

(Objectionable Advertisements) Amendment Bill

Mr. Deputy-Speaker: The question is:

"That the Bill be passed"

The motion was adopted.

16.14 hrs.

**DRUGS AND MAGIC REMEDIES
(OBJECTIONABLE ADVERTISEMENTS) AMENDMENT BILL**

The Deputy Minister in the Ministry of Health (Dr. D. S. Raju): Mr. Deputy-Speaker: Sir I beg to move:

"That the Bill to amend the Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954, as passed by Rajya Sabha, be taken into consideration."

This Act was in force since 1955, and actually those people who contravened the provisions of this Act have been punished. In Delhi itself about 22 cases were prosecuted and a certain amount of fine has also been collected. While this was going on, in the year 1959 a few manufacturing concerns—Hamdard Dawakhana and Sadhana Pharmaceuticals—brought a writ petition holding that the provisions of this Act are contrary to the Constitution, holding that section 19(i)(a) and 19(i)(f) and (g) contravened the provisions of the fundamental rights of the Constitution. So, a writ petition was brought before the Supreme Court. The Supreme Court went into the whole question and finally decided that the general provisions of this Act were valid but section 3(d) and section 8 were not satisfactory and that they should be amended. It held that section 3(d), which contained a schedule of diseases, conditions and disorders was rather vague and indefinite and the powers given to the executive under the rules were unchannelled and unfettered without any guiding principles for inclusion in or deletion from the list of diseases, conditions and disorders.

It further held that section 8 has also arbitray and so it should be amended. Therefore, we are amending these sections in accordance with the ruling of the Supreme Court.

Then, while implementing this Act during the last few years we have found a few minor amendments are necessary to some other provisions. They have also been included in this Bill.

Actually, the purpose of this Bill is to prevent self-medication in the case of the diseases conditions and disorders mentioned in the Schedule by reading these advertisements. As hon. Members are aware, most of the people in our country are poor and they would like to have self-treatment by reading these advertisements. Also, there is a lot of quackery in the country. By resorting to self-medication, they injure or harm themselves, ultimately making the treatment very difficult. It is very difficult to cure such patients. A schedule of diseases, conditions and disorders which require consultation and treatment by a qualified registered medical practitioner is attached to the Act where 54 such conditions or diseases are given. In regard to these disorders or diseases no objectionable advertisement is allowed. The reason is simple and obvious. We see a lots of advertisements about magic remedies, *kavachas*, *mantras* and magic rings which are supposed to have miraculous powers. Some ignorant people are lured by these advertisements and they worsen their condition.

Shri Thirumala Rao: (Kakinada): How can the *kavachas* affect the condition of the people?

Dr. D. S. Raju: They pay a lot of money and get these *kavachas*, involving them in a tremendous amount of financial loss.

Shri Thirumala Rao: I should like to understand how *kavachas* or *mantras* are going to affect the health of the people?

Shri Warior (Trichur): Psychologically.

Dr. D. S. Raju: Apart from financial ruin, there is mental, physical and psychological affliction.

The list is a comprehensive one and I do not think hon. Members will have any objection to these provisions being amended.

Keeping in mind the experience gained by us in the working of this Act during the last four or five years, we have made a few minor amendments, which I will briefly mention. In accordance with the recommendations of the Supreme Court, we have made a few alterations in section 3(d). The Supreme Court has said that there must be some guiding principles when the list of schedule is being altered. We have now provided that no new name of disease, condition or disorder should be added to the schedule unless and until the Drugs Technical Advisory Board is consulted and unless that particular disease or disorder requires consultation and treatment by We have now provided that no new a registered medical practitioner. So, this amendment of the Act is in accordance with the ruling of the Supreme Court.

The old section 8 has been completely deleted and this also is in accordance with the recommendations of the Supreme Court. Section 8 laid down the procedure for the search and seizure of objectionable advertising material. Under the old section any authorised person of Government could enter the premises at any time of the day or night and seize the article. That was rather hard upon the industry and business. Now that has been deleted and now it has been provided that a Gazetted Officer could enter the premises at stated times with the permission of the Magistrate and seize and take away the objectionable advertisement material; and the containers also, if they could not be separated from the advertisement, could be considered. This is the amend-

ment which has been brought forward in order to give some relief and not to harass the trade and business.

