

15.55 hrs.

PHARMACY (AMENDMENT) BILL

[SHEEMATI RENU CHAKRAVARTY in the Chair]

The Minister of Health (Shri Karmarkar): I beg to move:

"That the Bill further to amend the Pharmacy Act, 1948 be taken into consideration"

The reasons for introducing the Pharmacy (Amendment) Bill are set out in detail in the Statement of Objects and Reasons and the notes on clauses attached to the Bill.

The Pharmacy Act which regulates the profession and practice of pharmacy was originally extended only to the provinces of India and not to the areas comprised in the former Part B States. After the re-organisation of the States on 1-11-1956, it is not operative in some of the parts of the re-organised States. This has led to serious administrative difficulties. It is, therefore, proposed to extend the Act to the whole of India except the State of Jammu and Kashmir.

On account of the re-organisation of the States, some of the existing State Pharmacy Councils are functioning in more than one State by virtue of section 109 of the States Re-organisation Act, 1956. This cannot continue for an indefinite period. It is necessary to re-constitute and re-organise the State Pharmacy Councils so that there is one State Pharmacy Council for each State. As the problems in different States would be different, it is proposed to empower the Central Government by order to re-constitute and re-organise the State Pharmacy Councils in consultation with the State Governments concerned.

Under the Pharmacy Act, 1948, as it now stands, a large number of pharmacists could not get themselves

registered for a variety of reasons, among which are the following—

(a) Pharmacists who are displaced persons from Pakistan and Indian nationals who were practising pharmacy abroad and who have returned to this country on account of political conditions were either not in this country at the time when the First Register was closed or did not register themselves because they were pre-occupied with their rehabilitation problems.

(b) The First Register was closed before the merger of Chandernagore and Cooch Behar with West Bengal. Therefore, pharmacists of these territories could not take advantage of the First Register.

(c) Some pharmacists did not get themselves registered in the First Register under a mistaken impression that they were not governed by the provisions of the Act. As most of them are non-matriculantes, they are not eligible for subsequent registration. It may be rather hard to require them to appear for an equivalent examination for the purpose of subsequent registration.

It is also proposed to make a few minor amendments in the Act, the need for which has been brought to light in the course of the administration of the Act during the last ten years.

As the period of training of a pharmacist after matriculation is over at the age of 18 years, it is proposed to reduce the age limit for subsequent registration from 21 to 18 years. It is also proposed to fix the age limit of a person who desires his name to be entered in a pharmacy register at 18 years.

The State Government of Bombay brought the provisions of Chapters III, IV and V of the Act into effect without issuing a formal notification

as required under the Act. A validating clause has been added to regularise this position. The changes proposed in the Pharmacy (Amendment) Bill are immediate and essential in the interest of uniformity and administration of the Pharmacy Act.

I should also like to add that I have given notice of a few amendments of a very formal nature; that is to say, since a year has elapsed since this Bill was introduced, at three places I have given amendments to substitute "1958" by "1959" and "Ninth Year" by "Tenth Year" in the Enacting Formula

It is a Bill of a very simple and non-controversial nature and I hope it will be passed

Mr. Chairman: Motion moved.

"That the Bill further to amend the Pharmacy Act, 1948, be taken into consideration"

25.58 hrs.

Shri V. P. Nayar (Quilon). Madam, Chairman, I welcome this opportunity to discuss this Bill not because of the contents of the amendments, but because it provides on of the rarest occasions to the hon Mover to speak in this House. We know that his speeches here are getting rarer I do not know the reasons.

I have no claims to know the details of pharmacy; I confess that I am as blissfully ignorant of pharmacy as my friend, Mr. Karmarkar

Shri Karmarkar: Not quite

Shri V. P. Nayar: but, I gather that pharmacy is the art of preparing, preserving and compounding certain medicines according to prescriptions of medical practitioners. I do not know whether this definition by itself will be correct. Looking through the debates at the time the original Act was passed in 1948, especially the speeches of very renom-

ned persons who were Members then—some of them are Members now also—especially the speeches of Seth Govind Das and Mr. T. T. Krishnamachari, Dr. Pattabhi Sitaramayya I find that even in 1948, the Bill did not emerge as a result of deliberate considerations. I found that there were various criticisms levelled against the Bill at that time. In fact, I was amazed to find that the Select Committee which reported on the Bill hardly had any person who had either a medical degree or even the most rudimentary knowledge of chemistry This was pointed out specifically also by my friend who used to sit here, Mr. Kamath, for which no answer was given.

