

Shri Priya Gupta (Katihar): What about filling the post of the Director of the Minerals Division of the Atomic Energy Department after the death of Dr. Ghosh, which was raised by my hon. friend Shri Surendranath Dwivedy, and amenities to the staff employed therein?

Shri Jawaharlal Nehru: I am told that the search for a suitable person continues.

Shri Priya Gupta: But you say there are many capable persons there.

Shri Shivaji Rao S. Deshmukh: I had made the point that as a result of a change in the design of the Tarapore atomic power station, the atomic fuel which will be utilised there could not be processed in India and we would be totally relying on UK for the vital requirements. How far do we propose to proceed in processing the atomic fuel for Tarapore, and when can we hope to be self-sufficient?

Shri Ranga: The same thing applies to the other two projects also.

Shri Jawaharlal Nehru: What the hon. Member has said is very much in our mind. We would like to be as independent in this matter as possible, but any other procedure now would have involved huge burdens on us. So, for reasons of economy we did it, but in future we shall depend upon ourselves more and more.

Mr. Speaker: There are no cut motions. I will put the Demands.

The question is:

"That the respective sums not exceeding the amounts shown in the fourth column of the order paper, be granted to the President, to complete the sums necessary to defray the charges that will come in course of payment during the year ending the 31st day of March, 1964, in respect of the heads of demands entered in the second

column thereof against Demands Nos. 106, 107 and 147 relating to the Department of Atomic Energy."

The motion was adopted.

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

DEMAND NO. 106—DEPARTMENT OF ATOMIC ENERGY

"That a sum not exceeding Rs. 14,42,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1964, in respect of 'Department of Atomic Energy'."

DEMAND NO. 107—ATOMIC ENERGY RESEARCH

"That a sum not exceeding Rs. 7,79,18,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1964, in respect of 'Atomic Energy Research'."

DEMAND NO. 147—CAPITAL OUTLAY OF THE DEPARTMENT OF ATOMIC ENERGY

"That a sum not exceeding Rs. 15,09,20,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1964, in respect of 'Capital Outlay of the Department of Atomic Energy'."

13. 37 hrs.

MINISTRY OF HEALTH

Mr. Speaker: The House will now take up discussion and voting on

Demand Nos. 47 to 49 and 130 relating to the Ministry of Health for which four hours have been allotted.

Hon. Members desirous of moving their cut motions may send slips to the Table within 15 minutes indicating which of the cut motions they would like to move.

DEMAND NO. 47—MINISTRY OF HEALTH

Mr. Speaker: Motion moved.

"That a sum not exceeding Rs. 7,73,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1964, in respect of 'Ministry of Health.'"

DEMAND NO 48—MEDICAL AND PUBLIC HEALTH

Mr. Speaker: Motion moved.

"That a sum not exceeding Rs. 9,39,71,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1964, in respect of 'Medical and Public Health.'"

DEMAND NO. 49—OTHER REVENUE EXPENDITURE OF THE MINISTRY OF HEALTH

Mr. Speaker: Motion moved.

"That a sum not exceeding Rs. 61,81,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1964, in respect of "Other Revenue Expenditure of the Ministry of Health'."

DEMAND NO 130—CAPITAL, OUTLAY OF THE MINISTRY OF HEALTH

Mr. Speaker: Motion moved.

"That a sum not exceeding Rs. 8,52,05,000 be granted to the

President to complete the sum necessary to defray the charges which, will come in course of payment during the year ending the 31st day of March, 1964, in respect of 'Capital Outlay of the Ministry of Health.'"

Shrimati Vimla Devi (Eluru): Last year I had the privilege of speaking on health. While replying to the debate, the hon. Health Minister said that small pox would be eradicated throughout the country. She also warned that this year the disease would break out heavily. In spite of the warning, the people have not been vaccinated properly in every State. So, the States the like UP, Bihar, Bengal and Andhra suffer from small pox.

13.39 hrs.

[MR. DEPUTY-SPEAKER in the Chair.]

It is reported that more than 4,000 deaths are due to this disease, and many more suffer from this ugly disease. Reports are coming from every part of India that it is still virulent.

To eradicate small pox, all we need is to vaccinate the population thoroughly every three years. I do not know why the Health Ministry fails in this. Probably they believe in natural immunity.

Cholera spreads from one end to another in a State like Andhra, and there is demand for the vaccine, which was not supplied. The vaccine supplied was of low potency. If people who are not conscientious of these things are posted in the institutes which prepare medicines and vaccines, there is a great danger of producing medicines and vaccines of low potency and it will be to the detriment of the people. In some districts of Andhra Pradesh and Kerala the incidence of Filaria is on the increase and I am surprised that there is retrenchment of people who have something to do with the eradication of this disease. I request the

[Shrimati Vimla Devi]

Health Ministry to look into this matter.

The child mortality rate is still high in our country. The triple antigen which protects children from whooping cough, diphtheria and tetanus has to be introduced in the health centres. Greater care should be taken of the pregnant women at the time of delivery. Post natal care should be given to them.

Often the necessity of fresh water supply and drainage has been brought up before the House. I am surprised to see that most of the villages in the country are without fresh water supply, by which many epidemic diseases could be avoided. The aspect of preventive medicine has been brought before the Health Ministry often but I do not know why nothing much has been done. Instead of developing immunity for people for diseases, the Health Ministry is itself developing immunity for the criticism and suggestions offered to them.

The adulteration of food-stuffs has been causing great concern to nation especially to house-wives. We cannot get any unadulterated food-stuffs in the market. At South East Asian Seminar on nutrition it was shown glaringly how in India the diet of the common man is low in food values or nutrition is absent. Our hon. Minister said that nutrition is the first problem of Asia. On the one hand researches are being carried on by Government to enrich the food values while on the other hand researches are carried privately to adulterate them and the latter seem to be more successful than the Government. Serious action should be taken against these anti-national elements. Nutrition problem should be tackled on an emergency scale.

The adulteration of medicines is on the increase. Manufacturers are making spurious and substandard drugs. There have been many

instances of flies, insects and hair in the supposedly sterile vials, marketed by them. Rain water is freely collected and marked as distilled water. According to Bhatia committee report, two-thirds of the manufacturers only bottle some medicines. I do not know how these persons get licences to play with human lives. Rigorous steps should be taken against them. The pharmaceutical industry is cheating both the Government and the public. The drugs that are sold in the market are very costly when compared with America where the cost of living is very high. Prices of drugs vary from shop to shop. The manufacturers should advertise the prices of their products, their retail prices, when they advertise their products also.

The various central drug stores purchase all sorts of costly drugs and they in turn dump them into the hospitals. For example the liver extracts that they supply are absolutely useless because 95 per cent of the anemias in our country are due to iron deficiency. The stores buy costly patent drugs like crystoids from the manufacturers when cheaper alternatives like oil of chenopodium and carbon tetrachloride are available. If we scrutinise their purchases, so much waste can be avoided. Many drugs especially anti-biotics are sold without prescription resulting in human beings becoming resistant to anti-biotics. Already we find greater incidence of virus diseases. Many antibiotics are tampered in the capsules. It is very essential to control the quality and the price of drugs. I am glad the Government is setting up factories for manufacturing drugs and surgical goods with the aid of Soviet Union. We should start a new department of surgical engineering to meet the growing demands of the advanced surgery.

It is high time the health department changed the pattern of treatment. The various mixtures that are poured down the throat of the patients to please them are out of place in the modern medicine. They can as well be poured into the Jamuna.

water and probably the fish there might get harmed. But these are not doing any good to the human race. All this money spent on these mixtures can be used to buy chemotherapeutics and antibiotics.

Medicine has ceased to be an art and it has become a technology. The clinical sense has often proved no match to the electronic devices that have been employed with great accuracy in the diagnosis of diseases. Instead of importing various tranquilisers which are used freely the heart lung machines and artificial kidneys can be imported. We had a bitter experience with Tholidomide.

Blood banks in the hospitals have to be improved to meet the emergency of war and civil life. Its activities should be expanded to all industrial employees of the Central Government. There seems to be a misapprehension that donation of blood will weaken the individuals. People must be shown that this is wrong. Members of Parliament can all go together to the blood banks and donate blood and this will be a very good method to correct the wrong impression among the people. I congratulate our Health Minister for having donated her blood. I doubly congratulate her because she had the courage to show the men in the country to donate blood, though often women are called *abalas*. Blood banks should be maintained in plenty. Let it not be said that our blood banks are like the Palai Bank when the need arises.

Smoking has increased enormously. If steps are not taken to prevent teenagers from being chain smokers the country may have to face greater incidence of lung-cancer, in the next fifteen years. I know our country with her limited finance cannot counteract the propaganda of cigarettes of all brands by the manufacturers. But the Government should use the AIR and documentary films against smoking. They should insist on redrying of tobacco and have

filters for cigarettes to make it non-carcinogenic.

I want to know what steps are taken to prevent the occupational diseases. Diseases like Silicosis in mica and gold mines, pneumoconiosis in coal mines are reported from Andhra, Mysore, Bengal and Bihar. These are the diseases which come under the occupational diseases but unfortunately they are not treated so. Secondary silicosis means silicosis along with TB. The worker loses compensation. Nervous breakdowns are reported from Ferro-manganese factories of Maharashtra. This disease has not been included in the list of occupational diseases. I request the Minister to see into this matter. If workers are not protected from occupational diseases production will be affected.

CHS should be extended to all the places where Government employees are concentrated. A bold policy has to be taken up regarding the CHS. This scheme should be extended to all the cities with a population of over one lakh. Each city can be divided into 2 sectors and each year two sectors can be provided with CHS clinics. Thereby within ten years you can cover all the big cities.

At the Delhi cantonment area, the civil employees of the defence Ministry have no CHS scheme. They represented repeatedly to the Health and the Defence Ministries to provide this facility but both the Ministries say that it is the responsibility of the other. They should be enrolled immediately under the CHS.

While welcoming this scheme I want to draw the attention of the Health Ministry to the administration of the CHS clinics. There is a proposal to levy 5 NP on the prescriptions in the hospitals and I hear that the Bombay CHS will be started with this levy. Most of the people who go to CHS are poor people. How many people will be able to go to these clinics after

[Shrimati Vimla Devi]

the 1st of April, with this heavy taxation? So, this will affect them badly and this should be given up.

There are reports that classified medicines are given on the basis of status and not on the seriousness of the cases. Officers drawing more than Rs. 600 per mensem are entitled to go to the specialists for even minor ailments and this causes a great rush on the specialists. This should be avoided. It will be good if the officers who draw more than Rs. 600 per mensem go to the CHS clinics where at least they may know the problems of the people who attend the CHS clinics.

Doctors should not be kept in the clinics for long at any one place, because they are also developing a vested interest. There are reports that doctors do not rush to places where there is real necessity, but they often visit rich homes. Complaints have been made, but no action has been taken in this regard. The number of patients for each doctor is large and the doctors are not able to pay proper attention to the patients. So, the number of doctors also must be increased.

Coming to the administration of hospitals, enormous amounts are spent on the building of hospitals by the CPWD, and the buildings are handed over to the medical department which has no funds to run the hospitals properly. The money spent on the buildings should be drastically cut down and used on improving the quality, work and efficiency of the hospitals. When a layman enters the hospital he feels that he has entered a *padma-vyuham*. He is not directed to enter the proper department quickly, and sometimes they have to wait for a long time to get treatment. The patients have to travel three or four districts to get specialist's advice. I feel the decentralisation and distribution of various specialities to the district level would save the patients

so much trouble. After all, the hospitals are only for the sick. The lack of doctors and nurses is felt much more now than at any other time. The qualified doctors fear to go to the rural areas where there is a scarcity of doctors, because they have to maintain two families; they do not have any educational facilities to the children. So, the doctors who volunteer to go to the rural areas should be paid well.

Here, I want to draw the attention of the Health Ministry to a problem. After Independence, they have set up various committees—the Chopra committee, Bhore Committee, etc. I do not remember all the committees except two of them. They were appointed to go into the problem of integrating the various systems of medicine. I think the committees gave their report to the effect that there should be an integrated course and the Government followed that policy all these years and they have integrated the medical colleges, and there are many graduates from these colleges now. But now, all of a sudden, the Central Health Council has taken a decision to have only 'siddh' system of medicine, and I hear that 50,000 of these medical graduates will be affected by this decision. During this emergency, I want the Ministry to go into this question of utilising the medical graduates, whether they belong to this system of medicine or that. They should all be utilised in this period of emergency.

It is good to train more doctors and nurses during this emergency, but it is still better to recall all the doctors who are serving in foreign countries to come here and serve their own country. The shortage of civil and military personnel is so acute, and to face this shortage, I suggested even last year that the health service should be nationalised, and that suggestion has now gained greater momentum. The Government should consider this problem very seriously

not with a parochial outlook but with a national outlook.

It is not enough to train doctors. They must also be efficient. Very little original work is being done in the hospitals and in our research laboratories. So, I would suggest that all the teaching hospitals must be provided with research facilities and the research workers must be paid well, so that the problem of feeding their families need not divert them from their main objectives. There have been instances where the best medical men refused to join the All-India Institutes on some pretext or other. The other probability is that they do not want to give up private practice. I do not know which of the two things is correct: whether the conditions are not attractive, or patriotism is lacking. There should be a new deal for doctors serving in the armed forces. They should be given preference in civil appointments. Compulsory service for a period of three to five years in the armed forces should be insisted upon for all the new medical graduates.

Doctors should be trained for giving treatment for injuries due to cold, like frost-bite and hypothermia. During the Chinese aggression, our jawans were not only outnumbered but were unfit physically and psychologically. In the medical curriculum, we should introduce physiology and pathology of high altitudes.

We are facing difficult times, and a nation which is not well-fed, which has no proper health, cannot be efficient in any field, neither in facing the aggression nor in producing more. An unhealthy man cannot contribute much to the defence or development plans. The people need mental and physical equilibrium which can be got only through robust health. To build up a new India, a comprehensive health service, preventive, curative and palliative, must be given to the country.

Shri A. T. Sarma (Chatrapur): Mr. Deputy-Speaker, Sir, I thank you for 3155(Ai)LSD—5.

giving me an opportunity to speak on these Demands. I wholeheartedly support the Demands for Grants under the Ministry of Health. The Health Ministry has been producing excellent results in various aspects. Especially in these emergency days, it has been working wonderfully. In all aspects it has been taking keen interest.

I have only ten minutes at my disposal and therefore I shall deal only with one subject, and that is, the policy of the Government on the indigenous system of medicine. It is a fact that the Government has been encouraging the allopathic system from 1835 and has not been paying any attention to the indigenous systems of medicine. Only very recently, that is, from 1920, when there was an agitation and a resolution was passed by the National Congress to encourage the indigenous systems of medicine in India the Health departments began to encourage the indigenous systems of medicine, and appointed various committees. But all these committees did not consist of any ayurvedic doctors. Only allopathic doctors named these committees and they have made recommendations. According to their recommendations, an integrated course was introduced. The Government ayurvedic educational institutions were established and graduates in ayurveda were originated. The integrated course of medicine covers four to five years, and within these four to five years, elements of modern sciences, all the subjects of allopathic system and all the subjects of ayurveda are taught. Not even a single book in ayurveda has been prescribed for this. The whole course consists of notes given by the teachers and professors. That is why the products coming out from these colleges are not well up either in allopathy or in ayurveda. They are, in the language of our beloved Finance Minister, Desaiji, neither fish nor fowl. But they think they are the authorities on ayurveda. The Government offices

[Shri A. T. Sarma]

have been filled up by these graduates—in the Secretariats, inspectorates and other institutions. They have been taken as ayurvedic experts and their suggestions are being carried out *in toto*. Whatever the schemes suggestions or projects that have been submitted by the pure ayurvedists are taken as unscientific and not even a single project or suggestion or scheme has been worked out yet. In their view these pure ayurvedists are inferior and their suggestions are entirely based on unscientific methods. Therefore, all the suggestions of the pure ayurvedists have been thrown out and the allotments made for the promotion of the indigenous system are being utilised otherwise on the suggestion of these so-called ayurvedists. Till now this is the position. I am fully aware, and I have in my possession facts and figures to prove, that not a single pie of these allotments has been spent for the encouragement of ayurveda so far. Wherever we go we find that the suggestions of these graduates are being carried out and the suggestions of the pure and practical ayurvedists are thrown out. The Government is putting a very great weight on the suggestions of these graduates and the projects suggested by them. The Government thinks that they are the best experts on ayurveda. I have already said that they are neither well up in ayurveda nor in allopathy. In the language of Sampurnandji, the then Chief Minister of Uttar Pradesh and now the Governor of Rajasthan—I am quoting his remarks:

“Such unfortunates deserve sympathy because they are the products of the thoughtlessness of those whose duty it was to evolve a syllabus of medical training. But it would be wrong to expect them to fulfil the medical needs of the society. It would be criminal, I feel, to continue this system of which they are the victims.”

So I do not criticise them. But to this day about 20,000 graduates have been produced and the Government is

depending entirely on them. The Government is also encouraging them.

14 hrs.

This House has been given to understand that the Government is doing enormous work for the development of the ayurvedic system of medicine. But, as I have already pointed out, not a single pie has been spent for ayurvedic purpose. It is said that the Government has appointed so many committees for this purpose. The members of these committees visited the ayurvedic institutions, educational institutions as well as dispensaries. They saw that the organisations were ill-equipped, under-staffed and ill-situated. But none of these committees has recommended that the condition of those institutions be improved. On the other hand, they have recommended that these institutions should be closed. According to their recommendations all those institutions have been closed down. Not a single pie was given to improve them. Very recently, in Uttar Pradesh, half-a-dozen colleges were closed for want of funds. According to the existing Ayurvedic Board, they were asked to improve their institutions but they could not do so for want of finance. Even though they approached the Government for funds, not a single pie was given to them with the result that all those colleges have been closed.

Therefore, I earnestly submit to the Government to consider the facts and figures. Even now we are told that certain steps are going to be taken to improve the ayurvedic system of medicine. They are going to start research works in certain places. Here also, I would humbly submit, the Government is spending a lot to produce nothing as far as ayurveda is concerned. I will quote only one instance. A research centre has been established in Jamnagar, and research work is going on there. What is the research work that they are doing?

It is not any kind of actual research. They are only testing the efficacy of ayurvedic medicines and giving a certificate that ayurvedic medicines are worthless, there is nothing worth having in them.

Therefore, in my opinion, unless the pure ayurvedic experts are taken in and the ayurvedic principles according to them is introduced, this amount should not be spent just to produce white elephants or the so-called expert ayurvedists who will make the problem more complex.

I only want to make one or two suggestions before I conclude. Now there is a golden opportunity. These graduates may be absorbed in the Health Department. They are not ayurvedists. They themselves think that it is below their dignity to be called ayurvedists. They want to be called doctors. But there is a chance now. There is a dearth of medical hands. They may be given a refresher course and absorbed in the Health Department. My second suggestion is, I would earnestly request the Government to form a Council for Indigenous System of Medicine consisting of actual ayurvedists and act according to the recommendations of that Council. Besides, there is no standardisation of ayurvedic medicines. Now the Government has taken steps to standardise the ayurvedic system or the ayurvedic medicines and drugs. But the whole procedure is wrong. It is being done on the recommendation of those graduates who are neither ayurvedists nor allopaths. The Government thinks that they are the experts in ayurveda. Under the patronage of the Government their position is such and the actual ayurvedists are completely neglected. The actual ayurvedists have no scope, have no entrance at all. In the opinion of these graduates they are inferior, worthless and they are following unscientific methods. I have got facts and figures to prove this. If the hon. Minister is prepared

to listen to me, I am prepared to prove with facts what I have stated here.

In conclusion, I only submit that whatever allotment is made towards the improvement of ayurveda should be utilised for that purpose and it should not be wasted in the name of ayurveda. The Government has now set up the Shuddha Ayurvedic Education Committee. Unfortunately or fortunately, I am a member of that Committee. In the report presented to us I find that their Central Council of Ayurvedic Research has already drafted the syllabus whereas another syllabus is going to be submitted by the Shuddha Ayurvedic Education Committee, within a short period. I do not know whether this syllabus or the syllabus already drafted by the so-called experts on ayurveda would be accepted by Government.

Mr. Deputy-Speaker: According to intimation since received from Members, the following cut motions are desired to be moved to Demands for Grants relating to the Ministry of Health. The hon. Member may move them subject to their being otherwise admissible.

Cut Motion Nos. 3 and 4 as shown in List No. 2.

Shri Priya Gupta (Katihar): I beg to move:

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

[Need to bring uniformity between Railway Doctors and Private Practitioners (Medical Graduates) for issuing fit and unfit certificates to Railwaymen for the purpose of sanction of leave with pay. (3)]

Shri M. Muhammad Ismail (Manjeri): I beg to move:

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

[(i) Failure to effect and adequate increase in producing medical men,

[Shri Muhammad Ismail]

(ii) failure to rectify the omission of the Madras G.C.I.M., diploma qualification from the Indian Medical Council Act, 1956 and the results of the omission. (4)]

श्री राम सिंह (बहराइच) : माननीय उपाध्यक्ष महोदय, मैं आपके द्वारा स्वास्थ्य मन्त्राणी जी को कुछ सुझाव देना चाहता हूँ। आशा है, उन पर गौर किया जाएगा।

हर वर्ष तीन हजार डाक्टर पचास मीडिकल संस्थाओं से पास होते हैं। तीसरी योजना तक उनकी संख्या एक लाख हो जाएगी। कुछ युद्ध प्रयत्नों के कारण संख्या में और भी वृद्धि हो रही है। पर जनसंख्या के अनुपात से इस पर विशेष ध्यान देना होगा। शहरों के बाहर गांवों में जहाँ आबादी ज्यादा है, डॉक्टरों की कमी है तथा युद्ध के कारण भी डाक्टरों की आवश्यकता ज्यादा है। इस कारण मीडिकल कालेजों में पढ़ाई के घंटे कुछ और बढ़ा कर तथा पांच वर्ष के बजाय चार वर्ष में ही पढ़ाई का कोर्स समाप्त कर ज्यादा से ज्यादा डाक्टर बढ़ाने का प्रबन्ध किया जाना चाहिये। छोटे-छोटे शहरों में नर्स नहीं हैं या नहीं के बराबर हैं इसलिये नर्सिंग स्कूल में ज्यादा नर्सों को ट्रेनिंग दी जावे। नर्सों के काम व मेहनत को देखते हुए उनकी तनखाहों को, जो अभी कम हैं, बढ़ाया जावे।

बरफीले पहाड़ों पर शायद शरीर गलने का एक विशेष रोग होता है और उसका इलाज कुछ सीमित डाक्टर ही जानते हैं। आजकल चीनी दुश्मनों के कारण हमारी फीज को बरफों में ही रहना पड़ रहा है। इसलिये इसकी शिक्षा की तरफ विशेष ध्यान देना चाहिये। दिसम्बर, जनवरी जैसे ठंडक के दिनों में फ्लू जैसे रोग कुछ वर्षों से बढ़ रहे हैं, इसलिये इस पर भी ध्यान देना चाहिये।

जनसंख्या में वृद्धि हो रही है और डाक्टर भी बढ़ रहे हैं, पर अस्पतालों में पर्याप्त दवाइयां नहीं हैं, जैसा मैं अपने जिले में

देखता हूँ। जनता परेशान होती है। इस पर भी ध्यान दिया जाना चाहिये।

बाढ़ के स्थानों पर और जंगल के मुकामों पर अधिक बीमारियां होती हैं। ऐसे स्थानों के कुओं की सफाई, दवा डालने व नल का प्रबन्ध करके बीमारियों को खत्म करने की चेष्टा की जानी चाहिये।

खाने पीने के सामान में मिलावट के कारण रोग बढ़ते हैं। ऐसे सामान को बन्द करने का प्रबन्ध कड़ाई से हो। कुछ लोग कहते हैं कि डाल्डा खाने से उमर कम होती है और आंख कमजोर होती है। सरकार इसे बन्द करने का प्रयत्न करे या साइंस द्वारा इसमें रंग मिलाने का प्रयत्न करे जिसमें शुद्ध बी तेल तो प्राप्त हो सके।

बाजारों या मेले आदि स्थानों पर जहाँ धूल मिट्टी उड़ती है, मिठाई या चाट जैसी खाने पीने की चीजों को बंद कर रखने के लिये रोकथाम हो क्योंकि इससे कालरा आदि फैलने का डर रहता है। इसके लिये कानून है पर वह अभी बन्द नहीं हुआ है। चीजों को खोल कर रखने को कड़ाई से बन्द करना चाहिये।

गांवों में जहाँ डाक्टर मिल भी जाते हैं वहाँ दवाइयां सुलभ नहीं हैं। इसलिये जहाँ अस्पताल हो, दवाओं की दूकानें या तो सरकार खोले या अन्य लोगों को प्रोत्साहन दे जिसमें जनता परेशानी से बच सके और इलाज सुलभ हो सके।

गांवों में रूरल हाउसिंग की स्कीम जो है, उसे ऐसे गांवों में जहाँ की मिट्टी खराब है, बाढ़ या पानी के स्थान हैं, जहाँ कच्चे मकानों के कारण जनता परेशान है, केन्द्रीय सरकार स्टेटों के जरिये चलवाने का प्रबन्ध करे, जिससे गांवों की जनता इस स्कीम का लाभ उठा सके। अभी तक बाढ़ एरिया में, कुछ नहीं हुआ है। ऐसे कागजी प्रबन्ध रहने के क्या लाभ ?

