics are opened. I think in every district headquarters hospital we must have these things, but in the Budget a provision of only Rs. 2 lakhs is made. I think this is very inadequate.

I now come to a subject which is under public health, that is school health and feeding. Last year they made some provision and because that was not utilised, they have made no provision this year. Everybody knows how important is the medical examination of school children. One should detect early their ailments and if they are attended to and cured, that will go a long way in helping them. So, the medical examination of school children is very essential and for that no provision is made in the Budget because last year's amount was not at all utilised.

Then I need not press the importance of feeding school children, that is providing the midday meal at least. A good meal in rural areas at noon will be quite welcome to those children.

In regard to cancer institutions, I am glad that a provision of Rs. 7 lakhs was made and that Government have come to know the importance of these institutions. I know in many of the district headquarters hospitals they used to point their fingers to the provincial hospitals because they were not able to cure or give any treatment for cancer. So, at least in every headquarters hospital they must have some provision for treatment of this deadly disease.

Then I come to a very important aspect, that is more medical colleges. A provision of Rs. 50 lakhs only is made under this head. In one of his statements in the Madras legislature, Shri A. B. Shetty, the then Health Minister of Madras said that starting one medical college will cost at least 50 lakhs. There is clamour for more medical colleges, and so the provision made is very poor.

Then I come to the upgrading of departments in medical colleges. I think some Rs. 6 lakhs were provided. There is so much need for specialists and teachers also. There are so many colleges where the real requirements of teachers are not provided. So, there is need for upgrading departments in medical colleges.

Another thing I would draw your attention to is regarding uniform qualifications in these medical courses. There are so many lesser qualifications in other States. Madras has abolished it long ago. Why should not the other States also follow the same process?

Finally I want to say that we have had so much of talk about influenza even on the floor of the House. We had one-hour discussion. I know the Pasteur Institute at Coonoor have prepared a vaccine, they have tried it and found it to be very effective. In the Budget only a provision of Rs. 13,000 is made. I think that is very inadequate. We are also told that we have a very severe form of epidemic yet to come. So, the provision made here is very poor. More provision should be made at least in view of the impending severe epidemic.

Shri Dasappa: Our unfortunate country may be proud of so many things, but not of health. That is one of the saddest features of our country. And all indications go to show that there has not been any marked improvement in the general health of the people of the country. I do not like to lay the blame for it at the doors of the hon. Minister or the Ministry because it depends upon various factors, particularly the

[Shri Dasappa]

amount of calories and vitamins that go into the diet of the ordinary man. Therefore, this is a very big question which should not be tackled in any isolated or perfunctory manner. The brain trust of the Ministry should now think of a much more comprehensive plan to see that the health of the people of this country improves.

Young as I am, or old as I am, I know there has been a perceptible deterioration in the health of the people of the villages. I do not reckon it by looking at the urban areas. I am referring to the rural areas where I have seen a very sturdy peasantry which it is difficult to see now. After all, a country's independence depends upon a sturdy peasantry, but unfortunately their health is going down. I would like the hon. Minister to tell us how he is going to tackle this rather deep, almost universal, problem.

I consider that even more than the curative aspect of his work, the hon. Minister must take up the preventive aspect which itself necessitates the provision of healthy diet for the people of the country. Even if you do not take much care of the older people, I think it is very necessary to make a start right from the school-going children or even right from the nursery stage of the children of the land. The grandiose expression is that the State must look after the citizens right from the cradle to the grave, or as they say now from the womb to the tomb which is a better thing because we must start taking care of the children even before they get to the cradle. So, that is a very problem. And I shall be very happy to know from the Minister that this aspect is borne well in his mind.

The most controversial thing that I have seen here is the Ministry being allergic to indigenous systems of medicine and virtual neglect of the indigenous systems of medicine. I do not think I should add very much more to the vehement case that have

been made out in favour of these systems. I can cite just one or two instances which are within my experience.

I know of a case where a boy who was hardly about nine or ten years old had an accident as a result of which he had developed a cataract in his eyes. Six months' treatment under one of the ablest ophthalmic physicians of the day gave him no relief. But it was given to a cousin of his to take him to a village, and within a month, he was cured by the use of a shrubby plant; about nine to ten inches length of that was cut at about four o'clock in the morning, and dewy drops from it were blown into the eyes. And within a month, he got cured completely. Why should we allow this wonder-cure to be forgotten, and why should no attempt be made on the part of the persons responsible, to see that these benefits are extended to others?

Then, I know the case of a boy who was about thirteen years old, but who was confined to bed with rheumatism. He could not get any cure at the hands of allopaths. But it was given to a Kerala physician for a paltry sum of Rs 2/- to provide two oils one to the body and the other to the head; and there was no question of drugging the boy at all. And the boy got cured completely.

Then, I know the case of a person who had some ear trouble. A lot of puss was coming out of his ears. He underwent treatment at the hands of allopaths for about four to five months. Finally, it was given to a village woman to apply a wee-bit of medicine twice on to the ears and the boy got cured.

Then, again, there was one who was suffering from rheumatoid arthritis. He was unable to get up from bed. But it was given to a Kerala physician to immediately rescue him from the acute stage. Later on, at the hands of that master physician, the Father of the Nation, Mahatma Gandhi, by fast-cure, he was able to

take away 42½ lbs. of his weight, and he got absolutely cured. As Babu himself claimed it, it was a rejuvenation process, which was set in motion as a result of fasting.

I can give so many instances like this, and let nobody suspect what I am saying. I have quoted cases not from outside this Chamber or this House, but very much inside. If evidence is required, there is Dr. Sushila Nayar just behind me, who can testify to the case.

**Shri V. P Nayar:** Not now

**Mr. Chairman:** She was behind the hon. Member

**Shri Karmarkar:** He continues to speak under that inspiration.

**Mr. Chairman:** She is behind him in spirit.

**Shri Dasappa:** I would like to say a word about the difference in approach between the Indian allopathic doctors and the foreign allopathic doctors towards indigenous systems of medicine. From my experience, I have found that the allopathic doctors coming from foreign countries are more eager to learn from our indigenous systems than our own Indian doctors. I am sorry I have got to say this but that is the experience that I have had I know one Dr. Hailley, a German Jew, who was in Mysore, who was in close touch with the Ayurvedic Hospital across the road, whereas none of the Indian doctors was as eager as the foreign doctor to know about the indigenous system.

After all, we know that many of the drugs that have come back to India as patents are those which were manufactured from out of the pharmacopoeia of our country. The Germans took our Sanskrit books, made a thorough study of them, carried out researches on them, and the result is that they form the best drugs now.

So, what I would urge is that there should be no kind of antipathy bet-

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ween the various systems. I am not saying in the slightest that allopathy has no place; it is absolutely foolish on my part, if I were to say that. On the side of surgery, of course, there is nothing to match the allopathic system. But on the side of medicine, I think there is a great deal to be taken from out of the indigenous systems. It is, therefore, that I make a very passionate plea that we should give every encouragement to the indigenous system. How that is to be done is a thing for the Minister to decide.

It may be that his Ministry was a little allergic to indigenous system, but I hope he is not. But I may caution him that he will have to contend against very strong forces, before he can overcome the Humalayan prejudice that has grown against indigenous systems. I hope, however, that the Minister, with his broad shoulders, will be able to tackle these problems very successfully, so that when he comes before the House next year, he will be able to render a more encouraging account of the work of his Ministry.