I find also that the views of those Members who spoke were crystallised in certain observations of Mr. T. T. Krishnamachari himself, which I may be permitted to read out. While he took part in the debate on 12th December, 1947, Mr T T Krishnamachari said

"I should like to say that the country had better realise that this Bill is only a very imperfect attempt at safeguarding the health of the people, that the health only of those people that prefer to buy and use drugs and medicines which fit into one of these western pharmacopeas, is attempted to be safeguarded by this Bill"

I do not therefore propose to cover this ground. So, here is a case of a Bill which even at the time of its origin was very much incomplete or inadequate and which we are seeking to amend by one or two formal amendments and two or three consequential amendments

The subject of pharmacy is something which we should try to know at this stage. I remember the then mover, Rajkumari Amrit Kaur said that the Pharmacy Bill was only complementary to the Drug Act which was then in force, the Drugs Act of 1940 or 1941 But I found after

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reading her speech that if at all it was a complement, it was a compliment to the mover herself. There was nothing more in the speech, nothing more in the Bill. And finally, unfortunately also, it was reported upon by a Select Committee which did not have the advantage of any member who had the technical knowledge to give his advice on this Bill. Therefore, I find that after 10 or 11 years we are again taking up the same Bill, in the application of which the entire health of the nation is concerned, in such a haphazard manner. And I do not blame the hon. Minister of Health for this because, as I submitted earlier, these are matters in which the hon. Minister of Health cannot be expected to look into in any great detail, as he like me, has no personal knowledge of pharmacy.

But the most important point is even at the time of passing the original Bill in 1948, when we borrowed conveniently from the provisions of the UK Act, we did not take all the provisions which were necessary, even as early as 1948. It is seen from the debates which took place at that time that the Bill was substantially the same which was drafted by the then Health Secretary, Mr. Oulnam—I have not heard the name of that gentleman before, but I find it here—who had not knowledge of either pharmacy or medicine. Therefore, I find that in the haphazard way in which the Bill was drafted, the Bill was inadequate even in that year of 1948 to meet the situation. I find also that today if you compare the UK Act of 1941, it has much better provisions and very necessary provisions than the Act which we are now seeking to amend, and which was passed 7 years after the British Act.

For example, I shall give you the case of certain medicines. I have here two samples also to show you how our Act, as it stands, will allow, and the UK Act will prevent, the misuse of certain medicines. I just

took it up at random from our own dispensary here. One is Anthisan which is supposed to be Mepyramine Tablets B.P. 100 mg. each.

Shri Karmarkar: Have you taken the permission?

Shri V. P. Nayar: Yes, with Dr. Vasudeva's permission.

I have only the wrappers. I am referring to the provisions relating to wrappers, not medicine. This is made by Messrs. May and Baker. Another one is Avloclor chloroquine Phosphate tablets B.P. 25 grams. These have nothing to indicate what is the percentage of excipient and what is the percentage of real substance. It is indicated with impunity that it is a poison. One is by May and Baker and the other is by ICI. So, even today it is not possible for us to know that whereas that provision is there in the UK Act which was passed in 1941

For example, section 11(c) of the UK Act says that the expression 'container' includes a wrapper also. Then, section 11(2) (b) reads:

"the expression 'appropriate quantitative particulars', in relation to the active constituents or the ingredients of a substance, mean—

(1) the approximate percentage of each of those constituents or ingredients contained in the substance or the approximate quantity of each of those constituents or ingredients contained in the article sold or supplied"

There is an express prohibition from the sale of such medicaments without a description in the wrapper or in the container. Under the UK Act the container as also the wrapper should specifically indicate the particular percentage of the ingredient when it is a poison. But what do we

find here in our Drug Control Act? We have got ever so many rules under the Drugs Act. We have got a Pharmacy Act also. But we find monopoly firms, through the media of advertisement flood the entire market. And the purpose of advertisement, as E. V. Lukas, "once wrote is the commercial Art of harnessing a truth into a lie." What is the way in which the Drug Control Act or the Pharmacy Act prevents it? It is amazing for us to find that seven years after the provisions were borrowed from the U.K. Act, these important aspects were not given due consideration.

