

[Prof. Nishan Chand Parashar]
Bills and Resolutions presented to
the House on the 1st August, 1973."

MR. DEPUTY-SPEAKER: The
question is:

"That this House do agree with
the Twenty-ninth Report of the
Committee on Private Members'
Bills and Resolutions presented to
the House on the 1st August, 1973."

The motion was adopted.

15.06 hrs.

RESOLUTION RE. PEASANT DOCTORS—contd.

MR. DEPUTY-SPEAKER: We
take up further consideration of
Dr. Melkote's Resolution re Peasant
Doctors. Dr. Melkote was on his legs
2 hours were allotted and he has
taken three minutes.

DR. G. S. MELKOTE (Hyderabad)
It is a pleasure for me to bring this
Resolution for consideration before
this August House. While doing so,
I must express my sense of anguish
and pain when I see the attempts
made by the Planning Commission
and possibly the Indian Medical Asso-
ciation, to scuttle the move made by
the Prime Minister for ushering in
the scheme of peasant doctors in the
rural sector. When she made that
announcement that created a sense of
enthusiasm all over the country. We
have to trace the historical back-
ground of the development of the
system when we speak about this
Resolution. India was famous for
thousands of years, even during the
Asokan period, for the excellence of
medical aid given not merely to men
but even to animals and hospitals
were established everywhere. This
was when civilization in other parts
of the world did not exist. Today the
doctors of the allopathic system, who
have followed the British pattern of
medicine feel that the ancient doc-

tors in India who have had no insti-
tutional training, they call it
should not be recognised as they are
charlatans.

I would ask one question: Even
today in the rural sector how many
of these so-called allopathic doctors
have gone and settled down and
giving relief to the people? The
Planning Commission itself says that
80 per cent of the quantum of money
spent on the health of the country
goes to the benefit of the city people
mostly. 80 per cent of the rural
population are denied all types of
medical aid. What has the poor
villager to do? In the Fifth Five
Year Plan, I understand, Sir, Gov-
ernment is thinking and planners are
thinking of spending something in
regard to what is called the minimum
needs programme, that is, in regard
to elementary education, health needs
of the community, electricity, agricul-
tural needs, roads, and many other
things and of this Health is a very
important factor, 80 per cent of the
population had been totally neglected
all these years. It is so because the
present day allopathic doctors do not
want to go there, do not want to
practice, do not want to recognise
all those people who have been serv-
ing the village sector for several
centuries. Even today in the rural
sector if any benefit accrues to the
common man in the matter of health
it is because of the forefathers of the
present day rural practitioners who
had settled down and carried on their
profession there.

Supposing like China or some other
country we were independent and had
not been under foreign domination
what would have happened? These
very doctors who were practising
then would possibly have improved
their knowledge by visiting all other
countries; they would have improved
their own system of medicine—these
who had settled down in the rural
sector, the rural physicians.

They would have adjusted themselves and would have done whatever was necessary to the country to improve their knowledge. Today, these people—medical practitioners—are near about 3,00,000. It is said that 40,000 of modern medical people who have passed out are unemployed.

It is not that Government do not want to give employment to these modern trained doctors. But they do not want to go and settle down in the rural sector because there is no housing facility, no road, no friends to talk to and no tennis, etc. This is the type of training that we are giving to our young men and the service they are expected to render to our tax-payers and the rural people who pay for their education. In the rural sector, the rural old type physicians get trained and have been doing yeoman service. That is one part of the question. The other part of the question is this. Are the rural peasant physicians really inefficient? I would like to ask this question as a student of modern medicine. I made a deep study of this ancient system for the past sixteen or seventeen years. For six or seven years I had struggled to understand our ancient Indian system. It was difficult for me to understand their literature with the background of training that I had in the modern system of medicine.

But, then, I found, that the result of application of their system was exceedingly good. How many of these modern doctors have gone and settled down in the village sectors? How many have tried to find out the extent to which ancient medicine is useful to the country. In China, the rural physician is called a peasant doctor—barefooted doctor. May I say that in China the professors in medical colleges, the doctors and everybody are asked to go and settle down in the rural sector for two or

three years. They have been doing it and settling down there. If there is a rural remedy for ailment they apply it. If they find it good they come back to the main Research Colleges for doing research and if the research proves it good, they spread the knowledge to all parts of the country and is spreading to all parts of the world. One such thing is acupuncture. The system of acupuncture itself went to China from India. Today, in Europe, England, France, Germany, Russia and America you will find that surgeons go there to learn this acupuncture from the Chinese. They learn it. It is said that if a pin is pricked in the right big toe it cures even the liver disease. They know the places where to pin it; they also know what is the *modus operandi*—the theoretical aspect of it—the result of it is entirely different and research workers have to take up this question but—what is the result? The results are good. The research is going on and people go there to learn it.

So far as India is concerned we had developed a science more than 7,000 years back. The philosophy of atom is about 3,000 years old in the modern world. Democritus and Lucretius, the Grecians, said that the atom was the smallest particle—not particle in the sense of modern science but in simple sense of matter. Beyond that, they do not go. 7,000 years back India enunciated the nature of the particle. The principle is this. The first and foremost thing is to learn what is called the logic of science, that is *Nyaya Shastri*—it is not the dialectical logic of the West but it is the logic of science in ancient India. They said that mind and intellect are particles and they enunciated what a mind was and what an ego was. Today if you ask any professor of physiology he will say that he has not seen any particle of mind, nor ego nor intellect. Whilst saying

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this, he also talks about mind, ego and intellect and applies the same in teaching clinical psychology, psychiatry etc. Is it fair to call this as scientific when they themselves have not seen the particles to apply it? Are not the modern doctors also charlatans? Ancient India has always said that mind, ego and intellect are particles in the sense of the modern physical particle. That is their logical stand. How to apply it? The finer matter would be difficult to see even with finest microscope. Nobody has seen the atom. The theory of the atom came in about 1880 or so by Dalton. Ancient India dealt with the atomic theory in Vaisheshika who said that the universe consists of atoms, and this they said about 7,000 years back. Then, it did not end there. They said that the atom was not the final thing. The atom was not the beginning for the creation of the universe. The atom was the end-product. They spoke of what was called *arambhavada*; they spoke of atomic particles. This comes in the Sankhyan system. According to the Sankhya system, the number of particles of the sub-atomic nature is 24. One has got to understand it. They said that the atom was the end-product of all that. So, the atom is itself split up into sub-atomic particles. This is also the concept in modern science. They had enunciated this seven thousand years ago, and the science of sciences for all these things is yoga.

I would like to ask the modern doctors whether they have applied yogic methods for cure of diseases. Dr. Lietzse, a lady doctor (Superintendent) in one of the famous hospitals in Zurich, Switzerland, came to India about three years ago. She went round the country. She said "We have been using modern medicines like penicillin, sulpha drugs and so on, and these are causing degeneration of the

system. I have come here to find out whether Ayurveda can teach us something". She went to Banaras University and then came to Delhi, then she went to Bombay, to Poddar college, then she went to Jamnagar, Gujarat, and from there to Madras, Coimbatore, and then to Kerala. She has submitted her recommendations or her paper to her medical unit in Switzerland. She sent me a copy of the summary of that report. She has said there, "I have gone round and seen all those hospitals managed by the Ayurvedic physicians. The patients had offered themselves for treatment by the allopathic doctors for three or four or five or six years in famous hospitals and had been treated by M.D.s, M.R.C.P.s, F.R.C.s, and so on, and their case records are there, their X-ray had been taken, their blood examination had been done and so on before they got themselves treated by the Ayurvedists. These very people who were being treated in the modern allopathic hospitals had been discharged and the case records mentioned that they had been 'Relieved'. They do not say whether the patient is cured or not, but they simply say that such and such persons had been discharged as relieved. These very patients who were being treated by allopaths were being treated now by the Ayurvedic people and were being cured. I saw it with my own eyes. I went to Kerala and saw the *Panchakarma* method. I wish doctors from India to come and talk to us. I wish Ayurvedic doctors from India to come to Switzerland and tell us what their system is like in a language that we can understand their science and technique. We would like to send our doctors to India so that they can see and gain experience. We would like to send our nurses to Kerala to understand the *Panchakarma* method."

What more credit is needed than what our own President has done? He went to Kerala for his treatment. I went and asked the AIIMS doctors

'Why did you not treat our President properly? Why should he have had to go to Kerala for the Panchakarma method of treatment? I asked the research workers whether they had gone and asked the President how he felt after the treatment and whether he felt better. They said 'No'. These are the research workers that we have, and they are said to have an open mind, and, therefore, I went and asked them. I asked the President himself 'Did these doctors come and ask you now you are feeling? Do you feel better?' He said 'Look at me; I have gained new life; the Panchakarma has done me good.' Imagine that it was our President who was saying all this....

MR. DEPUTY-SPEAKER: Of course, it is a very innocuous thing which the hon. Member is saying. But I would like to point out the rule which says that a Member, when speaking, should not use the President's name for the purpose of influencing the debate. Let him kindly keep that in mind.

DR. G. S. MELKOTE: What I wanted to impress upon the House was this. Eminent people in the country, doctors themselves, when they find that they cannot get themselves cured by allopathy, ultimately resort to Ayurveda, but at the same time they do not want to give credit to the system. My point was only that.

I have been doing a certain amount of research on this for the last five or six years. We have treated roughly about 6,000 to 7,000 patients. I would like to know from the modern doctors whether they could cure at least some of the diseases without drugs, or even if it be with drugs, how long they would take to cure the

diseases and whether their methods would cause degeneration of the system.