I must now race fast with a few of the other points. I was referring so far to the preventive aspect of our health problems. People have spoken about slum clearance and so on. But what is the position of our villages today? Each one of our villages, except the ones that are looked after very well in certain States, is a slum or even worse than a slum. There is nothing like drainage, there is nothing like drinking-water facilities and so on. I have not yet seen any comprehensive programme or scheme which the Ministry has evolved in order to tackle the problem of sanitation, rural water supply and so on in these five lakhs of villages. Unless we provide healthy surroundings, how can we expect the health of the nation to improve? That is absolutely impossible. So, I plead for a more comprehensive approach to this problem of rural sanitation.

[Shri Dasappa]

In regard to the manufacture of drugs, I would say that I agree with many of the hon. Members who have spoken earlier and said that crores of rupees are being drained out of our country. On drugs and medicines only, not including surgical apparatus, we had spent a sum of about Rs. 7 crores, in 1949-50; in 1950-51, it was Rs. 10 crores, and in 1951-52, it was Rs. 15 crores. As to what it is today, I have not been able to get at the latest figures, and, only the Minister will be able to say. We have had various committees and commissions to go into this matter, and their reports are also available before us. For instance, there is the report of the Pharmaceutical Enquiry Committee of 1954; then we have the report of the separate panel of the Planning Commission on this matter in 1956. All these reports are there, but I wonder, to what purpose. I would, therefore, request the Minister to implement those recommendations a little more vigorously than before.

I must agree with regard to the steps to be taken for family planning. I am one of the foremost believers in family planning, and unless that is done now, it does not matter how much production we make, it cannot keep pace with reproduction. So, it is very necessary that we must resort to family planning on a more universal scale.

As regards nursing, I would very much like the non-official agencies like the one which the hon. lady Member who preceded me said, namely the Kasturba Trust, and so on, being given the fullest encouragement and help. If Government were to step in, the trouble will arise about fair wages, minimum wages, and strikes and so on.

I will be surprised if nurses also begin to strike. What will happen to the country if they do so? Therefore, it is far better to encourage non-official agencies as far as possible. They can manage it on much smaller scale of salaries than an official

agency. So I would plead with the Minister that non-official agencies should be encouraged as much as possible.

Mr. Chairman: Dr. Samant Sinhar. There are two or three more hon. Members to speak and then the hon. Minister has to reply. So I would request hon. Members to reduce their time to even less than 10 minutes.

Shri Karmarkar: The Minister was supposed to start at 1:45 P.M. and was to conclude by 2:15 P.M. Of course, I am not anxious to take very much time, but if the House wants to have a reply to all the points raised, I must have time.

Mr. Chairman: The Speaker announced the list.

Shri Karmarkar: The Speaker also announced when I should reply. Of course, I am not peevish about the time, but certainly to do just honour to all the points raised and in fairness to hon. Members, I must have time to reply.

Shri V. P. Nayar: He can reply in five minutes.

An Hon. Member: We must listen to the Minister also.

Dr. Samantsinhar (Bhubaneswar): First I must congratulate the Health Ministry on the steps they have taken to eradicate the malaria menace in our country. I come from a constituency which, about ten years ago, was full of malaria. People in that constituency were suffering so much from malaria that they were unable to perform their daily duties. When malaria begins to visit a certain family man, it soon spreads to others in the family and also to other families and there would be none to serve the patients.

I am also a private medical practitioner and during the last 8 years, I find that in that area the incidence of malaria has been reduced, and even doctors in that area are now handicapped in their profession because malaria was the source of every



disease in that part of the country. So I must congratulate the Ministry on their taking practical steps to eradicate the disease which was prevailing in a virulent form there.

But the Ministry should see one thing. After the eradication of malaria, bed bugs trouble has become too much in places where DDT has been sprayed. Of course, I do not know whether DDT has any effect on these bed bugs, but I know there are villages where people cannot sleep in the night due to bed bugs, and they think that due to the spraying of DDT the bed bugs have increased. So there must be some investigation to know the actual cause of this trouble.

My constituency is full of filaria and leprosy. I come from Bhubaneswar in Orissa. You know that the people of Orissa are poor. About 1 per cent of the population are suffering from leprosy and yet no steps have been taken to eradicate the disease. Leprosy is not a disease as such, but it is caused more or less by deficiency of vitamins. We know that due to want of proper balanced food, people suffer from this disease. So unless proper diet is supplied and nutritional standards are raised, the disease cannot be fully eradicated.

Next to that, there is filaria. Nothing has yet been done to combat this disease. I hope Government would look into the matter and take steps to eradicate this disease also.

Next to food, the most important thing is water. I know that in villages there is no water to drink. All our plans are very big and we say so many things, but the actual benefits do not reach the people. If people cannot get even a drop of drinking water, what is the good of all our plans? The people do not understand it. If the people should think that they are under a democratic form of government and their country is now independent, they should at least get drinking water facilities in their places. Otherwise, our independence won't be of any help to them.

श्री वास्तवीक (बुलन्दशहर-रमित-ग्रनु-  
सूचित जातियाँ) : सभापति जी,  
मैं आप को धन्यवाद देना चाहता हूँ कि  
आपने मुझे बोलने का समय दिया।

उपस्थापिते धनमीवा धयवमा, धस्मान्यं सन्तु  
पृथिवी प्रसूता :

दीक्षे न ध्यायुः प्रतिबुध्यमाना, वयं तुम्यं बलि-  
हृतः स्वाम् ।

प्राचीन भारत में, जहाँ रोग नहीं था, सुख और  
वैभव था, धर्मवेद के पृथिवी सूक्त के इस मंत्र  
में एक ऊंचा भावना प्रदर्शित की गई है :—  
हे पृथिवी, तेरी गोद में फलती फूलती तेरी सन्तानें  
नशिये तथा भक्षय हों, हमारी ध्यायु दीर्घ हों।  
मैं भारत सरकार को इस बात के लिये धन्यवाद  
देना चाहता हूँ कि उसके प्रयत्नों से इस देश में  
नीरोगता की दिशा में कदम रखा है।

इस सम्बन्ध में मुझे एक बात नाराजगी  
की कहनी है। यहाँ पर कहा गया कि डाक्टर,  
हकीम और वैद्य इस विषय पर बोलेंगे, लेकिन  
सभी लोगों के स्वास्थ्य के लिये जो इंसान  
अपनी तनदरस्ती को गंवाता है—जोकि  
मंगी कहलाता है—और जिस का काम किसी  
डाक्टर, हकीम या वैद्य से कभी कम नहीं है,  
उसकी जो धवहेलना की गई है, उस की  
दशा की ओर मैं इस सदन का ध्यान खीचना  
चाहता हूँ। इस सम्बन्ध में मैंने ७३८ और  
७३९ दो कट-मोशन रखी हैं। कट-मोशन  
७३८ इस प्रकार है—

That the demand under the head  
Ministry of Health be reduced by  
Rs. 100 (Situation arisen after the  
hunger-strike of the municipal work-  
ers—sweepers—of New Delhi Muni-  
cipal Committee.)