फैमिली प्लैनिंग ज्यादा दिनों से चालू है। बस वर्ष पहले इस देश की २६ करोड़ की आबादी थी जो अब बढ़ कर ४५ करोड़ हो गई है। जब १० वर्ष में ६ करोड़ आबादी बढ़ी, जो कि हर वर्ष में १ करोड़ पड़ती है, जो क्या इसकी रोकथाम में कोई विशेष तरक्की हुई है? यदि नहीं हुई तो जो २७ करोड़ ६० इस स्कीम के लिये निश्चित है, जो कि उसके प्रचार में खर्च होता है, उसे कम किया जावे क्योंकि गांवों में प्रचार नहीं है। इन रूप्यों को युद्ध कार्यों या उत्पादन की तरफ अगाया जावे।

शहरों में बच्चा पैदा होने पर कुछ प्रबन्ध हो जाता है मगर गांवों में जहां आबादी भी ज्यादा है और जहां अस्पताल भी नहीं हैं, जहां आये दिन बच्चा पैदा होते समय अच्चा बच्चा की मृत्यु तक हो जाती है। सरकार को वहां पर जो छोटे अस्पताल हों उनके जरिये लोकल दाइयों को अनिवार्य रूप से ट्रेनिंग देनी चाहिये तथा रुई व दवाइयां देना चाहिये। साथ ही उन छोटे-छोटे अस्पतालों में मुफ्त दूध का प्रबन्ध किया जावे। और वहां पर इस तरह का प्रचार कि बच्चा पैदा होने के पहले व बाद में किस तरह औरतों की हिफाजत की जानी चाहिये, किया जाना चाहिये।

कुष्ठ रोग, फाइलेरिया, मलेरिया, चेचक, क्षय रोग व डायबिटीज जैसे रोगों पर विशेष ध्यान देते रहने की आवश्यकता है जिन पर अभी भी काबू नहीं किया जा सका है।

तन्दुरुस्ती लाभ नियामत है, ऐसा कहा जाता है। सरकार उन लोगों की तरफ जो मरीज बन कर अस्पताल में दाखिल होते हैं, ध्यान नहीं देती है। उन लोगों को, जो कि खराब तन्दुरुस्ती के कारण मरीज बन रहे हैं, किसी प्रचार के द्वारा भी बतलाने और बीमारी की रोक थाम की स्कीमों की तरफ भी सरकार ध्यान नहीं देती, जबकि तन्दुरुस्ती खराब होने से ही रोग बढ़ रहे हैं।

बहुत से ऐसे रोग हैं जिनका इलाज ऐलोपैथिक के बजाय आयुर्वेदिक चिकित्सा से सम्भवे में हो सकता है, जैसे वायु रोग, प्रदर, प्रमेह, पीलिया, संग्रहणी अनिसार तथा कुछ प्रकार के चर्म रोग आदि। इस तरह के रोगों में जहां ऐलोपैथी नाकामयाव रहती है वहां देखा गया है कि आयुर्वेदिक औषधियों से बहुत कामयाबी हुई है।

आज जिस तरह सरकार ऐलोपैथी और हिकमत को प्रोत्साहन देती है, आयुर्वेदिक चिकित्सा को क्यों न उसी तरह से मौका दिया जाय जिसमें आज भी ऐसे सस्ते और चमत्कारिक नुस्खे हैं जो फीरन लाभ करते हैं। मेरा कहना यह है कि यदि एक ही खुराक में दवा लाभ न करे तो दवा कैसी? अगर दवा न भी दी जाये और इलाज सिर्फ कुदरत पर छोड़ दिया जाय तो भी रोग वैसे ही कम हो जाते हैं।

आयुर्वेदिक कालेजों में भी नसिग की शिक्षा की व्यवस्था होनी चाहिये।

सेंट्रल ड्रग रिसर्च इंस्टीट्यूट ऐलोपैथिक दवाओं की खोज करने के लिये है। इसी प्रकार आयुर्वेदिक रिसर्च इंस्टीट्यूट भी होना चाहिये। एक ऐसी भी आयुर्वेदिक संस्था बननी चाहिये जिस के द्वारा ऐसी आयुर्वेदिक औषधियां जो शीघ्र लाभ करने वाली हों बनाई जायें। वह देश के चाहे जिस भाग में हो, लेकिन उससे देश भर को लाभ दिलाने का प्रयत्न सरकार करे।

आयुर्वेदिक औषधियों में जो शीघ्र लाभ करने वाली हैं, उनके इंजेक्शन तैयार किये जाने चाहियें।

देश में कोई भी सुव्यवस्थित आयुर्वेदिक अस्पताल नहीं है, ऐसा अस्पताल सुविज्ञ वैद्यों की देखभाल में सरकार को बनाना चाहिये जिसमें सारी सुविधायें ऐलोपैथिक अस्पतालों की ही तरह सुलभ की जायें। इसमें आयुर्वेदिक औषधियों से ही इलाज हो। और

[श्री राम सिंह]

नर्सिंग आदि का भी प्रबन्ध वैसा ही सुचारु हो। ऐसे अस्पतालों के लिये नये भवनों के निर्माण की व्यवस्था न हो तो किराये के भवनों में ही आयुर्वेदिक चिकित्सालय खोले जायें।

अभी जो औषधियां दूकानों पर मिलती हैं उन में पुरानो और बेकार औषधियां भी मिश्रित कर नई के साथ बेच दी जाती हैं। इसका परिणाम यह होता है कि जो अच्छी औषधियां हैं वह भी इससे खराब हो जाती हैं। इसलिये ऐसी औषधियों के उत्पादन व बिक्री पर नियन्त्रण रखना चाहिये ताकि जनता के स्वास्थ्य के साथ खिलवाड़ न हो।

सरकार वैद्यक की टीका टिप्पणी तो करती है और उसको निरर्थक बताती है किन्तु आजकल आयुर्वेदिक औषधियां अधिकतम निम्नसारीय फार्मोसी या वैयों के द्वारा केवल रणया कमाने के लिये बनाई जाती हैं जिससे जनता को अधिक दिनों तक चिकित्सा करने पर भी लाभ नहीं होता है और रूमो-रूमो हानि भी करता है। जनता का ऐसी चिकित्सा पर पैसा भी बर्बाद होता है और दवाओं पर से विश्वास भी उठ जाता है। इसलिये सरकार को चाहिये कि ऐसी दवाओं को चाहे वह कहीं भी बनती हों, वह रोके, उन पर रोक लगाये और शुद्ध तथा अच्छी दवायें बेचे जाने की ही अनुमति दे। और तब ही सरकार दोषारोपण का सोचे। मुझे यह देख कर खेद होता है कि आयुर्वेद पद्धति की शिक्षा देने की व्यवस्था नितान्त अपर्याप्त है और उसके ऊपर अनुसन्धान की व्यवस्था तो नहीं के बराबर ही है जबकि ऐलोपैथिक औषधियों के निर्माण पर देश का करोड़ों रणया व्यय किया जाता है और आयुर्वेदिक औषधियों के निर्माण की कोई भी व्यवस्था नहीं, और सरकार आयुर्वेदिक पद्धति को प्रोत्साहन देने के लिये केवल बावें ही करती है।

श्रीमती जयाबेन शाह (अमरेली) :
माननीय उपाध्यक्ष श्री, आज तक जो

हैल्य मिनिस्ट्री ने कारंवाई की है और हमारे देश को जो आयुष्य मर्यादा बढ़ी है और कुछ रोगों पर जो कण्ट्रोल पाया है, इस पर मैं हैल्य मिनिस्ट्री का धन्यवाद करती हूँ। मगर मैं सुझाव के तौर पर कुछ बातों को और इस सदन का ध्यान खींचना चाहती हूँ।

एक बात तो यह है कि आजकल क्यूरेटिव साइड की ओर ज्यादा जोर लग रहा है। मेरी समझ में प्रिंटेड साइड पर ज्यादा जोर लगाने की जरूरत है। मनुष्य के स्वास्थ्य के लिए स्वच्छ हवा और स्वच्छ पानी जरूरी है, मगर इनका मिल पाना बड़ा मुश्किल हो गया है। कुछ समय पहले की बात है, हमने कजकते में देखा, और सदन के सदस्य इस बात को जानते हैं, कि वहां गारव्ज के इतने ढेर लगे रहते थे कि उनके कारण स्वास्थ्य की क्या हालत होगी यह अच्छी तरह सोचा जा सकता है। मैं समझती हूँ कि हमारा काम हम जितने समय में करना चाहते हैं वह नहीं हो सकता।

दिल्ली में भी कई ऐसे हिस्से हैं जहां पब्लिक लैटरिन्स नहीं हैं, लेवेटरीज भी नहीं है और ऐसे इलाके हैं जिनमें शायद बहिनों को भी बाहर खुले में लैटरिन के लिए जाना पड़ता है। ऐसा मैंने दिल्ली में देखा है। मेरी हैल्य मिनिस्टर से प्रार्थना है कि और मंत्रालयों से बात करके ऐसा करें कि जो नए-नए कल-कार-खाने बन रहे हैं वे बड़े-बड़े शहरों में स्थापित न हों बल्कि उनको उनसे दूर हटाया जाए।

सबसे महत्वपूर्ण बात पीने के पानी की है। रिपोर्ट में कहा गया है कि उसके बारे में सोचा जा रहा है कि ट्रिप्लिंग वाटर बोर्ड बनाया जाएगा। मैं कट्टी

हूँ कि इसके लिए इतना सोचने की क्या जरूरत है। हम एक साल भर से सुनते रहे हैं कि यह बोर्ड बनने वाला है। तो मेरी यह प्रार्थना है कि यह जल्दी से जल्दी बन जाए और इमरजेंसी के कारण किसी और चीज पर भले की कटौती आ जाए, पर इस पर न आए। इस बारे में विशेष रूप से इस सदन का ध्यान दिलाना चाहती हूँ।

जिम डंग से अस्पताल और दवाखाने तथा हेल्थ सेंटर बन रहे हैं, उनका ढंग ऐसा है कि उनमें बहुत खर्चा होता है। हमारे देश की हालत हम देखें और उसकी जनसंख्या की ओर हम देखें, तो इन ढंग से यदि हम चलते रहेंगे तो मैं यह मानती हूँ कि अगले २५ या ५० सालों में भी हम देश के हर एक निवासी को अपने कामों से फायदा नहीं पहुंचा सकेंगे।

आगे एक बात और है। मलेरिया, फाइलेरिया और लेपटासी जैसे रोगों के बारे में कंट्रोल करने की स्कीमें बनायी गयीं। अच्छी स्कीमें हैं, उनसे लाभ भी हुआ है और उनके द्वारा हमने कुछ रोगों पर कंट्रोल भी पाया है। मगर इस बारे में पालिभिटो और प्रापेगेंडा और ज्यादा होना चाहिए, जो अभी हो रहा है वह काफी नहीं है। और उनके लिए वह जरूरी है उन तक वह पहुंचता भी नहीं है। जैतू स्मालपाक्स है। इसके कारण हजारों बच्चे हर साल मरते हैं। ये जो बच्चे मरते हैं ये ज्यादातर माता पिता के अज्ञान के कारण मरते हैं। उनको नहीं मानूँ कि उनको इस बीमारी के प्रिवेंशन के लिए या क्वोर के लिए क्या करना चाहिए। तो इसके बारे में ओर से प्रापेगेंडा होना चाहिए।

दूसरी बात लेपटासी के बारे में है। इसके बारे में जो प्रोग्राम बन रहे हैं वे

बहुत अच्छे हैं और कई स्टेटों में बहुत अच्छी तरह से चल रहे हैं। लेकिन अगर यह काम कुछ स्टेटों में तेजी से चले और कुछ में धीरे चले तो भी काम नहीं बन सकता क्योंकि जो लेपर है वे मोबाइल हैं, एक जगह से दूसरी जगह आते-जाते रहते हैं। तो मैं समझती हूँ कि इस रोग को हटाना है तो उनके लिए कानूनी मदद की भी जरूरत हो सकती है। तो मेरी माननीय मिनिस्टर से प्रार्थना है कि इसके बारे में सब विचार वरके कोई कानून लाएं जिससे हम इस रोग पर विजय पा सकें क्योंकि मालूम हुआ है कि लेपटासी का कंट्रोल करना ज्यादा कठिन नहीं है।

आयुर्वेद के बारे में बहुत सी बातें कही गयी हैं। मैं भी इस बारे में अपनी कुछ राय प्रकट करना चाहती हूँ। जो महायलेश्वर में कानफों हुई थी उसमें नतीजा यह निकला कि शुद्ध आयुर्वेद ही चलाया जाए। मैं चाहती हूँ कि आयुर्वेद के नाम पर धोखेवाजी नहीं चलनी चाहिए। उसमें एडल्टरेशन नहीं होना चाहिए। मगर जब हम शुद्ध आयुर्वेद की बात करते हैं तो दिमाग में ऐसी बात आती है कि हम पुराने आयुर्वेद को कायम रखें और उनके बारे में कोई नई बात न सोचें। इस प्रकार सोचना एक्स्ट्रीम तक इस बात को ले जाना है। आयुर्वेद भी एक साइंटिफिक सिस्टम है, मगर उसको मार्डन सिस्टम आफ मैडिसिन नहीं माना जाता है। आज देश के ८० प्रतिशत लोग आयुर्वेद का इस्तेमाल करते हैं फिर भी उनको उनका उचित स्टेटस नहीं दिया जाता। अगर उसे शुद्ध आयुर्वेद के नाम पर प्राइसोलेट कर देंगे तो उसे धक्का पहुंचागा। तो मेरी प्रार्थना है कि जो नई-नई खोजें और एक्सपेरिमेंट होते हैं उनका लाभ आयुर्वेद को भी मिलना चाहिए। आयुर्वेद और एडल्टरेशन नचाहता है। इसका यह अर्थ

[श्रीमती जयार्वेन शाह]

नहीं कि वह एलोपैथी की तरह चलाया जाए। उसके अपने जो असूल हैं, उसकी जो असली बातें हैं उन पर डटे रहने के बाद, जो कुछ नयापन हो उसे लेने में हिचकिचाहट नहीं होनी चाहिए। इसके प्रतिरिक्त यह भी सोचना चाहिए कि जिन्होंने इंटीग्रेटेड सिस्टम से शिक्षा पायी है उनका क्या भविष्य होगा।

कांट्रीब्यूटरी हैल्थ स्कीम के बारे में यहां बात कही गई। इसके बारे में मैं यह कहना चाहती हूँ कि हमारे देश में जो स्कीमें बनती हैं उनको ऊपर के स्तर पर लागू किया जाता है और उनका नीचे आना मुश्किल होता है, बल्कि वे नीचे तक तो आती ही नहीं। हमारी जो मिनिस्टर हैं वह तो बापू के पास रह चुकी हैं। मेरी उनसे प्रार्थना है कि वे कांट्रीब्यूटरी हैल्थ सर्विस या हैल्थ इन्स्योरेंस की स्कीम के बारे में सोचें जो कि उन लोगों पर लागू हों जो कि पिछड़े हुए गरीब लोग हैं। आपने हम एम० पीज० के लिए और फर्स्ट और सिकंड क्लास अफसरों के लिये यह सुविधा दी है। हम तो अपने पैसे से भी अपना इलाज करवा सकते हैं और हम इन सुविधाओं के लिये ठहर सकते हैं। तो मैं कहना है कि इन स्कीमों को पहले नीचे से लागू करना चाहिए जिससे नई नई चीजों का लाभ गरीबों को मिल सके।

एक बात धूम्रपान के बारे में कहना चाहती हूँ। कहा जाता है कि इसके बारे में दो रायें हैं। कोई कोई कहते हैं कि उसमें कोई रोग नहीं होगा। लेकिन जो रिपोर्ट यू०के० की अखबारों में छपी हैं उनसे पता चलता है कि वे हैल्थ के लिए हानिकारक है। मैं नहीं कह सकती कि सिगरेट को आप कानूनी तौर से रोक सकती हैं या नहीं, लेकिन इतना मेरा मुझाव है कि जो पब्लिक प्लेसज हैं, जो पब्लिक हाउसेज हैं या सिनेमाघर हैं, या रेलवे स्टेशन हैं उनमें सिगरेटों के एडवर्टाइजमेंट को जल्द से जल्द रोक देना चाहिये। इसे रोकने से जो प्रतिष्ठा

सिगरेट को मिली हुई है वह खत्म हो जाएगी।

ये बातें मैंने मुझाव के तौर पर आपके सामने रखी हैं। हमारा देश बहुत बड़ा है और जो हमारे प्राबलम हैं वे सब जल्दी हल नहीं हो सकते, पर हमको पूरी चेष्टा करनी चाहिये। जैसा मैंने पहले बताया लोगों को पीने का पानी भी अच्छा नहीं मिलता और खाने के पदार्थ भी अच्छे नहीं मिलते। तेल में व्हाइट फ्राइल लगाया जाता है। दवाओं में भी ऐसा ही होता है। यह तो मैं एकदम नहीं कह सकती कि इन चीजों का नेशनलाइजेशन कर दिया जाए, मगर ऐसी व्यवस्था अवश्य होनी चाहिए कि ड्रग्स का घंघा सिर्फ प्राफी-टियरिंग के लिए न चलाया जाय। देश के स्वास्थ्य के लिये यह जरूरी है कि वे चीजें पूर्णतया शुद्ध होनी चाहिये। उपाध्यक्ष महोदय, मैं आपकी बड़ी आभारी हूँ कि आपने मुझे स्वास्थ्य मंत्रालय की बजट मांगों पर बोलने का अवसर दिया। मैं पुनः निवेदन करूंगी कि इस मंत्रालय का काम अधिक तेजी से चले। हमारा स्वास्थ्य का प्राबलम बड़ा है पिछड़े इलाकों से ज्यादा तकलीफ है आज हालत यह बन रही है कि डाक्टर लोग देहातों में जाना ही नहीं चाहते। वे शहरों में ही बने रहना चाहते हैं। मंत्रालय को इस चीज को देखना चाहिये कि आज डाक्टर लोग देहातों में जाने में खुश नहीं हैं तो उनका वहां जाने के लिये कुछ प्रोत्साहन दिये जाने की व्यवस्था की जाय। इसके लिये कोई न कोई रास्ता निकाला जाय, देहातों में जाने के लिये उनका ऐक्सट्रा इमोल्यूमेंट्स दिये जायें। और अन्य इंसेंटिव्स दिये जायें। कुछ न कुछ अवश्य किया जाना चाहिये ताकि डाक्टर लोग देहातों में जाकर काम करें वहां की गरीब जनता के स्वास्थ्य आदि की उचित देखभाल की जा सके।

श्री कछवाय (दबास) : उपाध्यक्ष महोदय स्वास्थ्य मंत्रालय के बजट अनुदानों पर बोलते हुए मैं इस मंत्रालय का ध्यान दो, चार चीजों की ओर दिलाना चाहूंगा।

देशी आयुर्वेदिक चिकित्सा प्रणाली एक बहुत ही प्राचीन और मानी हुई पद्धति हमारे देश की है। इसलिए आयुर्वेदिक पद्धति को पूरे रूप से सारे भारतवर्ष में लागू करना अत्यावश्यक है। आयुर्वेदिक चिकित्सा पद्धति संसार की सब चिकित्सा पद्धतियों की अपेक्षा पुरानी है और सच तो यह है कि इस आयुर्वेद ने ही अन्य सभी चिकित्सा पद्धतियों को जन्म दिया है। आयुर्वेदिक पद्धति चूंकि बहुत सस्ती और सहल है इसलिये आज हमारे देहाती क्षेत्रों की गरीब जनता इस पद्धति को बहुत अच्छे तरीके से स्वीकार करती है।

दुर्भाग्य का विषय यह है कि आयुर्वेद के बारे में सरकार के जो सलाहकार हैं, हैलथ मिनिस्टर को जो सलाह देने वाले लोग प्रथवा विभाग है वह सब एलोपैथी को मानने वाले और एलोपैथिक पढ़े लिखे होते हैं। उनके मन में आयुर्वेद के लिए एक घृणा या उपेक्षा का भाव रहता है और सरकार को वह लोग यह सलाह देते हैं कि आयुर्वेदिक चिकित्सा पद्धति देश के लिये उपयुक्त नहीं है। वह अपूर्ण व त्रुटिपूर्ण है। इस देश के लिए तो एलोपैथिक ही ठीक है और उसी को कायम रहना चाहिए। जितने भी मिनिस्टर्स यहां बैठे हुए हैं वे सब एलोपैथी को पसन्द करते हैं और उसी को अच्छा समझते हैं। मैं समझता हूँ कि इस सम्बन्ध में शासन को खोज कराना चाहिए। जितना खर्चा एलोपैथी पर किया जाता है उतना ही खर्चा यदि आयुर्वेदिक चिकित्सा पद्धति पर किया जाय तो हमारा बहुत सा फोरेन एक्सचेंज मर्न, जो कि अंग्रेजों, दवाइयों आदि को मंगाने के लिए विदेशों में चला जाता है वह निश्चित रूप से जाना बंद हो जायगा। लेकिन मेरा ऐसा कहने का यह मतलब नहीं है कि एलोपैथी नितांत बुरी है। बिला शक उसमें बहुत सी अच्छाइयाँ व गुण भी हैं और हमें वह गुण अवश्य लेने चाहिए। अब आपरेशन व चीर फाड़ करने की जो जसमें पद्धति है वह बिला शक एक खूबी और

विशेषता है और उस का फायदा हमें अवश्य लेना चाहिए।

आयुर्वेद पढ़ने वाले छात्रों को आज जिस प्रकार से बजाय इनकरेज करने के उल्टे हेरेस किया जाता है, आवश्यक सहूलियतें उनको नहीं दी जाती हैं और उनके साथ अन्याय किया जाता है, आज के युग में तत्काल बंद हो जाना चाहिए। उनको पढ़ाई के दौरान अपनेको असुविधाओं का सामना करना पड़ता है। मेरा निवेदन है कि जिस प्रकार से सरकार एलोपैथिक के छात्रों को सभी आवश्यक सुविधाएं, सामग्री और प्रोत्साहन आदि देती है वह सब आयुर्वेद के छात्रों को भी मिलना चाहिए। आज वह सब सुविधाएं उन्हें नहीं मिल रही हैं।