Are they able to cure diseases like hypertension, diabetes mellitus respiratory allergies, psoriasis of the skin, certain kinds of neurological diseases, kindly complaints like nephritis, and nephrosis, etc? I claim that today without anything whatsoever, hypertension, malignant hypertension 170 to 180, these things could be brought down to normalcy and maintain normally, provided one can practise the disciplines of yoga systematically. It is, therefore, my claim that ancient India knew the science. But you do not want to delve into Sanskrit and learn about your own cultural patterns; you do not want to study these books because they are in the vernacular; you do not want to do any research and see whether what they claim could be established as correct. But you call them charlatans and practitioners who do not deserve any help. All the money the Central Government is giving is being spent on the modern trained doctors for usefulness—I do not know whether it is really useful. All that they can do is to diagnose up to a particular extent; even that diagnosis is wrong.

What is body? What is matter? What is nature? Matter is supposed to be energy. The three Newtonian laws are applicable: inertia, acceleration and retardation-inertia, momentum and stress. Our ancient system of medicine was based on this. How do you get disease? What should be the ideal health? In our ancient India, it was *sacchidananda*. Why should a man die? If the motion in the body is correct, he should live till eternity. What is life? Is it breathing, is it heart beat, is it thinking, is it locomotion? Nothing of these. In this expanding and

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contracting universe, the ancient ayurvedic physicians have evolved a system based on this. This expansion means wastage. A beautiful crystal like diamond also wastes away. That is the nature of matter. It is only life that regains it. I take food and drink and build the body. It is this rebuilding of the body that makes good the wastage. It is only life or living that could rebuild. This process is very important.

Therefore, this wastage is occurring in the body. If we make it good systematically, we need not die in the 90th, 900th or 9000th year. We could always exist. What is the meaning of existence if it is to be only to live like a stark or a stone? A man's intellect must be brilliant. So the method and system adopted in the ancient systems for the maintenance of health also inclosed the fullest development of ones intellect to make it very sharp. What is the good of this life if it is to lead a life of misery? It has to be one of *anand*, *sacchidanand*. That was the ideal of ancient India held out in the sphere of ayurveda, in the sphere of yoga. Therefore, the food pattern that they suggested, the medicine that they gave was designed to make up for this body waste and its development to conform to the above ideal.

Do the modern doctors understand that breathing does not take place always through both nostrils? It is sometimes through the right, sometimes through the left, *chandranadi* and *suryanadi*. What do you mean by this? Katabolism, matabolism an anabolism are taking place. Therefore, what is body? They knew only one word-body. Ancient India from Kashmir to Kanya Kumari said: *Sarira* i.e., *Shiranthithi* *Shareerab*.

Every second the body is going to pieces. When I take food, I build the body, *pushti*, and grow it again. When this is vitiated, disease occurs. It need not be due to germs. Not that the ancients did not understand the germ theory. They understand the germ theory very well. But their emphasis was on *prakriti*. Each man has got a balanced factor, a balanced motion of particles. If we can bring about that balance, may be by drugs, may be by food, may be by climatic conditions, may be by anything, the moment I come back to that normal, my in-built mechanism fights out the disease in the body.

This concept is being implemented in the rural areas even today. Do the modern doctors try to understand what it is like, rendering help to these millions of people in the country? Even after 25 years of independence, we, the modern doctors, have not been able to go to the village sector. There are already doctors settled down there. Some of the modern gadgets and methodology may be useful to them. In the past we have already utilised those that were qualified only up to third form or were trained up to the fourth or fifth standard, and if they were trained as Dayates and asked to conduct a delivery case or train them as vaccinators to vaccinat. And now if vaidyas who were trained by skilled old and vaidyas if these people treat the village people as village doctors, we should give them some kind of training to fit in with modern methods of treatment. We should give them enough money. Today, a chaprassi in Delhi is getting, say, Rs. 200 a month.

MR. DEPUTY-SPEAKER: The hon. Member's time is up.

DR. G. S. MELKOTE: This amount of money should be given to them, and the training should be given to settled in the villages. Give them this money so that here and now they will take to the practice of some

aspects of modern medicine and help the people, in whatever way possible, in the village sector. Sir, how long are you going to take to do this? Are they going to wait for another 100 years for these modern doctors to go there with all the comforts to be awaited for them? This is the social aspect of the question, that is to be tackled, and the modern doctors have been pressurising us politically so that these village vaidyas are not accepted as village doctors by Government. This is the crux of the problem.

Ancient India's knowledge was very great. If we were independent we would have done it and preached it to the whole world. Today, it is taking place. Maharshi Mahesh Yogi has gone to America and has been accepted today as the proper person for imparting the highest ancient Indian concepts and he has been accepted by eight different universities, six countries and several federal banks, and his project has been taken up as a matter of urgency. What is the basis of yoga? What is the methodology in it? He has, I understand, written the Prime Minister, wherein is supported to have said, "Here I am, an Indian, working in this foreign country and has been accepted as Indian to propagate the ideals of ancient India. Nobody thinks of us in India". This is an ancient cultural aspect of India which if modern doctors can understand and if they can only try and have sympathy for their own cultural pattern, here and now we can and should take up the cause of the vaidyas and give them the knowledge that is necessary in the modern conditions and accept them and give them all the necessary fillip; give them some money, and thus create employment potential in the rural sector and given them all the facilities that should be given there.

Sir, today everything is being objected to. The whole thing is being scuttled.

MR. DEPUTY-SPEAKER: The hon. Member's time is up.

DR. G. S. MELKOTE: Sir, I thought I would be having a few more minutes. Anyway, I will end. The whole thing, as I said, is being scuttled. I am afraid that instead of understanding the ancient Indian pattern and taking it to the village sector, they want to topsy-turvy it. All this knowledge is coming back to us from the West again; the missionaries in America, the missionaries in Europe have gone and seen what is occurring in China, they have gone and appreciated the methods and they would like to copy them and take them to the village sector. Should we copy it from the West again for what is already available here in the country? It is already there well established. Do you want somebody else to come and tell you that this is good. This is the height of insolence that is being perpetrated against the nation.

Sir, I feel that this House as a whole should vote for this resolution and support me and give the maximum help to the indigenous practitioners who are not yet recognised by the modern doctors or our Government.

MR. DEPUTY-SPEAKER: Resolution moved.

"This House welcomes the scheme of Peasant Doctors to serve the rural population and urges upon the Government to take steps to implement the same expeditiously."

DR. RANEN SEN (Barasat): Mr Deputy-Speaker, Sir, this idea of peasant doctors for the rural population is gradually gaining ground throughout the world. Sir, in China, our next door neighbour, there is a sort of social movement initiated by the Government and the Communist Party there to raise millions—I say millions—of peasant doctors who are

[Dr. Ranen Sen]

serving not only the villagers but even in some towns, as is reported, where they have started working.

In China, they have their indigenous system of medicine which probably many countries have. These peasant doctors have been trained to some extent in the art of indigenous system of medicine and to integrate it with the modern system of medicine as far as that could be done, and this is doing yeoman service to the Chinese people living in the villages.

In India also, it is noted by the Government of India and all the State Governments that there is a huge scarcity of doctors in the villages. I can speak of my State and the Deputy Minister, Mr Kisku, also comes from that State. He will bear me out when I say that the West Bengal Government is trying for a pretty long time to send doctors to the villages and the West Bengal Government has failed in this respect because the village life does not suit these modern-educated doctors.

Secondly, there is not enough remuneration for those who go over to the villages and work there. The scarcity was to such an extent that the West Bengal Government even wrote to the Orissa Government to send doctors to practice in the villages or serve in the villages as government servants. That also failed due to many reasons. When this idea of peasant doctors comes, I am reminded of what happened in China; there it was successful.

In India allopathy has become the dominant system of medicine. I do not believe in caste system but I must tell you that I come from a family of vaidas because for ages the profession of my ancestors was ayurved. My grandfather was a vaid in my house: there are some medicines which we call Totika in Bengali; just

ordinary medicines which are helping sick people including my relatives. I can give you a short anecdote about Dr. B. C. Roy. One of my relatives was suffering from a heart disease and some thirty years ago when Dr. Roy was having a roaring practice he came and examined him and said that it could not be cured easily, but he gave him some medicines and asked him to take it for thirty days and then told him after thirty days. After a few days one of the great ayurved practitioners in Calcutta who was also an MBBS of the Calcutta University came to our house—in our States a large number of allopaths, FRCS and doctors are practitioners of ayurved—and perchance he came to know about the disease of my relative. He said that he would give him a very simple medicine which would cost four old paise and the patient was asked to take it for ten days, then pause for a few days and then again for another ten days. He did so. At the end of 30 days Dr. Roy came and examined the patient and said: I did not know that my prescription would do so much good to this heart patient; I did not believe that it had so much potential. My relative informed him that he did not buy the medicine prescribed by Dr. Roy, but he took the medicine prescribed by a Kaviraj Dr. Roy was astonished. There was a great modern physician Col Chopra in the school of Tropical Medicine in Calcutta; he made researches on herbs. There were so many things which were not known to allopaths in India and because of Dr. Chopra's researches, they are part of Indian pharmacopia today. When I was a medical student we had to read the Indian pharmacopia in which Dr. Chopra's inventions were mentioned. These were nothing but extracts from old knowledge about the efficacy of certain herbs used by the vaidas in the olden days.

Ayurved and unani systems are prevalent in Calcutta. I am not ac-

acquainted with unani system of medicine; I am acquainted with Ayurved. That is part of Indian culture and that suits the Indian constitution very much.