दूसरी कट मोशन भी इसी सिलसिले में  
है।

यह ठीक है कि कुछ रोगों में कमी हो गई  
है, लेकिन कई नए नए रोग भी फैल रहे हैं।

## [श्री बाल्मीकी]

एक तरफ कहा जाता है कि मलेरिया कम हो रहा है, लेकिन दूसरी तरफ जाडिस, इन्फ्लुएन्जा और गैस्ट्रो-एन्टेरिक्स (जो कि प्रांतों की एक बीमारी है) जैसी अजीब अजीब बीमारियां देखने में आ रही हैं। बीमारियां एक तरफ दब रही हैं और दूसरी तरफ बढ़ रही हैं। इनको रोकने के लिये विशेष कदम उठाने की आवश्यकता है।

प्राज स्थिति यह है कि शुद्ध वायु नहीं मिलती है, शुद्ध जल नहीं मिलता है और शुद्ध भोजन नहीं मिलता है। सब और मिलावट है। जिन्दगी में मिलावट है। दिमागों में मिलावट है, भाषा और विचारों में मिलावट है, जात-पात की मिलावट है, खाने और दूध में मिलावट है। इस तरह के अजीब वातावरण में किस तरह इंसान की जिन्दगी चले, यह देखने की बात है। फिर भी प्रयत्न करने की जरूरत है। बल लगा कर इस मिलावट को रोकने की आवश्यकता है।

अब मैं स्वीपर्ज और स्कैवेजर्स की हालत के विषय में कुछ कहना चाहता हूँ। मिसेज रुजवेल्ट ने एक किताब लिखी थी, जिस में उन्होंने कहा था केवल नर्द दिवनों के बारे में जहा झाड़ू की मूठ की बनिस्वत आदमी सन्ते है। यह मैं समझता हूँ कि आप को मूठ का पता न होगा, क्यों कि आप का झाड़ू से कभी वास्ता नहीं पडा है, हालांकि जर्मनों के कवि गंटे ने झाड़ू को दुलहिन के हाथ का खिलौना बताया था, लेकिन वह तो सोलह आने भगन के हाथ से चिपटी है, और किसी का उसमें सम्बन्ध नहीं है। इतना आवश्यक समाजोपयोगी काम करके अजरम दख जाते हैं और वह लोग भी जो इस कार्य में लगे हैं न उन्हें सम्भ्रं जाते हैं। आप ने उम काम का उनको इच्छा क विरुद्ध जिन्दगी भर क लिए उन पर लाद दिया है और वे इस पर रड हैं। अगर उनके हालत क मधुरता में आपका कसूर्य होना चाहिए।

प्राज आप जोर जोर से कहते हैं कि हमारा मुल्क तरफकी कर रहा है, प्राज आप कहते हैं कि हम लोगों को ऊंचा उठा रहे हैं और इसके बारे में बड़ा शोर मचाते हैं। लेकिन अगर अंगियों की जो हालत है, वे जहां पर रहते हैं उन बस्तियों की जो हालत है, उसको दुनिया वालों को दिखा दिया जाए तो आप रो पड़ेंगे और जो पत्थर हैं वे भी उनकी हालत को देखकर घ्रासू बहाये बगैर नहीं रहेंगे। प्राज भी इतनी गली सड़ी और गिलाजत से भरी जिन्दगी बसर कर रहे हैं जिसका कोई ठिकाना नहीं है।

आपने जो प्रॉप्रेस रिपोर्टें हमें दी है उसके पेज ५५ पर आप ने एक सर्वे का चित्र किया है जिसका हैडिंग है Health Survey among Sweepers and Scavengers

इसके अन्दर कहा गया है कि हैल्थ मिनिस्टर न जो वादा किया था उसके मुताबिक ही इस सर्वे को हाथ में लिया गया है: इसके अन्दर कलकत्ता, हावडा और बहानगर का जिक्र किया गया है। बडानगर तो मैं नहीं गया हूँ मूकिन हावडा तथा कलकत्ता में अवश्य गया हूँ और वहा की गदी वरिस्तियों को मैंने अपनी आंखों में देखा है। अगर प्राज ही जा कर वहा की गन्दी बस्तियों की हालत को देखे तो आप यह कर् बगैर नहीं रहेंगे कि टम सर्वे में जो नजीके निकामू गये हैं वे पिल्कुल गलत है। आपका मालूम हो जायेगा कि वे पीने पडे हुए हैं और तरह तरह की बिमारियों से पीडित है, खाने का नहीं मिल रहा है और बहुत ही बुरी जिन्दगी बिना रहे हैं।

अब मवान यह पैदा होता है। इस सब को दूर करने का भार किम पर है। इस सब का भार आपने राज्यों पर डाला हुआ है। जिन हानात में वे लोग रहते हैं जो तकलीफें उनकी हैं, उनको देखना और उनकी कठिनाईयों को दूर करना, मैं समझता हूँ, आपका फर्ज है, और आप ही जिम्मेदार हैं।

भाज उनकी उपेक्षा की जा रही है उनकी ओर कोई ध्यान नहीं दिया जा रहा है।

सब से अफसोसनाक जो बात है वह यह है कि नई दिल्ली म्यूनिसिपैलिटी के कर्मचारी २२ जुलाई से भूख हड़ताल पर हैं लेकिन उनकी मांगों पर कोई ध्यान नहीं दिया जा रहा है। इन मांगों की ओर मे बाद में आता हूँ। लेकिन यहाँ पर मैं इतना अवश्य कहना चाहता हूँ कि नई दिल्ली की म्यूनिसिपल कमेटी जो कि भारत सरकार की नाक के नीचे है, जिसकी हालत भारत सरकार से छिपी हुई नहीं है, यदि उसके कर्मचारियों का यह हाल है तो बाकी की म्यूनिसिपैलिटियों का क्या होता होगा, इनका भ्रष्टाचार आप लगा सकते हैं। मैं यह कहे बगैर नहीं रह सकता कि इस मुल्क की म्यूनिसिपैलिटिया गदगी का डेर हैं। एक जस्टिस ने भी अपने फंसले में लिखा था कि नई दिल्ली म्यूनिसिपल कमेटी एक कूड़े का ढोल है। नई दिल्ली की म्यूनिसिपल कमेटी द्वारा लगातार पिछले तीन सालों से मेहतगों के साथ अन्याय किया जा रहा है, उनकी मांगों पर कोई ध्यान नहीं दिया जा रहा है, उनके साथ जुल्म किया जा रहा है, उनकी बिल्कुल उपेक्षा

इन लोगों की मांगों के बारे में मैं दो चार बातें कहना चाहता हूँ। मैं मानता हूँ कि आज कल के जमाने में भूख हड़ताल की कोई भी व्यक्ति आपको धमकी दे सकता है, कोई भी भ्रष्टाचारी आपको धमकी दे सकता है, आपको डरा धमका सकता है। मगर मैं प्रधान मंत्री जी तथा स्वास्थ्य मंत्री जी से पूछना चाहता हूँ कि वे कौन सी बजूहात हैं जिन के कारण मेहतर भूख हड़ताल करने पर धामादा हुए हैं या मजबूर हुए हैं। उनकी जो मुश्कलात हैं, उनकी जो मांगें हैं उन पर आपको सहायभूतिपूर्वक विचार करना चाहिए। आज सारे हिन्दुस्तान की म्यूनिसिपल कमेटिया गन्दगी, गिलाबत, दुराचार, अत्याचार, भ्रष्टाचार, पापाचार, तथा धनाचार की गड़ है, और जो नई दिल्ली की म्यूनिसिपल कमेटी