एक अन्य बात में यह कहना चाहता हूँ कि आज सारे भारतवर्ष के अंदर आयुर्वेदिक और एलोपैथिक इन दोनों पद्धतियों के पढ़ हुए और इन की परीक्षाएं पास करे हुए व्यक्तियों की संख्या ५०,००० है। इस देश में ५०,००० डाक्टर्स हैं। उनका आज की संकटकालीन स्थिति को देखते हुए ठीक प्रकार से उपयोग नहीं किया जाता है, ऐसा मेरा शासन के ऊपर आरोप है। मुझे समझ में नहीं आता कि इस प्रकार का दुर्व्यवहार आज उन लोगों के साथ क्यों किया जाता है? मेरी तो समझ में इसका कारण यह है कि हमारी हैलथ मिनिस्टरी में जो मुझाव देने वाले हैं और शासन के जो सलाहकार हैं वे इस देशी आयुर्वेदिक चिकित्सा प्रणाली के बिल्कुल विरुद्ध हैं और वह इसको किसी प्रकार से देश में लाना नहीं चाहते। शासन को इस और ध्यानपूर्वक देखना चाहिए और ऐसे लोगों की गुमराहकुन सलाह से आयुर्वेदिक के प्रति उपेक्षा भाव न रखना चाहिए। एलोपैथी पढ़े लिखे लोग जो कि सलाहकार भी होते हैं वह आयुर्वेद को कंसी हिंकारत की नजर से देखते हैं इसके लिए मैं आपको बतलाऊँ कि मेरे घर में आज एक पत्र आया था। चूंकि वह अंग्रेजी में था इसलिए मैं ने उसे अपने एक मित्र के

[श्री कछवाय]

पढ़ाया। उस पत्र में आयुर्वेद की अनेकों बुराइयों लिखी गई थीं। पत्र में लिखा था कि यह पद्धति बिल्कुल अज्ञानिक, अपूर्ण और श्रुतिपूर्ण है और यह कि आयुर्वेद मूर्ख लोगों की पद्धति है। इस प्रकार के शब्द उसने लिखे हुए थे। मुझे बड़ा दुःख है कि जो पद्धति भारतवर्ष में विगत हजारों वर्षों से चली आ रही है, जिस पद्धति ने कि अनेक चिकित्सा पद्धतियों को जन्म दिया है, उस प्राचीन और मान्य हुई चिकित्सा प्रणाली के लिए ऐसे शब्द लिखना सिवाय मूर्खता के और कोई दूसरी बात नहीं हो सकती है।

आज की संकटकालीन स्थिति को देखते हुए हमारे देश में डाक्टरों का जो अभाव फैला हुआ है उस और ध्यान दिया जाना चाहिए और इस काम को पूरा किया जाना चाहिए। डाक्टरों सुविधा को समान रूप से सब जगह उचित व्यवस्था हो ताकि हमारे देशवासियों का स्वास्थ्य ठीक रह सके और वह बाहरी शत्रु का सफलतापूर्वक सामना करने में कंधे से कंधा मिला सकें।

आज हमारे देशवासियों में काफी संख्या ऐसे लोगों की है जिनको कि पोष्टिक तो बात हो क्या पेट भर भोजन तक नहीं मयस्सर होता है। पाने के पानी तक का गांवों में उचित व्यवस्था नहीं है और गंदा पानी पीने के कारण उनकी तरह तरह के रोग हो जाते हैं। इस मंत्रालय को लोगों को साफ पानी मिल सके इसका भी प्रबन्ध करना चाहिए। पानी की समस्या किसी एक प्रान्त की समस्या नहीं है बल्कि वह तो सारे भारतवर्ष की समस्या है। अनेक प्रांतों में साफ पानी को उचित व्यवस्था के अभाव में लोग काफी पीड़ित होते हैं। जहां तक मेरे क्षेत्र का सम्बन्ध है वहां पीने के लिए पानी इतना गंदा मिलता है कि उसको पीने से लोगों को बाला या डेरू नाम की बीमारी हो जाती है। हजारों को तादाद में लोगों को निकलता है। शाहजहापुर में जब मैं

पिछली बार वहां गया था तो मैंने देखा कि ३५००० की बस्ती है जिनमें से कि १५००० लोगों को इस तरह की बीमारी थी।

राजस्थान के अंदर लोगों को काफी दूर दूर से पीने का पानी लाना पड़ता है। सरकार को इस पानी की समस्या को और विशेष रूप से ध्यान देना चाहिए। यहां राजधानी तक में पानी का बड़ा अभाव रहता है। सरकार को इस दिशा में विशेष क्रम शीघ्र उठाने चाहिए।

दिल्ली में आने के बाद से मैं यहां पर स्थित लगभग ८३ झुगो झोंड़ियों में घूमा हूँ और उनको हालत को बिल्कुल पास से देखा है। इस तरह से मैंने करीब २ लाख ३५ हजार जनता से सम्पर्क स्थापित किया है। मैंने उनकी जो दयनीय दशा देखी उसका कुछ चित्र मैं बहुत संक्षेप में इस हाउस के सामने रखना चाहता हूँ। मैंने देखा है कि जहां पर १००० झुगियां हैं उन १००० झुगियों में रहने वाले करीब ५, ६ हजार लोगों के लिए केवल एक ही नल है। उस एक नल पर बेगुमार भीड़ रहती है और लोगों को ठीक प्रकार से पानी नहीं मिल पाता है। वहां की सफाई की व्यवस्था भी बड़ी शोचनीय है। चारों तरफ कूड़े और गंदगी के ढेर जमा रहते हैं। स्वास्थ्य विभाग द्वारा उनके प्रति उपेक्षा भाव बर्ता जा रहा है। उनको इतनी गंदगी, पानी के अभाव और अन्य असुविधाओं का शिकार होता पड़ता है और उन घरों की दशा ऐसी खराब है कि देख कर रोना आता है। मंत्री महोदय का ध्यान किरी और तरफ मालूम पड़ता है, किसी अन्य विचार में डूबे मालूम पड़ते हैं और इसलिए वह मेरी अर्ज-दास्त पर ध्यान नहीं दे रहे हैं। आज दिल्ली के अंदर इन झुगो झोंड़ियों में रहने वाली सात लाख की अवस्था दर्दनाक है। न उनके लिए पीने के पानी का समुचित प्रबन्ध है, न सफाई की माहूल व्यवस्था है और घरों की अभिशाप से पीड़ित इन लोगों को भरपेट भोजन भी नहीं मिल पाता है। इन गंदी बस्तियों में

झुग्गी झोंपड़ियों में रहने वाले निवासियों का जीवन बड़ी ही खराब अवस्था में गुजर रहा है। उनके मकानों और आसपास की गलियों की सफाई की व्यवस्था बड़ी ही खराब रहती है जिसके कि कारण ये लोग टी० बी० और मलेरिया आदि अनेकों बीमारियों के शिकार हो जाते हैं। बरसात में उनकी कठिनाइयाँ और अधिक बढ़ जाती हैं। वे नारकीय जीवन से इतना तंग आ चुके हैं कि इन झुग्गी झोंपड़ियों में रहने वाली ७ लाख जनता के मन में एक बड़ा रोप पैदा हो रहा है। स्वास्थ्य अधिकारियों का ध्यान उधर कतई नहीं जाता है। उन लोगों ने लाचार होकर आगामी १ मई को संसद् भवन के सामने एक बड़ा भारी प्रदर्शन करने का निश्चय किया है ताकि अधिकारियों की आंखें खुलें। वे अपनी दुर्दशा की और सरकार का ध्यान खींचना चाहते हैं। चूंकि हमारे प्रधान मंत्री जी कहते हैं कि यदि १०-२० हजार आदमी कोई प्रदर्शन करते हैं तो उसका विशेष असर नहीं पड़ता है इसलिए जब तक १ लाख आदमी हमारे सामने प्रदर्शन करने के लिए नहीं आते हैं तब तक उनकी बात नहीं मानी जाती है। जनता ने उनकी यह बात स्वीकार की है और इन गरीब और बेकस मजदूरों ने यह निश्चय किया है कि एक मई को इस संसद् भवन के सामने वह एक लाख की तादाद में व्यवस्थित ढंग से प्रदर्शन करेंगे और इस सदन में देश भर के जो प्रतिनिधि चुन कर आये हैं उनको वे सुनायेंगे कि उनकी समस्या और कठिनाइयाँ क्या हैं।

इस सम्बन्ध में मैं एक और बात कहना चाहता हूँ। आज हमारे देश में स्वास्थ्य का स्तर बहुत गिरता जा रहा है। हम देखते हैं कि बीस साल का बालक पांच सेर वजन भी नहीं उठा सकता, क्योंकि उस में ताकत नहीं होती है। इस का कारण यह है कि हमारे देश में खाने-पीने के पदार्थ शुद्ध नहीं मिलते हैं और स्वास्थ्य को बनाए रखने के लिए जो सुविधायें और सहाय्यता मिलनी चाहिए, वे नहीं मिलती हैं।

दो चार दिन पहले मैंने सूचना और प्रसारण मंत्रालय के अनुदानों पर हो रहे वाद-विवाद में भाषण करते हुए बताया था कि छोटे शहरों में अधिकांश विद्यार्थी ऐसे होते हैं, जो कि स्कूल जाने के समय सिनेमा चले जाते हैं। मैं स्वास्थ्य मंत्री से नग्नतापूर्वक प्रार्थना करूंगा कि उन को सूचना और प्रसारण मंत्रों को लिखना चाहिए कि हिन्दुस्तान में किसी भी स्थान पर दिन के समय सिनेमा नहीं चलने चाहिए और अगर कोई चलाये, तो उस के विरुद्ध कठोर कार्यवाही होनी चाहिए।

इस देश की जनता सस्ते इलाज की आवश्यकता को महसूस करती है। यदि कोई एलोपैथी का इलाज कराए, तो एक इंजेक्शन के लिए तीन चार रुपए देने पड़ते हैं, जिस का अर्थ यह है कि उस की तीन चार रोज की मजदूरी चली जाती है। इस देश का ग्राम आदमी यह सोचता है कि जब मैं ग्राट या बारह आने रोज कमाता हूँ, तो दो आने की ढुंडिया से मेरी बीमारी ठीक हो जाए। इस लिए सरकार को इस देश के लोगों को सस्ता इलाज सुलभ कराने का प्रयत्न करना चाहिए।

दवाओं के महंगेपन के बारे में मैं एक उदाहरण देना चाहता हूँ। पुना के पास सरकारी कारखाने में जो पेनिसिलिन बनाई जाती है, वह केवल १८ नये पैसे में बन कर तैयार होती है, लेकिन वह ५० नये पैसे में बेची जाती है। इस से प्रकट होता है कि सरकार कितना ज्यादा मुनाफ़ा लेती है। कोई दुकान उस को २५ नये पैसे, कोई ३० नये पैसे और कोई ४० नये पैसे ज्यादा पर बेचती है। जब सरकारी कारखाने की दवाओं के दाम इतने बढ़ा कर लिए जाते हैं, तो फिर दूसरे लोग ऐसा क्यों नहीं करेंगे? इस लिए यह आवश्यक है कि दूसरों को कुछ कहने से पहले सरकार को अपने कारखानों में उस का पालन करना चाहिए।

मैं स्वास्थ्य मंत्राणी महोदया से निवेदन करूंगा कि उन को मेरे साथ चस कर दिल्ली

[श्री कछवाय]

नगर की २३५ गन्दी बस्तियों का दौरा करना चाहिए और यह देखना चाहिए कि वहां पर लोग किस प्रकार अपने परिवार का पालन करते हैं, मां किस प्रकार अपने बच्चों का पालन-पोषण करती है। मंत्राणी महोदय को तो यह जानने का अवसर नहीं मिला कि किस तरह बच्चों को पालना चाहिए। उन को अनुभव प्राप्त करना चाहिए कि वहां पर मां किस प्रकार अपने बच्चों को पालती है और उस को कितने दुख और तकलीफ उठानी पड़ती है।

श्रीमती चावदा (बनस्कंठा) : माननीय उपाध्यक्ष महोदय, सदन के सामने जो बातें आ गई हैं, मैं उन को दोहराना नहीं चाहती, लेकिन मैं यह जरूर कहना चाहती हूँ कि स्वास्थ्य मंत्रालय ने जो कुछ कार्य किया है, वह सचमुच प्रशंसनीय है।

देश की बढ़ती हुई आबादी और संकट की स्थिति को देखते हुए हमें डाक्टरों और नर्सों की बहुत ही जरूरत है। इसलिए हम को जरूरी ही डाक्टर और नर्स तैयार करने चाहिए और उन को तैयार करने के लिये जो भी खर्च हम करेंगे, वह उपयोगी ही होगा। मरीजों को डाक्टरों और नर्सों दोनों की आवश्यकता होती है। फिर भी आम नर्सों को मान की दृष्टि से नहीं देखा जाता है इस के बारे में मैं इतना ही कहूंगी कि इस दिचार को बदलना चाहिए, क्योंकि हमें नर्सों की बहुत ही जरूरत है और उन के द्वारा मरीजों को डाक्टरों से ज्यादा आराम पहुंचता है। एक अच्छी नर्स पाने पर मीज अपना आधा दुख भूल जाते हैं या अपने दुख को कम महसूस करते हैं। हमें इस पर गौर करना चाहिए।

हम को प्राथमिक स्वास्थ्य केन्द्रों की अधिक जरूरत है, क्योंकि शहरों के बजाय बहात ज्यादा हैं और देहातों में रहने वाले

किसी प्रकार की स्वास्थ्य सुविधा नहीं मिलती है। हर १ या चार हजार आबादी की बस्ती पर प्राथमिक स्वास्थ्य-केन्द्र खोला जाना चाहिए और उसके साथ ही वहां पर डाक्टरों के रहने का इन्तजाम भी होना चाहिए, ताकि वे देहातों में जायें और वहां रह सकें।

जहां तक पीने के पानी का सम्बन्ध है, कई देहात ऐसे हैं, जहां पीने के पानी की सुविधा नहीं होती है। लोग तालाब से पानी पीते हैं, उसी में नहाते और कपड़े आदि धोते हैं। पुरुष भी उसी में तैयार करते हैं और पानी पीते हैं। प्रकट है कि ऐसा पानी स्वास्थ्य के लिए हानिकारक होता है और आगे चल कर इस से बीमारियां फैलती हैं और देहाती लोग उन बीमारियों के शिकार बन जाते हैं। हमें चाहिए कि उन लोगों को साफ पीने के पानी की सुविधा दी जाये।

जिस विभाग से मैं आती हूँ, वहां प्राण भी सो, सवासी देहात ऐसे हैं, जहां पीने के लिए पानी नहीं मिलता है और पानी की चोरी होती है।

एक माननीय सदस्य : कौन सा विभाग है ?

श्रीमती चावदा : बनस्कंठा डिस्ट्रिक्ट, गुजरात। पहले तो और भी अधिक देहात थे जिन को पानी बिल्कुल नहीं मिलता था। वहां स्थिति यह है कि बारिश में जो पानी आता है, वह तालाब में जमा हो जाता है और वे लोग उसी को काम में लाते हैं। जब गर्मी आती है, तो वह तालाब सूख जाता है। तब तालाब में गड्डे खोदे जाते हैं और उन में जो पानी निकलता है, उस का इस्तेमाल किया जाता है। उन गड्डों पर चौकी की जाती है, क्योंकि बहुत कम पानी आता है और अगर उस पर चौकी न की जाये, तो पानी चोरी चला जाता है। जो बहन पा पी भरते जाती है, न के साथ किसी घर वाले को जाना पड़ता

है। आज यह परिस्थिति वहाँ की है। यह स्थिति मैंने स्टेट की हेल्थ मिनिस्टर साहब के सामने भी रखी थी और उनको अपने यहाँ आने का आमंत्रण दिया था। जब वह आई, तो मैंने उन को कहा कि हमारे यहाँ पानी खोरी होता है। उन्होंने कहा कि हय तो में मान नहीं सकती हूँ। मैंने कहा आइये में बताती हूँ। में उनको वहाँ ले गई। पोहर का बन्द था जब वह आने वाले थे। पहले ही दो रोज से वहाँ पर इंतजाम हो चुका था। गर्मियों के दिनों में जैसे ही पानी बहुत कम निकलता है और बड़ी मेहनत से पाने के पानी को इकट्ठा किया जाता है। सरकारी अफसर भी वहाँ पहुँच गये थे। पीने के पानी का इंतजाम भी कर दिया गया है। वह वहाँ करीब दो बजे आये। मैंने मंत्री महोदय से पूछा कि आप पानी पीये या शरबत पीना चाहेंगे। उन्होंने कहा कि मैं पानी ही पीना चाहूँगा। मेरे पास कुछ भाई मौजूद थे और मैंने उन से कहा कि जा कर आपके लिए पानी ले आय। जब वह पानी आया तो मंत्री महोदय ने कहा कि आप से तो मैंने कहा था कि मैं पानी पीऊँगा और आपने शरबत मंगा लिया है। मैंने उत्तर दिया कि आप पी कर तो देखिये, यह पानी ही है। शरबत नहीं है। मेरा कहने का मतलब यह है कि उन्होंने रंग देख कर ही यह समझ लिया कि यह शरबत है जबकि असल में वह पानी था। उस पानी को काफी सफाई भी की गई थी लेकिन फिर भी वह पानी इतना गन्दा था कि उसमें शरबत का ही कलर उतारो मजूर आया

श्री बी० चं० शर्मा (गुरदासपुर)

वह जिन्दा अभी तक है या नहीं ?

श्रीमती चाववा : उस पानी को पीने के लोभ इतने आदी हो गये हैं कि उन्हें कोई तकलीफ ही नहीं होती और अगर होती भी है तो बहुत कम। फिर और कोई चारा भी तो नहीं। उतनी सब कुछ सहन करना पड़ता है।

उपाध्यक्ष महोदय, मैं आपके द्वारा माननीय स्वास्थ्य मंत्राणी जी की सेवा में निवेदन करना चाहती हूँ कि हमारी जो पानी की कठिनाई है, इसको वह समझें और इसको हल करने की दिशा में कोई ठोस कदम उठाएँ।

जो वहाँ पर पीने के पानी की कमी है, उस से देहातों में अनेक प्रकार के रोग फैलते हैं, अनेक प्रकार की बीमारियाँ फैलती हैं। खास तौर से स्किन डिजीजिज, आँखों की डिजीजिज तथा पेट के रोग फैलते हैं। लोग इन बीमारियों से बच सकें, इसके लिए जरूरी है कि उनके लिए पीने के साफ पानी की व्यवस्था हो। मैं चाहती हूँ कि यह जो असुविधा वहाँ है, इसको दूर किया जाये ताकि बरोगों से मुक्ति पा सकें।

अन्त में आपने जो मुझे थोड़ा सा समय दिया है, उसके लिए मैं आपके प्रति आभार प्रदर्शित करती हूँ।

श्री मोहन स्वरूप (पीलीभीत) :

उपाध्यक्ष महोदय, आज की पृष्ठभूमि में जबकि जंग के बादल हमारे सिरों पर मंडरा रहे हैं, यह देख कर दुःख होना है कि हमारे देश में डाक्टरों का बड़ा भारी अभाव है। आप जानते ही हैं कि लड़ाई में डाक्टरों की आवश्यकता होती है, नर्सों की आवश्यकता होती है। जब यहाँ देश में इनकी पूर्ति न हो सके, जब देश में इनकी कमी हो, तो कार्य किस तरह से चल सकता है, इसको आप अच्छी तरह से समझ सकते हैं।

हमारे देश में अभी कुल ७१ मैडिकल कालेज हैं और उन में सात हजार विद्यार्थी पढ़ रहे हैं। यह संख्या बहुत कम है। मेरा विचार है कि प्रशिक्षण के लिए अधिक से अधिक सुविधाएँ दी जानी चाहियें और अधिक से अधिक संख्या में डाक्टर तैयार किये जाने चाहियें और अधिक से अधिक संख्या में मैडिकल कालेजों में भरती की व्यवस्था होनी चाहिये। खुशी की बात है कि हमारे स्वास्थ्य

[श्री मोहन स्वरूप]

मंत्रालय ने इसकी कुछ थोड़ी बहुत व्यवस्था को की है। वह कुछ अनुदान के रूप में राज्यों को रुपया भी देता है। लेकिन यह पर्याप्त नहीं है। इसको बढ़ाया जाना चाहिये। इस एमरजेंसी के दौर में तथा अंतरिम काल में विद्यार्थियों की संख्या बढ़नी चाहिए।

एम० बी० बी० एम० का कोर्स जोकि साढ़े चार साल का कर दिया गया है, यह एक स्वागत योग्य कदम है। तब तक ये लोग कालेजों में से निकलेंगे तब तक जो गैप है, उसको पूरा करने की भी कोई न कोई व्यवस्था होनी चाहिये। मेरा सुझाव है कि इस अंतरिम काल के लिए कुछ और प्रशिक्षण की व्यवस्था की जानी चाहिये, चाहे फिर साल भर का कोर्स हो या छः महीने का हो। इस काल में प्रारम्भिक चीजें लोगों को सिखाई जानी चाहियें ताकि जब आवश्यकता हो, उन लोगों को काम में लाया जा सके। अभी मद्रास ने १८ महीने के कोर्स की व्यवस्था की है। उस को ले कर काफी टीका टिप्पणी की जा रही है और कहा जा रहा है कि यह समय अपर्याप्त है और इस में प्रशिक्षण नहीं हो सकता है। टीका-टिप्पणी तो होगी ही लेकिन यह भी देखा जाना चाहिये कि जो कमी है या जो गैप है, वह कैसे पूरा किया जा सकता है। मेरा सुझाव है कि इसकी ओर मंत्रालय ध्यान दे और छः महीने या साल भर के प्रशिक्षण के कोर्स खोले जायें ताकि कमी पूरी हो सके।

हमारे यहां डाक्टरों की कितनी कमी है, यह मैं आप को बतलाता हूँ। हमारी आबादी करीब ४४ करोड़ है और हमारे पास करीब एक लाख डाक्टर हैं। अगर एक हजार आबादी पर एक डाक्टर की व्यवस्था की जाये तो हमें ४ लाख ४० हजार डाक्टर चाहियें और इनके लिए करीब १३ लाख दूसरे आदमी चाहियें, जैसे नर्स हैं, कम्पाउंडर हैं या दूसरे लोग हैं। खेद की बात है कि पंद्रह वर्ष की स्वतंत्रता के बाद भी सरकार की

समझ में यह बात नहीं आई है कि इस ४४ करोड़ जनसंख्या के लिए एक लाख डाक्टर अपर्याप्त हैं, नितान्त अपर्याप्त हैं। मैं और राज्यों की बात नहीं जानता हूँ। उत्तर प्रदेश की बात मैं जानता हूँ। पिछले वर्ष वहां के मुख्य मंत्री ने, जो स्वास्थ्य मंत्री भी हैं, कहा था कि उत्तर प्रदेश में करीब ३२०० ऐसी डिसपेंसरीज हैं, जिन में डाक्टर नहीं हैं . . .

The Minister of Health (Dr. Sushila Nayar): He is referring to a statement which appeared in newspapers recently where the figure mentioned is 250, not 3200.

श्री मोहन स्वरूप : ३०० डिसपेंसरीज ऐसी हैं, जिन में डाक्टर नहीं हैं। मैं चाहता हूँ कि इस समस्या पर गम्भीरता से विचार होना चाहिये।

अब मैं होम्योपैथिक प्रणाली के बारे में कुछ कहना चाहता हूँ। यह बहुत सस्ती प्रणाली है। इस प्रणाली से लोगों को प्रशिक्षण मिले, इस ओर भी सरकार का ध्यान जाना चाहिये। यदि ऐसा किया गया तो लोगों का सस्ते में इलाज हो सकता है। सभी जानते हैं कि एलोपैथिक प्रणाली बहुत महंगी प्रणाली है। उसकी दवायें दिन-ब-दिन महंगी होती जा रही हैं। ५ लाख ५८ हजार गांवों में रहने वाले गरीब लोग, मामूली लोग इस प्रणाली से इलाज करा सकें, यह मुमकिन नहीं है। मेरा सुझाव है कि होम्योपैथिक इलाज की भी व्यवस्था होनी चाहिये और इसके प्रशिक्षण की भी समुचित व्यवस्था की जानी चाहिये।

मेरी कंस्टिट्यूएन्सी ीलीभीत है। वहां पर एक आयुर्वेदिक कालेज है जोकि बहुत अच्छा है और बहुत वर्षों से उसकी ख्याति चली आ रही है। मुझे बताया गया है कि सरकार की ओर से यह व्यवस्था की जा रही है कि आयुर्वेदिक के साथ एलोपैथिक मिश्रित इलाज न हो सके। मैं समझता हूँ कि यह चीज मुनासिब नहीं है। यह मुनासिब नहीं है कि

इस में परिवर्तन किया जाये। मेरा मुझाव है कि प्रायुर्वेदिक कालिजों में प्रायुर्वेदी के साथ एलोपैथी के मिक्सड इलाज की व्यवस्था भी उस को जारी रखा जाना चाहिये।

जैसा कि मैंने पिछले बरस भी कहा था गांवों में क्वैक्स की संख्या बढ़ती जा रही है। थोड़ी सी शिक्षा के बाद अगर थरमामीटर जगाने का सलीका उनको आ गया तो वे गांवों में बैठ कर इलाज करना शुरू कर देते हैं। इससे मरीजों की जान पर ही आ बनती है, उनकी जाने खतरे में पड़ जाती है। यह वो उनकी जान के साथ खिलवाड़ करना हुआ। मेरा मुझाव है कि क्वैक्स रोकथाम करने के लिए, उससे लोगों की रक्षा करने के लिए सरकार कोई कानून बनाये और इस प्रकार की चीज को एक जुर्म करार दे। जब तक कोई पूरी तरह से प्रशिक्षित न हो, उसको इलाज करने की अनुमति नहीं होनी चाहिए।

इसके साथ-साथ आज आवश्यकता है कि हेल्थ एजुकेशन का प्रसार हो। मेरे पास 'हेल्थ एजुकेशन' एक किताब है। उस में एक कोटेशन है :

"Health is the state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. This is the conclusion of the World Health Organisation."

