

LOK SABHA

Thursday, December 22, 1983]
 Pausa 1, 1905 (Saka)

The Lok Sabha met at
 Eleven of the Clock.

[MR. SPEAKER in the Chair]

SHRI KRISHNA CHANDRA HALDER : Good morning, Sir.

MR. SPEAKER : Good morning, good morning.

SHRI KRISHNA CHANDRA HALDER : Is there a possibility to meet next year in the Budget Session ?

MR. SPEAKER : Sure, Sir. You can take it for granted. Don't you worry, I will make sure.

PROF. MADHU DANDAVATE : If our health is good, we will meet.

MR. SPEAKER : Yes.

(Interruptions)

अध्यक्ष महोदय : हल्धर जी मेरे भाई हैं, इनकी मालिश करके तन्द्रस्त रखेंगे।

SHRI SATISH AGARWAL : Even in the next Parliament we shall have you as Speaker, provided you contest the election. We will support you.

अध्यक्ष महोदय : वह तो एक कन्वेंशन आप करें, तब बनता है।

ORAL ANSWERS TO QUESTIONS

Brand name for new Single Ingredient
 Drugs

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*430. SHRI SATYANARAYAN JATIYA :
 SHRI N.K. SHEJWALKAR :

Will the Minister of HEALTH AND
 FAMILY WELFARE be pleased to state :

(a) whether Government propose to reintroduce brand name for new single ingredient drugs ; and

(b) if not, how Government propose to encourage new drugs in the country ?

THE DEPUTY MINISTER IN THE
 MINISTRY OF HEALTH AND FAMILY
 WELFARE (KUMARI KUMUDBEN M.
 JOSHI) : (a) and (b). The Delhi High
 Court in the judgement delivered on 13th
 August, 1982 declared that laying down
 inter-alia drugs containing any of the single
 active ingredient shall be marketed only
 under generic names, as illegal and ultra
 vires of the Constitution. The Government
 have preferred an appeal (Special Leave
 Petition) in the Supreme Court. The
 Special Leave Petition has been admitted.
 The matter is, therefore, sub-judice.

श्री सत्यनारायण जटिया : अध्यक्ष महोदय, मुझे तो मंत्री महोदय के उत्तर पर आश्चर्य हो रहा है। मैंने प्रश्न को दो भागों में पूछा है, लेकिन उन्होंने एक भाग का उत्तर देकर ही अपने कर्तव्य की इतिश्री कर ली है। उन्होंने बताया है कि 'जेनेरिक नेम और ब्रांड नेम' का मामला सुप्रीम कोर्ट में चल रहा है। मैंने अपने प्रश्न के दूसरे भाग में पूछा है : "सरकार का विचार किस प्रकार देश में नई औषधियों को प्रोत्साहन देने का है?" इसका जबाब नहीं दिया गया है। पहले इसका जबाब आ जाए, तब मैं पूरक प्रश्न पूछूंगा।

अध्यक्ष महोदय : पहले जवाब में दूसरा जवाब निहित है।

श्री सत्यनारायण जटिया : नहीं है।

कुमारी कुमुदबेन एम० जोशी : माननीय सदस्य ने जो सवाल पूछा है, उसका जवाब बिल्कुल कैटेगोरिकल दिया गया है। जब गवर्नमेंट ने डिसिजन लिया कि जेनेरिक नाम से दवाएं बेची जाएं, तो उस डिसिजन के खिलाफ कुछ कंपनियां हाई कोर्ट में गईं। इस बारे में हाई कोर्ट ने जो फैसला दिया, हैल्थ मिनिस्ट्री उसके बारे में सुप्रीम कोर्ट में गई है। सुप्रीम कोर्ट के डिसिजन से पहले मैं कैसे जवाब दे सकती हूँ कि गवर्नमेंट इसको रीकनसिडर करने जा रही है या नहीं।

Unless we get the decision from the Supreme Court, it is not possible for me to divulge any information so far as this problem is concerned.

श्री सत्यनारायण जटिया : अध्यक्ष महोदय, मामला बना नहीं है।

अध्यक्ष महोदय : आपकी इच्छानुसार नहीं बना है।

PROF. MADHU DANDAVATE : He does not reply. The Supreme Court may not deliver the judgment.