है वह उसकी एक जंती जागती, निमान हमारे सामने मौज है। यहाँ क मेहत जा हड़ताल पर है, उनके साथ जिस तरह न सलूक किया जा रहा है, उनकी मांगों की जिस प्रकार उपेक्षा की जा रही है, उसका बार में मैं दो एक बातें आपके सामने रखना चाहता हूँ और चाहता हूँ कि प्राय मुझे याडा या यमम प्राय है। मैंने देखा है कि जब भा भगियों की कोई बात की जाती है तो उनका पक्ष को उपस्थित करन का काशिश क जाती है तो कह जाता है कि मनय का कर्म है और बोलने नहीं दिया जाता है।

मैं पूछना चाहता हूँ कि कौन सा कारण है जिनसे मजबूर होकर भगियों ने भख हड़ताल की है। क्या कारण है कि उनकी ओर से बड़े बड़े इस्तहार निकाले गये हैं और भूख हड़ताल करने के नोटिस दिये गये हैं। हैलथ मिनिस्टर जब राजकुमारी जी थी तब मामूली मे मामूली भ्रष्टाचारी तक को मिलने की इजाजत नहीं थी। आज भी यह हालत है कि हैलथ मिनिस्टर के अफसरान मामूली गरीब भ्रष्टाचारी को जो कि दबाये जाते हैं, जिन पर कि जुल्म किया जाता है, हैलथ मिनिस्टर साहब से मिलने नहीं देते हैं। मुगल सम्राट जहांगीर के जमाने में घटा लटका रहता था और कोई गरीब या गधा भी जाकर उसको बजा कर इसाफ पा सकता था। लेकिन आज न घटा है, न घटी है और न टुनटुनी है (हंसी)। यह हसने की बात नहीं है, जो मैं कह रहा हूँ, सब कह रहा हूँ। आज जिस गन्दगी के अन्दर हरिजन रह रहे हैं उसको मैं बयान नहीं कर सकता। इस सब के आधार पर यह नतीजा निकाला गया है कि स्केवेंजर्स तथा स्वीपर्स में फगस की खाल की बीमारी ज्यादा थी और टी० बी० इतनी ज्यादा नहीं थी। यहाँ नई दिल्ली म्यूनिसिपल कमेटी के अन्दर प्रतिशत लोग टी० बी० के मरीज हैं और इन लोगों के साथ गलूक यह किया जाता है कि इनको दो मिनट के अन्दर निकाल बाहर कर दिया जाता है। इनसे तीन तीन और छः छः सौ रुपया रिखत ली जाती है।

[श्री: बालनीकी]

अब मैं मेहतरों की जो मांगें हैं, उनकी तरफ आता हूँ। उनकी पहली मांग तो यह है कि उनको भारत सरकार के ग्रन्थ कर्मचारियों की तरह से मैडिकल की सब सुव्यवस्था दी जायें। दूसरी मांग उनकी यह है कि उनको रिटायर होने पर प्रोव्यूटी दी जाये। तीसरी मांग उनकी यह है कि प्राविडेंट फंड छः प्रतिशत के बजाय दस प्रतिशत काटा जाय। चौथी मांग उनकी क्वार्टर, बिजली पानी सहित भुक्त दिये जाने की है। आज उनके मकानों की यह हालत है कि वे इतने सड़े हुये हैं, इतने गन्दे हैं कि कुछ ठिकाना नहीं। वे टूटे हुये हैं। आज हालत यह है कि उनके नलों पर टूटियाँ नहीं हैं और टट्टियों में जजीरें नहीं हैं। हजारों रुपये का सालाना एस्टीमेट मरम्मत के लिये बनाया जाता है लेकिन यह रुपया किसी और के ही पेट में चला जाता है और कोई पूछने वाला नहीं है। इस प्रकार का भ्रष्टाचार चल रहा है और इस प्रकार का भ्रष्टाचार, इस प्रकार का ग्रन्थाय मामूली लोगों के साथ, गिरे हुये लोगों के साथ, पिछड़े हुये लोगों के साथ हो रहा है। उनकी एक डिमांड यह है कि उनके पे स्केल रियाइज किये जायें। यह कहा गया था कि जिस का पांच साल से अधिक का तजुर्बा होगा उसमें से लोगों को जमादार या सैनिटरी सुपरवाइजर बनाया जायेगा और उनको इन अपनों पर काम करने का मौका दिया जायेगा। इसको टाला जा रहा है और यह बात दस महीने से चली आ रही है लेकिन कोई एक्शन नहीं लिया जा रहा है। यह बात उन पर लागू होती है जो प्राफेशनल मेहतर हैं या उन पर लागू होती है जिन के पास हाई स्कूल सर्टिफिकेट या डिप्लोमा हो। उनकी अगली डिमांड यह है कि मजदूरों का एक नुमाइंदा कमेटी में लिया जाये। समस्त बस्तियों में लेबर बैलकेयर सेंटर खोले जायें, इत्यादि इत्यादि। ये जो उनकी मांगें हैं ये चायज मांगें हैं। अगर ताज्जुब की बात यह है कि लोगों को बिना कारण सर्वेड किया जाता है और वहाँ सर्वेड किया जाता है, इसविधे किया

जाता है कि वे जल्म सहने से इन्कार करते हैं या दस दस घंटे काम करने के खिलाफ आवाज उठाते हैं। आज उनसे दस घंटे काम कराया जाता है, उनके दूसरे साधियों की जगह पर उनको अपने काम के अलावा काम करने के लिये मजबूर किया जाता है। सुबह ६ से ९ बजे तक वे अपना काम करते हैं और उसके बाद उन्हें कहीं और काम करने के लिये भेज दिया जाता है। अगर वे इसकी शिकायत करते हैं तो उनको सस्पेंड कर दिया जाता है, तग किया जाता है। खुशकिस्मती की बात यह है कि यहाँ पर एक रिफूटमेंट बोर्ड है। उससे रिपवत तो कम हुई है लेकिन मैं यह कहे बगैर नहीं रह सकता कि रिपवत दूसरे दायरों में फैल गई है। जो सैनिटरी इंस्पेक्टर होता है वह उसको इधर से उधर और उधर से इधर दौड़ाता है और जब वह तंग आ जाता है तो मजबूर होकर अपने आप उसको रुक्या दे देता है। ऐसी हालतों में जब मजदूर हड़ताल करते हैं तो मैं माननीय मंत्री जी से पूछना चाहता हूँ कि किस और उनकी हमदर्दी होगी। मैं प्रार्थना करता हूँ कि आप शांतिमय वातावरण में बैठकर किसी तरह से मजदूरों की जो मांगें हैं उन पर गौर करें और उनके नुमाइंदों के साथ बानबौत करें। मैं अधिकारियों से भी कहूँगा कि वे उनकी बात को सुनें और जो जल्म उन पर हो रहे हैं उनको न हों दें।