Shri Warior: For relief from harassment.

Dr. D. S. Raju: Yes, not to harass them unnecessarily.

Under section 9A it has been made a cognisable offence. This is another provision which has been added to this.

A few minor amendments have been brought forward to section 14. This actually contains the savings provisions. It provides that a registered medical practitioner can advertise on his premises. Registered practitioner will mean a practitioner of all the systems, whether allopathic, Ayurvedic or Unani. So long as he is a registered practitioner he can advertise on the premises saying that he can treat heart disease, venereal diseases or anything. That much is permitted and to that extent he is covered. Also, Governments could advertise in regard to control programmes, for instance, malaria or small-pox eradication programmes. Medical text-books, literature, scientific journals are also exempted because they are all for the public good.

Under the existing section manufacturers can send advertisements to chemists, druggists, hospitals and laboratories also. That provision we have removed because we find that information that was sent to these agencies was leaking into undesirable private hands, that is, into the hands of the quacks and all such persons and that was doing harm. Now this material from the manufacturing concerns can be sent in a confidential cover to registered medical practitioners. They are entitled to get it.

One more provision made in section 14 is that these provisions do not apply to permission that was already secured before this 1963 Act came into force. Permissions that were given to

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private individuals or firms before this came into force are covered.

Section 15 has provision for the Central Government to give exemptions. In any particular case of a particular individual or a particular drug if it is found to be good in the public interest, Government can give exemption to that particular firm or individual so that sections 3, 4, 5 and 6 need not operate in respect of them.

These are some of the provisions which have been brought forward through this Amendment Bill. I hope, hon. Members will appreciate their meaning and contents and the spirit behind it and will be able to pass the Bill. If there are any more points which the hon. Members would raise, I will answer them.

With these words I move.

Mr. Deputy-Speaker: Motion moved:

"That the Bill to amend the Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954, as passed by Rajya Sabha, be taken into consideration."

Time has not been fixed for this. Shall we fix one hour?

Some Hon. Members: Two hours.

Shri Warior: More than two hours.

Mr. Deputy-Speaker: All right, we will fix two hours.

Shri Warior: Mr. Deputy-Speaker, Sir, the amending Bill looks a very innocuous and innocent legislation, but actually it is full of harm and full of difficulties. It is harmful to the people and to the big section of physicians who actually do some service for the people. It is not only that. It does not give any remedy also for those people who will be suffering from the effect of the implementation of this Act. I do not know how the parent Act itself was got through this august House. The more I think about it,

the more I am convinced that some radical steps must be thought of by those responsible in the administration of this Ministry. It is rather a very sorrowful aspect. We cannot but mention it because, I think, there is a confusion of thought, a confusion of idea.....

Dr. D. S. Raju: Absolutely none. I will answer that

Shri Warior: I will prove it to the Minister and if the Minister is open-minded, I am quite sure that he will be convinced in the end, though not in the beginning.

Sir, I know there is an enactment in U.K. also similar to this. There is a tendency amongst us and more on the other side to copy whatever is in the statute book of the United Kingdom or for that matter of any of the western countries forgetting conveniently that the conditions are entirely different in this country.

Shri Ranga (Chittoor): Tropical disease.

Shri Warior: Not only tropical diseases, but the tradition itself. Take, for instance, the physicians of the Allopathic system and the physicians of the Ayurvedic system. In the Allopathic system, the physician is not responsible for dispensing any medicine. The entire responsibility rests with the pharmacies, the dispensaries and the drug manufacturers. He has nothing to do with it. If a drug manufacturer puts any label on the packet, or whatever it may be, that it contains such and such a material, that is the end of it. If the material is not genuine, the doctor is not responsible for that. It is only the drug manufacturers or those dispensers who are responsible for this. Supposing a doctor prescribes a mixture and from the dispensary one gets that mixture and in case that mixture is not genuine or it does not contain all those materials prescribed by the

doctor, then the doctor is not responsible for that. But is that the case in Ayurvedic system? No. In the Ayurvedic system, the physician is responsible not only for diagnosing the disease, prescribing the medicine and the treatment but also even for dispensing the medicine. I now particularly all those people who are practising the Ayurvedic system in Kerala. I have my own prejudices against them. I have my own complaint that many of them are more obscurantist than actually coming up with the modern developments of science and technology. But that apart, prejudice should not come in the way of our thinking, and we should not mix two things together.