The doctors who do their MBBS, etc. do not go to the rural areas for various reasons. I do not blame them. There are the so-called poor doctors who practise Ayurved and Unani in villages. If the Government could give them a little more education and harness their energy. It will be of immense help to the village people. I am not so well-versed as Dr. Melkote about the philosophical and other aspects of ayurved. But from my own experience, I think it will do a good service to our countrymen in the villages all over India. From the little data I know, in India there is scarcity of hospital beds, scarcity of well-trained medical graduates or diploma holders, scarcity of nurses and scarcity of medicines also. It is well known that allopathic medicines are the most costly. A medicine which costs the private manufacturer 2 paise is sold for Rs. 2 and the Government have not been able to control it. Ayurvedic medicines are cheaper, available in plenty and can be fruitfully utilised for the benefit of the villagers.

With these words, I support this resolution moved by Dr. Melkote and commend the introduction of the system of peasant doctors for the benefit of the village people.

SHRI M. RAM GOPAL REDDY (Nizamabad): Sir, I whole-heartedly support the Resolution. Our rural population constitutes four-fifths of our total population. Unfortunately, the doctors are practising only in our towns and cities and four-fifths of our population is without any medical care. In our villages there are so many people who have not even seen a doctor. Well-trained medical graduates do not want to go and work in the villages. Every year about 500 doctors leave

the country to work in the U.K., USA and eastern countries also and settle there permanently. In the towns, the doctor-people ratio is 1:5,000 but in the villages it is 1:5,000. How we can give medical aid to the villages has to be very seriously considered. Though we have eradicated malaria and small pox to some extent, we are not tackling the small day-to-day ailments in the villages. For that, we do not need highly specialised doctors. Dr. Ranen Sen pertinently said that allopathic medicines are very costly and beyond the means of the poor villagers. Therefore, we have to devise a cheap method of giving medical aid to them. For that we have to train our vaiyas in the villages. Even from Vedic days, we have given top priority to care of health and ayurveda is known as *Panchaveda*. But we are not taking full advantage of it. Recently there has been some research conducted into ayurveda by some scholars but substantial aid is not being given to them by Government. I suggest that Government should give all the facilities for ayurvedic doctor to do research and produce good medicines. Moreover, they should be trained in the new method of administering medicine. Now these medicines are not prepared in a hygienic way by the Ayurvedic vaidas. They should be trained in preparing medicines in scientific way.

Immediately after independence some vaidas in the villages were selected and they were being paid some amount every month to practise in the villages. Now that method has been discontinued and no encouragement is being given to the people who are working in the villages. Now that method is discontinued and no encouragement is being given to the people who are working in the villages. While I do not know about other parts of India, in Andhra Pradesh that system was in vogue under which the Ayurvedic doctors were given some training to use allopathic medicines but it was discontinued in

[Shri M. Ram Gopal Reddy]

1955 or 1956. It is high time that it is introduced because now there are no doctors to look after the people in the villages. It is an irony that while there are unemployed doctors, there are many health centres and rural dispensaries where there are no doctors. I would suggest that before the medical students are given the final degree there should be a provision for compulsory work in the primary health centres for a certain time.

MR DEPUTY-SPEAKER That is a different question.

SHRI M RAM GOPAL REDDY If that is not possible, we have to encourage the village vaid. Unless the Government sanction some money to encourage them, they are not going to come forward to do this type of work. Now slowly the Ayurvedic medicines are going out of existence. There is a great treasure in them. We have to revive that system of medicine so that we can maintain a hereditary system. If the Government is not going to give proper attention to this problem, a day will come very soon when there will be no system of medicine in existence except the allopathic system.

SHRI S P BHATTACHARYYA (Uluberia) I fully support the resolution brought forward by Dr G S Melkote. In our country we have experience of thousands of years of using ayurvedic and unani medicines in the rural areas. We can use that experience by having peasant doctors in the villages. We must try to know what are the medicines used by the rural people of our country and what are their beneficial effects so that this system can be used to our best advantage. The peasant doctors can help the rural people and help our present knowledge in medicine.

In our country at present only allopathic and foreign medicines or their counterparts alone are accepted. Our ayurvedic medicines which have been

tried here for thousands of years and used by many people in the villages are not recognised by the educated people and the allopathic doctors. That attitude must be changed. Our task must be to utilize our past experience and give that experience a scientific touch. The outcast attitude towards rural medicines should be completely removed. We must absorb whatever is good in our medical system and utilize it in the best way possible. While I am not suggesting that everything in ayurveda must be adopted, those things which have stood the test of time must be accepted and utilized to the advantage of the people in the rural areas. So, with the development of peasant doctors, there must be research centres in every State at least to know what are the real good qualities in our indigenous medicines. Then only we can fully help our people and develop it.

I know that unless and until we annihilate poverty in our villages, the things will not be effective. But we expect that it will be done and that must be done. Our past experience must be utilised and the Government must help to do that so that our medical knowledge will be enriched. Our past experience of indigenous medicines, the rural people's experience, must be absorbed in our medical science. That way we can serve the purpose of this Resolution.

I think, the Government should take it seriously. Without spending much money but with a proper scientific attitude, we can help our medical science and treatment of our people. We can change our old attitude, give a real scientific direction and absorb all the past experience of our people towards the scientific development of it.

श्री कन्नड़ श्री बड़े (बम्बैन)

उपायका महीन, डा० मन्कोटे के जो प्रत्यक्ष रक्षा है, मैं इस का समर्थन करता हूँ। उन का उद्देश्य यह है कि ग्रामीण जनता को

चिकित्सा सुविधायें उपलब्ध कराने के लिए किसान डाक्टरों की व्यवस्था की जाये।

मध्य प्रदेश में माठ नाम आदिवासी पापुलेशन है। त्रिम क्षेत्र में ये आया है, यहाँ तो लाख आदिवासी पापुलेशन है। इनकी बड़ी जनसंख्या के लिए डाक्टर तो कोई हैं नहीं—वे केवल शहरों में होते हैं—केवल कुछ कैमिनी वनागिरी में हैं और वे भी ठीक तरह से नहीं चल रहे हैं। तीस चालीस साल तक कोई डाक्टर नहीं मिलता है। अगर कोई मैटरनिटी का केम हो, तो उस को शहर ले जाना पड़ता है और कई बार स्त्री की गर्भ में ही मृत्यु हो जाती है। वहाँ पर पच्चीस, तीस, चालीस साल पहले जो डाक्टर होते थे, उन के बच्चों में अग्रज पिताओं का घन्घा छाड़ दिया है। व मैट्रिक या बी० ए० पास करने के बाद नौकरी ढूँढ़ने है। तब कुछ होमियोपैथ डाक्टर होते हैं, लेकिन आधुनिक चिकित्सा के लिए वहाँ कोई व्यवस्था नहीं है।

डा० मल्कोटे ने आयुर्वेद के बारे में बहुत कुछ कहा है। उन्होंने बताया है कि योग से रोग दूर हो जाते हैं। हमारे यहाँ योग जानने वाला कोई आदमी नहीं है। वहाँ तो जड़ी-बूटियों आदि से काम चलाया जाता है। उदाहरण के लिए अगर किसी का नामूर अच्छा नहीं होता है तो साप की ऊपर की चमड़ी को भस्म कर के गूँड़ में देने से वह अच्छा हो जाता है। मैंने इस बारे में हैफकिन में पूछा था। उन्होंने बताया कि उन के यहाँ अभी इस का इन्वेस्टीगेशन चल रहा है। हमारे यहाँ कुछ किसान डाक्टर ऐसे होते हैं, अगर पेट में दर्द हो तो दाढ़ देने का काम करते हैं, लोहा गर्म कर के दाढ़ देने से आदमी ठीक हो जाता है। इसलिए मेरा कहना है कि उन को एजुकेशन दी जाय, शिक्षा दी जाय, इस से किसानों को लाभ होगा।

हमारे क्रिश्चियन मिशनरीज़ हैं, उन्होंने गाँव-गाँव में पड़ाव डाले हुए हैं। वे दवायें देते हैं हमारे लोग उन के पास जाते हैं, वे इन्जेक्शन देते हैं, इन्ट्रानिन्स इन्जेक्शन देते हैं, बदन में गर्मी आती है तो हमारे लोग बड़े प्रभावित होते हैं। नरगजा यह हुआ है कि हमारे बच्चों ने भी इन्जेक्शन देना शुरू कर दिया है। हमारे यहाँ एक फादर हैनरी थे, जो क्रिश्चियन मिशनरी थे उन से बात हुई तो कहने लगे—कम्यून को नैयार्ग है हम चले जायेंगे, लेकिन यहाँ इस काम के लिये अपनी मदद और मिस्टर्स को लाइये। हम ने कहा कि हमारे यहाँ मदद और मिस्टर्स को तो किचन में बाम करना पड़ता है, वह तो निकल नहीं सकती हैं। वास्तविकता यह है कि हमारे पास इस काम के लिये स्वयंसेवक नहीं हैं। ऐस वालन्टीयर्स नहीं हैं जो गाँव गाँव में जा कर सेवा करें। आज जो डाक्टर्स कॉमिटी में निरुपने हैं वे नज़ा नहीं जाने हैं। वे रहने हैं कि हम को फीमिलीटीज़ नहीं है। यह सब झूठी बात है। इसलिए अगर सरकार की तरफ इस में कमिशन हो जाय, तो वे वहाँ जायेंगे। सरकार को इसे कमिंसरी करना चाहिये। सरकार ने नियम भी बनाया हुआ है कि दो साल के लिये गाँव से सेवा करनी होगी लेकिन कोई नहीं जाता, वह आदेश कागज़ पर ही रहता है, अमल नहीं होता है।