आज भगिरी की हालत अच्छी नहीं है और उनकी हालत को सुधारना आपका फर्ज है। आप बाकी राज्यों को तो छोड़ दें, लेकिन जो सैट्टनी एडमिनिस्ट्रेशन एरियाज है उनकी तो जिम्मेदारी आपको अपने ऊपर लेनी चाहिये।

नई दिल्ली म्यूनिसिपल कमेटी, कुनबा परवरी तथा भ्रष्टाचार का झुंडा है। उसकी हालत अच्छी नहीं हो सकती है जब तक कि वह इन्फिक्ट बॉडी नहो हो जाती। वहाँ पर अब भी राजे महाराजे बैठे हुये हैं, बड़े बड़े दिन

के विभाग वाले बैठे हुए हैं। वहाँ के जो प्रेजी-डेंट हैं वे एक प्रजीब विभाग के ही प्राधमी हैं। वे एक एग्रीकल्चरल विभाग,—एग्रीकल्चरल डेवेलपमेंट के विभाग के प्राधमी हैं। मैं चाहता हूँ कि जो नया नक्शा बनने वाला है उसके अन्दर उसको भी शामिल कर लिया जाए। मेरा मतलब कारपोरेशन से है।

मैं अन्त में यही कहना चाहता हूँ कि नगरी महोदय से जो कुछ मैंने कहा है उस पर विचार करेंगे और मेहतारों की हालत सुधारने के साथ साथ भूखण्डितालियों के साथ हमदर्दी का इजि हार भी करेंगे। और नई दिल्ली म्यूनिसिपल कमिटी के अधिकारियों पर जोर देने कि, उनकी मांगों को मान लें।

**Mr. Chairman:** The Minister.

**Shri Tangamani:** May I request the hon. Minister to refer to the points raised in the cut motions?

**Shri Karmarkar:** I shall deal with them.

**Shri Tangamani:** Also Siddha Vaidya prevalent in Madras.

**Shri Karmarkar:** I shall deal with all the points raised by the hon. Members subject of course to the limitation of time.

**Shri Sonavane (Sholapur—Reserved—Sch. Castes):** Sir, on a point of information, between 1 and 2:30 the hon. Members are expected to have their lunch. The reply from the hon. Minister during that period would not be proper. He may reply after 2:30.

**Mr. Chairman:** A time-limit was fixed and it has been extended to three hours. We have already passed that three hours. So, the hon. Minister should reply. We must have the benefit of the Government's point of view from the hon. Minister in reply to the various points raised.

14 hrs.

**Shri Sonavane:** The convention is that no important business is to be transacted during this period and,

therefore, the reply of the Minister should be given only after 2:30 as I consider the reply of the Minister as important.

**Shri V. P. Nayar:** Those who want to hear the Minister should be here sacrificing their lunch.

**Mr. Chairman:** The only point is about quorum. There is no restriction anywhere about a Minister giving his reply during this hour.

**Shri Karmarkar:** In any case, the hon. Member has no case because he is present here and has not gone for lunch.

**Shri Sonavane:** I am not very keen.

**Shri Karmarkar:** Mr. Chairman, Sir, I must confess to a sense of difficulty in trying to do justice to the points raised by hon. Members in this house. All of them are, I should say, important, but in view of the time available to me I should just like to invite the attention of the House to the more important points and skip over those that are relatively less important.

Now, to take the last point, I find that the hon. Member who made such a fervent plea for the bhngis just now is not there to listen to my answer to his point. He must have rather exerted himself on that performance, and must have gone out to have a little coffee or something like that.

**Shri Sonavane:** That is why I said that the Hon'ble the Minister should answer after 2-30.

**Shri Karmarkar:** Lest the House misunderstands the position, I should like to inform the House about the point raised by my esteemed friend, Shri Balmiki. I find from the information that I have that he was himself present at the meeting of the New Delhi Municipal Committee at which these points were discussed in detail.

**An hon. Member:** Shri Balmiki has come back to the House.

**Shri Karmarkar:** I am very happy that after what I have said, he has returned to the House. I was just trying to meet my friend Shri Balmiki's point, because he was rather passionate about it, and I was telling the House that I find from the proceedings that are before me of the New Delhi Municipal Committee, that Shri Balmiki himself was present along with four or five others on behalf of the sweepers. When these points were discussed on the 18th July, 15 of the points were conceded in the sense of their being considered or conceded straightaway. The Committee was not able to accept two points, and some one or two points were forwarded to relevant authorities for consideration. I am not able to go into these points. Ultimately, we, so far as this Ministry is concerned, come in a general way with regard to local bodies by way of co-ordination, very very generally, much less than in the case of health, in the co-ordination of their activities and, therefore, I regret my inability to go into the merits of the question.

I am sorry that even after Shri Balmiki represented the case of the sweepers so ably at the meeting of the 18th, at a later meeting right when the meeting was going on, the hunger strikers began their strike. I cannot go into that question at all, the authorities concerned will be able to look after that.

**Shri B. K. Galkwad (Nasik):** What was the decision taken at the meeting?

**Shri Karmarkar:** It will take another ten minutes to explain, and ten minutes is half the time allotted to me. I assure my hon. friend that I will go through these five or six pages with him immediately after I finish my reply.

**Shri B. K. Galkwad:** I want to know the decision which the Municipality has taken in regard to the hunger strikers.

**Shri Karmarkar:** I do not know that decision because, ultimately, the people who have gone on hunger strike, have to take their decision regarding the hunger strike.

**Mr. Chairman:** I think the nation would be more interested in the Minister's answer to the general points raised in the debate for which there must be an effective answer from the Government.

**Shri Karmarkar:** Thank you very much, Sir, for this guidance.

After the points which I thought it was necessary to touch upon in view of the vehemence of the hon. Member's speech, I shall now pass on to some of the important points. I am happy that a reference has been made to the malaria control programme. I am also happy to find that there has been a sense of appreciation of what has been achieved. In fact, the House will be interested to know that, ultimately, in such matters statistics are by and large true; one cannot go to every case of suffering from malaria.

We find, for instance, after this programme came into existence the annual incidence which was about 60·7 million in 1953-54 came down to 41·2 million in 1954-55, to 19·3 million in 1955-56, and I presume that the programme has progressed further. There has been an all round report of progress in this direction.

There have been a few complaints also that D.D.T. has been less effective, that inspite of D.D.T. spraying in some places malaria mosquitoes are still to be had. Now, there is a scientific possibility of mosquitoes growing immune to D.D.T. or any other material that might be used, and it is with that apprehension that we are thinking of what is known as Malaria Eradication Programme. But there are no frightening symptoms at the present moment. The work has been going on and the progress that is being achieved is also being maintained.

With regard to that programme, what has been contemplated is about 200 units of operation operating in the whole of the area where malaria is very largely prevalent. Out of the 200 units that have been allotted till the end of the period of 1956-57 including the units already allotted, the actual functioning units are to the tune of 165 75

The malaria programme is one of the programmes, thanks to the co-operation of the people also, which is claimed to have had a good deal of success. Our examination also has shown that a sample area was taken for spleen examinations. In that area fight against malaria was going on even previously to our taking up the intensified national programme. The programme that was going on was from 1946. It is a happy feature to know that as against the spleen rate of 72.2 in 1946 it came down to 3.7 in 1950, 0.9 in 1951, 0.3 in 1952, 0.2 in 1953, and during the years of 1954 and 1955 the examinations show that the spleen rate was zero per thousand. This has been in the North Kanara District which was taken for a sample examination. Another area chosen was in Shimoga District, and to make a long story short, there again the spleen rate was found to be infinitesimally small.