I would not have seriously considered this as a defect had it not been for the fact that today the very concept of pharmacy has changed from what it was in 1947, let alone what it was two or three decades ago. To my mind it appears that most of our pharmacists in India have been trained in pharmacy at times when several of the modern drugs, especially synthetic drugs and the poisons had not been found out. Today we find an array of poisonous substances and human ailments are now sought to be controlled more and more by the judicious application in small doses of the most potent poisons. Almost any prescription which you have from a doctor will contain a poison of which a little higher dose is a killer. Go to any medical shop. If you look into the labels on the bottles you will find derivatives of poisons, of codeine, nicotine, morphine or emetine. Most of them are poisons. The indiscriminate use of them is certainly bound to lead to disastrous consequences to the patients. I do not think a doctor is fully qualified today to compound medicines in view of the very large number of newer and newer chemicals which are being used to compound the medicines, and it is in that context that we should think of amending the very important Pharmacy Act.

I find that a pharmacist must have a thorough knowledge not merely of one branch of science but a very large

number of them. For example, I find that today he must know the principles of stabilisation and methods of assay. He must have the faculty for the determination of sensitivity of alkaloids. He must also have an idea of how these alkaloids react on moisture and cold. He must further know a good bit of botany, details of various branches of chemistry like organic chemistry, inorganic chemistry, analytical chemistry, physical chemistry, biological chemistry and even pathological chemistry. I never thought that a pharmacist should also know such a seemingly remote subject as micro-biology. But I find that in the modern advancement, a pharmacist must have a very good knowledge of micro-biology and even crystallography and optics.

What do we find here? What is the qualification which we have laid down for a pharmacist to qualify himself to prescribe modern medicine? If the hon. Minister says that today under conditions of the existing Act the pharmacist has all the qualifications which he must necessarily have in view of the rapid strides which are being made in the matter of preventive and curative medicines, then I have nothing more to say. But I find that is not the position, and while it is so we are bringing forward an amendment.

We know that certain amendments, as he rightly pointed out, are of a more consequential nature. We also know that because of certain circumstances beyond the control of the Health Minister he could not come to us in proper time after the re-organisation of States to apply the particular provisions to Part B States, etc. But I feel that at this time when we know for certain that vast strides are being made elsewhere in the matter of medicine, and when also we know for certain that the use of more and more poisonous substances, whether they are organochemicals or what are called organo-therapeutics, anything which is today handled by the

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pharmacists has danger hidden in it provided it is not used in judicious doses. Therefore, it is time that the hon. Minister should think about a comprehensive legislation which will not merely cover the realms of the Drug Control Act but also of the Pharmacy Act, because I find that our Act which covers the fields of pharmacy is a Pharmacy Act while the British Act is not a Pharmacy Act which is in force but the Pharmacy and Medicine Act. Something more is necessary than what we have now. It is a very important subject. I would have very much wished the hon. Minister to go into the question and come to us with a comprehensive legislation. I shall presently show how we differ, even with the present amendments, from conditions that are obtaining in U.K. For example, read Section 8 of the U.K. Act. It reads

"Subject to the provisions of this Act, no person shall take any part in the publication of any advertisement referring to any article, or articles of any description, in terms which are calculated to lead to the use of that article or articles of that description for the purpose of the treatment of human beings for any of the following diseases, namely Bright's disease, cataract, diabetes, epilepsy or fits, glaucoma, locomotor ataxy, paralysis or tuberculosis."

