

MR. SPEAKER : It will be saved, do not worry. We are all colleagues.

[English]

PROF. N.G. RANGA : Let me congratulate your Deputy Speaker who conducted the proceedings yesterday.

MR. SPEAKER : Yes, I think that goes to him.

[Translation]

SHRI BALKAVI BAIKAGI : I am afraid that he will bring such a motion against hon. Deputy Speaker also.

MR. SPEAKER : We will all work together, it is a routine matter. We do not have any ill-feeling or hostility between us. You have to initiate matters, I am merely your servant. If you say something, it is your greatness. If you do not, then also it is your greatness. What can I say in it? I am in your hands.

SHRI RAM SINGH YADAV : Mr. Speaker, Sir, it is for the elders to grant pardon.

**WELCOME TO PARLIAMENTARY
DELEGATION FROM MONGOLIA**

[English]

MR. SPEAKER : Hon. Members, at the outset, I have to make an announcement.

On my own behalf and on behalf of the Hon'ble Members of the House, I have great pleasure in welcoming His Excellency Mr. Bat-Ochiriin Altangerel, Chairman of the Great People's Khural of the Mongolian People's Republic and the Hon'ble Members of the Mongolian Parliamentary Delegation who are on a visit to India as our honoured guests.

The other Hon'ble Members of the delegation are :

(1) Mr. Danzangyn Radnaaragchaa, M.P.

(2) Mrs. Sunduyn Odgerel, M.P.

The Delegation arrived here today morning. They are now seated in the Special Box. We wish them a happy and fruitful stay in our country. Through them we convey our greetings and best wishes to the Chairman of the Presidium of the Great People's Khural, the Parliament, the Government and the friendly people of the Mongolian People's Republic.

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ORAL ANSWERS TO QUESTIONS

[English]

Clandestine sale of banned medicines

*677. SHRI A. JAYAMOHAN : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) the names of medicines the sale of which has been banned in the country in the recent past ;

(b) whether Government have any machinery to check and prevent clandestine sale of such medicines ;

(c) whether cases regarding the sale of such medicines after the imposition of ban have been brought to the notice of Government : and

(d) if so, the details thereof ?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE) : (a) The names of the medicines the sale of which has been banned is given in Statement-I below.

(b) The State Drugs Controllers who are the licensing authorities for manufacture and sale of drugs through a system

of licensing and renewal of licensing, through their inspectorate staff check and prevent clandestine sale of medicines prohibited by the Government.

(c) After the ban order most of the formulations covered by the notification

are not sold in the market. However, some affected firms had obtained stay orders from various high courts. As such some banned formulations continue to be sold in the market.

(d) Details of such drugs are given in Statement-II below.

Statement-I

1. Amidopyrine.
2. Fixed dose combinations of Vitamins with anti-inflammatory agents and tranquillisers.
3. Fixed dose combinations of Atropine in Analgesics and Antipyretics.
4. Fixed dose combinations of Strychnine and Caffeine in tonics.
5. Fixed dose combinations of Yohimbine and Strychnine with Testosterone and Vitamins.
6. Fixed dose combinations of Iron with Strychnine, Arsanic, and Yohimbine.
7. Fixed dose combinations of Sodium Bromide/Chloral hydrate with other drugs.
8. Phenecation.
9. Fixed dose combinations of anti-histaminics with anti-diarrhoeals.
10. Fixed dose combinations of Penicillin with Sulphonamides.
11. Fixed dose combinations of Vitamins with Analgesics.
12. Fixed dose combinations of Tetracycline with Vitamin C.
13. Fixed dose combinations of Hydroxyquinoline group of Drugs except preparations which are used for the treatment of diarrhoea and dysentery and for external use only.
14. Fixed dose combinations of Steroids for internal use except combination of Steroids with other drugs for the treatment of Asthma.
15. Fixed dose combinations of Chloramphenicol for internal use except combination of Chloramphenicol and Streptomycin.
16. Fixed dose combinations of Ergot.
17. Fixed dose combinations of Vitamins with anti-T.B. drugs except combination of Isoniazide with Pyridoxine Hydrochloride (Vitamin B₆).