This shows that this malaria control programme has been a fairly good success. We are hoping that the States will take up the programme as vigorously as before. We are also hoping that it may be possible, with the assistance that has been coming from various organisations, like the TCM and UNICEF, for us to take up what may be known as the Malaria Eradication Programme, eradication not to an ideal extent but to an extent that is possible, that is to say, go on exterminating the possibilities of malaria to the largest extent possible and thus try to exterminate the disease or the possibilities of that altogether.

Something was said about filaria, which, though in its incidence is only to a more limited area, is a very

dreadful disease in its effect. Some time back it was estimated on a rough scale that about 25 million people are those who might be exposed. We have had a scheme for that. Out of 42 units that have been allotted to the various States, 35 are included in the provision. The budget provision made is for Rs 103 14 lakhs.

Something has been said of different areas. I must deny myself the pleasure of referring to various areas. For instance, Kerala is one of the areas where the people suffer from intensive filaria. I am quite sure in my mind that so far as finances permit, whether it is Kerala or any other area, as regards the malaria or filaria or any such general programme that we have taken up in our hands, we shall be very happy to do all that we can to co-operate with the States in combating the various diseases.

I would just touch on the programmes about tuberculosis. We have given in great details in the report what we have been doing with regard to tuberculosis. This is also an enemy that has to be fought vigorously. On a rough estimate, about 5,00,000 people must be dying every year by T.B. In the ideal state of things, if we are to cure all of them, we must require 4,000 clinics, 5,00,000 beds, 15,000 doctors, 50,000 nurses and 10,000 other health workers. Figures like that obviously look impossible of achievement, looking to our resources. Of course, we have been trying to meet the situation as best as we can. I will content myself with a few figures. For instance, regarding the number of hospitals and the like, as against 124 hospitals in 1955, we had by the end of December, 1956, 135 hospitals; as against 166 clinics in 1955, we had 185 clinics by the end of 1956, as against 140 wards, we had 150 wards, as against 16,827 beds in 1955, we had by the end of 1956, 22,300 beds. Now I shall not enter into details about the programmes, but it is our intention to establish a T.B. clinic in almost every district and also help private institu-

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tions which have engaged themselves in this work

Something was said about leprosy also. That is another large problem we have to face. I will just content myself with saying that the programme has been briefly explained in the report and that we shall be very happy to take any possible steps that can be taken. In fact, it is found more feasible to treat a case of T.B. But with regard to leprosy, experiments are being carried on, we have to go slow because the drug that is being used is also being used on a partly experimental basis and unless we are sure of our mind, it is no use hurrying forward.

Something was said about medical education. Government are aware of the shortage in the number of institutions. For instance, as against 30 colleges in 1950-51, we have at the present time 44 colleges. As against 2,500 students admitted previously, we are now admitting about 3,500 students, but still the existing number of colleges are not able to satisfy the requirements of the country. We are told that as against 70,000 doctors that we have, at present, even with the proposed addition of 12,500 doctors in the second Five Year Plan, we shall still be short of the required personnel of 90,000 doctors. We have tried to utilise the amount placed at our disposal by the Planning during the second Five Year Plan period and we have been able to help new proposed colleges in Bhopal, Kanpur, Calicut, Ranchi, Jamnagar, Jubbulpore and Hubli, in addition to the college that has been strengthened in Pondicherry. I will not repeat what has been mentioned in the report, but under this head, I am sorry to tell the House that we have been enormously handicapped by way of fund. In fact, there have been a few demands from some of the States for starting new colleges and we will only be too happy to help them if finances are available.

It will not be necessary for me to dwell at length on the points raised

regarding the auxiliary health workers and the auxiliary nurse-midwives. I come to the water-supply scheme for which, to my regret and to the regret of my Ministry, it has not been found possible to make the full provision this year. In fact, for this year, we had asked for a budget allotment of Rs. 15 crores and we had hoped to get about Rs. 10 crores, but we have got only Rs. 5 crores. The country has been passing through a period of strain and I am quite sure what has been said in the House will be helpful to the cause of water-supply. I am not quite despairing, I am quite sure that my esteemed colleague, the Finance Minister, will be able to help us more than what he has been able to do till now owing to the stringency of finance. In any case, I agree entirely with the view expressed in the House that water-supply schemes for supplying the needs must receive fairly a high amount of priority. I do hope that it may be possible for the Finance Minister to help us with a little more money.

Shri C. K. Nair (Outer Delhi): Is Delhi included in this?

Shri Karmarkar: Delhi will be provided for. I think the provision made is to the tune of Rs. 1 crore; they are asking for Rs. 2 crores and my hon. friend knows as much or even a little more than I do about it. In any case, the case of Delhi is receiving the attention that is due to it.

Shri Thirumala Rao (Kakinada): Delhi stands on a different footing.

Shri Karmarkar: I should not like either to agree or to disagree.

Another important subject is this. I am sorry I am not able to do justice to that subject, it is very important. Hon. Members of this House know that for sometime past, we have found it possible to help institutions of indigenous medicine, whether ayurveda, unani, homoeopathy or nature cure; lest I should forget the *siddha* type of medicine, of which my hon. friend here was very proud, I may say that



we have circularised all the State Governments to send their proposals regarding assistance to various types of indigenous medical institutions and if the Kerala Government would send us.....

**Shri V. P. Nayar:** Madras Government.

**Shri Karmarkar:** I thought it was from Kerala. Anyhow, it does not matter to us from what State it comes. If the Madras Government supports that scheme for helping any institution carrying on either research work or practice work in the *sidha* type of medicine, we shall be very happy to encourage them

This is a question which has arisen on the floor of the House and it is bound to arise in future also. Instead of giving the figures as to the amount of aid we have been able to give in the past or we propose to do in future—the figures are found in the proceedings of the House and in the report—I should just like to dwell for a brief moment on the policy of Government in this matter, because what we shall be able to do depends on the resources that are available to us, but in what direction we shall proceed depends upon the policy which we have to pursue. For historical reasons, allopathy has commanded the pride of place till now. On account of historical reasons also, possibly on account of want of State patronage, possibly on account of the fact that people have taken to the new system of allopathy, possibly on account of all these reasons put together, the ayurvedic and the other systems of indigenous medicines had fallen into a sort of disuse. Perhaps part of the credit of the systems of indigenous medicine going to the wall was due to a large number of people whom, for want of a better phrase, we may call 'quacks', people who are said to be pandits, but who are not, and possibly also due to the elaborate method of preparation of the medicines. I am not going into the history of that question now. But there has been a strong feeling that what available knowledge is in store

with us either in the theory or practice of indigenous systems of medicine, all that knowledge should be utilised for that purpose.