What do we find here? Where are our control measures to check the most indiscriminate advertisements with which all our newspapers are flooded? The hon. Minister has only to pick up any newspaper and he will find them. While the British law provides even advertisements for remedies of certain diseases, we in India find that the producers of certain medicines are allowed, despite the functioning of the Drug Control Act and its rules, despite the existence of a Pharmacy Act—whatever be its form—to give advertisements which state that diabetes can be cured

by a bottle of pills, cataract can be cured by a few drops of eye lotion. Even that is pardonable, but they go beyond that and say that hydrocele can be cured without surgical intervention. More than all that, you find specific cures for epilepsy, and to crown all that—there is not even one paper which is spared in this matter—there is the fabulous claim made by a particular connection which is called the *Navaratnakaalpa*, which is supposed to be an extract of the nine precious gems—Gometaka, Marathaka, Manikya, Vaidoorya, Pushyaraga and the rest of them. Do you know the price of it? It is sold at Re 1 an ounce! The producer in order to oblige his ailing clients all over the country advertises that he has no time to go by train and therefore he is flying from place to place in Viscounts or Skymasters. And, what are the diseases which he seeks to cure by the application of *Navaratnakaalpa*? I do not want to name the producer, but he says that epilepsy, tuberculosis, diabetes, general debility, eye trouble and all other ailments even if chronic can be cured by this *Navaratnakaalpa*. Almost every known and unknown disease, he says, can be cured by the extract of nine precious stones, nine gems, which are the costliest things in this world. That is available for Re 1 an ounce. All these advertisements appear although the hon. Minister seems to think that either the Drug Control Act or the Magic Remedies Act or the Pharmacy Act exercises the necessary control in the matter of distribution of drugs.

Then there is also another very important aspect. I do not know—I have tried to know, but I have not been able to know—why it has not been possible for the Government at this juncture to recognise the pharmacopoeia of some other countries which today are in a position to supply us drugs to break the monopoly of the American, the English and the Swiss suppliers. I know that two years ago the Soviet Union, for

example, offered India, insulin, the classical remedy for diabetes which could have been sold here and retailed for six annas for a phial of 40 units while the corresponding prices of the American, Swiss, Italian or any other imported insulin today is Rs. 2-8. They offered Geramicidin. They offered streptomycin. But it is impossible in the present context of our laws .

The Minister of Works, Housing and Supply (Shri K. C. Reddy): They offered it on their own or at the request of anyone?

Shri V. P. Nayar: They offered to a private firm of India of which one or two hon. Members of Parliament are directors. I have seen the papers and I find that it was offered to a firm named Panchsheel Pharma—a very attractive name too! At that time the antibiotics were offered at rates at which retail sales were possible at one-tenth of the rates. If your child gets ill today with say bronchitis and if you want to buy imported antibiotics like Achromycin on proper prescription it will be Rs 15 or Rs 16 for a weeks doses and such costly medicines the Soviet Union offered to supply on rupee credit also at rates which would have worked out at one-tenth. I do not mean to say anything about the offer which they made about the drug plant. Elsewhere I have seen Hungarian antibiotics I have also seen Czechoslovakian antibiotics being used. But in our country, while on the one hand by the limitations set by the exercise of the powers conferred by the Drugs Act, other pharmacopoeias have not been recognised and therefore it has become impossible for our physicians to prescribe and our pharmacists to compound the different chemicals and galenicals sent from other friendly nations. The position has come to this that it is very very costly to cure even an ordinary disease, with modern medicine

I do not know for certain whether the Soviet pharmacopoeia has since

been accepted or approved by the Government of India. Even if it is approved, one does not find, excepting the supplies made by these monopoly manufacturers, like Merck, Sharpe and Dohme, for example, with whom our Government has chosen to enter into the most nefarious type of contract for the manufacture of streptomycin at the Hindustan Antibiotics, with not even the formula being disclosed to our technicians, and yet only with such firms we deal while offers are made by friendly countries are being made of life-saving medicines at rock bottom prices in order to enable more and more cure of our diseases, the Drug Control Act does not help us. Therefore, it is my submission that the Government should reconsider the whole issue. They should find it possible to enable our patients to get medicine which are not made only by I.C.I., Squibb, Merck, Sharpe, Dohme or Liley & Co, but also get them from other countries by using the rules in such a way and recognising the pharmacopoeia of other civilised countries which can supply medicines cheaper