The allopathic system, its tradition, its development, its present condition, its connection with modern science and technology, especially with chemistry and other things is entirely different from the tradition, history and the practice of Ayurveda. So, my first suggestion is that this subject should not be handled by the present set-up, because we want to regularise these things and we want to develop things and bring them on a par with those in any other medical system in regard to their efficacy and their use, particularly, by our poor people.

Dr. M. S. Aney (Nagpur): What about magic?

Shri Warrior: I shall come to magic also in a minute. But there is more magic and sorcery in the allopathic system than in the Ayurvedic system. I shall come to that point a little later.

My first suggestion is that in India, the Health Ministry must be bifurcated into two, and a seniormost Ayurvedic physician must be put in charge of all those departments which come under the Ayurvedic system. I made this point on a prior occasion also that the allopathic doctors heading this Ministry cannot carry out their moral

responsibility to our indigenous system which had been practised for thousands of years in this country of India, without prejudice. They would only bring to bear on it the subjective attitude with which they have been trained to look at things, and not a really objective attitude.

The second point is about the drugs and medicines which are dispensed. In the allopathic system, every preparation has got its own specific ingredients, but in the Ayurvedic system, it is not so. I had occasion to mention this on a previous occasion also. In the Ayurvedic system, how can we test a particular preparation and see whether it contains all the ingredients prescribed by the old text or by the new code? The Physician is at perfect liberty to omit anything and prepare a new combination. According to my limited knowledge, originally, in Ayurveda, they gave only one thousand combinations, and they called it the *sahasrayoga* or the thousand combinations. But those thousand combinations can be changed into very many more, by dropping something and adding something else; in this way, by permutation and combination, they can make so many combinations according to the necessity of the particular individual whom they are treating.

Dr. D. S. Raju: May I point out to the hon. Member that the Act only refers to advertisements about cure for certain diseases?

Shri Warrior: I know. But advertisements come later. Only after the preparation of the medicine, the advertisements can go. The advertisements cannot go earlier as in the case of the allopathic system, so far as Ayurveda is concerned. In the allopathic system, even before they actually discover the properties of the medicine, they begin to advertise. That is not so in the case of the Ayurvedic system. It is only after they prepare these things that they can advertise. Moreover, many of these things are household things now, because they are so very

[Shri Warrior]

old and they have come down the ages. If you call any young boy in the streets of Kerala and ask him what the ingredients of *Dasamoolarishta* are, he will immediately recite to you a *sloka* which will give the formula. These are household things. There is no such thing here as the changing of this into that, the changing of that into this etc. as in the case of allopathic system, and thus experimenting on humanity. The Ayurvedic medicines have already been experimented upon, and there is so much of accumulation of empirical wisdom in the Ayurveda, much more than in the case of the allopathic system and its preparations.

I know that Dr. D. S. Raju is not prejudiced, but he may be prejudiced because of his training. That is why I have suggested at the very outset that the Ayurvedic department itself must be taken away from the allopathic people.

Again, some of these Ayurvedic preparations contain certain materials which are very costly. For instance, there is the case of saffron or musk or some such thing, which is added to so many of the Ayurvedic medicines. How can Government or any technical people know whether it is actually there or not, because it will be present in the medicine only in a small quantity. They might have added it or they might not have. When we fix certain standards for these medicines, there is much difficulty. What is the way out? It is very simple. People who are used to all these medicines in our country know from the very tasting of it what they contain and what is absent. For instance, if musk is added, anybody can say that; otherwise, he will say that it does not contain it. It is just like salt for our rice in an Indian home. I do not know about conditions in north India pretty well, but I know of conditions in our south.

How can you have a standard for this? Naturally, in the allopathic system, it is very easy. I do not say that

there is no absolute necessity for any standard. There is. But the point is that if the physicians are not adhering to the standards prescribed in the text, it is simply because all these costly things are available only in the black market today, and therefore, not available to the ordinary physician. (An Hon. Member: Gold). Take, for instance, *thanga bhasma*. It is used for so many things.