I feel that the general attitude—and that is exactly the attitude of Government—in a case like this is that we would not do well to deny ourselves of the advantage, or deny people the advantage of any system, whatever you may call it. Ultimately, ayurveda means the science of life. The science of life is the same for all time. Our ancients believed in the science of life; they wanted to prolong life, they wanted to make the people healthy; they went along with their researches; they achieved results. Long before allopathy was born in the whole of our country millions and millions of people were treated by resort to the only system of medicine available then, that is the ayurvedic system. All people were not cured, nor did all people die, on account of this system.

Modern science has also progressed. and in our passion for the past, I wish we do not forget the justice that is due to the present. People who are ailing do not care as to what medicine is used; they want to live, they want to be cured. It will not comfort a man who is dying if he knows that it is the ayurvedic medicine that will not cure him, or the allopathic medicine that will kill him. He is not interested in either of these. The ailing man is particular about finding a cure for his ailment, call it by whatever name you will. And if all these systems fail and if another system gave any relief, he will welcome that system.

Therefore our policy all along has been to look to the end. If an ayurvedic drug is found to be effective, get the people cured by all means. We have no predilections in the matter; we have no partiality for ayurveda because it is patriotic to support ayurveda. We have no hatred against allopathy. We would like to take advantage of every system that is available. In addition to all the systems mentioned, if there is any other system which will bring relief to the

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people we would like to take advantage of it. We do not go by labels.

Ultimately we cannot gainsay the progress of science. Surgery has made advances. The other day a friend of mine told me that there is an ayurvedic method of removing the teeth. There might be an ayurvedic antiseptic. But when a man puts in his instrument and takes out the tooth the Vaidya may remember the Ayurvedic God Dhanvantri and the modern man may remember some western doctor. But taking out of the tooth is the same.

I can well understand that the medicine that you apply may be ayurvedic. But what is the ayurvedic method of taking out the tooth? I have not known an allopathic method of breaking bones or curing the broken bones. There are different methods. But ultimately let us adopt the method that is best and effective. That has been the attitude of Government.

It is true that during the last one hundred years and more allopathy has made much advance. Now we have tried to devote our attention a little more than before to the indigenous systems of medicine. There again we are confronted with a two-fold problem. One is the diagnosis—the *kaph vāyū pīth* method and the other is the remedy. It does not matter to me what method you adopt.

On the remedial aspects, what we have been doing is this. At the Jamnagar institute we are having patients treated purely on the ayurvedic method and then we have asked allopathic men to keep a check. Some casualties are bound to happen in any system. We are subjecting the whole of the medicines, so far as it is possible for us to do, to a test, with the ultimate idea of adopting what is best. The conflict in the systems will continue till the end. The *kaph, vāyū, pīth* man will continue to stick to his belief, the modern man will have all the methods of examination, X-ray,

and all that. One might be a symptomatic treatment, the other might be an analytical treatment. But we have no partialities in the matter. Supposing either of these can bring effective relief, we shall be happy to adopt.

It is a fact that in so far as modern scientific progress is concerned, Government definitely hold the opinion that if there is something tangible, they must keep to that. Therefore it is that we have to proceed a little cautiously. It is not a question of having faith in either method. Government have no blind faith in any method. Therefore we have taken to this experiment at Jamnagar Institute, where we have all doctors. We have put in the purest ayurvedic doctor, not contaminated by allopathy. We want the modern medicine doctor to take out the best from ayurved.

This controversy is bound to go on in any case for the next five or ten years. I am not sanguine that in a short time this controversy will close.

I have already exceeded my time. I will take a few more minutes. There is also a great controversy now going on on which the ayurvedic pandits themselves are divided whether to take to an integrated system of teaching of ayurvedic medicines or a separate system. Some pandits hold that immediately you allow modern medicine to come and there is an integration, in the ayurvedic man develops an inferiority complex and what he does later on is that he practices modern medicine masquerading as an ayurvedic pandit. This subject is bristling with difficulties. To clinch the point it is not that we are showing any patronage to either system. At the same time we have to take care of the patients.

Today the difficulty is this. In fact, someone as well equipped and cultured as anyone of us, gave a quiet solution to me. He said the best solution appears to be that for all minor ailments which do not endanger life I take to ayurveda, if there is anything critical about life, I shift my faith to

modern medicine That is his safe method; there might be others too who might do likewise

So, this is a subject which has to be approached with a sense of responsibility and Government are doing all that is possible under the circumstances If there is more money we shall be happy to give more money There is no question about that But this is a subject in which Government do not take the view of patronage, that we are doing something patriotic because we are patronising ayurveda We are doing what is necessary for the common citizen

I have no more time to devote to the subject, otherwise I would have liked to go into details If at any other time an opportunity arises, I would like to dwell on this subject I may content myself by saying that the research experiment that we have undertaken in this matter is yielding fairly good results and it may be possible for us to process it further

Something was said about the import of drug. The House will be happy to know that we are actually producing more and more drugs For instance the value of indigenously produced drugs is about Rs 45 crores and what we are importing is about Rs 12 crores and maybe in the near future we may be able to reduce that also to a greater extent

**Shri Dassappa:** What year is that?

**Shri Karmarkar:** You may roughly take it as the present position Maybe these figures are six months old, but we are not allowing anything to be imported for the next three months This may be the average for the last three or four years

The present production of penicillin is about 18 million mega units and plans are in progress to increase the production to 40 million mega units. Efforts are being made for the production of streptomycin. As the House knows the capacity of the DDT factory is about 100 tons, it is proposed to increase it to 1,400 tons

**Shri V. P. Nayar:** May I put a question?

**Shri Karmarkar:** Question at the end

**Shri V. P. Nayar:** I have a difficulty When we import medicines and drugs we are allowed to import them only from countries the pharmacopoeia of which has been accepted by us Other countries are offering drugs at very much cheaper rates Do we have any proposal before us by which we will accept the pharmacopoeia of such countries so that we may get cheaper drugs here?

**Shri Karmarkar:** To cut the time short, I shall reply to this point on another occasion

Something was said about Rauwolfia Serpentina It is a good point. It was known as sarpagandhi in our literature It was used in cases of hyper tension Its use was re-discovered again There is a firm in Bombay which I should not name which was making a drug from rauwolfia serpentina these seven or eight years and we used to earn a good foreign exchange from that That invited the attention of foreigners They have gone further I am told that a European firm has been able to isolate an element which is different from the elements that they have found here or elsewhere I do not exactly recall the name of the element But I am happy to tell the House that in bulk this medicine has been manufactured here and is being exported

**Shri V. P. Nayar:** That is only reserpine No other alkaloid is extracted from rauwolfia serpentina in our country

**Shri Karmarkar:** If I go on correcting the errors of my hon friend, I will have to spend the whole of my time here

**Shri V. P. Nayar:** If you take my information, you can cut short the time

**Shri Karmarkar:** We have received a complaint from the Health Minister of Bombay about the shortage of A.P.C.. We shall look into that in the context of a second wave of influenza.

Something was said about the law. The law is there. I need not make it clear, what power we have under the Drugs Control Act, the Food Adulteration Act, etc. I think it will be unnecessarily teasing the House by telling what they already know.