- 18. Penicillin skin/eye ointment.**
- 19. Tetracycline liquid oral preparations.**
- 20. Nialamide.**
- 21. Practolol.**
- 22. Methapyrilene, its salts.**
- 23. Methaqualone.**
- 24. Oxytracycline Liquid Oral Preparations.**
- 25. Demeclocycline Liquid Oral Preparations.**
- 26. Combination of Anabolic Steroids with other drugs.**

Statement-II

Names of the firms and names of the formulations for which stay has been given by the High Courts

11. Category—Fixed dose combinations of Vitamins with Analgesics.

Name	W.P.No.	Name of preparation
1	2	3
1. M/s. Nicholas Labs. Ltd. Bombay.	2098/82	Micypryrin C tablets
15. Category—Fixed dose combinations of Chloramphenicol for internal use except combination of chloramphenicol and Streptomycin.		
1. M/s. Boehringerknoll Ltd Bombay.	668/83 1946/83	Paraxin dragees and drug Syrup
2. M/s. Fine Dyestuff & Chemical Bombay.	2497/83	Jetosec Dry Syrup
3. M/s. Ethnor Ltd.	2553/83	Imosec capsules
14. Fixed dose combinations of steroids for internal use except combination of steroids with other drugs for the treatment of Asthama.		
1. M/s. Wyeth Labo. Ltd., Bombay.	1746/84	Histapred tablets
2. M/s. Fulford (India) Ltd. Bombay.	1701/84	Celestamine tablets
3. M/s. Medo Pharma, Madras	1660/85	Chlorbetusone tablets Chlor-Emdoxa tablets
4. M/s. Domagk Pharma Guntur, Andhra Pradesh.	Misc. Ption 18767/85 13504/85	Histomack tablets
5. M/s. Unitabules Pvt. Ltd. Vijaywada, Andhra Pradesh.	3632/86	Escort tablets

3

2

1	2	3
6. M/s. South India Research Institute Pvt. Ltd., Vijaywada, Andhra Pradesh.	5691/86	Histacort tablets
7. M/s. Micro Laboratories Pvt. Ltd. Madras.	9164/84 14704/84	Cortril—A tablets
8. M/s. Baroda Pharma Pvt. Ltd., Baroda, Ahmedabad.	Spl. Civ. Appli. No. 6767/85	Dexamine Plus. tablets
9. M/s. Eros Pharma Bangalore, Karnataka.	19028/85	Chloropred tablets
26. Combination of Anabolic Steroids with other drugs.		
1. M/s. Unichem Labo. (India) Ltd. Bombay.	836/86	Trinerbic Capsules Trinerbic Injections
2. M/s. Infar (India) Ltd. Calcutta.	1392/86	Dexapopic Cream Docabolin Injection

SHRI A. JAYAMOHAN : Mr. Speaker, Sir, it was reported some time back that there was a demand from the consumer groups from various States, particularly from Tamilnadu that Government should take a series of measures to completely weed out harmful and irrational combination of drugs which are sold in the market. The common people are mostly not aware of the 26 categories of drugs which are harmful and injurious to health, having single ingredients and combination drugs covering about 2000 products. Even now, such medicines like Novalgin, Analgin, Mexoform, sleeping pills with a high degree of potency are sold in the market. I would like to know from the hon. Minister whether the Government will consider creation of separate Department with adequate manpower for effective control and prevention of sale of banned items of medicines in a clandestine manner. As in the case of publicity given for the necessity of triple vaccination to the infants and also harmful effects of liquor and narcotic drug consumption, I would like to know whether the Government will give wide publicity in Radio and Television media regarding banning of these medicines and the harmful effects of these medicines.

SHRI P. KOLANDAIVELU : He has given the answer also.

(Interruptions)

KUMARI SAROJ KHAPARDE : Sir, we are aware of this fact. Some manufacturers in Bombay and West Bengal filed their Writ Petitions in the High Courts at Bombay and Calcutta against the decision to ban manufacture and sale of the drugs and the High Courts have granted interim Stay Orders for the products, as there was at that time no provision in the Drugs and Cosmetics Act to ban the already licensed formulations. The Act was amended in 1982 and the Government got powers to prohibit import, manufacture as well as sale respectively of drug formulations moving in the market, considered by the Government to be irrational and harmful. The Government thus prohibited manufacture and sale of 22 drug formulations including the many fixed dose combinations. Under

the amended Act, the Central Government have further issued three more notifications prohibiting manufacture and sale of another 4 drug combinations.