Coming to the Bill, I find that there is a grave danger in one of the provisions. It did not strike me as an innocuous measure at all. I checked it up with the original provision. I do not want to refer to the first two reasons which the hon. Minister has given out in his statement of objects and reasons, viz., the extension of the Act to the areas comprised in the former Part B States or the introduction of provision necessary to meet the situation etc. But I am very much concerned about the registration of certain categories of persons because I find that there is an amendment proposed to the original section 32. What I am unable to understand is how so many years after partition pharmacists who have presumably not been practising the profession—not that I do not have sympathy for them—can later on stage a comeback to the profession when the entire science has had so much of development. It is a profession in which one has to be up to date; otherwise, by this legislation, I am

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afraid, the hon. Minister may be taking us back to the days of medical practitioners who were called apothecaries. It is not the era of doctors and antibiotics that he is taking us to

Section 32(d) of the original Act reads:

" or has been engaged in the compounding of drugs in a hospital or dispensary or other places in which drugs are regularly dispensed on prescriptions of medical practitioners for a total period of not less than five years prior to the date notified under sub-section (2) "

Such persons may be approved now, if prior to a particular date in 1948 they had worked under some compounder or under somebody who ran a medicine shop and compounding prescriptions given by a medical practitioner, then they have to be recognised as pharmacists now. Maybe that particular person who compounded may have killed many people, or maybe he may not have even studied up to the fourth form or known the word "chemistry". He might have mixed many of the medicines by experience in those days, but today it is very different. If you add five minims more of codeine sulphate, for example, in a mixture, it will have a very deleterious effect. If you add another ten minims, probably the child will die. Therefore, that has not been taken into consideration.

The other point which I would urge before the House, and in which I would request the hon. Minister to take some more interest, is the matter of the practice of pharmacy in so far as the indigenous systems of medicine are concerned. Therefore, I have to refer to the systems of Ayurveda, Unani and Siddha which have lived for centuries in this country and which, despite the onslaught of allopathy, have been able to hold their own and do good to the people.

In this Act only drugs or medicines or medicaments which come under the allopathic system are covered, and that system today probably caters to the needs of hardly ten or 15 per cent of India's people. The medicines which go to 90 per cent of the people are left out of the pale of all our enactments. I know the hon. Member coming from Banaras must be very interested in Ayurveda. I am equally interested in the development of Ayurveda, Siddha and Unani. Notwithstanding the fact that Government has done precious little or ignored to do anything for the development of these indigenous systems of medicine, I am concerned now with the aspect of pharmacy in these. If you go to Bombay, for example, you find that the law of prohibition is sought to be circumvented by these people who call themselves pharmacists under Ayurveda by preparing some *asavas* and *arishtas*, mixing up with them the most deleterious substances like the seeds of *datura*. So, the person who takes it gets a kick, by deleterious effect of the poisons and it is sold everywhere in every district where there is prohibition. Ayurvedic preparations under the label, name and style of *arishtas*, in beautiful, decorated bottles are sold as real substitutes of Alcohol and everybody knows this. What have you done about it?

In Siddha, Ayurveda and Unani, there are more pretenders to the medicine than real exponents. What have you done about it? I do not blame the hon. Minister, but the Government, because personally I know that he is very much enamoured of these systems himself, and I think if he gets a slight indisposition, he would prefer going to Kerala and taking an Ayurvedic treatment than going to the Willingdon Hospital!

Therefore, I submit that it is absolutely essential that Government should completely change their views in regard to the indigenous systems of medicine, and also ensure

that the indigenous systems of medicine are not attacked by those people whose only job is to attack them on the ground that medicines which are prepared by the so-called Ayurveda, Unani, or Siddha experts do not conform to standards. Even the *dasamula arishtas* prepared by five people differ. Any of these preparations prepared in Trivandrum, Madras and Calcutta—whether it is Kaviraj N N Sen of Calcutta or the Dhanvantri Vaidyasala of Kerala—differ, although they must have taken the formula for these *arishtas* from the same source. And how do they differ? This is because we have no standards in the crude drugs which we use because we have not cared to standardise the preparation of the various concoctions because Government have been sitting idle ever since the attainment of Independence, at any rate over the question of developing the indigenous systems which have served the people for thousands of years. Therefore, my submission is that in bringing the law up to date to meet the requirements of today, Government should seriously consider this question also.