मैंने जैसा डा० मल्कोटे साहब ने कहा है कि जो वैद्य का प्रस्थापन है उन का प्रोत्साहन देने के लिये उन का पैसा भी मिलना चाहिये और माप की साथ उन को एजुकेशन भी मिलनी चाहिये एजुकेशन नहीं देगे तो ऐनोपैथी का जो विश्वास है वह बढ़ता जायेगा। आज कल के नये लोग को नाडी परीक्षा का भी ज्ञान नहीं है, पहले जमाने के वैद्य-इकीम नाडी देख कर ही रोगी का मारा रोग बता देते थे इसलिए किसान डाक्टर तैयार करने के उद्देश्य से उन की एजुकेशन की व्यवस्था बहुत जरूरी है। इस के

[श्री आर० बा० बड़]

लिये आप कालिज खोले, मेडिकल कालिज में शिक्षा दे, दो-तीन-चार साल कम्पलसरी एजुकेशन दें उस के बाद यहाँ भेजें।

यह कल्पना बहुत अच्छी है, इसलिये इस व्यवस्था का मैं समर्थन करता हूँ।

श्री नाथू राम अहिरवार (टीकमगढ़) उपध्यक्ष महोदय, डा० मल्कोटे ज ने जो प्रस्ताव रखा है, मैं उस का समर्थन करता हूँ, क्योंकि अभी तक हम ने देखा है कि जहाँ हम ने देश में बड़े बड़े उद्योग खोले, देहाती में हम ने कोई उद्योग नहीं खोले, बड़े बड़े शहरों तक ही इन उद्योग-धन्धों को मँदूला-इज किया। इसी प्रकार से जो अस्पताल बने हैं, वे भी बड़े शहरों में ही बने हैं। गांवों में किसान सारा दिन काम करता है, उस के बच्चे घर के धन्धे पड़े रहते हैं कोई दवा का प्रबन्ध नहीं है। 15-20 मील के एरिये में एक अस्पताल होता है और वहाँ भी जो लड़के डाक्टरों पढ़ कर जाते हैं, वे वहाँ काम नहीं करना चाहते उन के दिमाग में शहरी चमक-दमक घुसी होती है। सरकार ने कानून बना दिया है कि जो लोग कालिज में भरनी होंगे उन्हें दो साल गांव में काम करना होगा, लेकिन व गांव में काम नहीं करते शहरों में ही उन से काम कराया जाता है। जब तक सरकार कोई ऐसा प्रबन्ध नहीं करती कि किसी भी डाक्टर की सरकारी गौरी तभी स्थायी होगी जब तक वह देहाती पांच साल काम न कर ले—तब जा कर डाक्टरों की व्यवस्था हो सकेगी।

हम आज तक गांवों में स्वास्थ्य सेवाएँ उपलब्ध नहीं करा सके हैं, पीने के पानी की भी सुविधा नहीं दे सके हैं—जो जीवन के लिये बहुत जरूरी है। तब हम उनको क्या देना चाहते हैं? हमारे लोग आप से मकान नहीं चाहते, शहरी चमक-दमक, कपड़े और जेवर नहीं चाहते उन के बच्चों को शिक्षा,

दवाई, पीने के पानी की व्यवस्था चाहिये। इस देश की 80 प्रतिशत जनता गांवों में रहती है, लेकिन 90 प्रतिशत डाक्टर शहरों में रहते हैं। केवल 5—10 प्रतिशत देहातों में जाते हैं, लेकिन वहाँ दवाइया भी नहीं मिलती हैं।

एक और विषय है—हम ने देखा कई डाक्टर आयुर्वेदिक पद्धति के हैं, लेकिन उन्होंने इलाज ऐलोपैथिक पद्धति में करना शुरू कर दिया है। जब वह देखते हैं कि शहरों में जो डाक्टर प्राइमरी हेल्थ सेंटर में ऐलोपैथिक पद्धति से इलाज कर रहा है, उस में थोड़े ही समय में मोटर साइकल भी से ली, उस का मकान भी बन गया उस की औरत जेवर भी पहनती है, तो वे भी बाजारों से ऐलोपैथिक की दवाइया ले आते हैं, इजेक्शन लगाया और 10—12 रुपये झाड़ लिये—इस तरह से गांव के लोग लुट रहे हैं। किसान मछी मंग ला कर लाता है और मास में 15—20 रुपये की दवाइया खरीद कर लाता है। जो इलाज हमारे पास हड बहेडा-आयला में हो सकता है उसका बचाव मुफ्त लगाते हैं और किसान में 10—12 रुपये दे कर सूट लगाना सीख लेते हैं—उस के बाद उन को यह भी मानना पड़ेगा कि जो इजेक्शन वह लगा रहे है, उस की मिगद खनम हो गई है या उस में क्या फायदा—नुकसान हो सकता है। बहुत से लोग मर जाते हैं—कई जेस नहीं बन सकता। ऐसे बहुत से केस हमारे सामने आये हैं जो ऐसे डाक्टरों के इलाज से मरे हैं। वे लोग वैद्य विचार का इन्निहान पाम कर लेते हैं, कहीं पर थोड़ी सी ट्रेनिंग ले लेते हैं और कहते हैं कि हम रजिस्टर्ड डाक्टर हैं, उन्हें दूसरे को मारने का पूरा अधिकार मिल जाता है, क्योंकि उन की दवा से मरने पर उन के खिलाफ कोई केस नहीं चल सकता। इस लिये मेरा अनुरोध है कि सरकार की इस तरफ गम्भीरता से सोचना चाहिये, धावा

के 25 साल के बाद भी अभी तक हम कोई ऐसा कदम नहीं उठा सके हैं, जिस से देहानी क्षेत्र के लोगों का स्वास्थ्य सुविधायें ज्यादा तत्कार में मिल सकें।

बड़े शहरों के अस्पतालों में भी भीड़ लगी रहती है—आप सोचिये, दिल्ली में देहान के कितने आरामी आ गये हैं, यहाँ तो शहर वालों को भी जगह नहीं मिलती। इसलिये ऐसी योजना बनानी चाहिये जिस से स्वास्थ्य सेवाएँ डी-मैन्ड लाइड हो ग्रामीण क्षेत्रों तक पहुँच सकें। डाक्टर को तभी स्थायी बनाया जाये जब वह 5 साल गाँव में काम करने तथा उस का प्रमोशन टम बाय द रिजर्न हो कि उस ने ग्रामीण क्षेत्र में जितना अच्छा काम किया है।

हमारे शहरों में जो अस्पताल हैं वे जो दवाइयाँ भेजी जाती हैं, वे सब मेडिकल स्टोर में पहुँच जाती हैं। मरीज को कहा जाता है कि फला दवाई फला मेडिकल स्टोर में खरीदें तो आर वत गाँव पैसा डाक्टर या मेडिकल स्टोर में आपसे बट जाता है। इसलिये अस्पताल बना दिये जायें और उन में दवाइयाँ न मिलें तो फिर उग बा कोई रास्ता नहीं है। सरकार को इस बारे में गम्भीरता से सोचना पड़ेगा। दवाइयाँ तो दूर रही पानी भी नहीं मिलता है। मैंने अभी अपने क्षेत्र के 20 गाँवों का दौरा किया तथा पीने के पानी का कोई प्रश्न नहीं है पूरा जगल है, अस्पताल नहीं है, स्कूल नहीं है। इसलिये सरकार को एक बड़ी स्कीम बनानी चाहिये जिसमें देहानी क्षेत्रों में दवाइयों का प्रबन्ध हो सके और उस योजना को शीघ्र कार्यान्वित किया जाना चाहिये।

श्री राम कर्कर (टोक) उपाध्यक्ष महोदय, डा० मल्कोटे साहब ने विगान डाक्टरों के लिये जो प्रस्ताव रखा है मैं उस का समर्थन करता हूँ। यह किसी से छिपी हुई बात नहीं है कि जब भी डाक्टरों की नियुक्ति होती है,

उस समय डाक्टरों के काफी मात्रा में मजदूरी लागू कियी गयी है। इस लिये वह अपने आदर्श में, अपनी डाक्टरी योजना में, उन का जो मनोबल है वह गिर जाता है

16 00 hrs

पिछली लो लोकसभा में भी मैं स्वास्थ्य मन्त्रालय पर बोला था। गाँवों में किसानों के लिये डाक्टरों की कोई व्यवस्था नहीं है, आयुर्वेदिक इलाज की भी व्यवस्था नहीं है। अगर 8-10 मील पर कोई दवाखाना या अस्पताल है भी, तो दवाएँ नहीं हैं। इतनी लट मच रही है कि मन्त्रालय की तरफ से उस की कोई देखरेख नहीं है। आपने दिल्ली में जो मेडिकल इन्स्टीट्यूट खोल रखा है इसको मैंने देखा है। राजस्थान से दो तीन बीमार वहाँ से गहा आए थे। उनकी हालत ऐसी थी कि शायद वे दिल्ली मुश्किल में पहुँच सकेंगे। जब वे आ गए तो वहाँ पर उनको भरती करवाया गया। वे अपनी गाँवें गिर रहे थे। वहाँ वे ठीक हो गए। गहा के जो डाक्टर हैं उन पर किसी प्रकार का दबाव नहीं है। वे बहुत ही ईमानदारी से और सगर्वनीय काम करते हैं। पता नहीं गाँव में किसानों के लिए जितनी भी योजनाएँ निकलनी हैं वे जानी कहा है। पूरी तहमील में मैंने देख लिया है। सरकार में जो भी सहायता मिलने वाली होनी है किसानों को, गाँवों में दो चार आदमी ही होते हैं जो उस में दिलचस्पी लेते हैं और वही फायदा उठाते हैं अफसरों को भी खिलाने हैं और खुद भी किसानों के नाम पर खाते हैं। अभी वहाँ कुछ खोदने की योजना निकली थी जिलाधीश कार्यालय से। उस में भी लोगों से पैस रिश्त के तौर पर लिए गए। गाँवों में डाक्टरों की बहुत कमी है और लोगों की वहाँ इस कारण से मृत्यु हो जाती है कि डाक्टरी सहायता उनको मुलभ नहीं हो पाती है। वहाँ जातायात के माधनों की भी कमी होती है। सड़कों का कोई प्रबन्ध नहीं किया जाता है। भी रेड्डी और श्री अहिरवार