स्वास्थ्य क्या है ? आम तौर पर लोग नहीं जानते हैं कि स्वास्थ्य है क्या चीज। स्वास्थ्य के माने यह लगा लिये गये हैं कि अगर किसी जगह किसी प्रकार की बीमारी नहीं है तो स्वास्थ्य अच्छा है। स्वास्थ्य का मतलब यह है कि आदमी का स्वास्थ्य सही तौर से कुदरती तौर से, जैसा होना चाहिये वैसा हो उस इलाके के, उस देश के लोगों का स्वास्थ्य ठीक है वना महज इसी बात से कि भलेरिया का एरैडिकेशन हो रहा है, भलेरिया नहीं फैल रहा है, आदमी कम

भर रहे हैं, काम नहीं चलता। इसलिये मैं चाहता हूँ कि स्वास्थ्य का विस्तार हो, स्वास्थ्य की तरफ लोगों का ध्यान ज्यादा दिलाया जाय। स्वास्थ्य का प्रशिक्षण गावों में हो। वहां पर हेल्थ एजुकेशन का विस्तार हो। गांवों में इस तरह के सेन्टर्स बने जहां लोगों को बतलाया जाय कि स्वास्थ्य क्या चीज है और स्वास्थ्य कैसे कायम रखा जा सकता है। लोग स्वास्थ्य के माने समझें और उनमें स्वस्थ रहने की आदत हो तभी देश का उदार संभव है।

पिछले वर्ष मैंने कहा था स्वास्थ्य को बढ़ावा देने के लिए हेल्थ कमिटीशन होने चाहिये। जिस तरह से खेती के सिलसिले में या दूसरी जीजों के बारे में होता है उन्ही तरह से राज्यों के स्तर और जिले के स्तर पर इस तरह के स्वास्थ्य कमिटीशन होने चाहिये। जो सबसे ज्यादा स्वस्थ लोग हैं उन्हें पुरस्कार आदि देने चाहिये जिस से स्वास्थ्य को कायम रखने के लिये बढ़ावा मिल सके।

इस के अलावा जो सब से ज्यादा महत्वपूर्ण चीज है, और जिस की तरफ से मैं आपका ध्यान दिलाना चाहता हूँ, वह है न्यूट्रिशन डायट की। आज देश में न्यूट्रिशन का अभाव है। आज लोग जानते नहीं हैं कि वे पोष्टिक पदार्थ कौन से हैं जिन से शरीर बन सकता है और आदमी अच्छी तरह से स्वस्थ रह सकता है। इस समय मेरे पास एक किताब है जो कि स्कूल हेल्थ कमेटी की रिपोर्ट है। उस में दिया गया है

"During the years 1956-59, surveys were conducted with the help of WHO in four States of South India with a view to determine the incidence, severity and factors influencing the occurrence of Kwashiorkor. Over 4,500 children under five years of age were examined. Kwashiorkor and marasmus (emaciation) were

श्री मोहन स्वरूप]

observed in 2 to 3 per cent of the children. General portion malnutrition other than the above was seen in 5 to 25 per cent of the children."

प्रोटीन के अभाव से बच्चों का जो पोषण होना चाहिये वह रुक जाता है। मैं सरकार से निवेदन करता हूँ कि इस पर ध्यान दिया जाना चाहिये। न्यूट्रिशन डायट और प्रोटीन की कमी का जो सवाल है वह गरीब लोगों में या ग्रैंडरडवलण्ड कंट्रीज़ में रहता है। हमारे देश में इस की तरफ़ सरकार का ध्यान होना चाहिये। जब तक पोस्टिक पदार्थ पच पित्त मात्रा में हमारे यहां नहीं मिल सकेंगे तब तक मैं समझता हूँ कि हेल्प की समस्या हल नहीं होगी।

आइस क्रीम और बर्क के इस्तेमाल से लोगों का स्वास्थ्य बिगड़ता है। इस के मुनालिक्र कहा जाता है कि इन में सैक्रिन होती है और व रंग भी होते हैं जो स्वास्थ्य के लिये खराब होते हैं। मैं चाहता हूँ कि सरकार इन ओर ध्यान दे। इसका एक सर्वे होना चाहिये कि जो सेंट पर सेंट सैक्रिन इस्तेमाल होती है उस से क्या नुकसान होता है और रंग भी जो इस्तेमाल होते हैं उन से क्या नुकसान होता है।

पानी की समस्या, खास तौर से दिल्ली में, बड़ी एक्ज़्यूट है : मैं समझता हूँ कि आगामी ग्रीष्म ऋतु में यहां की २७ लाख लोगों की आबादी पर कोई संकट आने वाला है। दिक्कत यह है कि दिल्ली में मकान तो बन रहे हैं लेकिन मकान बनने के साथ गवर्नमेंट और कार्पोरेशन पानी की समस्या को हल नहीं करते। पानी की लाइन नहीं दी जाती, इसलिये पानी की व्यवस्था नहीं होती। इस तरफ़ भी मैं चाहता हूँ कि सरकार ध्यान दे और जो संकट आने वाला है उसको वह ध्यान में रखे।

अब कुछ थोड़ी सी गांवों की चीजें हैं जिन की तरफ़ में ध्यान दिलाना चाहता हूँ। गांवों में सांप काटने के वाक्ये होते हैं जिनसे हर साल हजारों और लाखों आदमी मरते हैं। मैं चाहता हूँ कि इस तरह के क्लिनिक गांव में जहां इस के लिये सीरम की व्यवस्था हो ताकि सांप काटने के टीके लग सकें। और भी इलाज इस के लिये हो सकते हैं। आज तो समझ लिया गया है कि सांप काटने का कोई इलाज नहीं है और लाखों आदमी यहां मरते हैं। डूबने वालों की संख्या भी देहातों में काफी होती है। लोग समझते हैं कि जहां आदमी डूबा वह मर गया तो होता यह है कि उस की सांस रुक जाती है इसलिये उनके लिये रेस्पिरेशन का इन्ट्रायस होना चाहिये। अगर इस तरह के क्लिनिक हों जहां पर ऐसी चीजों का इलाज हो तो मैं समझता हूँ कि वह एक बहुत अच्छी बात होगी।

इस के साथ साथ पागलपन का रोग भी बहुत बढ़ता जा रहा है देश में गांवों में जगह जगह पर लोग पागल अवस्था में सड़कों पर घूमते रहते हैं। दिन ब दिन उनकी संख्या बढ़ती जा रही है मेरे पास इसके भी किंगड हैं, लेकिन चूंकि मेरे पास समय कम है, मैं उन को कोट नहीं करना चाहता। मैं चाहता हूँ कि इस की ओर भी ध्यान दिया जाय।

इसी के साथ हार्ट डिज़ीज़ की संख्या भी बढ़ती जाती है। आपे दिन हम अखबारों में पढ़ते हैं लोग हार्ट की बीमारी से मर गये। अच्छे खासे सोये और चारपाई पर मरे पाये गये। इम के लिये भी हम को कुछ मोचना चाहिये।

आज फ़ैमिली प्लानिंग की बहुत चर्चा होती है। अभी मेरे पास अखबार की एक कटिंग है। उस में यह बतलाया गया है कि अमरीका जैसे राष्ट्रों में क़त्रिम गर्भ निरोध

की जो व्यवस्था है उसका विरोध किया गया है। यह कहा गया है कि कृत्रिम गर्भ विरोध से वेदया वृत्ति और भ्रष्टाचार बढ़ेगा।

मे समझता हूँ कि बजाय फॅमिली प्लानिंग के इस तरह की व्यवस्था हो, इस तरह का प्रचार हो, कि लोगों का ध्यान सदाचार की तरफ और धर्माचार की तरफ जाय। इस देश का परम्परा ऐसी रही है, जिसके अन्तर्गत ब्रह्मचर्य का स्थान रहा है। इस लिये बजाय इस के कि हम भ्रष्टाचार को बढ़ावा दें, वेदया वृत्ति को बढ़ावा दें, इन उच्च विचारों का वित्तर करें।

Dr. P. Srinivasan (Madras North): while supporting the Demands of the Ministry, I would like to make some remarks.

In 1951-52, the expenditure on public health and medicine was about 82 nP per capita in 1955-56 it was Re. 1.18, in 1958-59 it was Re. 1.47. The same thing happens also in the different States of India. It is a rupee and a few naye paisé.

Even in these days of national emergency, the allotment for the Health Ministry should be increased, instead of being decreased. Unfortunately, we hear that in this emergency, it has been reduced by about 27 per cent. I submit that the health is the foundation on which other things have to be built including education and even defence. When such is the case, I hope and trust the Government will ask for more funds for the Health Ministry and use it liberally. I am happy to see from the statement that in a year or so the malaria eradication programme would have almost eradicated malaria but, incidentally, there is another disease called filariasis which, about ten years ago, had affected about 6.5 million people. Today, I am told reliably, subject to the approval of the Health Ministry, 65 million people are affected by it. Ten times has been the increase. The Health Ministry should tackle this programme also along with the malaria eradication programme lest it should assume 3155(Ai)LSD—6.

magnitudes which it may take many years to tackle. This disease has become so virulent in our parts of the country.

Perhaps I am stepping, into the prerogative of the hon. lady Members while speaking about primary health centres and family planning. I am told that there are 8000 centres in the country of which 7000 are in rural areas. Artificial way of family planning may not be very useful on account of religious and other considerations. Oral contraceptives could be much more useful, if perfected; it can be widely used, especially by the illiterate people. The higher and middle classes, among whom it has been successful, have been benefited but the lower-middle classes and the poor and the slum dwellers do not know the ABC of family planning or child spacing. If all the major villages have a pilot family planning project, I think we would have solved the problem. I am painfully reminded of what an hon. Member of this House, an ex Chief Minister of an enlightened and progressive State, said: family planning must be abolished and that money should go to Defence. I am really sorry that such a statement should have been made by him. It is only by family planning that we can solve the problem of poverty which we are facing and which will increase in the national crisis. Family planning is the only answer, if not for today, if not for ten years, for eternity, especially for India.

They have national small-pox eradication programme. Vaccines produced are not commensurate with our population. The only solution for this is primary vaccination for the child and re-vaccination after every third or fifth year. I do not know what Ayurveda says about this. By an Act of Parliament primary and secondary vaccination must be made compulsory from Kanyakumari to the peak of the Himalayas. This morning I read in the paper that even in the peak of Himalayas there are cases of sma¹

[Dr. P. Srinivasan]

pox noticed. The hon. Health Minister replied once that there were certain Acts in some States. Coming from Madras city I know there are some Acts in Madras State. If there is a Central Act, States which do not have it may probably have it and the Centre may enforce it.

I am told that there is one medical man for 6000 of our population. In American it is one for 700 people. I do not know when that day will come in India. I am also told that there are 18 lakhs of beds for about 20 crores of population in Russia. What is the state in India. We have 1.8 lakhs of beds in India.

The Deputy Minister in the Ministry of Health (Dr. D. S. Raju): Russia's population is 200 million.

Dr. P. Srinivasan: Medical Profession at higher levels at least should be made an All-India Service, as the IAS or IPS so that there will be intermingling or inter-change of medical professional and medical profession may thereby benefit. An assistant surgeon in Madras gets Rs. 300 as basic pay and goes up to 575; an assistant engineer starts at 350 and goes on till 650. The medical profession is supposed to be called the noblest profession. In this state of affairs, do we really and seriously think that medical men will be attracted to these professions? Many medical men have taken to private practice. Had I entered service, I would have retired by this time and I could not have seen this Parliament. The Health Ministry should look into the anomalies. I am told that in some States including Mysore the pay scale is so low. I request the Health Ministry to use its influence with the State Governments so that it may try to increase the pay scales. Then, there are some house surgeons working in my State. I do not know about other States. Here they are given Rs. 50-75 for boarding and lodging. As a student we used to

spend Rs. 100-150. But this is the pittance that they are given.

The so-called anti-biotics which are life-saving at times should be subsidised by the Government. Blood banks are a vital necessity today in the national emergency. Dry plasma plants should be liberally utilised.

Last time when I was participating, I was explaining how in Madras water supply is poor so that an individual got 15 gallons per day whereas in Delhi one got 45 gallons. The Minister of Irrigation and Power, fortunately, yesterday, made a statement in which he said that during the course of his discussions with all the States concerned, they were all very sympathetic to the requirements of Madras for drinking water and they readily agreed to provide 15 TMC from the Krishna rivers . . . (Interruptions.) Maharashtra, Mysore and Andhra, each will contribute 5 TMC, totalling up to 15 TMC. In the year of grace 1963 it is a happy moment of my life because I happen to be the leader of the Congress municipal party in the Corporation of Madras where this necessity has been felt. I hope and trust that the Health Ministry will try to expedite that programme in what year of grace, I do not know, and I hope it will be completed in a year or two, so that the citizen of Madras will be grateful to this Ministry in the Centre for this.

Dr. Melkote (Hyderabad): Mr. Deputy-Speaker, Sir, I rise to support the Demands for Grants under the Ministry of Health, and while doing so, I might also say that many of the points that I intended to cover have already been covered by my colleague, Dr. P. Srinivasan, and therefore, I would touch other points.

The Health Ministry is in a very invidious position. I say this, because year after year and plan after plan, the amount of money that has been allotted to it is dwindling, whereas the population is increasing. This is

one aspect of the trouble that the Health Ministry faces. There is also the other trouble, and that is, the Health Ministry, while it has Central control, depends to a large extent upon the State Governments to spend the money allotted to them. It has been said often times by the Health Minister and others also that the moneys that are allotted to the States are being diverted for other purposes. As the moneys allotted are less, and as there is also increase in population, one could understand to what extent the Health Ministry's work gets adversely affected.

There is also the other question: this is the time when the national emergency is facing us. As Dr. Srinivasan has already pointed out, health is of primary importance and as such, while the Ministry has opened another 12 or 13 new colleges during the third Plan, the question arises as to why we should not economise even there. We have been thinking in terms of trying to economise the time spent by the students in the medical colleges, but we have also got to economise in such a way that the money to be spent is spent in a better way. There are a number of institutions like Rourkela and other big industries which have already built up sufficiently big hospitals. Some of them have big hospitals with 300 to 500 beds. It is in such places—rural areas—that they are located, and not in the major district towns. If colleges are opened in rural sectors, monies would have been spent not merely on the colleges but we would be economising money on the structure and other things. Therefore, I feel that the Health Ministry should look into this aspect of the question.

The third point is this. We have been thinking quite a good deal about national integration in every sphere of our activity. This has come to the fore front after the aggression by the Chinese, and while as a nation we stand united, it is necessary to inculcate certain basic principles so that

the unity is strengthened. I may suggest the opening of regional medical colleges where the students from many parts of the region as well as from outside the region could get admission, instead of taking professors and lecturers belonging to that region, if it is made an all-India cadre, as Dr. Srinivasan has mentioned, it will go a very long way in cementing this unity.

Quite apart from this, I would like to bring to the notice of the Minister some matters of urgent and vital importance. One is that of research work and a careful check on the purity of drugs. I congratulate the Ministry on taking necessary steps in the very recent past. Even so, I understand that the number of research workers who do research in some places is small and more than that, the laboratories that have to be equipped properly to do this kind of work are not sufficient, or they are not commensurate to the needs of the situation. In many a place, there has been a defect in the standard preparation of the drugs and it has also been brought to the notice of the Ministry and the States concerned, but no action seems to have been taken. This is a dangerous thing to occur. I do not know; I understand that in some places, pure distilled water in the name of calcium chloride, is put out in the market and the patients have suffered quite a lot owing to the use of things. While the patients suffer, the mercantile community makes money, and at the cost of health of the people. I feel that the Health Ministry ought to be more vigilant and take necessary action, in fact, drastic criminal action in such cases, and put the offenders in jail for seven years or more.

Apart from these things, I would like to bring to the notice of the Minister about a small matter in Delhi itself. For example, in Nizamuddin, the place is all filthy and foul-smelling due to unattended drains. It has been represented to the Ministry. Ministry has been asked that something should be done about it. I understand that it

[Dr. Melkote]

is going to cost only about Rs. 10,000. There is no good water-supply in many places of Delhi, and hence some amounts should be spent on some of these projects.

Having said this much, let me turn to ayurveda, which I have been trying to study for the past few years. If anything has to be done in this field, it has to be done entirely on a wide basis. People think that ayurveda is a philosophy, and if it is really out-moded, I do not see any reason why it should not go to the archives. But if it is good, it should be good not only for the men and women of India but good for the whole world. It should be resuscitated completely, and therefore, one has to find out whether ayurveda is scientifically based. I am afraid I should speak out very openly and candidly here. Almost every Member of this House has been speaking about it and possibly would not vote more money for allopathy, and if more money is asked for ayurveda, the whole House would support it. Whereas, what we find is that the money allotted for allopathy a couple of hundreds of crore but for ayurveda, it is an insignificant amount. If there is any lapse or non-expenditure of funds, possibly it is in the ayurvedic field. We want the money to be spent properly, and in fact, more money ought to be given for ayurveda, because people feel that there is a good deal of science behind ayurvedic principle.

When we speak of science, let me say that the modern science of allopathy thinks more in terms of mathematics; it has more of mathematical background, and naturally more of physics and chemistry. Therefore, the question of matter and its implication in science and the term electron and proton have been studied and also the speed of light has been found out, and it is due to these studies that Dr. Einstein formulated his formula that energy is equal to MC^2 . He also found out the time and space relationship of matter. These are the things

that are being dealt with in the modern scientific background. From the medical background on felt that the spontaneous generation of life was given the go-by due to the experiments of Pasteur. Now, the theory is again being revived by eminent scientists. It is being studied by many of the eminent biologists and bio-chemists. They think that life is not merely formed in the cell but in the protein molecule itself. So, the spontaneous generation of life occurred not merely at some ancient time but it is occurring every minute of our life, even today, by the formation of the protein molecule. In certain books such as the *Origin of Life* by I.O. Oparin and in *Time and Space* by Dr. Young, it was considered as a question which ought to be thought of in terms of philosophy. It is being examined today by many eminent medical scientists such as Dr. Young, who have said that this body being formed by matter which feels and obtains the idea of time and space, pain and pleasure, and therefore, biologists ought to take this into consideration and examine it carefully.

Mr. Deputy-Speaker: The hon. Member's time is up.

Dr. Melkote: I have to make out a few more points before the House. It is a very important subject.

Mr. Deputy-Speaker: He may take two or three minutes more.

Dr. Melkote: Books on this subject have been written by Dr. Dwarka Nath adviser to the Ministry on ayurveda, but the allopaths do not understand him, and the ayurveda, people think that he is more of an allopath than an ayurvedist. He has written an excellent book. Dr. Goray, M.Sc. a Professor of bio-chemistry in the Jabalpur University has written a book, or a pamphlet entitled *Modern Science vindicates ayurveda*, and Dr. Dawan, M.Sc. has also written a book on the tribiotic concept of ayurveda. Some of these books are there and they have been written wonderfully well. In

the wake of these, and in the wake of researchs by brilliant people like Professor Butler who are examining a living cell under the electron microscope. They have proved that the tri-biotic concept of a cell-kaph pit and vat—can be conceived in the shape of protoplasm, microsomes and mitochondria. The ancients developed the concept of panchaboota which can also be explained by Prof. Gamow and Prof. Hoyle on the astronomical conception of the formation of matter. After all, matter is formed, but how matter gets transformed from one state into another becomes understandable by these researches. When we understand the basic principle of ayurveda, the concept of panchabooth, tridosh and trigun, becomes understandable.

Therefore, if a company like CIBA has started investigating into the entire field of this research, it becomes all the more important that more money ought to be spent and more knowledge obtained by taking advantage of the knowledge obtainable from astronomy. In the light of development of these things, the science of ayurveda ought to be examined and understood. Ancient books of ayurveda have been lost due to historical reasons. Some books are still available in many of the foreign countries like Tibet, Mongolia, Indochina and others. Therefore, ayurvedic people with a background of a knowledge of ancient mathematics astrology and sciences ought to be able to study those books and bring back the ancient glory of ayurveda and thus resuscitate ayurveda, which I still feel can teach the whole world with regard to its fundamental conceptions.

Sir, I can speak at great length on this subject. I feel a great injustice is being done by the present Directorate of Allopathy. I feel that a separate Directorate for ayurveda should be set up. A university for ayurveda should be established and hundreds of crores of rupees may be spent usefully to resuscitate ayurveda.