I find persons like Dr. Pattabhi Sitaramayya saying that it is absolutely impossible for the modern medicine to be equated in terms of the other systems and that the Pharmacy Act could never be made use of in controlling the preparation of the medicaments in the other systems. I do not subscribe to that view, and with great respect to Dr. Pattabhi Sitaramayya, I beg to differ from him, because things have changed since he studied medicine especially in the last ten or eleven years and it is not impossible to standardise the drugs under any system.

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

Shri V. P. Nayar. I thought I was the only Member to speak on this Bill.

Shri Raghunath Singh (Varanasi) I also want to speak.

Mr. Chairman: The hon. Member was not present when I ascertained the names of Members who wanted to speak. I have regulated the time accordingly.

Shri Raghunath Singh: I would need only five minutes.

Shri V. P. Nayar: Madam, I shall resume my seat with the very earnest request to my hon. friend Shri Karmarkar to see that not merely indigenous systems of medicine are developed with the maximum speed possible but as a forerunner for all that, he should also think of controlling the production of the various preparations under the indigenous systems and keeping them to a standard of quality which will be the envy of the other systems of medicine.

Shri Nanjappa (Nilgiris): The Bill before the House is a simple one, and the amendments brought forward are not of great importance, but the problems behind the Bill are great.

First of all, the Bill restricts itself only to one system of medicine, that is modern and scientific system of medicine. Probably, it refers only to the allopathic system of medicine. In the amendments proposed, dentists and veterinary medical practitioners are included, and their names also are entered in the register under this Bill. But there are other well-qualified and trained medical practitioners coming out of the integrated colleges of Indian medicine, who have not been included. In the Madras State for instance, they are employed in primary health centres and I am told, they are employed even in district headquarters hospitals. When that is the case why are these people trained in both systems of medicine, not brought within the purview of this Bill? In some other States, there are colleges in Ayurveda, Unani and so many other systems. Those who study there also receive good qualifications. But no mention is made about them. When dentists who deal very little in medicine and veterinary medical practitioners who do not deal

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with human beings are brought under this Act, we find that these people who do not come under the so-called modern and scientific system of medicine cannot be brought under this Act and given all the facilities that they are entitled to.

As I said, this Bill does not touch even the fringe of the problem. The problem is a great one.

There are lots of people who practice medicine in this country. As my hon. friend on the other side said, they can deal with all sorts of dangerous drugs, drugs like salts of mercury, arsenic, lead, sulphur and so on. Nothing prevents them from practising in this manner. They can use quack medicines and use them as they like and create as much havoc as they like. The Act does not touch them at all.

So the Bill that has been brought before us is very limited in its scope and does not touch the problem at all. A Bill which will bring within its purview all the practitioners, whether of the modern systems of medicine or of the indigenous systems of medicine, should be brought forward. Thereby the suffering of the community must be taken into consideration and they must be given all sorts of protection so that they may not be misled by all sorts of practitioners in this country.

श्री रघुनाथ सिंह (वाराणसी)

श्रीमती जी, हमारे ५० पी० नायर भाई ने बहुत अच्छे शब्दों में आयुर्वेद और यूनानी के सम्बन्ध में कहा है।

इस बिल से हमको ज्यादा सतोंच नहीं हुआ इस वास्ते कि जैसा हमारे भाई ५० पी० नायर जी ने कहा है, कम से कम ८० फी सैकड़ लोग हिन्दुस्तान में ऐसे हैं जो आयुर्वेद और यूनानी का आश्रय लेते हैं। लेकिन अगर प्रायः आप इन शोधियों को देखें तो उनमें आपको एकरूपता नहीं मिलेगी। ठाका आयुर्वेदिक, ठाका फारमसी, साधना शोधालय,

