

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 :-

1987-88	16 lakh tonnes
1988-89	22 lakh tonnes
1989-90	30 lakh tonnes

The remaining 20 lakh tonnes of iodised salt is expected to be raised by 1992 to achieve the production of 50 lakh tonnes of iodised salt.

[*Translation*]

SHRI K. N. PRADHAN : Mr. Speaker, Sir, the gland in the neck of a human being is known as the Thyroid gland. The physical and the mental development of a person is dependent on the substance manufactured in this gland and Iodine is that substance. As the hon. Minister has stated in his reply, about 14 crores of people are suffering from goitre due to Iodine deficiency. It is also true that Government figures cannot be much relied upon and the actual number may be far greater. Man is afflicted by many dreadful diseases, but people are not conscious about this disease even today. Even educated people are not aware of this disease which has affected the whole nation. It has affected the physical and mental development of the majority of our people. I want to know from the hon. Minister whether any programme on the national level has been formulated to eradicate this disease? Further, what are the places in the country where surveys have been conducted and where Iodine deficiency has been found in food and water and what measures have been taken to provide iodised salt in large quantities in those areas?

[*English*]

KUMARI SAROJ KHAPARDE : The Hon. Member has asked me two-three questions in a row. I would like to answer the first part of the question.

The Government has taken a number of actions in this respect. Firstly, all States and Union Territories have been addressed by the Ministry of Health and Family Welfare that financial assistance

will be available from the Central Government for establishment of goitre control centre at the state level. Secondly the financial assistance shall be available for the production and distribution of prototype material for providing communication support to help education programme on goitre, emphasizing the need for greater consumption of iodised salt in goitre endemic areas for control of goitre and other iodine deficiency diseases.

A scheme for disbursement of subsidy to manufacturers towards cost of chemicals like potassium, calcium, iodate for use in iodisation of salt has been announced. An all time high production of iodised salt i.e., 7 50 lakh M. T. has been achieved during the year 1986-87. The concerned States and Union Territories have been advised to issue notifications banning the sale of salt other than the iodised salt in the States under the Prevention of Food Adulteration Act. All the States and Union Territory Governments have been advised to undertake surveys to assess the magnitude of goitre, iodine deficiency diseases in areas where surveys have not been done. Copies of the posters and pamphlets both in Hindi and English have been sent to all the States and Union Territories for educating the masses for consumption of iodised salt.

The second part of the question, which I would like to answer, is about the areas and whether survey has been done there or not. According to the survey reports, in India the endemic goitre belt stretches across the entire sub-Himalayan region and includes the States of Jammu and Kashmir, Himachal Pradesh, Uttar Pradesh, Bihar, West Bengal, Sikkim, Assam, Arunachal Pradesh, Nagaland, Manipur, Meghalaya and Tripura, besides Punjab, Haryana and the Union Territory of Chandigarh. (*Interruptions*) The endemic goitre is also found prevalent in certain districts of Madhya Pradesh, Gujarat and Maharashtra. The survey is well in progress (*Interruptions*).

Sir, I would like to tell the honourable Member, the States where the disease is most prevalent. The study group appointed under the chairmanship of Salt

Commissioner, among other things, stated that the goitre is not restricted to any particular area but is a national problem. However, this disease stretches across the entire sub-Himalayan region. Other things I have already mentioned.

MR. SPEAKER : You lay it on the Table of the House.

*[Translation]*

SHRI K. N. PRADHAN : Mr. Speaker, Sir, the hon. Minister in her reply has stated that the best method is to provide iodised salt and in order to ensure the use of iodised salt in the entire country, the Government has kept the production target of 16 lakh tonnes of iodised salt in the year 1987-88. I want to know as to in which places in the country iodised salt producing units have been set up and where will they be set up in the near future and what are the names of places where laboratories for testing iodine content are being established ?

*[English]*

THE MINISTER OF HUMAN RESOURCE DEVELOPMENT AND MINISTER OF HEALTH AND FAMILY WELFARE (SHRI P. V. NARASIMHA RAO) : Sir, among the recommendations of one of the committees, which was to review the production of iodised salt, one is that we should make it open to private manufacturers. That recommendation has been accepted. Following this, the Salt Commissioner has granted permission to 625 applicants all over the country. I do not have readily the names and places where they are situated. But it is a very large number : 625. 150 of these units have already gone into production and the others are expected to go on stream in batches in the near future. This is the position, Sir. Taking the country as a whole, the prospect of achieving 100 per cent iodised salt usage is bright by the end of 1990.