जी ह० च लोय (सिंहपुर) : माननीय उपाध्यक्ष महोदय, मुझ से पहले जो माननीय सदस्य बोले हैं, उन्होंने इस बात की धीर इशारा किया है कि हमारे स्कूलों के बच्चों को किस तरह से संतुलित भोजन मिले। मैं समझता हूँ कि स्वास्थ्य के सम्बन्ध में हमारे देश की बहुत सारी चीजों की प्रावश्यकता है, इस बात को हम सभी लोग महसूस करते हैं और स्वास्थ्य मंत्राणी जी भी समझती हैं। मगर दिक्कत यह है कि उन सारी सुविधाओं का इन्तजाम हम कैसे करें।

अभी एक माननीय सदस्य ने इस बात की ओर ध्यान आकर्षित किया है कि स्वास्थ्य के सम्बन्ध में अब तक जितनी सुविधाएँ हम देश को दे सके हैं, वे अधिकतर ऊपरी तबके के लोगों के लिये हैं और शहरों में ज्यादा हैं। उस रोज माननीय कृषि मंत्री, श्री पाटिल, ने खाद्यान्नों के दामों के बारे में देश को आश्वासन दिलाया कि वह इस बात की कोशिश करेंगे कि उन के ठीक दाम वृषक को मिल, इन और वह ज्यादा ध्यान देंगे बनिस्बत इस के कि उन चीजों के खाने वालों को अधिक दाम न देने पड़ें। मैं आप के द्वारा स्वास्थ्य मंत्राणी जी से दरख्वास्त करूँगा कि स्वास्थ्य की सुविधाओं के बारे में वह इस बात की कोशिश करे कि शहरी लोगों की बीस प्रतिशत आबादी की तरफ अधिक ध्यान न दे कर देहात के ग्रामी प्रतिशत लोगों की तरफ अधिक ध्यान दिया जाये।

इस सम्बन्ध में मैं आप के सामने मिल्क मप्लाइड स्कीम का उदाहरण देना चाहता हूँ। हम देखते हैं कि यह स्कीम दिल्ली या बम्बई जैसे बड़े शहरों में ही चलाई गई है। यह बहुत अच्छी बात है, लेकिन अधिक जरूरत इस बात की है कि देश के बड़े औद्योगिक इलाकों में, जैसे कोयले की खदानों के इलाके में और राउरकेला,

[श्री ह० च० सौय]

मिलाई और दुर्गापुर जैसे स्थानों में, जहाँ लोग एंथेसल इंडस्ट्रीज़ में काम करते हैं, मिल्क सप्लाई स्कीम शुरू की जाये। एक तो वहाँ के मजदूरों और दूसरे लोगों के स्वास्थ्य को व्यवसाय की बीमारी से बचका पहुंचता है और साथ ही वहाँ पर संतुलित भोजन नहीं मिलता है। अगर कम से कम मिल्क सप्लाई का इन्तजाम वहाँ पर होगा, तो हम समझते कि हम देश के लिये एंथेसल चीजों के उत्पादन में जगे हुए लोगों के प्रति न्याय कर रहे हैं। आईन्दा इस बात की कोशिश की जाए की मिल्क सप्लाई स्कीम को बड़े शहरों में शो पीसिड के तौर पर रखने के बजाय यह बेहतर होगा कि और औद्योगिक केन्द्रों में मिल्क सप्लाई का इन्तजाम हो। हां, यह बात जरूर है कि इस बारे में आर्थिक समस्या हमारे सामने है। लेकिन उस आर्थिक समस्या के दायरे में ही कोशिश यह होनी चाहिये कि हम औद्योगिक केन्द्रों में, और विशेषकर मजदूरों को, कम से कम सस्ता और शुद्ध दूध दे सकें।

मैं स्वास्थ्य मंत्रापी जी का ध्यान इस बात की ओर आकर्षित करना चाहता हूँ कि देहातों में, जहाँ हम लोग रहते हैं, हम को युवक डाक्टर और नर्स पर्याप्त संख्या में नहीं मिलते हैं। अधिकतर लोगों को आयुर्वेद के डाक्टरों से आयुर्वेद की दवायें लेनी पड़ती हैं। लेकिन हम देखते हैं कि उन्हें इतनी जल्दी लाइसेंस मिल जाता है कि उन का काम क्वेकरी की तरह मालूम होता है। अक्सर यह भी देखा गया है कि बहुत से पिछड़े इलाकों में दवा खाने के बदले लोग पूजा पाठ करते हैं। इस सम्बन्ध में मेरा विचार यह है कि कम्युनिटी डवलपमेंट ब्लाक्स और स्वास्थ्य से सम्बन्ध रखने वाले विभागों की तरफ से उन लोगों को सोशल एजुकेशन देने का और ज्यादा तेजी और गहराई से प्रयत्न करना चाहिये। जो लोग बीमारी

के समय पूजा-पाठ करते हैं, वे अज्ञानता के कारण ऐसा करते हैं। इस लिये मेरा सुझाव है कि विभिन्न बीमारियाँ किस तरह से होती हैं, इस बारे में स्वास्थ्य विभाग की गाइडेंस में कुछ फिल्में बनाई जानी चाहियें, जोकि उन लोगों को दिखाई जायें।

अबबार में बताया गया है कि हमारी स्टेट बिहार में ७२ ऐसे ब्लाक्स हैं, जो कि वगैर डाक्टर के चलाये जा रहे हैं। यह बात सही हो सकती है। अभी एक माननीय सदस्य ने आंकड़े के जरिये से बतलाया कि डाक्टरों की कमी की वजह से बहुत सालों तक हमारे देश को कोई मुविधा नहीं मिल सकेगी। जैसा कि कई स्टेट्स में प्रयत्न किया जा रहा है, इस बात की व्यवस्था करनी चाहिये कि डिग्री प्राप्त करने से पहले डाक्टरों को एक बरस या छः महीने के लिये देहात में प्रैक्टिकल काम के लिये भेजा जाये।

कई सालों से बंगाल में कुछ डाक्टरों को दूसरी स्टेट्स में भेजे जाने की बात चल रही थी। मैं नहीं कह सकता हूँ कि इस बारे में कितनी सफलता मिल सकेगी, लेकिन इस बात का प्रबन्ध किया जाना चाहिये कि बंगाल और दूसरे इलाकों से, जहाँ अधिक डाक्टर हैं, दूसरी स्टेट्स और देहातों में डाक्टर भेजे जायें, ताकि वहाँ पर डाक्टरों की कमी को पूरा किया जा सके।

मैं आशा करता हूँ कि स्वास्थ्य मंत्रालय इन सुझावों पर विचार करेगा और उनके बारे में आवश्यक कार्यवाही करेगा।

Shri Lonikar (Jalna): Mr. Deputy-Speaker, I rise to support the demands of the Health Ministry. At the same time, I take this opportunity to congratulate the Health Ministry for its timely and prompt response to the prime needs of the emergency. Because, in this emergency, we

require a lot of medical personnel. The Health Ministry has taken decision to increase the number of medical personnel, i.e., by starting condensed medical courses and some other medical courses but I suppose this much will not be sufficient. More medical colleges should be started in our country. At the same time, the number of seats in each medical college should be increased considerably.

As regards the condensed course, there were a lot of objections by some Vive-Chancellors of Universities, I suppose, because they may have suspected going down of quality of the medical personnel. As, at the same time, we require more medical personnel, we must start some condensed medical courses.

As regards the integrated course of the Ayurvedic system of medicine, the Government has taken a decision to start a purely Ayurvedic course. I think, much has been said about this point in the House. I am also of opinion that the integrated course should be continued because in my opinion the Ayurvedic system of medicine is rich in medicine but is not much advanced in surgical knowledge. The medical system of Ayurveda should be supported by the surgical system of all allopathy.

In many States there are already so many integrated courses running now. Government should also think of starting short courses, such as, LCPS and LMP. There must be some uniformity in what is taught in the different medical courses for doctors, compounders and nurses. This should be maintained throughout the country.

My next point is regarding the Health Ministry's decision about the formation of the Central Health Service. I should recommend that its scope should be widened so as to cover the medical personnel in the States also.

Regarding the Central legislation, such as, the Drugs Control Act and the Food Adulteration Act, the Health Ministry has assured in its report that it is thinking about enacting certain amendments to punish severely persons who are responsible for the manufacture and sale of spurious drugs and adulteration of foodstuffs etc. I welcome this decision and I hope in the near future a suitable piece of legislation will be enacted.

Our family planning scheme has proved a great success in maintaining the economic development of our country. I hope more concentrated efforts by way of legislation also may be taken into consideration because the response to family planning is rather very poor. I hope a suitable piece of legislation in this matter will do.

The next thing that I would like to say is about the tuberculosis control programme. I congratulate the Health Ministry for its very good work in controlling malaria in our country. The next dangerous thing is tuberculosis. I hope the Health Ministry will take necessary steps and launch a large-scale programme in this behalf. The number of T.B. patients is increasing day by day. There are many hospitals without X-ray machines and if there are X-ray machines, there are no specialists, operators to operate the machines. I can cite, for example, a civil hospital in my own district where the X-ray machine was lying idle for one year without the man to operate it. The Health Ministry has stated in this report that there is a training centre at Bangalore. I would recommend that one more or many other centres should be started for this type of technical persons required in the Medical service. The occasion and acted very wisely in this emergency. I congratulate them once again.

Shri Mallick (Jaipur): Mr. Deputy-Speaker, I am very thankful to you for giving me an opportunity to speak in this House on the Demands of the Ministry of Health. I congratulate the Health Minister. It is my considered opinion and I feel sure that the Health Ministry, headed by two Medical personnel will be able to tackle the problems connected with health more efficiently.

I am glad to mention here that the hon. Minister Dr. Sushila Nayar was previously working with Gandhiji for many years. She is now in charge of the Ministry of Health. Gandhiji was always anxious to do some solid or concrete work for the welfare of the Scheduled Caste and Scheduled Tribe people in this country. Therefore, the hon. Minister Dr. Sushila Nayar may remember the sayings of Mahatma Gandhi about the Scheduled Caste and Scheduled Tribe people and I hope and trust, and I believe that she will give more attention towards these people.

The health of the nation depends on the social and economic conditions of the people. Special attention should, therefore, be given to these people. So far as this Ministry is concerned, I would submit, firstly, that the Minister of Health at the Centre should function as a very important Ministry and co-ordinate the efforts in regard to health services and guide the medical aid being given in the country as a whole. Health is wealth. Life without health is a burden; with health, it is joy and gladness this is written by the great writer Longfellow.

I wish to draw the attention of the hon. Minister to the water supply problem in my State. We depend on the monsoon. Whenever there is failure of monsoon, we just look at the sky and pray to God. I would draw your kind attention to this and perhaps it is known to you that the population of Scheduled Castes and Scheduled Tribes in Orissa is more than 70 lakhs out of 175 lakhs which

is the total population according to the census reports of 1961. In my State, some parts are flood-affected areas and other areas are table land. Now, the Government are giving injections to prevent smallpox, cholera, malaria, etc. A vast amount of money is being spent every year on this account in almost all the States. But it is surprising that cholera, small-pox etc. are now spreading in an epidemic form, and no place appears to be safe from cholera and small-pox. In my opinion, unless Government make special arrangements for the supply of pure drinking water, all these efforts to prevent these diseases are foredoomed to failure.

I, therefore, request the Health Ministry to realise the urgency of this terribly important problem, and see that all efforts are made to solve this water supply problem in the rural areas. Prevention is better than cure.

Although Government plan to open a dispensary for every 20,000 population, in Orissa, the number of dispensaries is still far short of the requirements, and it is still more unfortunate that a large number of dispensaries are running without doctors, nurses and compounders.

In this connection, I want to draw the attention of the Health Minister to the problem in my constituency, namely Jaipur. Jaipur is a sub-devisional headquarters, and there is a hospital there. I have myself seen it, and I have also got so many letters that in spite of the fact that it is a sub-devisional headquarters, and there is a hospital there, there is no lady doctor available for that hospital for the last one year. So, I would submit that special attention should be given to this fact that the hospitals and dispensaries there should be provided with doctors, and also proper equipment medicine etc. I, therefore, request that more funds should be sanctioned to the State of Orissa to open more medical colleges.

Cholera, small-pox and malaria pose great problems in the State of Orissa. I am saying this because I know it and I am living in a village or in a rural area. I have seen that there is plenty of prejudice among certain sections of the population even today against small-pox vaccination, cholera inoculation etc. I have seen rows of men and women going to the temples with 'Bhago', and with a lot of water in order to pour it on the Devata and the Devi and do worship in the temple, because they feel or think that cholera, small-pox etc. are due to the visitation of some divine wrath.

I, therefore, request that propaganda should be made from the Government side as well as by the educated masses for the removal of this blind faith.

In conclusion, I would request the Health Minister that in view of the fact that the Orissa State is a flood-affected State and it is also thickly populated with Scheduled Castes and Scheduled Tribes, and other backward Classes people special attention should be paid and more funds should be given to this State.

श्री गौरी शंकर कक्कड़ (फतेहपुर) :

उपाध्यक्ष महोदय, यह बड़े दुःख की बात है कि देश की स्वतन्त्र हुए १६ वर्ष हो चुके परन्तु जन स्वास्थ्य इस देश का सुचार नहीं रहा, बल्कि रोज बरोज गिरता जा रहा है। इसका एक बड़ा कारण यह है कि इस और सरकार कदम नहीं उठा रही है। आज नहीं भी कोई खाने की चीज शुद्ध प्राप्त नहीं होती, जो चीज भी आप खाने पीने की लें वह अशुद्ध रहती है और उसमें मिलावट रहती है। इस और सरकार का ध्यान नहीं गया है। इसका जो असर स्वास्थ्य पर पड़ता है उससे जन स्वास्थ्य दिन प्रतिदिन गिर रहा है। इससे भी गम्भीर चीज जो कि जन स्वास्थ्य के विरुद्ध हो रही है वह यह है कि जो दवायें बनती हैं उनमें भी तेजी के साथ मिलावट हो रही है। इस और भी विशेष तौर पर स्वास्थ्य मंत्रांगी का ध्यान आकर्षित

करना है। औषधियों में मिलावट होना एक गम्भीर विषय है। पहले तो ठीक भोजन न मिलने से जन स्वास्थ्य पर बुरा असर पड़ता है और फिर अगर कोई रोग प्रस्त हो जाये तो उसे जो औषधि मिलती है वह अशुद्ध मिलती है। ऐसी अवस्था में स्वास्थ्य ईश्वर के भरोसे ही रह सकता है। इसके बारे में जो स्टेप लिये गये, जो कानून बनाये गये वे अपनी जगह पर इफेक्टिव नहीं रहे। मैंने देखा है कि राज्यों में जो कानून बने हैं उनमें इस मिलावट के लिये जुरमाना कर दिया जाता है, जो कि इस बुराई को रूट आउट करने के लिये काफी नहीं होता।

मैं उत्तर प्रदेश के बारे में बता सकता हूँ। लखनऊ में एक बड़ी प्रसिद्ध दुकान है, उसके खिलाफ मिलावट का एक बड़ा केस चला जिसमें उस ने कई हजार रुपए के ब्लाटिंग पेपर दूध में मलाई की तरह मिला कर लोगों को खिला दिये थे। यह चीज दिन प्रतिदिन बढ़ती जा रही है। यह बड़े दुःख की बात है कि खाने पीने की चीजों में मिलावट होती है और उससे भी अधिक दुःख की बात यह है कि दवा दारू में भी मिलावट होती है और उसकी कोई रोक बाम नहीं हो रही। जो कानून स्पूरियस ड्रग्स की रोकथाम के लिये बनाये गये हैं वे बिल्कुल नामुमकिन हैं और न उनपर ठीक से अमल किया जा रहा है। उस कानून का यह उपयोग हो रहा है कि जो स्पूरियस ड्रग्स बेचते पाये जाते हैं उनको पकड़ कर दंड दिया जाता है लेकिन जो उन दवाओं को बनाते हैं उन कारखानेदारों को दंड देने का प्राचीन उम कानून में नहीं है।

कई बार इस बारे में विचार हुआ है और कई बार माननीय सदस्यों ने कहा कि भारतवर्ष को आजाद हुए इतना समय हो गया लेकिन अभी तक खाने पीने की चीजों में मिलावट होती है और दवादारू में मिलावट होती है। यह रुकनी चाहिये और इसके बारे

[श्री गौरी शंकर कक्कड़]

में एक कड़ा कानून बनना चाहिये। माननीय सदस्यों ने तो यहां तक कहा कि ऐसा करने वालों को दस दस साल की सजा दी जाय या फांसी का दंड दिया जाय। यह बात कोई भावनाओं के आधार पर नहीं कही गयी। जब तक हमारा जन स्वास्थ्य नहीं संभलेगा तब तक हमारा देश आगे नहीं बढ़ सकता। विशेष तौर पर आज जब संकट काल है, उस समय तो इस ओर और भी ध्यान देना चाहिये। हमको आज चीन से लड़ना है। इस समय तो हमको देश का स्वास्थ्य ठीक रखने के लिये तेजी से कदम उठाने चाहिये।

मैं एक मुझाव यह देता हूँ कि इस समय जो विद्यार्थी हैं, प्रइमरी स्कूल से लेकर कालिज तक के, उनके लिये चैक अप की एक वार्षिक-हिसब स्कीम होनी चाहिये। जो आज के विद्यार्थी हैं वे ही कल के नागरिक होंगे और अगर वे रोग ग्रस्त हो जाते हैं तो आगे चल कर वे क्या अपनी सुरक्षा कर पायेंगे, क्या अपने गांव की सुरक्षा कर पायेंगे और क्या देश की सुरक्षा की आप उनसे आशा कर सकते हैं। इस लिये मेरा मुझाव है कि विद्यार्थियों के चैप अप की अच्छी व्यवस्था होनी चाहिये और उनकी दवा दारु का विशेष प्रावीजन होना चाहिये। अभी तक जो इस तरफ प्रबन्ध है वह नहीं के बराबर है। मैं तो यह देखता हूँ कि आज से लगभग २५-३० साल पहले जब मैं पढ़ता था तो उस वक़्त स्कूलों में बच्चों के स्वास्थ्य के बारे ज्यादा देख रेख रखी जाती थी। जिले के हेल्थ आफिसर एक, आठ बार आकर विद्यार्थियों को देख लिया करते थे। उनकी हेल्थ का चैक अप कर लिया करते थे। परन्तु अब तो इस ओर भी कोई स्कीम की व्यवस्था नहीं है और न इस ओर उनका कोई कार्यक्रम है।

16 hrs.

[SHRI KHADILKAR in the Chair]

आज इस देश में अस्पतालों की काफी कमी है। विशेष कर देहातों में चिकित्सा

व्यवस्था का अभाव रहता है। इन डेवलप-मेंट ब्लाक्स के खोलने से पहले एंथ्रोपैथिक डाक्टरों का देहाती क्षेत्र में प्रवेश हुआ है परन्तु मेरा अनुभव है और मैं देखता हूँ कि जो नये एम० बी० बी० एम० पास करके डाक्टर देहातों में डेवलपमेंट ब्लाक्स में जाते हैं, एक तो उन का देहाती जीवन से सम्पर्क नहीं रहता है और दूसरे जहां अस्पताल भी वहां औषधियां में नहीं है। अब अस्पताल अगर जहां हैं भी तो वहां समुचित दवाइयों की माकूल व्यवस्था न होने के कारण जो एम० बी० बी० एम० डाक्टर्स वहां जाते भी हैं वे कोई काम नहीं कर पाते हैं। इस लिये मेरा निवेदन है कि मंत्रालय इस ओर ध्यान दे। पहले देहातों में अधिक अस्पताल खोले और दूसरे जैसा मैंने कहा खाली अस्पताल खोल देना ही काफी नहीं है बल्कि वहां पर डाक्टर्स और आवश्यक दवाइयां भी रहनी चाहियें। इस लिये जिन जगहों पर अस्पतालों में औषधियों हैं वहां तत्काल औषधियां समुचित मात्रा में पहुंचायी जायें। देहाती क्षेत्र की तो बात ही क्या। डिस्ट्रिक्ट लेवल पर भी जो अस्पताल हैं वहां भी औषधियों की कमी है और उस ओर उचित ध्यान अभी नहीं दिया जा रहा है।

जहां तक मलेरिया के उन्मूलन का सवाल है मैं यह तो जरूर कहूंगा कि इसके लिये पिछले पांच वर्षों से काफी रुपया खर्च किया जा रहा है। देहातों में काफी मलेरिया बस घूमती दिखाई देती है। बड़ी सुन्दर गाड़ियां हैं। देहातों से खूब इधर से उधर घूमती हुई यह गाड़ियां आपको मिलेगी और काफी पैसा इन पर खर्च आता है। मेरा कहना है कि जितना पैसा मलेरिया उन्मूलन के लिये खर्च किया जा रहा है उतना ध्यान और पैसा चेचक की गम्भीर बीमारी की ओर नहीं किया जा रहा है। स्मोलपाक्स (चेचक) जिसके सम्बन्ध में हमारी स्वास्थ्य विधि

महोदया ने यह विश्वास दिलाया था कि चेचक पर काबू पाने और उसे मिटाने में भी हमें सफलता प्राप्त हुई है परन्तु इस वर्ष हमने देखा है कि हमारी कई स्टेटों में चेचक के काफी लोग शिकार हुए हैं और इस बीमारी के कारण अनेकों मृत्युएं भी हो गयी हैं। इस सम्बन्ध में मैं स्वास्थ्य मंत्रालय को यह सुझाव दूंगा कि जिस प्रकार से उनकी मलेरिया इरेडिकेशन की एक स्कीम है उसी प्रकार से स्मालपोक्स के लिये भी उन्हें एक स्कीम बना कर इस पर काबू पाने की कोशिश करनी चाहिये। इस सम्बन्ध में जो आंकड़े आते हैं उन आंकड़ों पर विश्वास न कर के सही तौर से देखा जाय तो क्या वाकई में इस देश का जनस्वास्थ्य सुधर रहा है? अब तक एक स्वतन्त्र नागरिक का सबसे साधारण अधिकार यह है कि रहने के लिये उसको मकान होना चाहिये। बच्चों की पढ़ाई के लिये समुचित व्यवस्था होनी चाहिये। उसके परिवार के लोगों के स्वास्थ्य की देखभाल की समुचित व्यवस्था होनी चाहिये। रोग से पीड़ित होने पर डाक्टरों दवा का माकूल प्रबन्ध होना चाहिये। अगर इन चीजों को हम देखें तो कहना पड़ता है कि हमारी सरकार को सफलता प्राप्त नहीं हुई है। मुझे तो कुछ ऐसा प्रतीत होता है कि हमारी सरकार को मिलावट वाली चीजों से बहुत स्नेह है। अभी तक खाने, पीने की चीजों में मिलावट थी मगर अब शुद्ध सोने में भी मिलावट करने की बात सरकार ने स्वीकार कर ली है। हमारे सामने जो सबसे बड़ा प्रश्न है वह यह है कि आज देश में हर तरह की मिलावट करने का जो एक रोग फैला हुआ है सरकार को उसको सख्ती के साथ दबाना चाहिये और अपराधियों को इसके लिये कड़े से कड़ा दंड दिया जाय। इस सम्बन्ध में स्टेट के जो कानून हैं उनके साथ ही साथ सेंटर का भी कानून होना चाहिये। आज देश में इमरजेंसी चल रही है और डिफेंस आफ इंडिया हल्स लागू हैं और सरकार को इस बारे में किसी तरह की ढील व रियायत नहीं दिखानी

चाहिये। अगर इस और सख्ती के साथ कदम नहीं उठाया गया और समय रहते हेल्थ मिनिस्टर नहीं चेती तो भविष्य में कभी भी हमारा राष्ट्र इस काबिल नहीं बन सकेगा कि वह बाहर के दुश्मनों का सफलतापूर्वक सामना कर सके, उनसे लोहा ले सके या अपने देशवासियों का स्वास्थ्य ठीक रख सके।

Shrimati Yashoda Reddy (Kurnool):
Thank you very much for having given me an opportunity.

I have always considered health a very important thing in the scheme of things. At the very outset I would like to say that for the first time I am glad to note that at the Central level we are having two people at the head of this Ministry who have a practical knowledge of the field, and also sacrifice and service to their credit. I hope they will live up to our expectations in spite of the great difficulties they are facing.

Health is an important matter, but curiously enough, during the emergency period it has been treated as if it is one of the social services. One of the hon. Members said that there was a cut in the Plan allotment. I will show how there has been a progressive deterioration in the allotment; from 5.9 per cent of the total outlay in the First Plan, it came down to 5 per cent in the Second Plan and 4.25 per cent in the Third Plan and this year, on account of the emergency, there is a cut of 27 per cent. The total allotments may be more. We have also to remember the increase in population and the work-load on the Ministry. It is easy to criticise but criticism should be in proper perspective. There is so much work but so little funds. The population increases day by day which seems to be nobody's concern.

I should like to congratulate the Ministry for having almost eradicated malaria; it is brought down almost

[Shrimati Yashoda Reddy]

to one per cent this year. Certainly filaria is there. I do not want to dwell on many points. There is the problem of urban and rural water supply. There has been more than 400 or 500 deaths and more than 16,000 cases.

Shrimati Vimla Devi: More than 3000 deaths—not hundreds.

Shrimati Yashoda Reddy: I have mentioned it in the President's Address. It is not entirely the failure of the Health Ministry. There are certain things happening inspite of the laws and the efforts of the Health Ministry. People should also co-operate. I know some people think that vaccination has nothing to do with small-pox. They would go to temples and break coconuts than getting vaccinated. I do not say that Health Ministry has not its responsibility. Vaccination also is not done by people properly. There are some vaccinators who do not do that. For instance, in my native village in Shri Narasimha Reddy's constituency, the health inspector made it appear that he was doing a great obligation to us when we asked to vaccinate. He never even cleaned the hands. There are such defects in its working. He told me in Telegu that he was doing it for *papam and punyam*. As if he was greatly obliging us. But apart from that, the people should also be more co-operative.

I would like to congratulate the doctors and nurses who have responded so well during this emergency. We have increased the number of colleges to 71 with a capacity for 7000 students. There is a certain wastage in these medical colleges. More than fifty per cent of the people fail. Is it because you do not select people on merit or negligence in coaching? It should be rectified. . . . (Interruptions.) There is another reason. Many doctors, especially women, get married and they do not serve the

country. Others take up private practice. With my due respect to Shrimati Vimla Devi, I think that these doctors should do five or six years of Government service. . . . (Interruptions.)