हिन्दू यनीवरीसिटी, प्रलेम्बिक, अंबू, मुस्कन कांगड़ी, डाबर हिन्दुस्तान में प्रसिद्ध प्रसिद्ध आयुर्वेदिक शोधियां बनाने वाले हैं। लेकिन अगर आपको व्यवस्थापन करीबना हो तो इन कारखानों के व्यवस्थापन में आपको एकरूपता नहीं मिलेगी। आप मोती की भस्म चाहेंगे तो आपको सीप की भस्म दे देंगे। आप स्वर्ण सिन्दूर लेना चाहते हैं तो उसके नाम पर जो चीज आपको मिलेगी उसमें सिन्दूर तो होगा पर स्वर्ण नहीं होगा। अब हमारे देश के ८० प्रतिशत लोग इन शोधियों का आश्रय लेते हैं तो सरकार की तरफ से इनमें एकरूपता लाने के लिए प्रयत्न होना चाहिए।

मैं आपको एक उदाहरण दूँ। छितो-पलादि चूर्ण में बंधालोचन पड़ता है, व्यवस्थापन में भी पड़ता है। लेकिन हिन्दुस्तान में शोधियों में जितना बंधालोचन पड़ना चाहिए उसका एक या दो प्रतिशत शुद्ध पड़ता है बाकी नकली बंधालोचन डाला जाता है। उत्तर प्रदेश में बनता है और बहा से सब जगह भेजा जाता है। इसलिए हमारी प्रार्थना है कि भस्मों के वास्ते, काष्ठों के वास्ते, शोधियों के वास्ते, प्रबलेहों के वास्ते, नेलों के वास्ते, घासव और शरिष्ठों के वास्ते सरकार को कानून बनाना चाहिए ताकि इनमें एकरूपता और शुद्धता पाये। एक गरीब आदमी जो कि पीड़ित है वह पैसा देकर शोध करीबना है पर उसे शुद्ध शोध नहीं मिलती। इसलिए हमारी सरकार से प्रार्थना है कि इस दिशा में तेजी से विचार करे। हम पारम्परिक शोधियों के पीछे बहुत दौड़ते हैं लेकिन यह दौड़ना बहुत ठीक नहीं है। यह शमीर आदमियों के वास्ते ठीक हो सकती है लेकिन जो भारत के मंगे, गरीब और भ्रष्ट लोग हैं वह पारम्परिक शोधियों का आश्रय नहीं ले सकते। इसलिए हमारी सरकार से यह सविनय, प्रार्थना है कि वह कोई ऐसा विधेयक

उपस्थित करे कि जिससे प्रायुर्वेदिक और
दूनानी औषधियों में एक रूपता आ जाये।

Shri Karmarkar: I am happy to find from the observations of all the three distinguished colleagues who spoke on this Bill that there has been absolutely no opposition to the Bill itself. In fact most of their observations did not concern the provisions of this Bill. There have been some observations made principally of a two-fold character. I am happy that my hon. friend Shri Nayar has come just when I was on this point. I must congratulate him on the observations he had made, not so much for their accuracy but for the rather more than expected profound knowledge that he displayed about medicines and about the art of pharmacy. He said something about Henry Lucas saying about art and about truth and falsehood. I do not say that; but, I think, he also committed himself, perhaps unconsciously, to some statements which were not accurate.

I shall deal with the points because I would not like to leave the House in any doubt. He brought the question of labels and all that and said that the Pharmacy Act does not contain sufficient safeguards against details of labels etc. I am afraid that he read this Act alone and not an allied Act, namely, the Drugs Act. Under the Drugs Act rules, there have been provisions that the compositions must be declared on the label.