Added to this is the recommendation of the Central Government to all the State Governments to undertake legislation to ban non-iodised salt being used

in their States. So, combined with the production on one side and also the banning of ordinary salt being used on the other, the effect will be as it should be and is intended to be.

SHRIMATI D. K. BHANDARI : Sir, I would like to know from the Hon'ble Minister whether it has come to the notice of the Government that the incidence of brain tumour is on the increase in the goitre prone areas and it is said that it is also due to the iodine deficiency.

I would also like to know whether any survey has been made to find such cases and if so, what steps the Government propose to take to control this.

SHRI P. V. NARASIMHA RAO : Sir, the surveys already undertaken very categorically have brought out the results of iodine deficiency, as the enlargement of the thyroid gland the stunting of growth whether of the brain, of the body or in some cases obesity. So, all these have been taken into account. A decision has been taken that all over the country, from now on, we shall introduce the use of iodised salt in order to cut out the complications and make the most effective arrangement for the obviation of risks. So, this is the result. There is no further study necessary or is being undertaken.

SHRI VIJAY N. PATIL : Mr. Speaker, Sir, as just pointed out, by the Minister, about 140 million people are suffering. But it becomes very difficult to identify the patients or, you know, the patients themselves do not know at an early stage. Unlike diabetes, this disease spreads from the age of 10 years to 60-70 years'. We find that diagnosis centres are very few in the country. Especially in case of early diagnosis, only the nuclear physics helps. In Delhi, the iodine intake is checked in the Nuclear Physics Laboratory; in Bombay, at the Bombay Hospital or the St. John Hospital. But in smaller districts, this facility is not available. In one case of goitre when the gland increases, it is visible from outside, but there are two types of goitre, hyperthyroidism

and hypothyroidism. For detecting goitre patients is the Government taking any steps to increase the number of centres of nuclear technology so that the fast spreading disease which is not detected at an early stage will be controlled and by the time you spread the use of iodized salt, it would have been brought under control to a reasonable extent ?

**SHRI P. V. NARASIMHA RAO :** We have some facilities for detection at the moment. I do not think, they are adequate. But since we are undertaking a massive programme to prevent this from happening in future, I think the concentration should be in completing this programme in a record time, may be a year earlier than intended, rather than now starting diagnostic centres all over the country. The arrangements that are available, wherever they have to be strengthened, that could be undertaken, but starting new centres does not appear to be feasible.

**DR. T. KALPANA DEVI :** I would like to know whether there is any proposal to provide hundred per cent financial assistance to the States for setting up of goitre control units, State Health Directorates and for the State level coordination committees, and for organizing health education activities for effective implementation of goitre control programme.

**SHRI P. V. NARASIMHA RAO :** Yes, Sir. When it has been taken up on a national scale, education of the people is being done, maybe it needs strengthening in some areas, but all that would depend on the State Governments and I am sure, the State Governments where this complaint is in an endemic form will certainly take all the necessary steps. But the question actually centres round the permanent measures to be taken and the permanent measure is one, and that is the cheapest and also the most effective, and that is the use of iodized salt and that is what I have answered.

#### **Strikes by doctors and para-medical staff in Delhi hospitals**

\*680. **DR. B.L. SHAIKESH :** Will the

Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether any in-depth study has been made by his Ministry into the causes of frequent strikes by doctors and nurses and other para-medical staff in Delhi hospitals;

(b) if so, the outcome of such study; and

(c) the remedial steps proposed in this regard ?

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE) :** (a) to (c) The issues on which the doctors, nurses and other para-medical staff in Delhi Hospitals have resorted to agitational approach in the recent past mostly centre around their grievances relating to pay and various categories of allowances. By and large the approach of the Government has been to negotiate with the employees and arrive at an amicable settlement. Joint Consultative Machineries have also been established at different levels to discuss and decide on issues which agitate the mind of the employees.

[Translation]

**DR. B L. SHAIKESH :** Mr. Speaker, Sir, will the hon. Minister kindly state as to how many times the doctors and other medical staff have gone on strikes and how has it affected the patients ? Along with it, what steps has the Government taken to provide medical facilities to the patients during the course of a strike ?

**THE MINISTER OF HUMAN RESOURCE DEVELOPMENT AND MINISTER OF HEALTH AND FAMILY WELFARE (SHRI P.V. NARASIMHA RAO) :** I want to appeal to the hon. Member that he should not repeat this matter so many times, because we have tried our best to arrive at a settlement, but it should be ensured that they do not resort to such strikes in future, but it could not be said that there would not be strike at all. We have tried to make them