Shrimati Vimla Devi: I agree. But there are instances when doctors applied for a Government job and they were refused.

Shrimati Yashoda Reddy: I did not want to be interrupted.

An Hon. Member: It is a ladies' quarrel. . . . (Interruptions.)

Shrimati Yashoda Reddy: Immediately the doctors come out of the college, they do not go to the rural areas. There should be compulsion that every person who comes out of the medical college should work for 3—5 years in the rural areas or in the Army in the emergency period and no opportunity should be given to him to go to private practice. During the emergency the retired doctors should be recalled.

Let me now turn to drugs and medicines. A Drug Standard Equipment Committee has been appointed by the Ministry under the chairmanship of our able Deputy Minister for whom I have the greatest regard, and I hope he will look into all the things which most of the Members have pointed out in this regard. As far as food adulteration is concerned, they should not hesitate to use the Defence of India Rules. As one hon. Member suggested, even a punishment of death is not too much for such offences.

As far as family planning is concerned, I would like to say that the cause of the trouble is that many people misguidedly advocate the family planning measures. The Government's failure, whether it is in the productive side or in the industrial side, is mostly due to the increase in population which is growing fast, as has been very correctly said. I do

not want to dilate much, since I have no time. But unless we take drastic steps now and immediately, a day will come when population will have to be controlled by law.

Another important thing that I want to say is about the provision of safe and adequate water supply and the hygienic disposal of waste. This is the basic necessity for the healthy life of the community. The preventive approach to secure environmental hygiene was relegated to the background in India till recently. I want to say, as has been said by most Members, that the Health Ministry has not done much for the solution of the water problem and for rural hygiene. There is no point in merely accusing anybody that water has not been supplied. Let us appreciate what is the magnitude of the problem. I would like to place before the House what has been recorded in this connection. According to the 1951 census, 6.2 crores people lived in urban areas while some 30 crores lived in rural areas. Assuming the average per capita cost of an urban scheme at about Rs. 50 for water supply and Rs. 70 for sewage, the financial outlay necessary will come to about Rs. 600 crores. If additional improvements to the existing facilities are also taken into account, the total figure may be about Rs. 900 crores. As far as the rural areas are concerned, the amount calculated will come to about Rs. 600 crores. When this much amount is needed, the money sanctioned for this is only about Rs. 60 crores to Rs. 100 crores for the five years. No doubt the magnitude of the problems is so very big, and the money allotted to the Ministry being very small, it is very difficult to make headway.

I would like to place before the House some suggestions and in this connection, I would refer to the Committee on Plan Projects which studied the problem and made a report on the National Water Supply and Sanitation Schemes. I would like to quote

from the report and show how far some of these major suggestions have been followed. They said:

"The existing procedure of allocating funds on a year to year basis and the belated information to the State Governments regarding availability of funds for any year leave very little time for the authorities in the States to plan for the projects, to procure materials and incur expenditure."

Secondly, for buying cast-iron pipes the local bodies have to pay or incur more than seven per cent by way of inter-State sales tax, whereas if they bought by the State Governments, it is only one per cent. Another thing is, there is great scarcity of cast-iron pipes and water meters. The Health Ministry should look into these matters and arrange for the manufacture of these things in large numbers.

Then, I would like to refer to one more thing, I refer to the chlorinating equipment of small, medium and large types, of a cheap, durable, foolproof device, for chlorinating rural water supply which is a sine qua non. I would like to quote what the Committee has said about this:

"Many of the devices which have been put in a few of the rural water supply schemes have gone out of repair because of the lack of sturdiness in construction. The communities do not thus get the full value of the money invested for such costly, equipments. There is not only a great need for the production of simple, cheap and utilitarian device for chlorination suited to the different sizes of water works installations, but also for a continuous follow-up and check-up service of all chlorinators so installed."

Another most important thing which they have said is that there are four

[Shrimati Yashoda Reddy]

agencies which deal with the water supply schemes: the Health Ministry, the Community Development Ministry, the local bodies and the Home Ministry. They have suggested that there should be an integrated plan formulated immediately and they should submit their plan to the Health Ministry, and then the Health Ministry should alone be the body which would sanction these things. This, I think is a very important thing.

But the last and most important thing which they have suggested is about the finances, which I would place before the Ministry and sit down. They have said that the greatest trouble is the problem of finances. They have said:

"Obviously an allotment of such magnitude may not find a place in the Five Year Plans under the present context. It therefore becomes imperative to make a radical departure from the existing methods of financing such essential schemes. If the Central and the State Governments cannot find the money on any adequate scale to complete the entire programme within a reasonable period, the question arises as to how far it is practicable for them to continue to act as financiers for local bodies in this behalf. Unfortunately, local bodies under the present set-up are seldom in a position to undertake such costly schemes from their own resources."

Then ultimately they say:

"Such a reassessment of values is not only rational but is necessary in order to view the financial aspects relating to water supply and sewerage schemes in their proper perspective. The question now arises as to how water supply and sewerage systems could be successfully financed and on a

common basis. Some radical re-orientation of ideas is called for in dealing with this problem. We could perhaps take a lesson in this connection from the more advanced countries like the U.S.A. and the U.K., who, half a century back, were placed more or less in the same predicament as we are today."

The process there is that these local bodies raise loans in the open market and finance their schemes to be repaid by water charges, charges on house frontage, sewer bills and the like. I would like to tell the Minister that at least in bigger towns the municipalities and corporations have to take money like that for their schemes and divert the limited funds to the small rural areas.

Sir, with these words, I thank you and I congratulate the Ministry for its very good work and I do hope they will continue to do better work hereafter.

Dr. Gaitonde (Goa, Daman and Diu): Mr. Chairman, Sir, almost everybody has congratulated the Minister and the Deputy Minister, and I join my voice with them.

Shrimati Vimla Devi: Let them not congratulate them too much.

Shrimati Yashoda Reddy: What objection is there?

Shrimati Vimla Devi: An attitude of complacency will be developed.

Shrimati Yashoda Reddy: On health, her husband may be a doctor but not the hon. Member.

Dr. Gaitonde: Let the hon. Member wait and hear me. Even the hon. Member herself has congratulated them without her knowledge.

Sir, most of the points have already been discussed, and only a few points

remain. From times immemorial history has taught us that war, pestilence and famine are the three things that come together. We are not exactly in a war, but we are preparing to face it if it comes. We are in an emergency. And, what is our stage of health? Are we prepared for a pestilence? Somebody said that we have to have waves and waves of our population to go against the waves and waves of the Chinese population. But nobody has said so far anything as regards what we shall do if there is pestilence.

What is our stage of health today? A paper that has been given to us by the Ministry says that 61 per cent of the candidates who applied for recruitment in the armed services were rejected. This is the state of our health today. In this state of our health, if by any chance pestilence also comes along with war, what is going to happen to us? Has anybody thought about it? It seems to me that those who give money to the Health Ministry did not give a single thought to this problem, because the Health Minister tells us that the budget this time is less proportionately than what it was last time. What can the Ministry do if something happens, I do not know. I am quite sure all, almost all the Members in this House will join me if we protest vehemently against this type of budget as far as the Health Ministry is concerned. We always say that we have to live in the so-called welfare society. Health is considered to be one of the four pillars of welfare State, and yet what do we do? How much money do we spend on this pillar? Do you know that the money allotted for health is proportionately less than that for atomic energy? And from Health I think something has been taken by Atomic Energy Department. I have gone through the report and I find that one of the most important things for health, as far as family planning is concerned, some of the items of family planning are prepared in the Atomic Energy Department. I do not

know why and it is for the Health Minister to answer it. Some of the items which are necessary for family planning are made in the Atomic Energy Department. How can it be? In some way the Health Minister will have to explain to us this phenomenon, which is a rare phenomenon, because if today the Atomic Energy Department can ask for a part of the Health Ministry, tomorrow one of their directors will ask for atomic energy in this Ministry. How can it be?

Dr. Sushila Nayar: I do not understand the argument.

Dr. Galtonde: The reason is that the hon. Minister has not read the report of the Atomic Energy Commission. The Atomic Energy Commission has taken over the Tata Memorial, as also the work done in Tata Memorial as regards family planning, including the contraceptives and so many things that are being prepared. I do not know why there is no co-ordination here. At a time when there is emergency and there is every need for co-ordination, our Health Minister does not seem to know that a part of her work has been taken over by another department, which shows that there is no co-ordination at all.

Then I come to the second point, which is a very important one for all of us. As far as family planning is concerned, a very responsible Member of this House, an ex-Chief Minister, who knows much more than I know and who is much more responsible than I am and many of us here, has stated that family planning should not exist in India because we have to have more numbers. Unfortunately, he is not here. Otherwise, I wanted to ask anything about the total growth of population of the world? Does he know the opinion of specialists in this matter? Or, does he know what is happening to us?

Shrimati Yashoda Reddy: He is always original.

Dr. Gaitonde: Originality in Parliament is a very serious thing. Originality at home is perfectly all right, but in Parliament everybody must be responsible for what he is talking about. We have to reach some standard, so far as our health is concerned, and somebody has asked when we shall achieve that level. Here is one authority who is going to answer the question that was asked as to when we are going to get the doctors. I am reading here from a Book entitled "Approach to Planning in India" by Mahalanobis. He says:

"Our medical colleges are sending out only about two thousand physicians per year. Even if all of them go to rural areas, which is not possible, allowing for casualties, it will take two centuries before there is one six-year trained physician for one thousand persons."

Then, what will happen if we take into consideration the increase in population?

I think many of you know something about Greek mythology. In the Greek mythology there is a story called the Vase of Danaïdas. There was a Vase which had no bottom. Two poor girls were asked to pour water until it was full. Now, here there are no poor girls but only one lady and one gentleman who are asked to pour water until the vase is full, which is not possible. If our population continues to grow what will be the position? What was the argument of the hon. Member? It was a serious argument. He said because of the emergency, because of the war, we have to increase our population so that we can face the Chinese. He should have known the answer to this argument. If at this moment, taking the whole country, every couple were to have, let us say, twelve children, what will happen?

Dr. Sushila Nayar: Cheaper by the dozen.

Dr. Gaitonde: Yes, cheaper by the dozen. That is why I said a dozen. If we do this, the result will be known only after 20 years. The Chinese are coming now. So, what are we going to do? Even if we put family planning into practice now, the results will be seen after a few years—how many, I do not know. I asked this question of the specialists on family planning and they did not give me an answer.

The other day in the Consultative Committee meeting we had asked some questions and the answers to them had been given. Some hon. Member has quoted some of those answers. We wanted to know how much we were spending. It is very surprising that we know as to how much we were spending upto 1959, but after that nobody knows as to what has been spent. I do not know how these figures are given to us. How can we rely on these figures? I ask the hon. Minister to look into the matter and see that when some papers are sent to us they are sent in the proper way.

There are three very important questions asked as far as family planning is concerned. The first question is: What is the average attendance even in the clinics? I did not get any answer. I know—I would like that the hon. Minister should correct me if I am wrong; it is very important that Parliament should also know it—that we are spending on an average Rs. 10,000 per year for each family planning centre. Do you, by any chance, know what the attendance is? It is less than 40. This is very serious. It is not enough to say that we have got 8,000 centres. I want to know what the capacity is and what they are doing in these centres. If there is some mistake let us correct that. But then we just cannot sit tight over it without giving any answer. I am sure, the hon. Minister will have some nice answer to this.

Somebody had talked here about concentration of wealth. That is a very serious thing.

Mr. Chairman: The hon. Member should conclude now.

Dr. Gaitonde: Just two minutes, Sir. I think, everyone would be interested in it. Somebody was talking about originality. I also have some originality but not for Parliament. Just as there is concentration of wealth, I believe, though we in India profess that we are a socialist country, we have also concentration of health. I am going to read something from the same book, which many hon. Members may like to hear. It says:

"Ten percent of the households at the top in America take a share of 19 per cent of the total while the corresponding Indian households at the top have 64 per cent or nearly two-thirds of the total expenditure on medical services. The position is almost as bad in the case of medicine."

In India when we say 'medicine', we mean 'drugs'.

"In India the lower half of rural households share only 8 per cent of the total expenditure on drugs, the corresponding figure for urban households being 9 per cent."

I felt that the Ministry has to do something about it. Professor Mahalanobis has given certain suggestions also. I may also read out the suggestions. These suggestions come from a planner. He says:—

"The organisation of medical teaching at a junior level would also be feasible on a much larger scale than at the university level. There are about 400 district hospitals which, with some additional facilities, can serve as training centres for junior doctors;"

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Mr. Chairman: I would request the hon. Member to conclude.

Dr. Gaitonde: All right, Sir.

श्रीमती शशांक मंजरी (पालामऊ) : सभापति महोदय, स्वास्थ्य एक बहुत महत्वपूर्ण विषय है। इस विषय को सरकार ने अपने हाथ में लेकर जनता के स्वास्थ्य को ठीक करने तथा उसे बढ़ाने का सम्पूर्ण दायित्व अपने ऊपर ले लिया है।

अब हमें यह देखना है कि हमारी केन्द्रीय सरकार ने इस जिम्मेवारी को पूरी तरह से निभाया है या नहीं। दो पंच-वर्षीय योजनाएं पूरी हो चुकी हैं। इस अवधि में इस विभाग पर सरकार ३०० करोड़ रुपय से बेशी खर्च कर चुकी है। अब तीसरी पंच-वर्षीय योजना के दो वर्ष पूरे होने को हो रहे हैं। इस योजना में हमारी सरकार ने ३४२ करोड़ रुपया खर्च करने का निर्णय किया है। यह रुपया ज़रूरत से काफी है। इस रुपए से मेरा अनुमान है कि हर एक गांव में डिसपेंसरी और अस्पताल बना सकते हैं।

अब मैं पालामऊ जिला के बारे में कहना चाहती हूं। वहां गांव गांव में छोटे छोटे अस्पताल डिस्ट्रिक्ट बोर्ड की तरफ से खले गए हैं। कुछ सरकार की तरफ से भी खले गए हैं। उनमें न पूरी व्यवस्था है और न पूरी दवाइयां हैं। डाक्टर हैं ही नहीं, कम्पउंडर से काम चलता है। बच्चे गरीब बीमार दिन दिन भर अस्पताल के दरवाजे पर पड़े रहते हैं लेकिन कोई पूछने वाला नहीं। दवा जो मिलती है वहां उसमें भी भिलावट होती है जिससे कुछ फायदा नहीं होता। कितनों को लिख कर दवा बता दी जाती है, लेकिन उनके पास इतना पैसा कहां कि जो दवा ले सकें।

कभी कभी किसी गरीब के घर में सीरियस बीमारी होती है तो रात के बक्त में डाक्टर को बुलाया जाता है तो डाक्टर

[श्रीमती शशांक मंजरी]

जाता नहीं चाहे मरीज मर भी जाए, क्योंकि उन बेचारों के पास उतना पैसा नहीं कि फीस दे सकें। जिसके पास पैसा है उसके यहां जौन से टाइम बुलाना जाए उस टाइम में डाक्टर घर जाने के लिए तैयार रहते हैं। लेकिन गरीब के घर में आदमी चाहे मर भी जाए तो भी उसके घर डाक्टर जाने को तैयार नहीं। यह बहुत दुःख की बात है।

मेरा सुझाव है कि देहातों में जो डाक्टर और कम्पाउण्डर हैं उनकी पूरी तनख्वाह मिलनी चाहिए ताकि वे गरीब लोगों के घर में जाएं और उनकी तरफ ध्यान दें।

इसके अलावा एक बात और कहनी है कि अगर सरकार गांवों में देशी दवाखाने खुलवाने की व्यवस्था कर दे तो बहुत अच्छा हो। उसमें पैसा भी कम लगेगा और गरीब जनता का इलाज भी हो जाएगा। इसलिए यह व्यवस्था होना जरूरी है। विदेशी दवा में बे गी पैसा लगता है जो गरीब लोग खरीद नहीं पाते।

दूसरी बात यह कहनी है कि आजकल तरह तरह की बीमारियां हो रही हैं। डाक्टर लोग समझ नहीं पाते कि इसका क्या कारण है। न उन रोगों की दवाई है। कारण क्या है? आजकल हर एक खाने पीने की चीज में मिलावट होती है। सरकार की तरफ से तो बहुत रकबट और जांच हो रही है लेकिन मनुष्य में स्वार्थ की और सपना कमने की भावना है जिसके वश में होकर वह दूतों की बुराई को नहीं देखता और मिलावट किए जाता है। बीस वर्ष पहले की बात मैं कहती हूँ कि न उस समय में इतनी बीमारियां थीं, न इतने डाक्टर थे और न इतनी दवाइयां थीं। देहातों में तो जड़ी बूटियों से काम चलता था। लेकिन अब तो हर विस्म की बीमारी और हर किस्म का खान पान चल रहा है।

एक लीजिए दालदा। घी की जगह दालदा और दूध की जगह पाउडर। स्कूलों में

बच्चों को पाव भर वही पाउडर पानी में घोल कर दिया जाता है और फिर आप आशा करते हैं कि ये बच्चे हृष्ट पुष्ट होंगे और इनसे भारतवर्ष को मदद मिलेगी। लेकिन उनको ताकत चाहिए, क्या उनको पाउडर के दूध से ताकत मिलेगी? इसके और दालदा के सेवन से बहुत से लोगों को बीमारियां हो जाती हैं। डाक्टर कहते हैं कि दालदा से बंदी बंदी की बीमारी हो जाती और इसका असर हार्ट पर होता है और उससे हाजमा भी खराब हो जाता है। और आजकल हर चीज में दालदा मिला होता है, अच्छा घी है ही नहीं।

दूसरे लीजिए मलेरिया। मच्छरों को मारने के लिए हर साल लाखों और करोड़ों रुपए का पाउडर बनता है पर कुछ फायदा नहीं होता। न मच्छर मरते हैं और न मलेरिया में कमी होती है।

अब मैं सिंहभूम जिला के बारे में आपको कुछ कहना चाहती हूँ। जो नारायण जनाना अस्पताल है, स्त्रियों के लिए सिर्फ एक ही अस्पताल है, उसकी हालत बहुत खराब है। मरीजों के लिए कोई सुविधा नहीं है, न उनके लिए पूरे पलंग हैं न बिछौने, सिर्फ दस पलंग हैं और दो नर्स और एक डाक्टर है। उस अस्पताल में पचास या सौ देहातों से बीमार औरतें आती हैं। बड़ी मुश्किल हो जाती है क्योंकि उनके लिए कमरे नहीं हैं, उनको बरामदे में पड़ा रहना पड़ता है। सरकार की तरफ से मदद मिल रही है लेकिन वह पर्याप्त नहीं है। फण्ड में भी सपना की कमी है। गर्मियों में और बरसात में बहुत तबलीफ होती है, न पंखा है, वहां गर्मी बहुत होती है। हमने कई बार सरकार से अनुरोध किया कि इस अस्पताल को अपने जिम्मे ले ले और जो बंकरचंद्र पटेल हेल्थ मिनिस्टर है बिहार के उनका भी पटना में लिखा, लेकिन बड़े अफसोस की बात है कि कुछ सुनवाई नहीं हुई, आज बीस साल हो

गए । जब हमारा भारतवर्ष स्वतन्त्र हो गया है तो सरकार का कर्तव्य है कि हमारी स्थिति की ओर ध्यान दे जिससे कि उन्नत हो और जनता का फायदा हो । विदेशों की दवाओं से तो कोई फायदा नहीं होता ।

Shri Himatsingka (Godda): I have heard the speeches of about sixteen Members who have spoken before me, and some of them have said that adulteration is the cause of trouble; some say that it is want of doctors, and some say that it is adulterated medicine, costly medicine and so on. But I feel that one important factor that emerges from the speeches is that there is very little knowledge about health habits and food habits, how and when we should take food and so on.

Therefore, I suggest that the first thing that the Centre should take up is to have proper books written for school students and others, which will give necessary information about health habits, about food habits, about how to take it, when to take it, when not to take it, and other information that will help in the building up of a healthy body and keeping the person in good health. I know from personal experience that very few people know how food should be taken, what things should be taken and what should not be taken and so on.

श्री त्रिय गुप्त (कटिहार) : सभापति महोदय, हाउस में मुझे इस समय कोरम नहीं जान पड़ता है ।

श्री कद्वगय : मैं भी यही बात कहना चाहता था कि हाउस में इस समय कोरम नहीं है ।

Shri Ranga (Cittoor): Why bother about it?

Shri Hari Vishnu Kamath (Hosangabad): These are important Demands.

Mr. Chairman: The bell is being rung—Now there is quorum. The hon. Member may continue.

Shri Himatsingka: Those who take rice throw away all the *maad*; those who take wheat, generally prefer the flour; even those who take *atta* throw away the *chokar*.

God has given us a pair of *chakkis* in our mouth, two sets of teeth. But very rarely we use them for grinding food and the work of digesting food has got to be done by the stomach. If you throw all the work of digestion on your stomach, naturally you do not get the result that you should. Therefore, I suggest that proper literature should be prepared by persons who know these things and these should be distributed so that health habits may be learnt from the very beginning, from school days, and this may be useful in helping boys and girls to regain and retain their health.

Health is really a State subject. The Centre merely helps in certain cases. One of the most important directions in which the Centre is proceeding is the control and eradication of communicable diseases. In this respect, everybody has stated that malaria is practically non-existent now. Leprosy and TB are very bad, fell diseases, and they are now being tackled. In both these cases, you cannot meet the situation by hospitalisation. You cannot have as many hospitals and beds as will be necessary for treating these two diseases because the number of patients suffering from these two diseases is very large. Therefore, the domiciliary method of treatment is the one that is suited to our country. It will be cheap, much less expensive than the method of hospitalisation. I know of two or three institutions doing anti-leprosy work. One is working in Santal Parganas and treating more than 6,500 patients on that basis. The expenditure also is not much. If Government were to treat as many patients on the basis of a particular unit in an area, they have to spend, say, Rs. 90,000 whereas this institution doing the same kind of useful work at less than 50 per cent of the amount.

[Shri Himatsingka]

So I suggest that voluntary institutions which have been doing such kind of work should be examined, their work seen and if they are doing useful work, they should be helped. I know in Santal Parganas there is a large percentage of leprosy cases; in certain areas it is 2 per cent; in certain others, in the sub-division of Godda in some villages, the incidence is as high as 11 per cent. So, I suggest that something should be done to help institutions which are willing to take up such kind of work, provided of course on enquiry Government is satisfied they are doing useful work. That will help the Government in tackling this very difficult problem.

Similarly, such voluntary institutions which are willing to take up tuberculosis on the basis of domiciliary treatment, providing medicine and attending to patients in their own homes, should also be helped.

Sir, you are counting the time. I began at 4.40.

Mr. Chairman: I would request the hon. Members to finish within five or seven minutes. I have to call others.

Shri Himatsingka: I rarely speak in this House, and I only want to speak when I have something to say.

Shri Hari Vishnu Kamath: One or two minutes were taken up in the quorum being made up. So he must get two more minutes.

Shri Himatsingka: Similarly, the indigenous system of treatment is also being attempted to be helped, in that there is a Nature Cure Advisory Committee. I feel nature is the answer to the shortage of doctors and the costly medicines and the various diseases.

There is a hospital again in the Santal Parganas at Jasidih, with 100 beds. I can assure the House and the Health Minister that patients who are declared by the reorganised system of medicine as incurable are being treat-

ed there successfully. Asthma is regarded as incurable. Doctors say:

यह तो दम के साथ जायेगा

that is, it is incurable, but that institution has cured more than 50 per cent of those who had been suffering from it for over 25 years. The same is the case with diabetes. I suggest the Health Minister send 50 patients suffering from diabetes and 50 patients suffering from asthma. The institution will not charge anything. Let some specialists go there and examine the results of their treatment, and see why the patients are benefited.

There is no medicine. It is nature cure.

मिट्टी, पानी, घूप, हवा।

These are the four elements which are being used with very good results. I am talking from personal experience of treatment of more than 500 patients, and among them was the wife of the Chief Justice of India, one of the Judges of the High Court of Patna and other Judges and very eminent persons.

Shrimati Vimla Devi: Any Health Ministers?

Shri Dinen Battacharya (Serampore): Their treatment is allowed free?

