

(b) and (c) The time-limit fixed for preparation and submission of the detailed project report is seven months from the date of signing of the Agreement

(d) Does not arise

**Lithium Machine and cartarisation Machine lying idle**

7671 SHRI ISHWAR CHAUDHRY Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state

(a) whether Government have collected informations regarding a lithium machine for psycho-treatment in the AIIMS and cartarisation machine in Dr Ram Manohar Lohia Hospital, New Delhi which are lying out of order for a long time

(b) if so, the details regarding the amount involved in the equipment lying idle or have not yet been utilised and

(c) whether Government have collected informations in other hospitals where such costly machinery are lying idle?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI RABIRAY) (a) and (b) There is no Lithium machine for psycho-treatment in the All India Institute of Medical Sciences. As regards Dr Ram Manohar Lohia Hospital there are four cauterly machines in the operation theatre and all are in working order. There is yet another in the Gynaec Department which is also in working order. Two machines of the Dermatology Department are obsolete. These cost Rs 8,000/- each. M/s Philips India Ltd and Imperial Surgical Co were contacted to undertake their repairs but due to the non-availability of spares the defects could not be rectified.

(c) No action has been initiated to collect the same.

**Wagons unloaded at Howrah Station**

7672 PROF SAMAR GUHA Will the Minister of RAILWAYS be pleased to state

(a) whether a large number of wagons full of food and other articles etc, remained unloaded for weeks, even months at Howrah station,

(b) whether these tactics of not unloading the wagons are directed by unscrupulous traders and businessmen for enhancing prices of food articles and other consumer goods,

(c) if so, facts about the recent bottleneck caused at Howrah station due to not unloading of a large number of wagons.

(d) whether Government are going to take stringent measures to severely punish such unscrupulous traders and businessmen, and

(e) if so, facts thereabout?

THE MINISTER OF STATE IN THE MINISTRY OF RAILWAYS (SHRI SHEO NARAIN) (a) No

(b) The wagons are not detained regularly by any particular consignor for an abnormal period with the object of enhancing the prices of food articles and consumer goods

(c) There has not been any bottleneck in the recent past.

(d) and (e) Do not arise

**Birth Control**

7673 SHRI K S VEERABHADRAPPA Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state

(a) whether any research has been made regarding the birth control through Ayurvedic medicines and

(b) if so the details regarding its effects?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI RABIRAY) (a) Yes, Sir

(b) Study on oral contraceptive agents have been taken up as a priority programme. The Central Council for Research in Ayurveda and Siddha has been engaged in screening of a number of plants considered to possess contraceptive potentiality with a view to bring out an acceptable steroidal contraceptive agent. A number of recipes and single drugs claimed to possess contraceptive potentiality have been taken up for evaluation both at clinical and chemico-pharmacological levels at various centres of the Council. The centres located at Patna, Calcutta, Jaipur, Trivandrum, Bombay, Lucknow and Varanasi are engaged in clinical study. The chemico-pharmacological study has been taken up at Varanasi, Jamnagar, Bhubaneswar and Trivandrum. Besides these centres, the Council has allotted certain recipes for clinical and experimental trials which showed promising response to some of its other major institutes so that trials can cover more number of subjects and the data will be helpful to draw firm and viable conclusion. The clinical trials envisage motivation and a close understanding between the subject and the physician so that there can be continuity in

the drug trial for fairly long period, so that the possible inaccuracies in the assessment of potentiality of drug/recipe may be avoided. Drop out has been faced due to various reasons like family shifting the residence, husband getting sterilised, lethargy in collecting the drug regularly, the subject desiring to have child, adopting other methods of contraception, etc. However, efforts are being made wherever possible to reduce the drop out cases by constant persuasion.

2. The following drugs/recipes are studied/under study at clinical level :

*Vidangadiwoga (Vidanga, Japankusum & Hingu)*

This has been studied in 23 cases for 10 cycles and 3 for 30 cycles. Since the drop out was much more in these series because of side effects like gastric irritation etc., the study could not be continued.

*Talisadiwoga (Taleesa and Gairika).*

370 subjects were administered this recipe. It was noted that during the trial many of the subjects who were given the drug conceived or other complaints like excessive bleeding etc. were noticed. Hence the study was discontinued.

*K Capsule (Vidanga)*

226 subjects received this recipe. 78 cases are under active follow up; of them 19 subjects had taken the drug for more than 30 cycles and 27 subjects are in the range of 20—30 cycles. Since the drug has shown encouraging lead extensive trial will be undertaken.

*AYUSH AC-1 (Vidanga & Japankusum) :*

This has been given to 250 subjects and the follow up is in progress in 130 cases. 5 cases completed more than 20 cycles and remaining are below 20 cycles.

*AYUSH AC-4 (Ashoka, Laksha, Kramuka & Vidanga) :*

The Council has brought out this new recipe AYUSH AC-4 based on the study conducted on individual drugs. 256 subjects are given this drug and the follow up of 36 cycles for each patient is in progress. At present many of the subjects are in the follow up of 1—5 cycles.

3. Chemico-pharmacological screenig has been done on the following drugs:—

- (i) *Abrus precatorius (Ganja) :*
- (ii) *Embelia ribes (Vidanga) :*
- (iii) *AYUSH—7 (Talesapatra & Gairika) :*

(iv) *AYUSH—47 : (Ashoka, Laksha, Kramukha, gold sugar) :*

(v) *Vidangadiwoga (Vidanga, Japankusum & Hingu) :*

(vi) *AYUSH AC—2 (Ashoka, Laksha & Kramuka) :*

(vii) *Plumbago rosea :*

(viii) *Gossypium herbaceum :*

(ix) *Nerium indicum :*

(x) *Dacus carota (seeds) :*

(xi) *Hibiscus rosasansensis :*

(xii) *Vicoa indica.*

### Family Planning

7674. Prof. P.G. MAVALANKAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether Government have decided to accelerate the pace and projects of Family Planning in the whole country;

(b) if so, how; and

(c) if not, why not ?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI RABI LAY) : (a) and (b). The Government of India have taken various steps to boost up the Family Welfare Programme. The Programme is being pursued vigorously with particular attention to the welfare aspect and to the voluntary acceptance of contraceptive practices through more intensified efforts in the direction of education and persuasion of the people. Educational and motivational activities have been intensified by organising large number of orientation training camps throughout the country. In rural areas, special attention is being given to the improvement of maternity services through training of traditional birth attendants (Dais) who are provided with better equipment after training. The Community Health Worker's Scheme which is a part of the effort to reach primary health care to the people in the remotest areas is also contributing the better implementation of the programme in the rural areas. The Community Health Workers have already started distributing condoms in the rural area.

In order to intensify the implementation of the Programme in the States, personal letters have been addressed by the State Chief Ministers and Health Ministers to the members of State Legislatures requesting them to lend their support to the Programme. Similar appeals have to also been made to the Members of Parliament on behalf of the Union Ministry. Various voluntary organisations, local bodies and women's associations have also been associated with the Programme.