Dr. M. S. Aney: 14 carat.

Shri Warrior: It is gold with some other alloy.

Dr. D. S. Raju: Who prevents them from using gold? They can use as much as they like.

Shri Warrior: That is underscored only now, it was not a few days back.

These things should be looked into. If the Government have some device by which to supply these people with all these costly substances which have necessarily to be included in these preparations, it will be a welcome step and an encouragement to these people.

Another point is that these preparations are to be marketed. Usually, the physicians prepare these things only for their own treatment, for their own clientele. But there are some which are sold outside also if there is demand. For instance, I invite the attention of the hon. Minister to a preparation coming from an institution in Kerala called the Kottakal Arya Vaidya Sala. I would challenge anybody here or outside to prove that they are not genuine medicines, that they are harmful. But the people must know. They will not just go for a medicine if it is put in prosaic language that such and such medicine is available here. The good qualities must be highlighted. Of course, there will be a bit of exaggeration also, because people have to be attracted. We can dispense with the tie, but still people wear it. It is a bit of exaggeration. It does not do any harm by

having a tie. People wear it because that way they attract attention.

So also in the case of these medicines. They must have some attraction. So they must advertise it like that. Now comes the Minister's penal clauses? What will be the effect of that? The intention is said to be that self-medication should be avoided or stopped or discouraged—at least discouraged. If allopathic medicines can be advertised, for instance, aspro or any other substance or sedative, and we can depend upon ourself medication in that, why not depend upon the most harmless of medications in the preparations of Ayurveda? How are we assured that the Government will not penalise them even though the Government cannot penalise Bayer and Co. or any of these pharmacologists? There is no such guarantee, that is the whole trouble. Ayurvedic preparations must have at least as much protection at the hands of Government as allopathic preparations, so that ordinary people, even though they resort to self-medication depending upon the genuineness and integrity of established houses of Ayurveda, do not come under the penal clause. In all other respects, namely that spurious things must be destroyed and nipped in the bud etc.. I am at one with the Government.

Shri Sham Lal Saraf (Jammu and Kashmir): Does the hon. Member mean that there is no adulteration in Ayurveda and Unani?

Shri Warior: I neither mean that there is no adulteration in Ayurveda, nor that allopathy is completely harmless. There are more deaths because of allopathic self-medication than Ayurvedic self-medication. If a survey is conducted by Government, I think that will be proved.

Shri Sham Lal Saraf: But what protection is there with regard to the rest?

Shri Warior: These are technical questions. I may take a dose of peni-

cillin according to doctor's prescription and may not have any reaction, but my hon. friend Shri Saraf may have reaction to penicillin because he is allergic to it.

Shri Sham Lal Saraf: That is a different question. May I make a submission?

Mr. Deputy-Speaker: He can have his say afterwards.

Shri Warior: Regarding these magic remedies, of course, sorcery and all these things are reprehensible, but if Government can allow astrologers and palmists to go about the country, how can they say that magic remedies should not be allowed?

Dr. M. S. Aney: Very right.

Shri Warior: Palmists are everywhere. One palmist had been here, staying in Glaridges Hotel, one of the best hotels, and I think some of the highest persons consulted him when they were on the verge of being thrown off their high pedestals and from their jobs. In such circumstances, how can you deal with these poor physicians in this manner, I do not understand. Unless Government comes forward and does away with this sort of palmistry and all other psychologically harmful things, I think some latitude should be shown at least to the very material things which the physicians are prescribing.

Hence I come to the conclusion that this should not be left like this. It is a very rich system, though it may have its difficulties and deficiencies, but at the hands of the present set-up and the present Ministry, it is not fairing well. Hence, I once more insist that in India Ayurveda must have its own place, and for that it must be handled by an efficient Ayurvedic physician and not at all by an allopathic physician for years to come.