श्री रामकवर ने जो कुछ कहा है उसका मैं समर्थन करता हूँ। गांवों में आप ज्यादा से ज्यादा आयुर्वेदिक डिस्पेंसरीज खोलने का प्रबन्ध करें तो अच्छा होगा।

यह भी देखा गया है कि शैड्युल्ड कास्ट के लोगों का जो कोटा है चौथी श्रेणी का वह तो पूरा भर दिया जाता है लेकिन बाकी श्रेणियों का नहीं भरा जाता है। कारण यह है कि मैदा ढोने का काम कोई दूसरा नहीं कर सकता है। उसको वही करते हैं। मै इंदौर गया था। वहां मैंने देखा कि कौं शैड्युल्ड कास्ट के काफी लोग डाक्टरी पाम-अप के बैठे हैं। कम से कम बीस पच्चीस लोग मुझ से मिले। उनकी कहीं नियुक्ति नहीं हो रही है। मेरी प्रार्थना है कि कि बड़े डाक्टर जब आप भरती करें तो उनकी नियुक्ति भी आप कर श्रेणों एक, दो और तीस में उनकी भरती करें। राजस्थान में श्री छीनर लाल बेरवा नाम का एक शैड्युल्ड कास्ट का व्यक्ति आयुर्वेद डाक्टर लगा हुआ है। उसका पिछले डढ़ माल में नौ जगह स्थानांतरण किया गया है। मैंने मंत्री जी को इसके बारे में लिखा कुछ नहीं हुआ। इधर से उधर उसको घुमाया जा रहा है। मेरा निवेदन है कि गांवों में हर पंचायत हैडक्वार्टर में एक बड़ा चिकित्सालय नहीं एक बड़ा अस्पताल नहीं तो आयुर्वेद के एक डाक्टर की नियुक्ति आपको अवश्य करनी चाहिये। आपने जैम पंचायत हैडक्वार्टर में पोस्ट आफिस की व्यवस्था की है इसी प्रकार में आयुर्वेदिक आपथालय की भी आप करें और वहां दवाइया इत्यादि उपलब्ध कर। गांव वाले इन्हीं दवाइयों को ज्यादा पसन्द करते हैं, इन्हीं पर उनका ज्यादा विश्वास है। ये उनको लग भी जाती है। मैं तो यही राय रख रहा हूँ कि आयुर्वेदिक चिकित्सालयों का ज्यादा से ज्यादा आप गांवों में प्रबन्ध करें।

SHRI BANAMALI PATNAIK
(Puri). I was listening with rapt

attention to the learned speech of Dr. Melkote but I could not make out anything from the speech and the resolution moved by him regarding appointment of peasant doctors to serve the rural population. I do not know what he means by peasant doctors. If he means indigenous doctors then it is a different question. There have been different system of medicine, but after the advent of the British, the allopathic system of medicine has reigned supreme.

We call them as indigenous system of medicines. But, they gradually vanish from the urban population because the Britishers did not believe in the indigenous system though few of them believed in it. Therefore allopathic system ruled supreme science and technology have changed. Before Independence Government of India appointed a Committee known as the Bihar Committee to examine the medical system. That Committee submitted a huge report. That Committee selected 100 diseases and out of 100 they recommended that 85 diseases can be cured by any system of medicine—whether it is allopathic or homeopathic or ayurvedic or nature cure. Also they have recommended—I do not know exactly the number—some diseases can be cured by surgery. Some of the other disease like Cancer cannot be cured by any system. I do not remember the names of all diseases. As I find today allopathic system of medicine has been developed in such a manner that we cannot cope with it—our country cannot cope with it—and so we have to think in terms of indigenous system of medicine. If Dr. Melkote wants the indigenous system of medicine to be developed so that the doctors can go to the rural areas I welcome that. But this Resolution does not mean it. Therefore I oppose this Resolution.

Sir, we are having medical colleges, ayurvedic colleges, Homoeo colleges etc. Government have also started homoeopathic colleges in different parts of the country. We have re-

cogised all systems of medicine. But there is no co-relation in themselves. Allopathic colleges are developing because Government gives them preference and prestige. There is rush for it. But, there is no rush for ayurvedic medical colleges. So, ayurvedic system is given a go by. We cannot expect those doctors to study ayurvedic system of medicine without the study of sanskrit. We are gradually improving in the allopathic system of medicines; but not with the ayurvedic system of medicines. There is also one university for the study of this system—ayurvedic system of medicine. But, may I suggest that while we are formulating our Fifth Plan, can we not establish an all-India Institute of Indian Medicines? In Indian medicines should there not be a correlation? You have an indigenous system with regard to allopathic medicines. Dr. Ranen Sen is an eminent doctor. He said that an allopathic doctor prescribes a long list of medicines. It is not possible for a patient to purchase all the medicines. They are costly. If we do not develop the indigenous system of medicines which are available in our country and which are our people can get cheaply, how can we develop the system or how can we cure the diseases? The same is the case with regard to allopathic or ayurvedic system of medicines. Whether it is allopathic or ayurvedic, everything has to be co-related. For example there is a leaf—a kind of herb—which is used for treatment of blood pressure. Instead of going through various system of medicines we should analyse as to how these leaves cure a disease. That has to be properly analysed and developed. What is the harm in having an all India Institute of medicines? In allopathic medicines there is some correlation. Why should the same not be done in the case of ayurvedic system of medicines?

Ayurvedic system of medicine is a branch of study. In all the allopathic colleges we should have a compara-

tive study of different systems of medicines. It should be encouraged.

Sir, I am told that there is yogic institute in Karnatak University and it is already attracting a large number of students. That is changing their atmosphere. I am told that through this yogic system, some diseases are also cured.

Why not introduce it? It has nothing to do with any system. It can be introduced in allopathic or Ayurvedic colleges. It is just a system which believes in some sort of physical exercise. Our minds should be trained in that way so that diseases could be prevented beforehand. Moreover, this would be of great value also in the rural areas.

When it comes to Ayurvedic medicines, there is no good pharmacopoeia. Government of India have not established any arrangement for preparing a good Ayurvedic pharmacopoeia. They are only in a race to purchase foreign medicines and foreign instruments some of which go out of date and are not in proper use. Recently, a relation of mine who had been treated earlier at the Cuttack Medical College, was operated upon at the AIIMS. His son is also a doctor there. The operation was conducted well and the patient was treated well. He had to come here, because the Cuttack doctors told him 'We do not have the necessary instruments for the operation; so, you better go to the AIIMS, Delhi'. After the operation, the doctor at the AIIMS said 'But these instruments which have been used for the operation are now out of date. This is the only institute which has these instruments'. How can we go on keeping this kind of instruments? Further, these instruments are very costly. A peasant cannot be expected to come all the way from Cuttack or any other part of India to Delhi. So, we have to develop our own system of thing. However, I would request Government to consider how far and how quickly we can develop our indigenous system of

[Shri Banamali Patnaik]

medicine and have a correlation between allopathy and the other indigenous systems of medicine, so that we can have our doctors go to the rural areas and use our indigenous systems of medicine.

As regard blood pressure, as Dr. Ranen Sen had said, previously we had no foreign medicine. Patalageruda has converted into Serpasil, or *Rawolfia Serpentina* was converted into Serpasil and that is being used these days. Or Sarpagandha is used for this purpose. Similarly, there are various other medicines which could be relied upon and which are easily available in the rural areas, and which do not also cost much.

While I appreciate the sentiments behind Dr. Melkote's resolution, I do not agree to the resolution as he wants only peasant doctors to be appointed. There are qualified indigenous doctors who have been trained in Ayurvedic colleges or Tibbia or Unani colleges and they should be given proper training and posted in the rural areas. Of course there should be some research also on these lines. At present, there is no research, and there is no development of any post-graduate course in these systems. Unless we develop this on an all-India basis, we cannot improve our own indigenous system or our indigenous doctors.

MR. DEPUTY-SPEAKER: I am afraid that we are losing sight a little of the main brunt of the resolution of Dr. Melkote. As I understand it, I think he wants that a scheme should be formulated by which certain indigenous doctors in the villages may be made use of by Government. Instead of going into the entire system, the various systems of medicines and shortcomings of the medical administration and so on, hon. Members may confine themselves to this point, namely whether a scheme should be formulated to make use of our doctors in the villages practising the indigenous system. I think that is

the meaning of Dr. Melkote's resolution.

DR. G. S. MELKOTE: Yes.

SHRI GIRIDHAR GOMANGO (Koraput): I rise to speak on the resolution brought forward by Dr. Melkote. He has urged in his resolution, using the services of peasant doctors in the rural areas. In this country, we find today that there are different types of doctors, allopathic doctors, homoeopathic doctors, Ayurvedic doctors and finally peasant doctors. Whether the doctor is an allopathic doctor or an Ayurvedic doctor or any other, a doctor who is posted in the rural areas should be sympathetic to the people there; they should know the mentality of the people, because the people there are illiterate and they do not know what the medicine is and how to take it and cure themselves by taking it.

You will see that in the rural areas people are using roots which are the medicines used specially by the tribal people. They do not know about the allopathic system or the homoeopathic system of medicine. If we give them a prescription to use these systems of medicine, it is very difficult for them to understand it, and they cannot have that medicine.

