

(ग) यदि हां, तो उसके क्या कारण हैं और लक्ष्यों की प्राप्ति के रास्ते में, जिसके लिए यह योजना शुरू की गई थी, आने वाली बाधाएँ क्या हैं; और

(घ) उन बाधाओं को दूर करने के लिए सरकार द्वारा क्या कार्यवाही की जा रही है ?

**स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री जगदम्बी प्रसाद यादव):**

(क) जी हां । सरकार ने जन स्वास्थ्य रक्षक योजना को 2 अक्टूबर, 1977 से आरम्भ किया था ।

(ख) जी नहीं । जिन अध्ययन दलों ने इस योजना का मूल्यांकन किया है, उनसे मिली रिपोर्टों से पता चलता है कि लोगों ने इस योजना का स्वागत किया है तथा जन स्वास्थ्य रक्षकों का कार्य सन्तोषजनक रह रहा है ।

(ग) और (घ). ये प्रश्न नहीं उठते ।

### **Community Health Insurance Scheme**

1651. DR. RAMJI SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether in accordance with the election manifesto Government propose to introduce community health insurance scheme;

(b) if not, the reasons therefor and if so, by what time;

(c) the number of State Governments which are inclined to introduce compulsory health insurance scheme and the difficulties faced by them; and

(d) whether Government will provide assistance to such States?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI JAGDAMBI PRASAD YADAV): (a) and (b). The Government do not propose to introduce any community health insurance scheme. The Government, however, decided to provide health facilities

to the rural areas and all vulnerable sections of the population including urban poor. Every attempt is being made to bring simple medical aid within the reach of every citizen by organising a cadre of medical, paramedical and community health workers among whom the trained practitioners of indigenous systems of medicine will be a part. It was in the above policy framework that the Community Health Worker Scheme was launched in 741 Primary Health Centres with effect from the 2nd October 1977 in the first phase and now it is being extended to another 961 Primary Health Centres in the 2nd phase commencing from the 2nd October, 1978. The Government of Karnataka have also accepted to implement the scheme in 101 PHCs. With this we shall be covering about 1/3rd of the country under this scheme. It is intended to cover the entire country by 1982-83.

(c) Does not arise.

(d) Does not arise.

### **Biochemic System of Medicine**

1652. SHRI SHRIKRISHNA SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Biochemic system of medicine is as good as any other system;

(b) if so, details of training facilities and location of colleges in India for the Biochemic system; and

(c) whether the system is a recognised one and if not, the reasons thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI JAGDAMBI PRASAD YADAV): (a) to (c). It is not correct to say that the Biochemic system of medicine is as good as any other system since the so-called Biochemic system of medicine has not been recognised as a separate system

of treatment. The use of biochemic medicines has been always considered as a part of the Homoeopathic system of treatment. The biochemical treatment of disease by means of 12 tissue remedies was introduced by Dr. Schussler, based on a theory which is merely empirical. He introduced this method as a simplified form of Homoeopathy in 1873 through an article entitled "Abridged Homoeopathy Therapeutics." He chose inorganic salts, which are components of the body tissues, as remedial agents of a high order. However, Dr. Samuel Hahnemann, the founder of Homoeopathy, had already divined the great importance of inorganic salts as remedial agents and he was the first one who began thorough investigations into their pathogenetic effects and therapeutic uses. His provings of lime and salt, potash and silica later on prepared the way for the rest of the tissue remedies and showed the store-houses of medicinal forces, possessed by these inorganic substance, although apparently inert in their crude state. Dr. Hahnemann pointed out how these forces could be unlocked and directed for therapeutic purposes. Later on, in the year 1873, Dr. Schussler, introduced the so-called 'biochemical treatment' of disease by the use of 12 tissue remedies. According to Dr. Schussler's theory any disturbance in the molecular motion of the cell salts in living tissues caused by deficiency in the requisite equilibrium can be re-established by administering the same mineral salt, in small quantities. This claim of Dr. Schussler, however, has not been established by any scientific investigation. The cure of disease by the mere supply of certain salts cannot be established unless these salts have a similarity of symptoms to those of the disease. Few of these tissue salts had already been proved Homoeopathically even before Dr. Schussler's appearance on the scene and the properties of the other tissue salts were brought out in finer detail, subsequently, by conducting experiments according to the directions given by the founder of the

Homoeopathy as well as by clinical confirmation. These tissue remedies are prepared in potencies, as directed by Dr. Hahnemann and his followers, especially Dr. Hering. The correct prescription or application of these inorganic salts of the body tissue is actually done by prescribing them according to the 'law of similarity'. Actually in practice it is found that if these salts are prescribed according to the 'law of similarity' results are very good and dependable. In other cases, they do not elicit desirable response. Dr. Schussler gave only a few general indications for the use of these salts but the provings earlier and later have given better and well defined indications for their use and extended the field of their applications in sickness. Today, almost all salts form a part of Homoeopathy Materia Medica.

According to the definition of Homoeopathy as defined in the Homoeopathy Central Council Act, 1978 Homoeopathy includes the use of biochemic remedies. Uniform syllabus for the various courses in Homoeopathy recommended by the Central Council also includes training in the use of these so-called biochemic remedies and these are being taught presently in the various Homoeopathic colleges in the country. There are no colleges in the country which exclusively provide training in the use of biochemic remedies as the teaching of 'biochemic' remedies forms a part of the training programmes in the Homoeopathic Medical Colleges in country.

#### **Demand of Aluminium**

1653. SHRI G. Y. KRISHNAN:  
SHRI VAYALAR RAVI:

Will the Minister of STEEL AND MINES be pleased to state:

(a) the production and demand of aluminium and steel in the country during the last two years; and

(b) the quantity of aluminium and steel imported during those years?