श्री ह० च० सीय (सिंहभूम) :
 उपाध्यक्ष महोदय, मंत्री महोदय ने बतलाया

[श्री ह० च० सोय]

है कि इस बिल को लाने में उनका उद्देश्य यह था कि आजकल जो लोग अपना प्रचार कराते हैं अखबारों में विज्ञापन आदि दे कर, इस सम्बन्ध में जो बुराइयां होती हैं उनको दूर किया जाये। जो ओरिजनल कानून सन् १९५४ में लागू हुआ, उस के लागू होने के बाद इस अर्थ में जो वैधानिक कठिनाइयां आईं सिर्फ उन को ही दूर करने के लिए नहीं बल्कि वाई जो मैजिक रेमेडीज वगैरह होती हैं, जो कि अभी भी चलती हैं और काफी बड़े पैमाने पर चल रही हैं, चूंकि उनको दूर नहीं किया जा सका इस लिए हम उम्मीद करते थे कि इस कानून के अन्दर उसके सम्बन्ध में अमेंडमेंट लाया जायेगा। अभी भी हमारे देश के बहुत बड़े इलाक़े में मैजिक रेमेडीज चलती हैं और यह एक बड़ा भारी गोरख धन्धा है कि असली दवा के इस्तेमाल करने में लोग रुकावट डालते हैं। उम्मीद थी कि इस ऐक्ट के अन्दर जो इस तरह के काम होते हैं, यानी मैजिक रेमेडीज वगैरह के, जिन के कारण लोगों को असली दवा नहीं मिल पाती है, उन के लिए लोगों को दंडित करने के वास्ते अमेंडमेंट लाया जायेगा। लेकिन ऐसा हुआ नहीं। इस में सिर्फ विज्ञापन से सम्बन्धित बातों के विषय में दिया हुआ है।

हम यह भी उम्मीद करते थे कि इस में जो रजिस्टर्ड मेडिकल प्रैक्टिशनर्स की डेफिनिशन दी गई है, उस में कुछ इशारा होगा उन लोगों की तरफ जो कि देहातों में ब्वैक डाक्टर्स हैं और उनको कुछ मनाही होगी, लेकिन उस की तरफ भी इस में इशारा नहीं है। देहातों के सम्बन्ध में, इस तरह के कानून बनाने से ही काम नहीं चलता। जरूरत है कि लोगों को सस्ती दवायें मिलें। हमारे देहाती इलाकों में जो ब्लाक्स होते हैं वहां पर दवाओं का जो इन्तज़ाम है, उस में खामी यह है कि कई जगह पर ब्लाक्स खुल गये, लेकिन डाक्टर नहीं मिलते, और यदि डाक्टर्स हैं

भी तो वे हेल्थ सेन्टर्स में जा नहीं पाते हैं। नतीजा यह होता है कि दवा मौजूद होते हुए भी मिलती नहीं है। दूसरी ओर वहां पर जो कविराज और वैद्य आदि होते हैं वे अच्छी तरह से प्रशिक्षित नहीं होते। कई राज्यों में तो ऐसा होता है कि कुछ रूपयों के दे देने से ही उन्हें एक सर्टिफिकेट मिल जाता है। हम यह भी उम्मीद करते थे कि इस अमेंडिंग बिल में कुछ ऐसा होता कि गलत तरीके से जहां पर रूपयों को खर्च करके सर्टिफिकेट्स मिल जाते हैं और गलत तरीके से दवा दारू होती है, उस की कुछ रोकथाम होगी। लेकिन ऐसा नहीं हुआ। इस लिये मेरी मिनिस्टर साहब से एक प्रार्थना है कि इस बिल को वे वापस लें और नये संशोधित रूप में ला कर जो भी खामियां हैं उनको दूर करने का इन्तज़ाम करें। ऐसा हो जाय तो ज्यादा अच्छा होगा। वे इस समय इस बिल को वापस लें और नये संशोधन के साथ दुबारा लायें।