Now Government are formulating the Fifth Five Year Plan. In that Plan, they should consider opening more and more hospitals in the tribal areas. We can appoint peasant doctors and make arrangements for supplying the medicines and other facilities which are essential for providing this service to them.

श्री सुखदेव प्रसाद वर्मा (नवादा)
उपाध्यक्ष महोदय, सदन में डा० मत्कोटे के प्रस्ताव पर जो विचार-विमर्श चल रहा है, उस संदर्भ में मैं भी निवेदन करना चाहता हूँ कि आज हमारे देश में ग्रामीण क्षेत्र की क्या अवस्था चिकित्सा के सम्बन्ध में है। ग्रामीण क्षेत्रों के 80% निवासियों को वर्तमान चिकित्सा उपलब्ध नहीं है। इस वि

डाक्टर ग्रामीण क्षेत्रों में जाना नहीं चाहते हैं ।

एलोपैथिक पद्धति के अस्पताल खोल कर हम ने अभी तक चिकित्सा के मिलमिले में जो कार्यवाही की है, उस के द्वारा हम प्राणि जनता को पर्याप्त मेडिकल एड देन में असफल रहे हैं । हमारे सामने प्रश्न है कि हम किस पद्धति के माध्यम से ग्रामीण जनता को आसानी के साथ, सही ढंग में, चिकित्सा मुविधाये उपलब्ध कर सकते हैं । अगर इस पर गौर किया जाये तो मैं समझता हूँ कि हमें सही रास्ते पर पहुँचने में दिक्कत नहीं होगी । और वह रास्ता गांव में बसे वैद्यों और हकीमों के ज्ञान ही हो सकेगा अभी तक ग्रामीण क्षेत्रों की नहीं भेवा चिकित्सा के माध्यम से वैद्य और ग्रामीण हकीम ही कर रहे हैं तथा होना ही चाहिए ।

मैं जानता हूँ कि गांव भी गांवों में ऐसे वैद्य हैं भले ही जिन ने पास डिप्लोमा या डिग्री तथा सर्टिफिकेट नहीं है जो स्थानीय जटो-रिया या माध्यम से अब तक ग्रामीण जनता की सेवा कर रहे हैं । अगर हम उस पद्धति का जो गांवों में पटुची हुई है उन्हें सार्थक बनाना तथा मात्र देकर काम ने तो ग्रामीण किसान आगर अच्छी और सस्ती चिकित्सा दे सके हैं । जितना पैसा हम उस समय खर्च कर रहे हैं — और फिर वह ग्रामीणों का जो पैडिगन एंडा में समफल रहे है, पुराना तथा ग्रामीण क्षेत्र के आन्दोलों को कम है — उस से हम गांवों के एक एक व्यक्ति को मेडिकल एड दे सकते हैं ।

आज जरूरत है ऐसे वैद्यों का नलाश करने की, जो जर्सी-बूटिया से ही लागा की समुचित चिकित्सा कर सकते हैं । गांव का एक पुराना वैद्य नब्बे पर हाथ रख कर आप के शरीर की सारी बीमारियों का सही लेखा-जोखा करता है । उन्हें नाडी, चक्षु तथा

त्वचा का सही ज्ञान, रोग को पड़चानने की है । लेकिन इस विज्ञान के युग में यंत्रों के द्वारा सही ढंग की दवायें तैयार करने की मलाहियत उस में नहीं है । इसलिए गांवों के ऐसे वैद्यों को उचित साधन और मुविधायें दे कर औप-धियों को तैयार करने की व्यवस्था करनी चाहिए । सरकार को आयुर्वेदिक कालेजों में शिक्षण के लिए भी ऐसे वैद्यों का सहयोग लेना चाहिए । वर्तमान आयुर्वेदिक कालेजों में जो पढ़ाई होती है, उसमें आयुर्वेदिक शास्त्र के अनुसार सही वैद्य तैयार करने में सरकार सक्षम नहीं हो पायी है । चूँकि आयुर्वेद का सही ज्ञान ग्रामीण स्तर के वैद्य तथा हकीमों को ही है, जो इस कार्य को पूर्ण रूप से पुनर्चना रहे हैं । मैं यहीं कहूँगा कि अच्छे हकीम और वैद्य हैं उन को नलाश कीजिए और उन को इन कारिजा में भेजे ताकि पढ़ने वाले उन के ज्ञान और अनुभव में लाभ उठा सके । ऐसे लोगों को तैयार कर के गांव में भेजा जाय । सरकार यदि चाहे तो ऐसी योजना बना कर गांवों के लिये ग्रन्थी सेवा उपलब्ध कर सकती है । उन वैद्यों और हकीमों के द्वारा अच्छे ढंग में प्रशिक्षित होमो-पैथ डाक्टर भी कामकाज हो सके हैं । इनमें जो कम खर्च में ग्रामीण क्षेत्र में चिकित्सा उपलब्ध करायी जा सकती है ।

गोविन्द आज क्या है । वह है — मैंने हेल्थ मन्त्रालय खाल कर दिया, उन को अस्पताल मान लिया गया है हर ब्लाक में गेज सेंट्रल खोले हैं उन के लिये आप डाक्टर दे रहे हैं, दवायें भी भेजते हैं लेकिन दवायें बड़े पैमाने की नहीं पानी और जा पहुँचा है वह नहीं के बराबर है । मैं निम्न माननीय सदस्य ने ठीक ही कहा है कि वे अभी दवायें बाजार में दवा की दुकानों में पहुँच जाते हैं और मरीजों का उन दवाओं का पैसा देकर खरीदना पड़ता है । ग्रामीण क्षेत्र में 75 प्रतिशत लोगों की स्थिति ऐसी नहीं है कि वे डाक्टर के प्रेस्क्रिप्शन के अनुसार दवायें बाजार से खरीद सकें । नतीजा यह हो रहा है कि मरीजों

[श्री सुखदेव प्रसाद वर्मा]

के नाम पर अगर बीमार पड़ते हैं तो अच्छे हो गये तो ठीक है, नहीं तो जीवन गवा रहूँ है। ग्राम में वे अपनी पुरानी जड़ी-बूटियों और पुरानी पद्धतियों का ही सहारा लेते हैं। जब इस तरह की कठिनाई हमारे सामने है और हमारी योजना ग़र तैति है कि देश के अन्दर जितने भी लोग हैं सब के स्वास्थ्य सुधार और बीमारियों की ठीक ढंग से चिकित्सा कराने की व्यवस्था की जाय, तो ऐसा आयुर्वेदिक, यूनानी तथा होम्योपैथ डाक्टरों से ही सम्भव हो सकता है। जो एलापैथिक पद्धति है, इस के माध्यम से इस देश के रहने वालों को 100 वर्ष में भी मैडिकल एंड न उन की आवश्यकता के अनुसार नहीं दे सकते हैं। ऐसी आर्थिक स्थिति सरकार की है और न गांव में रहने वालों की है यह चिकित्सा पद्धति इतनी महंगी होती जा रही है कि हम यदि ऐसी व्यवस्था करें तो भी हम सफल नहीं हो सकेंगे। ग्रामीण क्षेत्र के निवासियों के लिये सुगम और सस्ती चिकित्सा वैद्य हकीम तथा होम्योपैथ डाक्टरों में ही होगी।

इसलिये मैं निवेदन करूंगा कि ग्राम इस पर सम्भीरता में विचार करें कि हम कम खर्च में देश के एक एक व्यक्ति तक मैडिकल सहायता कैसे पहुंचा सकते हैं। इस का एकमात्र यही उपाय है कि हम वैद्य, हकीम और होम्योपैथ की सहायता लें और इन के माध्यम से जनता की सहायता करें। इस में ग्राम के अस्पतालों पर भी प्रेशर कम होगा और डाक्टरों को चिकित्सा का कार्य करने में आसानी होगी और वे मरीजों को ज्यादा महंगे ढंग में देख सकेंगे। बड़े बड़े अस्पतालों का बोझ कम होगा। इसलिये जरूरत इस बात की है कि योजनाबद्ध तरीके से औषधियां की रिसर्च का काम किया जाय। जिसकी हमारी जड़ी-बूटियां हैं, उन की खोज की जाय, उन का औषधियों में प्रयोग करें और ऐसे व्यक्तियों

की संख्या बढ़ायें जिनकी सहायता से ग्रामीण क्षेत्रों में पुरानी पद्धतियों के आधार पर नये ढंग से नवीनीकरण कर के, लोगों को मैडिकल एंड पहुंचाने की व्यवस्था करें। इतना ही मेरा अनुरोध है।

श्री नुलबन्ध डांगर (पाली) उणा-गल्ल महोदय, 80 प्रतिशत ग्राम की जनता पर आप की पारी डौलत, आप की पजी ७, 20 प्रतिशत खर्च होता है। शेष 80 प्रतिशत पजी गहरो की 20 प्रतिशत जनता पर खर्च होती है। आप के लिये डाक्टर्स हैं बड़े बड़े अस्पताल हैं, वे राम सहाय जी पाण्डेय और महान आरामियों का इलाज करते हैं लेकिन ये सेवा के मन्दिर गांव में रहने वाली गरीब जनता के लिये नहीं है। यातनाकारी के 25 साल बाद भी अपने आकड़ों का काल कर देखिये और यह बतलान की ग्या करे कि आप ने इस 80 प्रतिशत जनता के लिये कितनी धनराशि खर्च की है, बम्बई दिल्ली, कलकत्ता और बड़े बड़े शहरों के लिये कितनी धनराशि खर्च की है।