कुमारी कुमुदबेन एम० जोशी : माननीय सदस्य यह जानना चाहते हैं कि इस डिसिजन के बाद गवर्नमेंट दवाओं के प्रोडक्शन में किस तरह प्रोत्साहन दे रही है और इसका प्रोडक्शन पर क्या असर हुआ है।

श्री सत्यनारायण जटिया : सरकार ब्रांड नेम नहीं रखना चाहती है और जेनेरिक नेम रखना चाहती है, यह एक अलग विवाद है, मैं यह जानना चाहता हूँ कि अनुसन्धान की व्यवस्था हो और अच्छी दवाओं के उत्पादन को प्रोत्साहन मिले और वे लोगों का सुलभ हों, इसके लिए सरकार क्या कर रही है?

कुमारी कुमुदबेन एम० जोशी : इस डिसिजन

के बाद सरकार के पास जो नई कम्पनियां से एप्लीकेशन आई हैं कि वे जेनेरिक नेम से अपनी दवाएं बेचना चाहते हैं, वे हैं 32 और जेनेरिक नेम की जो नई ड्रग मार्केट में आई है, वे हैं 23। इस डिसिजन के बाद इतनी कम्पनियां जेनेरिक नेम से दवाओं का उत्पादन कर रही हैं, इससे पता लगता है कि अच्छी दवाएं मार्केट में आएँ, सरकार ने इसके लिए जो कार्यवाही की है, उसमें सफलता मिली है।

अध्यक्ष महोदय : श्रीमती प्रमिला दंडवते हंसते हुए आई हैं। डिप्टी मिनिस्टर साहब का बयान देना उनको अच्छा लग रहा है। एक दूसरे के साथ उनकी रपोर्ट हो रही है।

श्री सत्यनारायण जटिया : हम भाइयों को इस पर हंसना नहीं चाहिए, हमको समझना चाहिए।

DR. SUBRAMANIAM SWAMY : You should not look at only lady Members, you should look at us also !

(Interruptions)

श्री सत्यनारायण जटिया : लोगों को सस्ती, अच्छी और उपयुक्त दवाएं मिलें और वे सबको सुलभ हों, यह सबकी इच्छा है।

अध्यक्ष महोदय : घर की बातें यहां करने की इजाजत नहीं है।

श्रीमती प्रमिला दंडवते : आफिशल बातें हैं।

श्री सत्यनारायण जटिया : दवा के नाम का महत्व नहीं है, महत्व उसके गुण का होना चाहिए। सरकार की जो मंशा है, उस पर किसी को आपत्ति नहीं है। लेकिन आम आदमी की समझ में आना चाहिए कि किसी दवा में क्या चीज है। मैं आपको एक उदाहरण देना चाहता हूँ। क्रोसीन और सीटामोल, इनमें से क्रोसीन में पैरासीटामोल है और सीटामोल में भी पैरासीटामोल है, और उसकी क्वान्टिटी उसमें लिखी रहती है। आम आदमी को पता नहीं होता कि उसमें कितनी मात्रा है, 500 मिलीग्राम है या 250 मिलीग्राम

है। मेरा कहना यह है कि आप जो ब्रांड नेम चढ़ा रहे हैं, उसकी मैं कोई बकालत नहीं करना चाहता, लेकिन इस बात की क्या गारंटी होगी कि बाजार में गलत दवायें बिकने से लोगों के स्वास्थ्य पर विपरीत प्रभाव पड़ता है, वह नहीं होने पायेगा। यह "नू डाल-डाल, मैं पात-पात" नहीं चलना चाहिए। स्टैंडर्ड दवायें सही कीमत पर आम जनता को सुलभ हो सकें, इस दृष्टि से सरकार क्या प्रयास करेगी ?

कुमारी कुमुदबेन एम० जोशी : जितना माननीय सदस्य दवाओं और गरीबों के लिए चिंतित हैं, उतनी ही सरकार भी चिंतित है। ब्रैंड नेम से जेनेरिक नेम पर जाने का जो डिसेजन लिया गया है, वह इसलिए कि गरीब और पिछड़े वर्ग के जो लोग गांवों में रहते हैं, जिनका ब्रैंड नेम से एक्सप्लायटेशन होता आया है, उसको रोका जा सके ; प्राइसेज के बारे में माननीय सदस्य ने जो पूछा है, उसका ताल्लुक हमारे मंत्रालय से नहीं है, इसलिए मैं उस बारे में कोई औपोनियम नहीं दे सकती हूँ।