SHRI P. KOLANDAIVELU : What happened to Novalgin, Anacin and Saridon ?

SHRI A. JAYAMOHAN : Sir, the hon. Minister has stated that the various High Courts have granted Stay Orders to ban the sale of these medicines. I would like to know from the hon. Minister as to what steps the Government has taken to vacate the Stays in the interest of the public. These medicines are harmful and they are unhealthy for the people who are consuming these medicines.

THE MINISTER OF HUMAN RESOURCE DEVELOPMENT AND MINISTER OF HEALTH AND FAMILY WELFARE (SHRI P. V. NARASIMHA RAO) : We have written to all the State Governments to take every step that is needed to get the Stay Orders vacated because the situation is rather unsatisfactory. Now, if there is a category of drugs out of which there are certain formulation and the manufacturer of a few formulations has gone to the High Court and got a Stay Order, he goes on marketing his formulations while the others are banned. So, this is an unsatisfactory situation. We are trying our best to get the Stay Orders vacated and since there is essentially the need to keep a watch and have a uniform policy and a process of monitoring, the proposal now is to set up a Cell to monitor the drugs and their effect. Now, if this monitoring takes place regularly and quickly, it will be possible to do the banning process under the Act equally, regularly and quickly. The idea is to have a Cell consisting of a Central Wing and a Peripheral Wing. The Central Wing will be located in known hospitals from where the monitoring will take place and the Peripheral Wing will go from place to place or will keep a watch on the Primary Health Centres and other areas as to the effect of the drugs that are being sold there. Now this is still in the offing, in the initial stage. After it is set up and it

starts functioning, it will have to be seen what the results are. But we are very much alive to the situation.

PROF K. V. THOMAS : Sir, the same medicine which has got the same ingredient is sold under different brand names by different companies. The price also varies from one brand to another. My question to the hon. Minister is whether steps would be taken to have a uniform price for the same medicine having the same ingredient ?

SHRI P. V. NARASIMHA RAO : Sir, this multiplicity of formulations has become a very big problem in our country. In some other countries, they have cut down the number drastically. We are also trying to cut down the number to the extent possible, under the circumstances here. But I must say the success so far has only been partial. Again, there is litigation, there are complications in this. We are trying our best to see that all this confusion that is arising as a result of thousands of formulations being in the market is reduced, if not altogether removed.

About pricing, it is very difficult to exercise any strict control. There is a modicum of control but within that range, prices are bound to vary.

DR. K. G. ADIYODI : Sir, is there any proposal to have a common pharmacopoeia as in other countries consisting of various systems of medicines in our country ?

SHRI P. V. NARASIMHA RAO : Sir, on the allopathy side, it is already there. On the Ayurveda, on which I will have occasion to answer another question today, we are trying for the single drugs, but, it has not been found easy to have a full pharmacopoeia on the pattern of Western pharmacopoeia in the case of Ayurvedic and other drugs here.

[Translation]

SHRI V. TULSIRAM : Mr. Speaker,

Sir, I also had a similar question to ask. But on the basis of ballot it has been put under the category of written answers. The reply of the hon. Minister, is vague. She has stated that the firms on which ban orders were issued have obtained stay orders from various courts. We cannot complain in the House against the sale of those drugs which have been banned by foreign countries and our own country. In this situation, what steps are being taken to get the Stay Orders vacated at the earliest and what arrangements will be made in future in this regard ?

SHRI P. V. NARASIMHA RAO : We have written to the State Governments and I think early action will be taken in this respect.

Incidence of goitre

*678. **SHRI K. N. PRADHAN :** Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) the number of persons suffering from goitre in the country at present; and

(b) the steps taken to control this disease ?

[English]

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE) : (a) According to estimates, 140 million people are exposed to severe iodine deficiency and the actual number of persons suffering from goitre is estimated to be around 40 million.

(b) Iodised salt is the simplest and cheapest method for the prevention of goitre and other iodine deficiency disorders. In order to tackle the problem of goitre/iodine deficiency disorders, the Government has decided to iodise the entire production of edible salt in a phased manner by 1992. The targets or annual production of iodised salt are as under :-