Shri Himatsingka: It is not free in that sense, but if a person is unable to pay, he will be treated free.

This institution is called Prakritik Chikitsa Kendra and is helped by generous people like Sir Badridas Goenka's son who has given a number of buildings. A large number of persons are being treated there. Therefore, I would request the Health Minister to have enquiries made and see how patients who are declared incurable by recognised systems of medicine are getting benefit, so that this kind of treatment can be encouraged, so that the starting of a college for nature cure may be pushed forward. I understand there is some trouble about the terms with the

doctors for such college. I would suggest that even if it costs a few hundred rupees more per month, I shall be prepared to find the money from the generous public to make up the difference, because this is a system which is the answer to the various difficulties that have been pointed out. Therefore, my suggestion and request to the Minister is to have that system examined, and if they find it useful, to give encouragement to such institutions.

Mr. Chairman: Shri R. S. Pande. He should conclude in five minutes.

श्री रा० शि० पाण्डेय (गुना) : सभापति महोदय, मैं स्वास्थ्य मंत्रालय की बजट मांगों का समर्थन करता हूँ। हमारे देश की स्वास्थ्य की स्थिति बड़ी दयनीय व शोचनीय है। १ रुपये ४७ नये पैसे पर हमारा व्यक्तिगत स्वास्थ्य आधारित है। जहाँ तक जनता के स्वास्थ्य का सम्बन्ध है केन्द्र तथा राज्य दोनों का मिला कर केवल १ रुपया ४७ नये पैसे पर कैपिटा खर्च होता है। अपने देश की स्थिति, यहाँ के स्वास्थ्य के स्तर, गाँवों के जीवन और हमारी पुरानी परम्पराओं को सामने रख कर अगर हम देखें, तो ऐसा अनुभव होता है कि स्वास्थ्य पर खर्च की जाने वाली १ रुपये और ४७ नये पैसे प्रति-व्यक्ति की घन राशि कम है, जिस को केन्द्र और राज्य सरकारों के संयुक्त प्रयत्न से हमारे देश में खर्च किया जा रहा है।

१९५०-५१ से पहले हमारे देश में १७ मेडिकल कालेज थे। १९५०-५१ में ३० मेडिकल कालेज हो गये और इस समय हमारे यहाँ ७१ मेडिकल कालेज हैं, जिन में करीब सात हजार विद्यार्थी प्रति वर्ष प्रवेश पाते हैं। एक समय था, जब कि हमारे देश में ८२ नये पैसे प्रति-व्यक्ति के हिसाब से स्वास्थ्य पर खर्च किया जाता था। अब वह घन-राशि बढ़ कर १ रुपये और ४७ नये पैसे हो गई है। हम यह जानते हैं कि केन्द्रीय सरकार और स्वास्थ्य मंत्रालय इस बात के लिए जागरूक

और प्रयत्नशील हैं कि हम स्वास्थ्य की रक्षा के लिए गाँवों की ओर बढ़ें और हमारी स्वास्थ्य योजनाओं से अधिक से अधिक ग्रामीण लाभान्वित हों। लेकिन इस संदर्भ में मैं यह निवेदन करना चाहता हूँ कि जब तक हम आयुर्वेद की शरण नहीं लेंगे और जब तक हम आयुर्वेद के पत्रों को उलट कर नहीं देखेंगे, तब तक हमारे लिए यह कठिन होगा कि हम लास्ट मैन आफ़ दि सोसायटी, गाँव में रहने वाले समाज के अन्तिम व्यक्ति, तक पहुँच पायें।

एम० बी० बी० एस० पास करने के बाद सब के सब डाक्टर छोटे बड़े नगरों में बस जाते हैं और वे देहातों में नहीं जाते हैं। आज भी देहात में आयुर्वेद को लिए हुए, एक छोटा सा औषधालय लिए हुए, बैठे हुए हैं। जब दस पंद्रह मील की दूरी से कोई पुकार आती है, तो वही धोड़ी पर चढ़ कर टिकटिकाता हुआ वहाँ पहुँचता है। उस के पास औषधि है, सम्वेदनशीलता की भावना है और भारतीय परम्परा की अनुभूति है। उन्हीं को ले कर वह बीमार के पास पहुँचता है, डाक्टर नहीं पहुँचता है। डाक्टर के लिए वहाँ पर पहुँचना कठिन होता है।

स्वास्थ्य मंत्राणी जी से मैं अपील करूँगा कि जहाँ तक मेडिकल कालेज ज्यादा खोल रही हैं और एलोपैथी को ज्यादा उन्नति और प्रगति की ओर ले जाना चाहती हैं, वहाँ उन्होंने सेंट्रल कौंसिल आफ़ आयुर्वेद रिसर्च के लिए जो ६.८२ करोड़ रुपये का प्रावधान किया है, जिस में से ३ करोड़ रुपये तो सेंट्रल गवर्नमेंट और ६.८२ करोड़ रुपये राज्य सरकारें व्यय करेंगी, उस घन-राशि को देख कर हमारा उत्साह नहीं बढ़ता है, जहाँ तक कि आयुर्वेद का सम्बन्ध है।

आयुर्वेद हमें तीन बात देता है—हमारी पुरानी परम्परायें, हमारी माताओं की शिक्षा और संस्कृति। धूँटी से ले कर मृत्यु तक आयुर्वेद खड़ा हो कर हमारी स्वास्थ्य-रक्षा

[श्री रा० शि० पाण्डेय]

की प्रतिज्ञा करता हूँ। अगर हम आयुर्वेद के पत्रों को उलटें, तो एक भारतीय परम्परा और भारतीय वातावरण उन में मिलेगा। आयुर्वेद में जो अनुसन्धान और गवेषणा हुई थी, उस के आधार पर हम सस्ती से सस्ती दवायें गांवों के आदमियों को दे सकते हैं। आज सारे संसार का काम रिसर्च और गवेषणा पर चलता है। आज अमरीका, ब्रिटेन और रूस रिसर्च पर अरबों रुपये, बिलियन्ड एंड बिलियन्ड खर्च करते हैं। उन की तुलना में जब हम ६.६२ करोड़ रुपये की धनराशि को देखते हैं, तो निराशा होती है। इस लिए मैं स्वास्थ्य मंत्राली जो से निवेदन करूंगा कि वह वित्त मंत्री से थोड़ा संघर्ष कर के भा ज्यादा पैसा लें और अपनी शक्ति को आयुर्वेद की तरफ लाना दें, ताकि हमारे समाज के अन्तिम आदमी को, जो कि गांव में रहता है, स्वास्थ्य का लाभ हो और औषधि प्राप्त हो।

इन शब्दों के साथ मैं इन अनुदानों का समर्थन करता हूँ।

Shri Muhammad Ismail: Sir,.....

Mr. Chairman: The hon. Member should finish his remarks in five minutes.

Shri Muhammad Ismail: I shall try. Sir, one hon. Member convincingly and authoritatively pointed out the importance of carrying out the research work on ayurvedic system, even at a cost of tens of crores of rupees. There were others who spoke of the great need for the increase in the number of medical men. I want to put in juxtaposition to what they said the case of an important medical institution, the grief it has come to and the handicap its alumni are suffering from, all because the institution was connected with the study of indigenous systems of medicine, not principally or primarily but in a subsidiary and secondary manner. I would like to say a few words about the history

behind this institution: I mean the GCIM—the Government College of Integrated Medicine—at Madras, so as to give its proper perspective.

An important and great enterprise and experiment was conducted in Madras in the field of medical education. After proper enquiry and preparations, a School of Indian Medicine was established in 1925. One may say this was the first institution of its kind in the country, and it was really set up in response to the feeling of nationalism which was for keeping alive, and encouraging the re-growth and spread in the country of the indigenous systems of medicine which were and are catering to a large section of the people in the country. As time went on, changes were made in the institution as a result of experience and expert opinion and was finally transformed into a college in 1947 and eventually the institution became the Government College of Integrated Medicine.

16.57 hrs.

[MR. DEPUTY-SPEAKER in the Chair]

The system of teaching and training followed in this college was according to the recommendations of the Usman Committee of the Government of Madras, and the Chopra Committee and the Pandit Committee of the Government of India. The Central Council of Health had endorsed the views taken by these committees. This institution, the GCIM, had provided for a conjoint study, training and practice of modern medicine and any one of the indigenous systems. So far as modern allopathic system of medicine and surgery was concerned, this college was following the same syllabus and giving the same instruction and training, same in quality and quantity, as are being followed and given in the other colleges of modern medicine. In addition to this, the students of this institution have been receiving instruction and training in

indigenous systems of medicine also. When the college was carrying on in this salutary manner and was making progress, a controversy evidently and mainly concerning its affiliation to the university of Madras had arisen. Finally, this very useful institution was recently decided to be closed. At a time when there is a growing need and urgent need for adequate and increasing number of medical men in the country, it is highly regrettable that such an important institution as this medical college should have been closed down.

One remarkable thing happened when it was decided to be closed. The students of the college who had not yet completed their course were taken into the MBBS course provided they agreed to forego one year of their studies in the GCIM. For example, a third year student of GCIM was taken into the second year of the MBBS course, and a failed fourth year GCIM student was admitted to the MBBS for studying in the MBBS fourth year course. But when students who had passed in the fourth year of GCIM wanted to go to MBBS fourth year, the same as the failed candidates, they were refused admission in the MBBS course. This looks rather strange.

Now, apart from the regrettable closure of the college, the immediate question is that of rendering justice to its alumni, the graduates of this college. They are registered as practitioners of modern as also of indigenous medicine in the Madras State under the Madras Registration of Practitioners of Integrated Medicine Act, 1956. Though this registration ought to satisfy the requirements of the relevant Central legislation, the GCIM diploma is not included in the Indian Medical Council Act. This omission adversely affects the legitimate status of the GCIM diploma holders and seriously circumscribes and cramps the sphere of their service in the country.

17 hrs.

The non-recognition by the Indian Medical Council as also the non-affiliation of this institution has brought about further handicaps and hardships for the GCIM graduates. Though certain universities in Germany and America provide these graduates with facilities for postgraduate studies leading to further diplomas and degrees, such studies and courses are not open to them at present in our own country. Moreover, the status of these graduates of GCIM are considered to be inferior to that of the graduates from the modern medical colleges in the country. But in reality they are as much qualified in every way as the students from other medical colleges so far as allopathic system is concerned because, as I have said, they have received the same training and they are equipped in the same manner as the students of other colleges. This matter has been put to the hon. Minister when she was at Madras recently by the representatives of the alumni of that college. I do not know what steps she is taking for rendering assistance to those very deserving alumni. However, I would appeal again that their cases should be considered and their grievances redressed.

Dr. Sushila Nayar: Mr. Deputy-Speaker, Sir,.....

श्री कछवाय : उपाध्यक्ष महोदय, प्रधि-
कांश माननीय सदस्य हिन्दी म बोले है,
इसलिए अगर माननीय.....

Shrimati Vimla Devi: No, Sir.

Mr. Deputy-Speaker: Order, order.

Dr. Sushila Nayar: Mr. Deputy-Speaker, Sir, I am most grateful to this hon. House for the keen interest it has taken in the Demands relating to the Health Ministry and for the kind words that hon. Members have said about my colleague Dr. Raju and myself. I assure my hon. friend Shrimati Vimla Devi that the compliments will not go to our heads and we shall

[Dr. Sushila Nayar]

continue to endeavour our best to do what we can to serve our people and improve the health standards of the country.

Sir, one point has been very well brought out by several hon. Members namely, the magnitude of the problem of health is so very big and compared with that the resources at our disposal are extremely meagre. To care for 450 million people with about nine million children being born every year is not a small thing. An hon. Member here mentioned something about billions of dollars that are being spent by America and some other countries on health programmes. We can take no satisfaction from what any other country is spending. We have to think in terms of what we can do with our resources in our country.

Shri Himatsingka: Are the Americans more healthy than the Indians?

Dr. Sushila Nayar: I do not know whether the Americans are more healthy. But I do know that the annual budget of the City of New York for the clearance of snow from their streets is bigger than the annual budget of your Health Ministry and, perhaps, Health and Education put together.

Well, Sir, health is the most important thing, no doubt but health depends upon a number of factors. It is not medicines alone that can keep a person healthy. The truth of the matter is that medicine becomes necessary when a person ceases to be healthy. Food and nutrition play the most vital role in the preservation of health. Similarly, housing has a very important role to play. When a sick person suffering from tuberculosis is living in an over-crowded, ill-ventilated house, you can imagine what disastrous results can follow. Similarly, a number of hon. Members have brought out the importance of health education. But, if I may be permitted to say so, health education is closely

linked with the general level of education. Those women who go to worship the Goddess in order to get rid of small-pox, which was mentioned by a number of hon. Members, are ladies who have not been exposed to general education. Therefore, it was as a result of the realisation of all these factors that our government, our planners, came to the conclusion that there is need for an integrated, overall, development of the country, including economic development, industrial development, health, education, housing and so on.

It is true that the Plan provision for health has gone down relatively from the First Plan, where it was 5.9 per cent to the Third Plan, wherein it is 4.25 per cent. However, as was pointed out by one hon. Member, the per capita expenditure on health has increased, though I admit that it is most inadequate. In 1950-51 we were spending a total amount of 82 nP per capita per year on health. In the year 1958-59, that is, at the close of the Second Plan, we were spending Rs. 1.47 nP per capita per year. Dr. Gaitonde objected to the figures being out-dated. I appreciate his objection. I am sorry, he is not here to hear my reply. We obtain these figures from the Planning Commission. The Planning Commission, naturally, compiles these figures in connection with the preparation of their plans. Though we tried very hard to get the up-to-date figures, we were not able to get them. But even this figure however, does, show that there has been a certain amount of progress, although the progress is inadequate and insufficient.

I might mention that this average of Rs. 1.47 nP is not evenly distributed over the whole country. The lowest in the scale in whole country is the biggest State, the homeland of our Prime Minister, Uttar Pradesh.

Shri Priya Gupta: The Prime Minister's homeland is the whole country, not Uttar Pradesh alone.

Dr. Sushila Nayar: The whole country is the homeland of all of us.

Shri Priya Gupta: But he is the emblem of the nation.

Dr. Sushila Nayar: Each one of us does represent a constituency and the Prime Minister happens to represent a constituency where he grew up. The expenditure *per capita* per annum in Uttar Pradesh was 85 nP in 1958-59 when the overall average for the whole country was Rs. 1.47 nP. The highest in this line is West Bengal, which is spending Rs. 2.59 nP *per capita* per annum. Here I must pay a compliment to the memory of the late Dr. B. C. Roy, under whose able stewardship West Bengal has made remarkable progress in the field of health.

Inadequate as the resources are, and though tremendous problems and hurdles have to be overcome in the field of health, the progress has been steady during the last fifteen years of independence.

The death rate in the decade 1941-51 was 27.4 per thousand and in the period 1961-66 it is projected as 18.2 per thousand. Similarly, the expectation of life which was 32 to 33 years in the decade 1941-50 is almost 50 years for 1961-62, which is big step forward. I admit that 50 years was the expectation of life in the United States of America at the beginning of the Twentieth Century and today in that country it is between 70 and 80 years. But for us to have jumped from 32 years to 50 years during this short period is quite creditable. Similarly, other mortality rates, like, infant mortality, maternity mortality etc. have also gone down. But what is worth taking note of is that the birth rate has remained steady more or less at 40 per thousand.

Several hon. Members have emphasised the importance of family planning for the social and economic development of the country. If I may be permitted to say so, it is important for the defence of the country also

which is most important. I am in agreement with several hon. Members who had taken exception to Shri Hanumanthaiya's remarks on this subject. In order to defend the country it is not the numbers that are going to help us but it is the quality of men that will count. We, in India, who were under British subjugation for centuries, should be aware of this more than anybody else. The British Isles are a tiny territory compared with India and their population is perhaps less than that of one of our States. Yet, they were able to rule over this huge country—not only this country but practically half the world—not because of their numbers but because of their superior training and superior intellectual, scientific and industrial development and equipment. Therefore it is most important for us to work for family planning so that our children can get the best of education, good food and all the good things in life which will enable them to develop the best that they are capable of.

I was surprised to hear the argument by Shri Hanumanthaiya, who is not here today, when he said that the Health Ministry should hand over the money to the Defence Ministry to get more weapons of warfare. He further wanted the Health Ministry to help the women of India to produce more babies to serve as cannon-fodder for the Chinese guns. Can half-starved, semi-illiterate, ill-clothed and ill-equipped people fight a war? We want our Army to be first-rate. It is not necessary that such an Army should be in millions. It is necessary to ensure that the soldiers are well-cared for, well-fed, well-trained, healthy and strong and have good equipment. That is the policy that our Government is following. The Indian Army is one of the very best anywhere in the world. To keep up this high standard of the Indian Army, it is necessary for us to give as much attention as we can to the health conditions of the country. Recent recruitment has shown a very high rejection rate. There were very startling figures in the newspapers this

[Dr. Sushila Nayar]

morning. This rejection rate is largely due to health reasons. There is a high incidence of trachoma; there is a high incidence of several other diseases. Over and above all that, poor nutrition due to the poor economic conditions in which these boys grew up when they were children, had left a mark upon their physique so that they do not come up to the army standards of height and weight, chest measurements and so on. I understand that the requirements have been lowered somewhat; but in spite of that, the youth do not come up to the requisite standards. I understand, it was this type of revelation in the last World war in Britain and some of the other countries that led to these countries devoting a great amount of thought and resources to build up the health of the nation so that, after the war, people were far healthier than they were before the war. We have to do something in that line. Our people are able to get about 1800 calories a day against 2500 to 3000 which are considered to be the optimum desirable. Protein consumption, and that of other protective foods is very low. Any one who has gone round the pedicentric wards in the country will be struck by the startling sight in those hospitals. There are many children that are lying there, bloated up severely, anaemic, with swollen feet, swollen faces, skin peeling off. There are children who have been fed by mothers on nothing more than carbohydrates tapioca, and rice, but no protein. Another set of children are just skin and bone. They are just marasmic children, poor nutrition and mal-nutrition of every kind. It is therefore, very necessary that we do not insist on having large families. If there are large families, the health of the mother is bound to suffer and the child that she produces is bound to be a weakling. If on the other hand, there is proper spacing of children and the parents produce only that number which they can look after will be supplying them enough food, education

and other amenities of life, it will be much better for all concerned. The home will be happy, the parents will be happy and the children will grow up to be happy, healthy citizens capable of taking up the responsibilities which they must take up in a free country. I was very much interested to find that it has been noticed that the efficiency of government servants is generally proportional to the number of children they have. Some of them who are very promising in the beginning of their career . . .

Dr. Galtonde: In the inverse proportion.

Dr. Sushila Nayar: Yes; in the inverse proportion. Some of them who prove very promising in the early part of their career begin to peter out towards the latter part when the size of their family grows tremendously, with all the worry and responsibilities. This applies to everybody, and not only to one section of the population.

Shri Kandappan (Tiruchengode): Any statistics taken?

Dr. Sushila Nayar: It is in view of this that we have come to the conclusion that family planning is an integral part of family welfare service. We are even changing the name from family planning to family welfare planning because, we in this programme are planning for the welfare of families.

Dr. M. S. Aney (Nagpur): May I ask the hon. Minister whether a barren woman or a barren man is found to be most efficient Government servant?

Dr. Sushila Nayar: I am afraid that there has been no study made on that.

Shri Yashpal Singh (Kairana): What about Mahatma Gandhi's teachings about birth-control and family planning?

Dr. Sushila Nayar: Mahatma Gandhi never opposed family planning.

Mahatma Gandhi felt that people should exercise self-control. We are not preventing anyone from exercising self-control. Self-control is something in which they do not need assistance from anybody else.

17-21 hrs.

[MR. SPEAKER in the Chair]

They can do it themselves. What the family planning programmes are trying to do is to help those people who are not able to exercise sufficient self-control. There is no contradiction between the teachings of Mahatma Gandhi and these programmes. So far as the desirability of *brahmacharya* is concerned, we are all in agreement that those who can follow the method of *brahmacharya* will be much better off. They will save their money and probably they will also develop better qualities.

It is further our thinking that if the parents can have the assurance that the smaller number of children that they produce will have a better chance to live to adult life, they will be much more interested in having smaller families. It is in view of this that family planning and maternity and child health services in the country are being integrated. We want to give good health care to the mothers and children and at the same time give advice to the married couples about limiting the size of their families and provide such assistance as may be considered necessary.

It has been proposed to have a few model health districts by pooling together all the services that may be available in that district and working out a better method of co-ordination between the different levels such as the primary health centres, the taluk hospitals, the district hospitals etc. and strengthening them as far as possible and considered necessary. Thereby, we may be able to work out a much better pattern of family planning as well as of better health services for the people. This will further result in taking modern medical

science to the remotest corner of the country and benefit the man at the periphery.

It has also been noticed that so far as family planning is concerned, there is an acceptance for it in 70 per cent of women. Even in the rural areas, about 20 per cent of them are found to have some knowledge about family planning practices and philosophy.

Dr. Gaitonde had mentioned something about the money spent on an average on a family planning clinic. He said that it was an average Rs. 10,000. I would submit that it is about half of that figure or even less. I admit that averages are not the proper way of expressing these figures, because there may be one place where the expense is much more and there may be another place where it may be much less. But since the hon. Member has quoted the average, I would like to tell him that the average is—more like Rs. 2,224 than like Rs. 10,000.

The average attendance is 1444, as it has been worked out, in an urban clinic and 1284 in a rural clinic.

Dr. Gaitonde: I wanted to know about the new cases, not the old cases. What is the total number of the new cases?

Dr. Sushila Nayar: This is the average attendance. I am afraid I do not have a further break-up.

Further, I might mention that it is not merely the people who go to these clinics who benefit from the advice they receive. They go and carry the message to their friends, so that a much larger number of people are taking advantage of the family planning facilities than the numbers who are coming to the clinics. Whether it has shown any benefit in lowering the birth rate or not is a subject that exercises everybody's mind; it did mine too. So I tried to get information on that. I find that after 5 years intensive work in the Singur health

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centre and the community round about, it was found that in 1956 the birth rate was 45.2 and in 1961, it was 36.9 in experimental population. In the 'Control population', where nobody had gone with family planning at all, the birth rate was 46 in 1956 and 42.9 in 1961. So there is a reduction by 18 per cent in experimental area. This is a very good progress. If we can have that type of result elsewhere, we should be able to achieve the target of 50 per cent reduction of birth rate within ten years.

An hon. Member said that most of these facilities are in the cities and there is nothing in villages. There is some misunderstanding here. Out of 8,000 odd service centres in the country, over 6,000 are in rural areas and only something like 2000 are in the cities.

Then it was asked how much money we had spent and whether we were making progress or not. The money allocated for family planning last year was Rs. 425 lakhs, but because of the emergency, we surrendered a good part of it; we spent about Rs. 260 lakhs, and not the full amount provided.

Research is continuing for the discovery of an oral contraceptive. Research is continuing in the physiology of reproduction so that we should be able to control fertility, as we control so many other phenomena in life, when these researches produce the full results that they should. In the meantime, to assure parents that their children have a reasonable chance of living to adult life, we have launched a drive for eradication and control of communicable diseases.

Several hon. Members remarked that malaria has almost disappeared. I might say that while it has almost disappeared; it has not disappeared. It is still there, and we have to be very vigilant. If we relax; we have a danger of undoing the work we have done. It is, therefore, very necessary that as we withdraw malaria eradica-

tion units from different parts, we see to it that the conditions are fulfilled for leaving behind lasting results. We are insisting on every State Government to do their best and not to relax in their efforts in malaria eradication programmes.

During 1962, 140 spraying units were withdrawn. We had projected another 100 units for withdrawal in 1963. But actually the special team that went round for assessment recommended withdrawal of 87.5 units. The whole country has been covered malaria eradication units; there is no place left uncovered. The border areas which have about 22.5 units are the source of the greatest concern to us—the border with Nepal and the border with Pakistan—because unless the neighbour countries also intensify their efforts, people who come and go across these frontiers are liable to carry infection from the State which has not eradicated malaria to the State which has. However, we are hoping that by the end of 1963-64, 70 to 80 units will be ready finally for entering what is known as the maintenance phase. Maintenance means that the primary health centres and other services in those areas should be capable of taking over surveillance and looking after the vigilance work, so that malaria does not reappear. We have appointed a special committee with the Director-General as the Chairman to go into all this, so that the staff that will be released when these 70 to 80 units enter the maintenance phase can be utilised elsewhere and further to ensure that the maintenance is properly carried out.