जो मकान डा० गल्लोटे जी ने रखा है बड़े मोच-गमल कर रखा है। उन्होंने कहा है कि हमारे देश के अन्दर जो पद्धति थी और जो हमारे पास हमारी पजी है इस का इष्टि में रखते हुए हमारे पास उन पद्धतियों में जो लागू है उन में अगर आप किमान-डाक्टर के रूप में काम लेना चाहें, ग्रामीण क्षेत्रों के लिये उन की सेवाएं उपलब्ध कराना चाहें तो थोड़े में प्रयास में वे जग्या सेवाभावी हो सकते हैं और ग्रामीण जनता की उसारा सेवा कर सकते हैं। हमारे गांवों के अन्दर जो पुराने वैद्य हैं, जो पुराने हकीम हैं, गांव के लोगों का उन में विश्वास है और वे गांव की स्थिति को समझते हैं। अगर उन को आप थोड़ी सी सहायता दें तो सफलता मिल सकती है। जिन के बाप-दादा, पूर्वज यह काम करते थे,

जिन्दगी भर लोगों की सेवा की है और जिन के मन में आज भी सेवा की भावना है—
उन को जगहों को अगर आप चाहें कि बिनाबी डाक्टरों से पर दें—तो तब तो वे नही कर सकेंगे ! हम का वाक्य है—उन्हे के पास कितनी जान है। उन की जिन्दगी का एक उद्देश्य बना हुआ है कि बिना प्रकार में दोस्त टकड़ी करे। उन की पढ़ाई पर 20-30 हजार रुपये की धनराशि खर्च हुई है, तब यही चाहते हैं कि हम शहरों में रहें, वे गांव में जाना पसन्द नहीं करते। जिन के स्वभाव से गांव अच्छा नहीं लगता, जिन्होंने कॉलेज और होस्टल की लाइफ लीड की है, उन में कहा जाये कि तुम सब की 80 प्रतिशत जनता की सेवा करो, गांवों में जा कर यही तो वे नहीं कर सकेंगे। इसलिये गांवों में हमें अपने इन्डिजिनस डाक्टर यानी वैद्यों और हकीमों पर जो देना चाहिये। उपाध्यक्ष महोदय, यह बात आप को पसन्द नहीं आयेगी क्योंकि मैं आज गांव के इन्टीरियर में जाकर देखना ह.....

MR. DEPUTY SPEAKER: Every Member is saying the same thing over and over again Nothing new

श्री बल चन्द डागा : चकि मैं गांवों में बहुत ज्यादा जाना हू इसलिये मैंने गांवों का अनुभव है। (अव्यक्त) ...

मैं आप से पूछना हू—आप ने डाक्टर्स भेजे हैं, अस्पताल खोले हैं, प्राइमरी हेल्थ सेंटर हैं—क्या वहां दवायें ठीक पहुंच पाती हैं, मारी दवायें कहा खप जाती हैं। बड़े बड़े अस्पताल हैं, न वहां दवायें हैं, न कांस्पिटेंट डाक्टर्स हैं, न गांव में पहुंचने के साधन हैं और न डाक्टर जाना चाहते हैं।

श्री पोल् मोबी (गोधरा) : डाक्टरों के लिये एकोमोडेशन नहीं है।

श्री मूल चन्द डागा : न गांव में बिजली की व्यवस्था है। नया नया डाक्टर आता है, नई शर्दी कर के आता है और फौरन शहर भागता जाता है, क्योंकि वहां जिन्दगी भर शहर में रहता है। उन को निनेमा चाहिये, टेनी-विजन चाहिये, मोटे चाहिये, उन की जिन्दगी उभरे तब तक नहीं हुई है।

इसलिये डा० भन्कोटे साहब ने जा मुझसे दिया है पर अच्छा हो जा हमारे इन्डीजिनस डाक्टर हू उन को इस काम में निने नैयार किया जाये जिस से हमारी ब्रामाण जनता का काम पहुंच सके।

MR. DEPUTY-SPEAKER: I have two more names. I am not going to accept any more names. The Members are saying the same thing over and over again in different words. I would request the two Members who will speak to confine themselves to not more than five minutes.

SHRI K CHIKKALINGAIAH (Mandya): Sir, I rise to support the resolution moved by Dr. Melkote. Before the advent of the British into India the indigenous system of medicine reigned supreme. The Rajas and Maharajas embraced this system of medicine, but it was confined mostly to some families because it was handed down to posterity from father to son and so on. It was in the height of glory in the heydays of Nalanda and Taxila. In Nalanda a student who was studying for a Degree in Medicine found out a herb called Bikshave Ranjana. If that leaf was placed on the body of a patient the whole thing was revealed, something like what we call X-ray today. That system has become obsolete because there was no encouragement. There are certain defects from which the ayurvedic system is suffering. There is no standardisation of the process. In these days there was a tablet called Kurpinai pill. If you rub it on a smooth surface once, it was a cure for fever. If it is rubbed two times,

[Shri K. Chikkalingaiah]

it is for some other disease. If it is rubbed three times, it is purgative. Therefore, this kind of standardisation was very dangerous. If these defects are cured, I think the indigenous systems of medicine can be very usefully adopted in our country. The rural folk have got complete faith in these pundits and they must be encouraged. They must be trained in ayurvedic hospitals and given proper facilities. If all these facilities are provided, I think the ayurvedic system will get encouragement and the rural folk who have faith in it will be benefited.

With these words I support the resolution.

श्री यमुना प्रसाद मंडल (समस्तीपुर) : श्री मल्कोटे ने जो रेजोल्यूशन रखा है इसका मैं समर्थन करता हूँ। अस्सी प्रतिशत लोग गांवों में हिन्दुस्तान में रहते हैं। पांच लाख से अधिक हमारे देश में गांव हैं। वहाँ रहने वाली गरीब जनता के लिए पिछले पच्चीस साल में काफी कुछ किया गया है। बहुत से राज्यों में हेल्थ सैन्टर्स हैं। उनको छोटी डिस्पेंसरीज में परिणत करने का विचार किया गया है और बहुत सी जगहों पर कर भी रहे हैं। मैं समझता हूँ कि सबसे जरूरी चीज यह है कि गांवों में डाक्टरों को भेजने के पहले उनकी ट्रेनिंग की व्यवस्था की जाये। जब तक वे पूरी तरह से ट्रेन्ड नहीं हो पाते, पैथोलोजिकली, बायोलोजिकली तथा दूसरी तरह से तब तक उनको गांवों में भेजना नहीं जाना चाहिए। उसकी व्यवस्था करनी बहुत जरूरी है। गांवों में जो हैं उनके साथ एक प्रकार का लायजन कायम करना होगा। आधुनिक जो डाक्टर हैं या और लोग हैं उनको एक दम आप अगर अलग कर दें तो फलतः आपको नहीं मिल पायेगी। इस पर काफी कमेटियाँ बनीं हैं। रामास्वामी मुदालियर कमेटी ने 1959 में अपनी रिपोर्ट पेज की थी। उसको कोट करने का मेरे पास समय नहीं है। गोरे कमेटी ने भी इससे पहले रिपोर्ट दी थी।

मुदालियर कमेटी ने बार-बार उस कमेटी की रिपोर्ट बरजोर दिया था। आप देखें तो पता चलेगा कि खास तौर से 13 चप्टर में इंडीजिनस सिस्टम आफ मैडिसन पर उन्होंने काफी जोर डाला है। इस चप्टर में उसने जो विचार व्यक्त किए हैं उन पर मिनिस्टर साहब को काफी ध्यान देना चाहिए ताकि गरीब लोगों तक डाक्टरों सहायता पहुंचाई जा सके।

चूँकि यह विषय स्वास्थ्य से भी सम्बन्धित है इस वास्ते पेय जल पीने पानी की व्यवस्था करना भी बहुत जरूरी है। चूँकि स्वास्थ्य विभाग पीने के पानी की व्यवस्था नहीं कर पाता है इस वास्ते भी बहुत सी बीमारियाँ फैल जाती है। देहातों में आप देखें तो आपको पता चलेगा कि सरफेस वाटर पीने की वजह से कई प्रकार के बर्मे तथा दूसरे रोग लोगों को हो जाते हैं आप चाहें कि किसान...

MR. DEPUTY-SPEAKER: Drinking water is different. The resolution is whether we should make use of the doctors in the villages practising indigenous medicine. Drinking water, hospitals, dispensaries, etc. are different things.

SHRI YAMUNA PRASAD MAN-DAL: Regarding the indigenous system of medicine, there is a chapter in this book and, I shall read a few lines from it with your permission. I do not think it will be out of place.

MR. DEPUTY-SPEAKER: No; it is not. It is only a question of time.

SHRI YAMUNA PRASAD MAN-DAL: I leave it there. I raised it because we draw water from the surface. The preventive aspect has also to be taken into consideration. I do not want to say anything more.

MR. DEPUTY-SPEAKER: The hon. Minister.

SHRI RAMKANWAR rose--

MR. DEPUTY-SPEAKER: Nobody can make a speech a second time in the same debate.

श्री रामकबर (टोंक) : उपाध्यक्ष महोदय...

MR. DEPUTY-SPEAKER: This will not go on record.

SHRI RAM KANWAR: * * *

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY PLANNING (SHRI A. K. KISKU): Mr. Deputy-Speaker, Sir, I would thank Dr. Melkote for the opportunity that the members and all of us had to discuss this problem of peasant doctors or giving more emphasis for medical aid to the rural people. So, I specially thank Dr. Melkote, who has brought this subject for our deliberations and the various members who have contributed to this discussion.

While I will not touch on each and every point mentioned by the different members I would certainly say that I have seen the consensus in favour of the indigenous system of medicine in the rural areas. I admire Dr. Melkote for the high words of praise that he used for the indigenous system of medicine, its standard, technicalities, its scientific and even spiritual aspect, which have been accepted throughout the world. I would congratulate him for the masterly presentation of the indigenous system of medicine that we had and we are having in this country today.