Shri Sham Lal Saraf: Sir, while supporting the Bill, I wish to make a few observations. It is a welcome step to control such advertisements as magic cures are becoming common now-a-days. My friend Shri Warior touched a very important point. No doubt you are putting under control a number of things with regard to allopathic system. But the law needs to be brought up-to-date in order to cope with the problems that confront us today. From experience we know it is not possible to deal with Ayurvedic and Unani systems of medicine in the same manner as the allopathic system. Mr. Warior said, rightly, that the manufacture of these drugs is not so difficult and the pharmacopoeia is not so vast and wide in Ayurvedic and Unani drugs. Treating them also under the same law would be welcome but it should be done in a way as not to harm them. If we treat all of them on par, I apprehend that these two systems may be harmed. I tabled a question last ses-

sion on the resolution passed by the All India Tibbia Conference held at Simla in June; I had pointed out there that they wanted that these two systems may be left out from the purview of the Drugs Control Order and that they may be treated differently. In that way the two systems could be helped in the best manner possible. I did get an encouraging reply, but I do not know what the Government have done now. Therefore, I submit that while all these systems have to be brought under control, one thing has to be kept in view: dealing with one system in one way and with another system or subject in the same manner may harm that system. So, I feel that it would be quite in the fitness of things if the two systems—Ayurveda and Unani—are given shape and form in their entirety so that they can be placed on a proper footing in the country.

I will not be making a new suggestion before this House when I say that as far as these two systems are concerned, they are very, very popular in the country today, both in the suburban and the rural areas. Firstly, the medicines that are prescribed, whether Unani or Ayurveda, are very cheap and do not bear comparison with the medicines of the allopathic system. I would say that with regard to the allopathic system very costly medicines are prescribed and it has become difficult for the people to get them. Secondly, almost all the medicines in the other two systems are available within the country. Thirdly, the strata of population living in the rural areas, and the poorer strata of population in the urban cities are even now Ayurveda or Unani-minded. Keeping that in view, it will be in the fitness of things if the Government tries to make the allopathic system also up-to-date, curbing undesirable things wherever necessary, and thus enabling it to help the other two systems.

One thing that we have to guard against is that we may not deal with all the three systems in the way we

deal with the allopathic system. With these few words, I support this Bill, and I wish that the hon. Minister clarifies the issues that were raised by some of my hon. friends and also takes into consideration the points that I have raised.

श्री यमुना प्रसाद मंडल (जयनगर) :
 उपाध्यक्ष महोदय, यह जो बिल लाया गया है वह आज की परिस्थितियों को देखते हुए अत्यन्त आवश्यक है। आज देश में अशिक्षा और रूढ़ियों का बोलबाला है इसलिए इस बिल का लाना बहुत उपयुक्त है। देश में मैजिक रेमेडीज का प्रचार लोगों को बहुत खटकता है। हम देखते हैं कि जहां तहां आज टोना, मंतर, जन्तर के द्वारा साधारण लोगों को गुमराह किया जा रहा है। यह स्वतंत्र भारत के लिए शोभा की बात नहीं है। ऐसी स्थिति में यह अमेंडमेंट लाना आवश्यक था। लेकिन ऐसा न हो कि जो लोग अच्छे वैद्यों से आयुर्वेदिक इलाज कराते हैं या यूनानी इलाज कराते हैं उन को नुकसान पहुंचे। इस बात का ध्यान स्वास्थ्य मंत्रालय को रखना चाहिये।

दूसरी बात जो मैं कहना चाहता हूं वह यह है कि शिड्यूल को छोटा किया जा सकता है। इस में अभी बहुत एग्जास्टिव लिस्ट दी गयी है, इस को छोटा किया जा सकता है। उदाहरण के लिए एंट्री नम्बर १० में दिये है "डिजीजेज एंड डिसआर्डर्स आफ दी ब्रेन" और एंट्री नम्बर २१ में दिया है "इनसेनिटी"। एंट्री नम्बर ५४ में बहुत सी चीजों को एक साथ लिया गया है। उसी तरह एंट्री नम्बर दस और २१ को मिलाया जा सकता था और "डिजीजेज एंड डिसआर्डर्स आफ दि ब्रेन" के बाद ब्रैकिट में "इनसेनिटी" लिखा जा सकता था। इस से लिस्ट छोटी हो जाती। ठीक इस तरह एंट्री १९ में फीवर इन जनरल दिए हैं और फिर निमोनिया और टाइफाइड फीवर अलग भी दिए हैं। इन तीनों को एक साथ मिलाया जा सकता था। इस तरह शिड्यूल छोटा हो सकता था। लेकिन फिर भी

[श्री यमुना प्रसाद मंडल]