श्री सत्यनारायण जडिया : अध्यक्ष महोदय, यह तो जो एक जरूरी बात थी उसका दायित्व दूसरे मंत्रालय पर डाल दिया गया है। मैं यह कह रहा था कि गलत दवा का गलत असर पड़ेगा। इसलिए मैं निवेदन करना चाहता हूँ कि यह मसला इतना आसान नहीं है। लोगों को सुविधा मिले, यह बात तो ठीक है लेकिन ठीक और स्टैंडर्ड दवा मिले, इस सम्बन्ध में आपने कोई अध्ययन किया होगा। "मेडिसिन फार मासेज" श्री मदन गौर की पुस्तक को मैंने पढ़ा है। आप दवाओं को सस्ते भाव पर दिलाना चाहते हैं लेकिन दवाओं की क्वालिटी का क्या होगा ? दवाओं के लिए अनुसंधान करने की प्रवृत्ति बनी रहे—इस बारे में मंत्रालय की क्या नीति है ?

कुमारी कुमुदबेन एम० जोशी : जनता को सस्ती कीमत पर दवायें मिले, केवल यही एक मकसद सरकार का नहीं है, हमारा मकसद यह भी है कि उनको स्टैंडर्ड मेडिसिन मिलें। इस सम्बन्ध में हम ड्रग कन्ट्रोलर और स्टेट गवर्नमेंट

के थू स्टैंडर्ड मेडिसिन दिलाने के लिए जो भी आवश्यक कार्यवाही होगी, करेंगे।

We are proud of this that our country is now exporting medicines also from this country because we are producing standard medicines. So far as the standard of the medicine is concerned, I can just assure the hon. Member that the Ministry of Health is quite concerned about it and we are taking necessary action to provide standard medicines to the people.

SHRI N.K. SHEJWALKAR : Sir, I want to draw the attention of the hon. Minister again to the words in part (b) of the question :

"if not, how Government propose to encourage new drugs in the country ?"

The words used are "new drugs in the country". The point is that when any new drug is to be introduced in the market, lot of research work has to be done. Those concerns which have got the facility of research and development and the infrastructure for it can only have a research of that type and introduce a new drug. If they are to be dealt with just like any other drug and if you are going to make it generic drug, who will be interested in having research at all ? I am not at all in favour that brand name should be encouraged. I can agree with that.

But the pointed question put is how will any new drug come in when you make all those things generic. I wanted to know in this connection, what is the proposal of the Government I understand if the Health Ministry sets up a very big research and development organisation and then they find out any new drug ; and give the formula for manufacture. I can understand that. Now, for want of that, are you not going to shut other research and development work which is going on ? Of course, every company views from the commercial point of view. If you do not allow them to have this type, naturally they will not go to new drugs. We will be at a loss.

THE MINISTER OF HEALTH AND

FAMILY WELFARE (SHRI B. SHAN-KARANAND) : Sir, the primary concern of the Government is, of course, for effective drugs which can be made available at an affordable price to the common people. We are equally concerned about any new drug which may be effective and which should be effective. We are not opposed to such new drugs. But the problem is that the entire matter is before the Supreme Court. The Government cannot take a view, having taken a certain stand about the brand name and the generic name before the court, and unless the entire matter is decided by the court, we cannot do anything.

SHRI N.K. SHEJWALKAR : The question arises, how you will get new drugs and what is the policy of the Government in regard to that.

SHRI B. SHANKARANAND : Whether new drug or old drug, whether it is under the brand name or the generic name, this entire dispute is before the court.

SHRI SATISH AGARWAL : Sir, the hon. Deputy Minister has assured the House about standard drugs while the hon. Minister of Health has assured us about the effective drugs. I fail to understand the difference between the two. Anyway, it is common knowledge and, probably, it is to the knowledge of the Hon. Speaker that, so far as the availability of standard and effective drugs is concerned—I am combining both...

MR. SPEAKER : Under what rule ? I will not allow this, overruled !

SHRI SATISH AGARWAL : Both the sides are enjoying the joke.

So far as the availability of standard and effective drugs is concerned, it is common knowledge and it is to the knowledge of the Hon. Speaker also, when we made a complaint in a group of 5 or 6 Members of Parliament, including the Minister of Parliamentary Affairs, Mr. Buta Singh, who complained to you, Sir, that the drug which was prescribed to him was not available in the CGHS Dispensary ; so was

a complaint of Mr. K.K. Tewary ; so was a complaint of mine and many other Members of Parliament who were present in the Hon. Speaker's chamber and you, Sir, rang up the hon. Minister on this issue, that only substitutes are given in the CGHS Dispensaries and not the drugs which are prescribed by doctors. Do they depend upon substitutes only ? Can the hon. Minister assure the House that instead of substitutes, really standard and effective drugs as prescribed by doctors will be made available to everybody, not only to the Members of Parliament ?