There was one point arising out of the observations of the hon. Member Pandit Thakur Das Bhargava. He was perfectly right. It is necessary to provide medical facilities in the villages. But, difficulty is a difficulty. Doctors like to stick to the cities. Any villager who comes to the cities likes to stick to the city. Many of the city people refuse to go to the villages because there are no conveniences. Therefore, it is that we are thinking of this plan of having a primary Health Centre for every 66,000 of the population, in these community projects and N.E.S blocks. That is the first scheme in that direction. It has been partially worked out during the First Plan. We want to open centres, I think, about 2000, under the Second Plan. I should also say that this is a very modest attempt, because ultimately,.....

**Shri Tangamani:** How many centres have so far been opened?

**Shri Karmarkar:** I have got all the figures here. The proposals are for opening 2,000 centres in all. I am not able to lay my fingers at the moment on the information. I have got it here. I shall give it to my hon. friend.

As I was saying, this is in fact a modest step, because ultimately one centre for 66,000 people is neither here nor there. That is obvious. But, it is the beginning of what I should consider a rather revolutionary programme. Because, ultimately, suppose we want a centre for every 5,000 or 10,000 of the population, we have to

begin somewhere. The idea is that these centres will serve the primary needs of the people that it is intended to serve. We shall place some vehicles at their disposal. In any case, it will be a good start for the villages to have 2,000 units in the rural areas to serve the population which you possibly serve. I am aware of the fact that one unit like that cannot by any means adequately serve 66,000 people. But, still, it is a definite step in the right direction. I am quite sure that the States will fully like the idea and work it out. It is also up to the people to make the best of such centres. Because, unless there is the awakening of the people, for whom such such centres are intended, the best possible benefits could not be had from them.

I am sorry, I have not been able to cover even half of the points that I intended to cover. One of the points that was made by my esteemed friend Shri Dasappa; I should not like to overlook. Ultimately, till now, much emphasis has been laid on the curative aspect of health problems. We, as a country of 370 millions now, are beset with such large problems. Thanks to mal-nutrition which is largely prevalent, thanks also to want of necessary aids, we have thought it proper during the recent past to concentrate our attention more on the curative side than on the preventive side. There, again, we are beset with difficulties which are the creations of our economic conditions. Ultimately, a well fed man is less prone to diseases than an ill-fed man. I should imagine that half of our present ailments is due to mal-nutrition.

At the moment, I should like to clear a point made by the hon. Member, Shrimati Maniben Patel. She asked, when we producing sufficient skimmed milk, why do you import from abroad. What comes from abroad is by way of aid, by way of supplementing the resources of the country. What comes to us readily, I suppose, we should utilise.

Apart from that, I think there has to be a large effort at what you might call rationalisation of our food habits. I am sorry to say that along with many good things that modern civilisation has brought to us,—the so-called modern civilisation—some bad things have also come. One of the things that it has brought is partly a good sense of standard of life and also a false sense of standards of life. I am aware of the fact, as this House is aware doubtless, that during the past 30 years, comparatively people have been earning more than what they used to earn 30 years before. But, they spend less on their food and other necessities and cloth budget than on other things. It is something dismal to imagine that in spite of the progress, the way in which we are going is partly responsible for our health conditions. In such conditions, I wish we do our best to tell our people, especially the poor people, because they are the most vulnerable part of our population, to work harder, earn more and to make their conditions of life better, to give their children more by way of food than by way of anything else.

I do not wish to say much about the urban classes, because they can better look after themselves. But, many suffer under a sense of false notions. Apart from what we are able to provide on the curative side, as in the case of hospitals, public health measures, etc., I wish we concentrate the attention of the population on the primary duty that they owe to themselves, to their children and to their families, that they must see in so far as possible that nutrition comes first. Because, ultimately if our country is to be rid of all the ailments, we have to devote attention to the nutrition of the country. That is the sin under which we are suffering, in spite of the other things we have got, greater production and greater national wealth and all that.

The other thing is that, we as a nation are rather careless in what is known as co-operation with public health measures. We, as householders,

many a time, content ourselves as having done our duty by cleaning our own houses and throwing the entire dirt in the dust bin of our neighbours. I would like the co-operation of the House in this matter. All of us here have got our own areas and we have to tell our people this. Ultimately, we owe a duty to our constituency. Apart from raising questions here and trying to answer them from the Treasury Benches, there is a greater duty that we owe to our constituency. We should tell our people about this. From the way in which even my hon. friend Shri V. P. Nayar smiles, I am quite sure that this is a proposition which carries conviction.

I regret very much that I have had, under compulsion, to skip over many points. I plead I am guilty. I may take another opportunity to inflict some more explanations and some more points. Lastly, to conclude with a note about Delhi, I almost agree with my hon. friend who referred to Delhi.

**An Hon. Member:** We were not allowed time.

**Shri Karmarkar:** Otherwise you would have made things worse for Delhi. Delhi needs much attention. I am sure that when all these municipal units come together under one Corporation, at least we will have some one to hold responsible for the sanitary conditions in Delhi, and things will improve better. Otherwise, without saying anything uncomplimentary to Delhi, if a choice were to be given to me, I would prefer to stay far away from the city, at least till a Corporation comes into being, somewhere outside Delhi rather than in Delhi itself. That is neither here nor there. We are always prepared to co-operate with the health authorities and do the best we can.

I must apologise to you, Sir, because for the last ten minutes, I did not look at you lest I should be checked. I wanted to do at least the minimum by way of discharging my duty to this House. Therefore, I took

[Shri Karmakar]

the cue from the friend who came up to you and whispered that the time is up. I thank the House for the co-operation so far as the Health Ministry is concerned. We may err, but we shall never be found wanting in co-operation. We are always prepared to learn. There is much we have to learn and there is much that this House has to teach us. Only for us to learn and the House to teach, it requires a far greater study than what we have been able to do till now. I am quite sure the House will be convinced that I say this as one of the House, and if all of us put in our effort, I am sure, as some hon. Member hoped, that within two, three or four years we may be able to achieve better results

Mr. Chairman: Now I shall put the cut motions to the House.

*All the cut motions were put and negatived*

Mr. Chairman: The question is:

"That the respective sums not exceeding the amounts shown in the fourth column of the Order Paper, be granted to the President, to complete the sums necessary to defray the charges that come in course of payment during the year ending the 31st day of March, 1958, in respect of the following heads of demands entered in the second column thereof:—

Demand Nos.—47, 48, 49, 50 and 119 "

*The motion was adopted.*

[*The motion for Demands for Grants which were adopted by the Lok Sabha are reproduced below—Ed.*]

**DEMAND No 47—MINISTRY OF HEALTH**

"That a sum not exceeding Rs. 7,66,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the

31st day of March, 1958, in respect of 'Ministry of Health'".

**DEMAND No. 48—MEDICAL SERVICES**

"That a sum not exceeding Rs. 2,26,43,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1958, in respect of 'Medical Services' "

**DEMAND No. 49—PUBLIC HEALTH**

"That a sum not exceeding Rs. 5,35,30,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1958, in respect of 'Public Health' "

**DEMAND No 50—MISCELLANEOUS EXPENDITURE UNDER THE MINISTRY OF HEALTH**

"That a sum not exceeding Rs. 60,56,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1958, in respect of 'Miscellaneous Expenditure under the Ministry of Health' "

**DEMAND No. 119—CAPITAL OUTLAY OF THE MINISTRY OF HEALTH**

"That a sum not exceeding Rs. 5,89,68,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1958, in respect of 'Capital Outlay of the Ministry of Health'".