

by the Council to permit the practice of medicine by students possessing recognised foreign medical qualifications.

[*Translation*]

Cactus and Succulent Plants for Cure of Diseases

10065. SHRI RAJVEER SINGH:
SHRI SURYA NARAYAN
YADAV:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that cactus and succulent plants have proved very useful in the treatment of diseases like cancer, gouts, diabetes and sexually transmitted diseases;

(b) whether tests have been carried out on cactus and succulent plants to find out their utility for the treatment of these diseases; and

(c) if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI RASHEED MASOOD):

(a) According to the classical texts cactus is not being used as medicine. However, succulent plants Kumari (Aloe vera) and Snuhi (Euphorbia nerifolia) are being used as medicine since Charak's time. The Charak Samhita indicates that the Snuhi is useful in diabetes.

(b) and (c). The two major cactus plants which are used by the various indigenous systems of medicine and on which certain pharmacological and clinical studies have been carried out are the following:

(i) Euphorbia nerifolia (Snuhi) and

(ii) Aloe vera (Indian aloes)

While the latex of Euphorbia nerifolia is the major ingredient of Kashaarasotra which is an Ayurvedi medicated thread used in the non-surgical treatment of anal fistula, Aloe vera has been reported to have antifertility and wound healing properties (in animal studies). Blood sugar lowering effect of Aloe vera has also been reported in animals.

A summary of the results so far obtained on the efficacy of Ksharrasootra (Ayurvedi thread) by clinical trials conducted under the aegis of ICMR is given in the Statement below:—

STATEMENT

TRADITIONAL MEDICINES

In the research activities in the area of Traditional Medicine revived during the 7th Plan period, the Council has adopted a disease-oriented approach, in contrast to the conventional drug-oriented approach. As reported earlier, during the 7th Plan, 6 thrust areas were taken up for a co-ordinated integrated study. These areas are: viz. anal fistula, filariasis, viral hepatitis, urolithiasis, diabetes mellitus and bronchial asthma.

As integrated, coordinated strategy was formulated involving multi-disciplinary efforts for both clinical and experimental studies. While most of the clinical trials are multicentric and double blind in nature, experimental studies (chemical, pharmacological and toxicological) are being undertaken at the Centre for Advanced Pharmacological Research on Traditional Remedies set up at the CDRI, Lucknow.

The clinical trials are based on uniform protocols and proforma formulated by clinical, pharmacological and biostatistical experts in close consultation with the Ayurvedic/Unani experts.

KSHAARASOOTRA TECHNIQUE FOR ANAL FISTULA

Clinical trials on a non-surgical technique known as KSHAARASOOTRA technique (in comparison with surgery) are currently in progress at the Department of Surgery, AIIMS, New Delhi, PGIMER, Chandigarh, Mahatma Gandhi Institute of Medical Sciences, Wardha and Seth G.S. Medical College, Bombay. The KSHAARASOOTRA technique uses a medicated thread, coated with the latex of the cactus plant EUPHORBIA NERIFOLIA, the alkali (or Kshaara) of ACHYRANTHES ASPERA (Apamarga) and the power of Curcuma Longa (Haldi). This thread is inserted into the fistulous track and left in situ for a week. The thread is replaced by a fresh medicated thread at weekly intervals, till the fistulous track heals totally. The patient does not require hospital admission as the thread can be inserted in the outpatient department itself by the doctor or even a well trained nurse. The patient can also attend to his/her normal work (with the thread in position).

The total number (polled from all the 4 centres) of patients inducted into the trial so far is 402. Of these, 205 patients were randomised to the Kshaarasootra group and 197 to the surgery group. The number of patients who have completed one year follow up (pooled from all the centres) is 102 in the Kshaarasootra group, and 92 in the Surgery group. So far, no true recurrence has been reported in the Kshaarasootra group whereas in the surgery group, 8 instances of recurrence have been reported. The results reported from all the Centres have been uniformly encouraging. The success rate, as assessed by the healing of fistulous track, is 94 per cent in the Kshaarasootra group and 89 per cent in surgery group. The data from randomised groups in all the trials on anal fistula will be pooled and final statistical analysis will be undertaken as soon as the target number of 500 patients of

anal fistula have completed the full course of treatment (including one year follow-up after healing of the fistulous track).

[English]

Investment of Provident Fund by Industrial Units

10066. SHRI CHIRANJILAL SHARMA: Will the Minister of LABOUR be pleased to state:

(a) the nature of restrictions imposed upon industries regarding investment of provident fund by industrial units; and

(b) the steps proposed to invest the same in the best manner with a view to yield maximum returns?

THE MINISTER OF LABOUR AND WELFARE (SHRI RAM VILAS PASWAN):

(a) The EPF money is required to be invested as per pattern of investment specified by the Central Government, from time to time. The existing pattern of investment effective from 1st April, 1986 is as given below:—

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| (i) Central/State Government guaranteed securities | 15% |
| (ii) Special Deposits Scheme | 85% |

(b) The existing pattern of investment, on the whole, gives a return of about 12 percent per annum. There is, no proposal for the present to make any change in the existing pattern of investment.

Kerala Model on Population Control

10067. SHRI S. KRISHNA KUMAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Kerala has achieved cent