KUMARI KUMUDBEN M. JOSHI : So far as the question about medicines which are supplied in the CGHS Dispensaries is concerned, even though it is not concerned with the subject-matter of this Question, particularly when the hon. Member has raised the question, I would like to reply to him. The medicines which we are supplying in the CGHS Dispensaries are standard medicines. But again, sometimes it may be that some physicians may be prescribing the medicines which are under the brand name and the members are particular about that brand name.

The medicines which we are purchasing for the CGHS Dispensaries are of standard quality and they are effective too. But some of the medicines are under the generic name. We are supplying effective and standard drugs through the CGHS Dispensaries. But sometimes because we are providing medicines under the generic name, it creates a misunderstanding that these are sub-standard medicines or substitutes. We are providing medicines which are hundred per cent tested. It is only after hundred per cent testing that we are providing medicines to the CGHS Dispensaries. So, the hon. Members should not be scared of that, that they are being supplied with sub-standard medicines or substitutes.

MR. SPEAKER : Next Question. Shri K. Pradhani.

SHRI K. MAYATHEVAR : Sir, I have here got the prescription given by the doctor. These are the medicines which have been prescribed. But not even a

single tablet is available in the CGHS Dispensary. I can mention the names of the medicines prescribed. Let the hon. Minister answer this. I will produce the prescription given by the doctor. No medicine is available in the CGHS Dispensary. It is better to close it.

Return of Art Treasures from U.K.

*431. SHRI K. PRADHANI: Will the Minister of EDUCATION AND CULTURE be pleased to state:

(a) whether Britain has refused to accept the principle that it should return art treasures it removed from its former colonies;

(b) whether a British delegate at the U.N. suggested on 25 November, 1983 that countries keen to develop their collections might find museums in Britain co-operative;

(c) if so, the stand taken by the Indian representative in the U.N. in this behalf;

(d) what are the important Indian art objects which are at present with the British;

(e) whether Government have drawn up an inventory of its cultural property at present in British possession; if so, whether he would lay it on the Table; and

(f) the steps being taken to ask for their return?

THE DEPUTY MINISTER IN THE MINISTRIES OF EDUCATION AND CULTURE AND SOCIAL WELFARE (SHRI P.K. THUNGON): (a) Britain did not accept in principle that the cultural property which over the years has been acquired freely and legitimately should be returned to other countries.

(b) The British delegate said that U.K. remains sympathetic to the wishes of those countries which want to develop and improve their collections and that museums in Britain are happy to collaborate with those countries in achieving this through

bilateral contact. He further emphasized that items in museums in Britain belong to those museums and Government cannot order their return provided they are legitimately acquired.

(c) Indian representative supported the draft resolution entitled 'Return or Restitution of Cultural Property to the Countries of Origin' which was adopted by the General Assembly by 123 votes to none with Austria, Belgium, Denmark, France, F.R.G., Ireland, Israel, Italy, Luxemburg, Netherlands, Sweden, United Kingdom and U.S.A. abstaining.

(d) and (e). No inventory of Indian antiquities lying in Britain is available.

(f) Considering the fact that the Unesco Convention has not been ratified by many countries including Britain who possess cultural properties believed to have been taken out of India, and that these very countries are not parties to the Convention, India will continue to pursue the matter through appropriate international forums.

SHRI K. PRADHANI: The Deputy Minister in reply to parts (d) and (e) of my Question has stated that:

"No inventory of Indian antiquities lying in Britain is available."

I would like to know from the Hon. Minister whether some important cultural properties like Kohinoor Diamond, the Sword of Shivaji and Nataraj sculptures are available with Britain or not at present.

SHRI P.K. THUNGON: As I have stated in the main text of the answer, we do not have the inventory.

But so far as the question of Kohinoor Diamond is concerned, as the Hon. House is already aware, Raja Dileep Singh had given it to the Queen of Britain.

AN HON. MEMBER: It was a presentation?

SHRI P.K. THUNGON: It was given.

SHRI K. PRADHANI: During the