Several hon. Members remarked that we should launch a small pox eradication programme of the type that we have done for malaria. We have actually already started it. When I spoke on the Budget last year, I had mentioned that 1962-63 was likely to be an epidemic year for small pox in view of the cyclicity that the disease has shown in the past. I was criticised by some for creating panic. My

object was that we should take care immediately to avoid such an epidemic and its ill results. With the best efforts we were not able to start the programme in all the States till November-December, 1962. Those States that started in May and June have been practically free from small pox in spite of the epidemic. The States of Mysore, Gujarat and to a large extent Punjab with few exceptions here and there, have done well. They had started early, particularly Mysore. Those that started very late have naturally suffered as a result of it.

We have completed the vaccination programme in 22 districts, and have covered about 44 million of the population.

Vaccination is proceeding in another 104 districts. We wanted to complete it in two years, but some of the bigger States will probably go on, so that the eradication programme will be completed in three years.

The coverage, however, has not been as satisfactory as we wanted. Out of the 22 districts covered, only five or six districts have come up to 80 per cent coverage which is necessary for complete eradication. It was in view of this that I had written personal letters to each one of the hon. Members of this House and the upper House, requesting their co-operation in their own constituencies to carry the message of small pox eradication, taking the help of the MLAs in those constituencies and of other local leaders, so that the programme is made effective and successful. I hope my appeal will have the desired effect. It has not had much effect in the last year, but I hope this year it will so that we can make a success of this programme and eliminate this scourge which has resulted in the death of thousands and disfigurement of a much larger number.

Somebody asked what we had done regarding vaccine production for small pox. Two hundred and fifty million doses of freeze dried vaccine were pro-

mised to us by USSR, out of which 120 million doses have been received, and other will be received during this year. We are also producing 100 million doses per year in our own laboratories in the country. I think we are producing small pox vaccine at eight or ten places in the country, and at two of these places we have started the production of freeze dried vaccine also, one at Patwadangar in U.P. and the other at Guindy. The former has gone well, and the vaccine produced there has been sent to the WHO for testing to see that it comes up to the international standards. Then we will go in for large-scale production. We are hoping to stop the production of lymphs vaccine and just take to freeze dried vaccine as far as possible. I had mentioned last year that we want to take up trachoma control which has become all the more important because of this Chinese invasion and the high rejection rate because of trachoma in Punjab and Rajasthan and so on. We have prepared a map for the whole country as to which are the trachoma districts and what is the incidence of trachoma in each. The survey has been complete and we propose to take up a comprehensive trachoma control programme for Punjab and Rajasthan in the first instance, during the current year. Here I would like to pay a compliment to Gujarat State, which had started this programme on its own without asking for any assistance and the Director of Health Services and the Minister of Health in Gujarat have taken the help of volunteers and local leaders and thus they hope to carry out a comprehensive trachoma control programme there.

Another disease which I mentioned last year and which we wanted to take up for eradication was goitre. The plant for iodination of common salt which is the treatment for goitre has started production at Sambar lake and has a production capacity of 15,000 tons per annum. Our requirements are of the order of 50,000 tons and we propose to have three more plants. The iodinated salt that is produced is

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being concentrated at the moment for use in Kangra district in Punjab and towards NLF.A. But we have to take care of the needs of Bihar and Jammu and Kashmir and some parts of U.P. It is mostly the sub Himalayan belt that suffers from this disease.

Several hon. Members expressed concern about TB. It is a matter of concern to everybody and I am in entire agreement with Shri HimmatSingha when he said that domiciliary treatment is much better, is with in our means and is as good as sanatorium treatment and we should concentrate on it. That is in fact the line that we are taking for the present and our researches at chimotherapy centre in Madras and the National Tuberculosis Institute have confirmed this point of view. This Institute has taken the whole district of Anantapur and we propose to take up Bangalore also for comprehensive tuberculosis control programme. Similarly, we are extending assistance to a number of voluntary organisations and others who wish to take up this type of programme and we propose to have at least one TB clinic in every district during the current Plan. Then with the help of specially trained officers who are being trained at the national Tuberculosis Institute and training and demonstration centres set up in the States, we hope we can launch a big and bold campaign for the control of TB from the beginning of the Fourth Plan. During the Third Plan we have to be content with the pilot projects, setting up of these TB clinics and with the training programmes. Seven training and demonstration centres have already come into existence and we hope a few more will come into existence before too long.

We are doing our best with leprosy control programme also and cholera and venereal disease control and are also being attended to. Time will not permit me to go into details of each one of these schemes. Suffice it to say that we are aware of the importance of getting rid of all the infec-

tious and communicable diseases as early as possible. So far as cholera is concerned and along with cholera, typhoid, dysentery and all kinds of gastro-intestinal diseases, they are largely the result of infected food and infected water and fly nuisance. Several hon. Members have emphasised the importance of health education, and I am in agreement that health education is very important. Somehow or other in this country we are very conscious of personal cleanliness, but we have become so unaware of the importance of environmental sanitation. We just go and commit nuisance anywhere, without thinking that there is anything wrong about it. Thus, health education has to be a very big programme. We think if the health habits are formed from early childhood they will last throughout one's life. It is for this reason that we are collaborating with the Education Ministry and are preparing a syllabus to be included in the teachers' training programme so that the teachers will inculcate health habits in the children, while they are in the primary school, so that they can continue with those habits afterwards. But if we are to give health habits to these children, it is necessary that we should provide every school with a proper sanitary latrine, with proper ventilation and clean surroundings, with proper water supply and so on. All these are matters which rest with either the State Governments or with the local bodies, district boards. The work is not easy, but all the same, we realise its importance and we are trying to do the best that we can in this direction.

When we talk of all these water-borne diseases due to insanitation, one disease that stands up before us is filaria, and I was impressed by the speeches made by several hon. Members wherein they have highlighted the dangers of filaria. I am very well aware of this danger. From 25 million of the population at risk it has increased to 65 million and probably it will increase still further. Industrialisation is going on at a rapid pace;

it attracts people from the filarial areas to non-filarial areas, and several of them are carriers. They have no symptoms but they carry the micro-filaria in their blood and when they come to the non-filarial areas, the mosquitoes carry those filaria germs from one person to another. The results can be very well imagined. It is for this reason that we have been requesting our friends in the Ministry of Commerce and Industry at the Centre and in the States to insist on proper drainage schemes being made an integral part of industrial schemes that are sanctioned by them.

Similarly we are insisting that there should be no water supply schemes without simultaneously a drainage scheme being part and parcel of the scheme. If we increase the water supply without giving adequate drainage facilities, what happens? Water stagnates leading to more mosquitoes and they give rise to filaria. Shrimati Vimla Devi mentioned that some filaria units were withdrawn from Andhra Pradesh. There were 47 units. We have continued the 47 units. We have not increased them for the simple reason that....

Shrimati Vimla Devi: The report is from Kerala. They said that the filaria squads are being withdrawn.

Dr. Sushila Nayar: There was a big training and research unit which has been moved from one place to another—from Ernakulam to Calicut. But nobody has withdrawn any units from Kerala so far as I know. Why we have not increased the number of units is.....

Mr. Speaker: The hon. Member herself has withdrawn from Andhra to Kerala!

Dr. Sushila Nayar: Well, Sir, the researches show that we do not know enough about filaria control at present. We had taken up certain medicines for treating the filaria carriers and patients and these medicines produced such severe reactions in the carriers who were not having symptoms otherwise, that the population was dis-

contented and they did not want this type of treatment. Further, the special filaria carrying mosquito is not sensitive to DDT and BCH spraying, so that it is difficult to control it. We have come back to the view that we must have proper drainage and where there are stagnant pools we must do larvicidal work by spraying the pools with oil etc. That is what we are concentrating upon, and wherever we have been able to do that, the results have been good. I do not have the time to go into the details, but I have full information as to how much the reduction was as a result of this. There is almost a 50 per cent reduction in the filaria carrying mosquitoes as a result of these measures. But we are hoping that as the research progresses and as our energies get freed by the completion of the malaria eradication programme we may be able to take up more comprehensive filaria control programmes.

Several hon. Members have tabled their cut motions and have mentioned in their speeches also that there should be more facilities for medical care. Now, the provision of hospitals, dispensaries, health centres etc., is the responsibility of the State Governments, and we can only tell them to do more about it. So far as the primary health centres are concerned, the Government of India has given substantial assistance towards them. In fact, we have given 75 per cent towards non-recurring and 50 per cent towards the recurring cost of these primary health centres. The number of primary health centres has increased to 3,276. But they are not enough.

Shri Priya Gupta: How many of them are without doctors and nurses?

Dr. Sushila Nayar: During the current year the progress has been slow and the reason given by most of the State Governments is the need for economy due to the Chinese invasion. The hon. Member has said that there are several health centres without doctors. It is true that 15 to

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17 per cent of them are without doctors and it is necessary that we should have doctors for all the primary health centres. To meet the shortage of doctors there are several steps that we have taken. We have suggested to the State Governments that they should insist on everybody putting in three to five years in the rural areas. They should have one State cadre and before a man is confirmed he should have put in three years and before he crosses the efficiency bar and goes into the higher ranks he should have put in five years. If this is implemented—some of them have started implementing this idea—this difficulty of not having doctors for rural areas will disappear.

Secondly, in the rural areas it is necessary to give proper and adequate housing facilities and also proper salaries and allowances to the doctors. West Bengal has done it and there is not a single health centre in West Bengal that is without doctors. We are advising the other States to follow the example of West Bengal, and I hope they will do so. In the mean time, we are trying to increase the number of doctors as fast as we can. As an hon. Member mentioned earlier, the number of medical colleges has increased to 71, with an admission capacity of 7,000 per year. This is a phenomenal rise. In fact, it is so staggering that it has never happened anywhere in the world. The expansion of medical education has been so fast that it has created several complications in the form of lack of adequately experienced teachers and a high failure rate. The high failure rate is partly due to the insufficiency of experienced teachers and partly due to several States insisting on keeping on reservations in the names of regions, communities and so on and so forth. We are advising them to admit students to the medical colleges in terms of merits and merit alone, but we have not succeeded everywhere, though we have succeeded in some places.

Shri Hari Vishnu Kamath: Which of the States have not been amenable to your advice?

Dr. Sushila Nayar: I am not going to mention the names of States, because I am working with them and they have been very co-operative in most of the programmes so far.

Shri Hari Vishnu Kamath: Just now you said something to the contrary.

Dr. Sushila Nayar: That is not correct, some hon. Members have mentioned that we should have a national health scheme like Britain. We would love to have it. I personally believe hundred per cent in socialised medicine, but we have shortage of doctors and shortage of hospitals. It is not by making a resolution, making a paper scheme that we can achieve the object.

Shrimati Vimla Devi: By nationalisation you can draft all the doctors who are doing private practice to follow the Nation.

Dr. Sushila Nayar: If my hon. friend has studied the national health scheme of Great Britain, she will see that there is no compulsion and doctors join the scheme of their own free will. There are enough doctors and they join the scheme because it is good, attractive and paying. We have neither sufficient number of medical personnel, nor have we sufficient resources to give them handsome salaries. In fact, some of the hon. Members have very rightly brought out how poorly the doctors are being paid. The longest training course is the medical course. In spite of that, we pay them such poor salaries that a majority of them, in some cases about 70 per cent, are not joining the medical service; they are going in for private practice. The answer to this is that we should try to improve their emoluments. How do we do it? There are so many things with which the whole thing is linked up. We have to go through

the Pay Commission and various other procedures and we have not been able to do it as much as we would have liked to.

However, there are two schemes which have made quite substantial progress in that direction. There is the Employees' State Insurance Scheme which is looking after the medical needs of the industrial workers. That scheme is taking care of 19 lakhs to 20 lakhs of workers. Then, we have the Contributory Health Scheme, which is looking after the Government servants and their families and the servants and families of about 58 to 60 semi-governmental organisations, covering a total of 5½ lakhs employees.

Mr. Speaker: In the morning we, have lost one hour for other business. If the House agrees, we might sit a little longer and take up the discussion on the Demands for Grants of the Ministry of Irrigation and Power.

Some Hon. Members: No, no.

Shri Hari Vishnu Kamath: We will sit on Saturday, if necessary.

Dr. Sushila Nayar: With your permission, I would like to take a few more minutes.

Mr. Speaker: The hon. Minister for Irrigation and Power was going. Therefore, I wanted that information.

श्री रघुनाथ सिंह (वाराणसी) : अध्यक्ष महोदय, कल छः बजे हम लोगों को स्टेशन पर पहुंचना है। भूतपूर्व राष्ट्रपति जी के एंजिल आ रहे हैं। इसलिए आज हाउस को छः बजे ही खत्म कर दिया जाये तो बहुत अच्छा होगा।

अध्यक्ष महोदय : कल जाना है या आज ?

श्री रघुनाथ सिंह : कल।

अध्यक्ष महोदय : मैं यह कह रहा था कि आज आध घंटा और बैठा जाये।

श्री रघुनाथ सिंह : चार बजे हम लोग उठेंगे। चार बजे उठ कर नहायेंगे, धोयेंगे, तब कहीं स्टेशन पर पहुंच पायेंगे छः बजे।

Dr. Sushila Nayar: I was rather interested to hear the remarks of Shrimati Jayaben Shah. She said that we are not looking after the small fellows and asked, "What is the use of looking after the big fellows, like, the Members of Parliament and so on and so forth?" The truth of the matter is that Government servants..

Mr. Speaker: Hon. Members take objection and say that they should not be addressed as 'big fellows'.

Shri Kapur Singh (Ludhiana): We are very small fry.

Shri Hari Vishnu Kamath: Is it just like University Fellows?

Dr. Sushila Nayar: I withdraw it. I mean, the big gentlemen.

Shri Hari Vishnu Kamath: The big friends,

Dr. Sushila Nayar: I do not think..

Mr. Speaker: That is perfectly all right. She might continue.

Dr. Sushila Nayar: As things stood, the benefits that were given to Government servants under the rules of service allowed the very best of treatment to the top class—I mean, the reimbursement rules—and the small fellows, the peons, the chaprassis and the sweepers, were left out of it. The Contributory Health Service Scheme has included everybody from top to bottom and has given the same facilities to everybody so that it is a step in the right direction. It is not a service that is for the top class alone and not for the lower classes.

श्री प्रिय गुप्त : चौथे, तीसरे, दूसरे और पहले वर्ग के लिए कितने-कितने प्रोपॉजिशन में दिया गया है ?

डा० सुशीला नायर : सब का दिया गया है और बराबर का दिया गया है। एक फर्क जरूर रहा है। वह यह है कि स्पेशलिस्ट की

[डा० सुशीला नायर]

कंसलटेशन के लिए पुराने जमाने में पांच सौ रुपये से ज्यादा तनख्वाह पाने वाला सीधा स्पेशलिस्ट के पास जा सकता था, उसको इसकी इजाजत थी। हम ने उसको हटा कर घाठ सी कर दिया था। अब घाठ सी हटा कर, उसको हम बारह सौ कर रहे हैं। हमारा इरादा है कि इस प्रिविलेज को पूरा-पूरा विदड़ कर लें। डिसपेंसरी का डाक्टर जिस को मुनासिब समझता है, उसको कंसलटेशन के लिये भेजेगा, दूसरों को नहीं भेजेगा। कोई फर्क नहीं है छोटे से छोटे और बड़े से बड़े के बीच। छोटे से छोटे को भी स्पेशलिस्ट देखता है मगर जब डिसपेंसरी का डाक्टर रेफर करता है, तब वह जा कर स्पेशलिस्ट को मिलता है।

श्री प्रिय गुप्त : इंटरनल कान्फिडेंशल लैटर तो कोई अलग से नहीं है ? Openly

something and internally something else.

Dr. Sushila Nayar: I object to this type of unnecessary insinuation which is meaningless.

Shri Priya Gupta: Is it inheritance from the hon. Prime Minister?

Dr. Sushila Nayar: If he hopes to provoke me into getting irritated, I am not going to oblige him.

Shri Priya Gupta: That is what you think.

Dr. Sushila Nayar: I have mentioned about the Contributory Health Service Scheme. We hope to cover in one area, for instance, in Vinay Nagar, where the majority is Government servants but a small proportion is non-Government servants, the non-Government servants also. We are thinking of carrying out an experiment of covering those non-Government servants also so that we gain some experience and as soon as we are ready we can go forward to cover the non-Government servants also by this

kind of health scheme. Further, we are encouraging people to have some kind of health insurance schemes wherever they can do it.

One hon. Member mentioned that something should be done to ban quacks. I am in entire agreement with him, namely, that quackery should disappear. There are several State Governments which have passed legislation to that effect. However, it is very difficult to eliminate quackery till we have a larger number of trained doctors. But the same gentleman in the next breath said that we should allow Ayurvedic injections. I just do not understand what an Ayurvedic injection is. What is it but quackery?

A lot of hon. Members have spoken about Ayurveda. Several of them have supported the *Shuddha* Ayurveda system. Some of them said, "No; the integrated system should continue". One gentleman, or more than one—perhaps two—wanted that they should be registered along with practitioners of modern medicine. These are the very reasons which have led to the revision of the policy from having an integrated course to *shuddha* Ayurveda. I have said in this House in some other context how the Planning Commission had called a panel of the top-notch Ayurvedists from the whole of this country in May last year and it was on the advice of all those experts that we had taken the decision to have *shuddha* Ayurveda. The graduates of the integrated course do not like to be called 'Vaidyas'; they are ashamed of being called 'Vaidyas'. They like to be called doctors. In most cases, they are asking us to organise condensed courses to enable them to become M.B.B.S. If these people want to become M.B.B.S., there are 71 Medical colleges and they might as well go straightforward to the Medical colleges and take regular M.B.B.S. training. We have kept aside money for Ayurveda so that the best in Ayurveda can be brought out.

18 hrs.

Shri Hari Vishnu Kamath: *Shuddha* Ayurveda.

Dr. Sushila Nayar: That can only be done by those Ayurvedists who have faith in Ayurveda, who have respect for Ayurveda and not by those who want to go about and be called and treated as doctors and use modern medicine. I was recently in Kerala. I was amazed to find there Vaidyas—not every one of them; I cannot say that—several of them using Cibazol powder and calling it Ciba bhasm. Somebody asked, is it Shiv Bhasm. I was told, it is Cibazol and so it has become Ciba bhasm.

Shri Hari Vishnu Kamath: That is integrated or adulterated?

Dr. Sushila Nayar: In another place, they powdered A.P.C. tablets and they called it Shweta powder—white powder. That is neither good for Ayurveda nor for modern medicine. Let us know where we stand. We shall make progress if we are truthful and scientific in our methods. That is why we are doing our level best to promote research in Ayurvedic medicine in every way.

Shri Hari Vishnu Kamath: *Vishuddha* Ayurveda.

Dr. Sushila Nayar: Training is to be in *Shuddha* Ayurveda henceforward. This was the decision of the Central Health Council. A committee has been appointed to go into the syllabus. That committee was to give its report by the 15th of this month. Now, they are to give the report by the 10th of April, they say. I hope they would send it up. We have been receiving letters from Unani experts. They say, we should have a *Shuddha* Unani course like the *Shuddha* Ayurveda. I have requested the Planning Commission to set up a panel of Unani experts in the same manner so that we can take their advice as to what is to be done for Unani.

Shri Hari Vishnu Kamath: What about *Shuddha* Homoeopathy?

Dr. Sushila Nayar: Shri Himatsingka mentioned something about nature cure. I might mention that we have the Nature cure committee under the Chairmanship of Shri Shriman Narayan. They have recently recommended several schemes and we are helping those schemes. In the mean time, under the C.H.S. scheme, we have set up centres where yoga exercises are being given to promote health, where people are being encouraged to take physical check-ups. An Ayurvedic dispensary is to be opened soon. Shri Nanda has agreed to perform the opening ceremony on the 30th of this month.

Shri Hari Vishnu Kamath: Who are the yoga trainers?

Dr. Sushila Nayar: Trained people. There is so much to be said. The time is too late. With regard to adulteration of food and drugs, I can only say that I am in entire agreement with the hon. House that these are very serious matters and are causing considerable concern to the Health Ministry. We have legislation ready for checking adulteration of drugs. I hope when the legislation comes before this hon. House, we will get their support. We propose to make punishment of imprisonment up to 10 years, equal to murder. We propose to go further and confiscate the means of production of spurious drugs after conviction in court. These two measures should prove deterrent. In the mean time, we have set up special committees to promote better production, help the trade to improve their methods of production, and also to see who are capable of producing drugs, surgical instruments and other medical equipment. We are attending to all this.

Shri P. K. Ghosh (Ranchi East): May I know what legislation is going to be brought forward,....

Dr. Sushila Nayar: I cannot yield the floor now.

Mr. Speaker: The hon. Minister may ignore the interruption and continue.

Dr. Sushila Nayar: Then, something was said about the prices of drugs. As soon as the three or four plants such as the factory for surgical instruments at Madras, the factory for antibiotics and other similar drugs to be produced at Rishikesh, and the factory for vitamins and sulpha drugs and other synthetic drugs to be set up at Hyderabad go into operation with the help of the Government of the USSR, we shall be practically self-sufficient in drugs, and the prices will go down.

Further, we propose to abolish the patents on foods and drugs and that by itself should have a healthy effect is checking the prices.

In the meantime, under the Defence of India Rules, we have issued instructions that everybody should display the price list so that the consumer knows what a drug should cost, and is not cheated. I am glad to report that the prices of drugs have been practically steady during the last few months. There was a trend for upward rise, but then these measures were taken and they checked that trend, and that is very good, I am grateful to the trade for their co-operation in this respect.

Shri Hari Vishnu Kamath: Implementation is not satisfactory.

Dr. Sushila Nayar: Lastly, I want to say a word about the effect of the present emergency namely the Chinese invasion, on our health schemes. We have had a cut of 27.5 per cent in our health plan for the current year. But we do not propose to let our schemes suffer because of that. We are trying to think of ways and means by which we can make up for the lack of money by better co-ordination, and by better performance on the part of everybody. At the same time, we feel that there is need for more trained personnel, and we have been able to get an allocation of Rs. 2½ crores for the training of more doctors, more nurses and more para-medical personnel. We have asked the various medical col-

leges that if they would like to, they can expand the admissions up to 200 per year, provided they can do it without sacrificing the quality of medical education.

Several suggestions were received during the debate that we should start zonal medical colleges with Bhilai and Rurkela hospitals and at some other places. All that I can say is that we shall give very careful consideration to this and other suggestions that have been made by the hon. Members during the debate.

The blood banks and various other programmes such as first aid training and home nursing that are necessary are being attended to. The school health programme is being taken up, so that our children can grow up to be strong and healthy for the defence of the nation.

I am glad to report that all our schemes are orientated in such a manner that they can meet the needs of defence; our researches are also being orientated towards that; our training programmes are orientated towards that and all our health plans are orientated to serve the needs of the hour.

With these words, I would once again thank you and the House for the patient hearing that has been given to me.

Mr. Speaker: I shall now put the motions No. 3 and 4 to vote.

The cut motions were put and negatived.

Mr. Speaker: I shall now put the Demands to vote.

The question is:

“That the respective sums not exceeding the amounts shown in the fourth column of the Order Paper be granted to the President to complete the sums necessary to to defray the charges that will come in course of payment during the year ending the 31st day of

March, 1964, in respect of the Heads of Demands entered in the second column thereof against Demands No. 47, 48, 49 and 130 relating to the Ministry of Health."

The motion was adopted.

Mr. Speaker: The House is not prepared to sit longer?

Several Hon. Members: No.

Mr. Speaker: Then, the House will stand adjourned and meet again tomorrow at 11 A.M.

18:10 hrs.

The Lok Sabha then adjourned till Eleven of the Clock on Tuesday, March 26, 1963/Chaitra 5, 1885 (Saka).