So far as the Ministry of Health is concerned, for quite some time our minds are very much exercised over the question of providing health and medical facilities within the reach of the rural people in India. It is true that even today there are areas and pockets where no medical facilities are available. Whereas about 80 per cent of our people live in the villages, all that we have been able to build up by way of infrastructure such as medical colleges, dispensaries and hospitals have been in the urban areas and in the metropolitan cities. Therefore, for quite

some time our minds have been greatly exercised over the question as to how best and how quickly we should be able to render proper medical services to the rural people of our country.

As the House is aware, in July, 1972 this matter was first discussed in a Conference with the Union Health Minister in the Chair of all the Health Ministers of States and Secretaries and the Director-General of Health Minister of States and Secretary. A Committee was formed with Prof. D. P. Chattopadhyaya who was then Minister of State for Health and under his Chairmanship, we had worked out some guidelines, some sort of suggestions, to pursue this matter with different State Governments.

Then, again, in November, 1972, there was another consultation with the Health Minister of States and we did adopt, on principle, that we should go in a big way for rural medical care that we should fit in the indigenous ~~rural~~ who are trained in indigenous system of medicine, homoeopathy and so on and so forth. However, may I say that when we were discussing it with the Planning Commission we had to examine the whole thing in a greater depth and that took us some time? Before I come to that part of the answer, I repeat that for quite some time our minds have been engaged in this big problem.

Dr. Ranen Sen has very nicely pointed out that the totka is very popular in our villages, that our mothers and grand-mothers still practise it and that it is effective in many ways. I know that it will be continued for days to come. It shows that people not only in the villages but I know our mothers and grand-mother also are very fond of this magic cure method which is called Totka. It supports the view that the people have faith in Ayurveda.

[Shri A. K. Kisku]

I would like to say one thing to Dr. Ranen Sen. He said that there are almost no facilities or no doctors available to go to the villages. I may tell the House as well as Dr. Sen that, in West Bengal, we have 286 primary health centres out of which 43 are with one doctor and 243 are with two doctors...

SHRI SOMNATH CHATTERJEE (Burdwan): How many without any doctor?

SHRI A. K. KISKU: At present, there is none without any doctor. Why I mention about these primary health centres complex in connection with rural medical health services is that we have built up during the last 20 years a big complex of primary health centres and sub-centres in the rural areas. It may be that there are not doctors everywhere. But we have built up a structure which has to be strengthened, and which are the key posts for rural medical services in country.

MR. DEPUTY-SPEAKER: Do you mean to say that these health centres will be manned by peasant doctors? This is the Resolution..

SHRI A. K. KISKU: I am coming to that, Sir.

DR. RANEN SEN: This is a standard reply.

SHRI A. K. KISKU: I am not giving a standard reply.

SHRI MURASOLI MARAN (Madras South): It is sub-standard.

SHRI A. K. KISKU: We are at the threshold of the Fifth Five-Year Plan. We are at the threshold of a new chapter of giving medical aid to the rural people in our country. But what I am saying is that, whether we introduce indigenous system of medicine or homoeopathy, we have to work within the infra-structure that

we have built up. And this is exactly the point where we had to go into a lot of discussion with the Planning Commission. It is very good to say, 'Let us go in a big way with Ayurvedic doctors and homoeopathic doctors into the villages'. It is a great idea, a great sentiment. But we have to evolve a strategy how it should be integrated.

Many hon. members have already said that probably modern medicine has an attitude which may not be very favourable to Indian system of medicine. Well, it is there. But we also want to give as much emphasis to Indian system of medicine and homoeopathy, and we have to find out to what extent the acceptability is there. Therefore, in order that we are equipped with proper knowledge and experience we can go in a more into the problem, we had to discuss this with the Planning Commission. And I am very glad to tell you that we have already got a sanction for about Rs 10 lakhs. We are going into 29 blocks in 21 different States and the strategy is being worked out as to where we should go and how we should build up within the existing network and how it is to be assessed, so that with that knowledge and experience we can go in a more vigorous way. But before we go into it, it is necessary that we have the experience and we build up a fool-proof strategy as to how we go into it.

I may tell you that indigenous system of medicine and homoeopathy is being encouraged in a big way. This parliament has passed a Bill on Indian Council for the Indian system of medicine and through this Council we are trying to streamline the entire Indian system of medicine throughout the country, trying to find out the talents, making out a register, trying to build up medical colleges on the Ayurvedic system to improve the standard of drugs in the indigenous system and so on and so forth. The Indian System of medicine is some-

thing of ours and we would like to see that it comes up in the proper form and with it we can go into the rural areas and serve our rural people.

As I said, we had a lot of discussion with the Planning Commission and the Planning Commission has accepted it. In the Fifth Five Year Plan we are going into the sub-central level where there is a scheme of upgrading about 1200 Primary Health Centres into 30-bedded hospitals. But our eyes are more into the interior where for every 10,000 population a sub-centre has to be built up and there we would like to see that doctors properly trained in the Indian system of medicine can go and practise there.

With these words of compliments to all the members and Dr. Melkote, I would say that the Government is very much aware and concerned about the rural medical services but I would request Dr. Melkote to kindly withdraw his resolution. I can assure him and the House that we are going in a big way with rural medical services.

DR. G. S. MELKOTE (Hyderabad): We started in a very big way and the people responded with great enthusiasm when the Prime Minister herself enunciated that in the Fifth Five Year Plan the peasant doctors should be given the greatest encouragement. From that stage, the next stage was discussion between the Ministers of the States and the Central Government and the Departments and then, in the month of February this year under the Chairmanship of Prof Chatopadhyaya, a seminar was held where we discussed this question of rural medical aid. Right from the start an attack on the Indian system of medicine was made by the representatives of the Indian Medical Association and a few others. When some of us vehemently opposed what was being talked about and pleaded for understanding the problem in a reasonable way they tried to modify

their stand to some extent. We thought that something would be done but we were disappointed to find people at the top are talking now that the whole thing has been scuttled by the Planning Commission and the Government themselves were rather perturbed because of the reactionary attitude of the modern medical men and find it difficult to go before the public and tell them that the whole idea enunciated by the Prime Minister was being given up when the matter had such serious consequences on the rural public.

I must, therefore, thank all the members here both from the Opposition side and this side, for having supported my resolution. The problem is not the question of the system. When I mentioned the indigenous systems, I had in mind Usani Homoeopathy, Sidha and Yoga and Ayurvedic systems. These are the people who have settled down in the rural areas. Today, if they are considered as unqualified people, how many cases are we hearing everyday of mortality because of administering medicine by these people? As I said, from time immemorial it is these doctors who have settled down in the rural sector and rendering medical aid to them. They are there today. How to utilize them and how to improve the method of their functioning is the question. The functioning of the modern medical doctor is slightly different; he is to look after medico-legal cases, quarantine, surgery, obstetrics and gynaecology. Under the different political conditions that existed in the recent past our rural practitioners had adjusted themselves to the situation and they have been carrying on useful work. We felt that this scheme enunciated by the Prime Minister would have been given the greatest filip; we thought that they would have been encouraged. But this is not being done. The present thinking of putting up 19 blocks as pilot projects in different parts of the country is a very poor idea of the Planning Com-

[Dr. G. S. Melkote]

mission which they are placing before the country for acceptance. This is only a pilot programme. If intentions are not good and they are suspect, what they may do is to make the plan work for suffocation and death. What we have experienced in the recent past is that it has not been given fair trial at all. I only hope that even in these circumstances the indigenous doctors will come forward and get themselves trained to do the job under the pilot project and that they will give a good account of themselves. The present idea of pilot project is a slight improvement over no project schemes at all. There are lot of things which they have to do to come to the forefront. I therefore commend this to the rural practitioners, that they should take this opportunity to show their very best. The hon. Minister has given an assurance that he is doing his best to implement it. Keeping in view this assurance, I beg of the House to permit me to withdraw the Resolution. Thank you.

MR DEPUTY-SPEAKER: Has the hon. Member the leave of the House to withdraw his Resolution?

SOME HON. MEMBERS: Yes

MR DEPUTY-SPEAKER: The Resolution is withdrawn by leave of the House.

*The Resolution was by leave,
withdrawn*

16.59 hrs

RESOLUTION RE: OWNERSHIP OF NEWSPAPERS AND NEWS AGEN- CIES

MR DEPUTY-SPEAKER: We will make sure that at least Government in the name of Shri H. N. Mukherjee—Shri Mukherjee.

SHRI H. N. MUKHERJEE (Calcutta—North-East): Mr. Deputy Speaker, Sir, I beg to move.

"This House calls upon the Government to adopt immediate measures for delinking and democratically diffusing the ownership of newspapers and news agencies in the country."

I do not have to make a lengthy speech in order to commend this Resolution to the House because I am only asking for the implementation of a national policy already announced—whether willingly or not is a different matter—and I am calling upon the Government to shed certain dilatoriness which they have shown in regard to this matter of the diffusing of the ownership of newspapers and news agencies in this country.

Sir, the other day on the 17th of July, answering an Unstarred Question No. 504 the Minister replies that Government decision to delink newspapers and news agencies from industries is unchanged. In so far as dilatoriness is concerned his only answer was that the implications in the light of the Supreme Court judgement under examination.

17 hrs.

Now, we have heard a long enough story about the Supreme Court judgement standing in the way of delinking newspapers and news agencies from monopoly interests in industry and it is more than time that Government makes up its mind.

I took this opportunity of bringing forward this Resolution only in order to make sure that at least Government would say at the termination of this debate that before this particular present session is out the Bill, which has been long in preparation would be actually introduced.

Sir, as I said, this is a long story which I need not elaborate because