जो किया गया है सोच समझ कर किया गया होगा। हम लोग तो साधारण जनता के प्रतिनिधि हैं। मैं तो समझता हूँ कि यह सुन्दर काम किया गया है।

यह सही है कि आज लोग पैसा कमाने के लिए तरह तरह से एडवर्टाइजमेंट कर के लोगों को गुमराह कर रहे हैं, वे तरह तरह के पैम्फलेट निकालते हैं और साधारण औषधि को रामबाण औषधि बताने का प्रयास करते हैं। आज ऐसा करने की होड़ सी लगी हुई है। लोग एडवर्टाइजमेंट देख कर बहकावे में आ जाते हैं और गुमराह हो जाते हैं। इन को रोकना चाहिए। लेकिन साथ ही जो हमारे देश में आयुर्वेद की परम्परा है उस की अच्छी औषधियों के प्रचार को नहीं रोकना चाहिए। जैसे अगर कोई तुलशी के पत्तों के बारे में शुद्ध भावना से कुछ लिखे तो वह उस के अन्तर्गत नहीं आना चाहिए, उस पर रोक न लगाई जाये। अगर कोई काम अच्छे मतलब से किया जाता है तो उस को एडवर्टाइजमेंट न समझा जाये।

आज हम देखते हैं कि बहुत से ऐसे पत्र और पत्रिकाएँ हैं जो कहने को तो पत्र और पत्रिकाएँ हैं लेकिन जिन के भीतर इस प्रकार की दवाओं के एडवर्टाइजमेंट भरे रहते हैं। उन पर भी रोक लगनी चाहिए। जो रजिस्ट्रार पत्रों का रजिस्ट्रेशन करते हैं उन को ऐसे पत्र पत्रिकाओं पर रोक लगाने की हिदायत देनी चाहिए। ऐसा न हो कि जो आप इस कानून द्वारा रोक लगाएँ उस से बचने के लिए लोग इन पत्र पत्रिकाओं का आश्रय ले कर अपना काम करते रहें।

मैं फिर कहता हूँ कि इस प्रकार का कानून लाना एक स्तुत्य कार्य है। यह ब्वेकरी को रोकने के लिए कदम उठाया गया है। जो लोग गलत विज्ञापन कर के लोगों को ठगने का गन्दा रास्ता अपनाते हैं उस पर

इस से रोक लगेगी। मैं इस बिल का स्वागत करता हूँ।

श्री बड़े (खारगोन) : माननीय उपाध्यक्ष महोदय, जब मैं ने इस बिल को देखा तो मुझे प्रतीत हुआ कि जो सुप्रीम कोर्ट का रूलिंग हुआ है उसी के परिणामस्वरूप यह बिल लाया गया है। इस के पहले भी फारमेस्यूटिकल एनक्वायरी कमेटी ने अपनी १९५४ की रिपोर्ट में भी इस प्रकार की सिफारिश की थी। उस में आयुर्वेदिक दवाओं के बारे में एडवर्टाइजमेंट्स के बारे में सिफारिश की थी।

In England, they have the British Code of Standards in relation to the advertising of medicines and treatment. This Code is drawn by an Advisory Committee of newspaper-proprietors. National newspapers do not accept advertisements which fail to conform to the Code.

वहाँ पर न्यूजपेपर्स के प्रोपराइटर्स हैं वे इस प्रकार की दवाओं के एडवर्टाइजमेंट्स को प्रसिद्ध नहीं करते हैं।

Mr. Deputy-Speaker: He can continue his speech tomorrow.

17 hrs.

CALLING ATTENTION TO MATTER
OF URGENT PUBLIC IMPORTANCE

TRAIN-BUS COLLISION ON 25-11-1963
NEAR GANDHIDHAM, CUTCH

Shri Yashpal Singh (Kairana): Sir, I call the attention of the Minister of Railways to the following matter of urgent public importance and I request that he may make a statement thereon:

"The train-bus collision on the 25th November, 1963 at an un-manned level crossing near Gandhidham, Cutch, resulting in the death of some persons and injuries to others."

The Minister of Railways (Shri Dasappa): Sir, at about 8.58 hours on 25th November, 1963, while 65 Up Fast