Secondly, perhaps, he did not give sufficient attention to facts. I see that he has got a copy of the Act; but, I am not sure whether he has read through that today to refresh his memory. This Act seeks to regulate only the profession of Pharmacy and controls and registers pharmacists

He also referred to a number of subjects in which a pharmacist should be versed. Of course, a pharmacist is

a pharmacist; he is neither a chemical expert nor a doctor. He must have knowledge sufficient to enable him to discharge his duties as a pharmacist, the duties expected of him as a pharmacist. The educational regulations under the Pharmacy Act, as it is now in force, provide for training in the subjects mentioned by my hon. friend. The subjects are inorganic, physical, organic chemistry, botany, zoology, anatomy, physiology and hygiene. The total period for which he has to study organic chemistry, botany, zoology, 350 hours theoretical and 300 hours practical course

Shri V. P. Nayar: When were they prescribed; in which years?

Shri Karmarkar: I shall give the year later; but it has been prescribed. If the hon. Member admits that, that is a material admission

Then, he referred to advertisements. With regard to the facts which he mentioned, which were correct, he is a little out of date. He mentioned something about the *Navaratna Kalpa*; that belonged to the earlier era.

Shri V. P. Nayar: What is the modern fashion?

Shri Karmarkar: Wherever the party is it abides by the Act. If Shri Nayar had the pleasure of seeing the advertisements about the wonderful effects of this *Navaratna Kalpa*, such advertisements have been banned under the Act and the party who used to indulge in these advertisements has ceased to advertise in such terms. Ultimately, what we can do is limited. People have to keep themselves immune from gullibility also. If they hear that something prepared out of the 9 gems remedies certain diseases like diabetes etc. It might be better worth while to possess these 9 gems rather than the medicine made out of them. I am quite sure my hon. friend, Shri Nayar, will follow that course.

[Shri Karmarkar]

About Soviet Russia also, I must say that his observations are a little out of date, as I find most of his observations are.

16.40 hrs.

[MR. DEPUTY-SPEAKER in the Chair]

Shri V. P. Nayar: Two years ago

Shri Karmarkar: I thought he was speaking today and not two years ago

Shri V. P. Nayar: May I be permitted to make a clarification? I said that two years ago, an effort was made and at that time the Drug Control Act and the Pharmacy Act were in force as they are now before being amended and yet by the application of these Acts, this could not be done
(Interruptions)

Shri Karmarkar: I now understand better and I will phrase what I have to say a little differently in view of the explanation now given
(Interruptions)

Shrimati Parvathi Krishnan (Coimbatore): It varies with time!

Shri Karmarkar: I am obliged to the hon. Member's interruptions. I always welcome her interruption and her speeches

Now, with regard to the USSR pharmacopoeia, this question came up. My hon friend must be knowing that this matter was recently going on between us and the USSR Government. A Russian team came here and I had the pleasure of seeing them also and discussing matters with them. We also discussed the recognition of the U.S.S.R. pharmacopoeia. It was not long back that they were here, they were here a few months back and we took expeditious action to recognise the U.S.S.R. pharmacopoeia especially because they mentioned that it might be having better effect in the case of the import of some

drugs. It might be in the interest of the country if we keep these drugs open for imports by any importer. Therefore, we have now taken action to recognise the U.S.S.R. pharmacopoeia, thus removing the obstacle in the way. Anyone who would like to import any drugs recognised by that.

Shri V. P. Nayar: Have you recognised?

Shri Karmarkar: That is what I have said a moment back. We have recognised.

About Panch Sheel, my hon friend is much better acquainted than I am. We are not aware that these valuable drugs can be got at one-tenth the cost. If that is so, if my hon friend has either outside or other knowledge about it, I should like to know about it. If the precious drug is costing only one-tenth, it is a tempting proposition. Even if the suggestion comes from my hon friend I will just accept it. In fact our State Trading Corporation is now making arrangements to import drugs which could be imported from Russia, Hungary and Poland.

There was one matter which my hon friend referred to and that was about registration of incompetent persons. Why we are amending section 32 which seeks to help the displaced persons from Pakistan to protect the people who did not register first at the time of registration under section 32 though they could have had their names registered if they were in a position to do so. They should not be made to suffer and penalised for their misfortune and therefore, this amendment is made.

Then my hon friend almost said that we were trying to whittle down the qualifications. There is no plan of that kind and we make a provision of a reasonable nature.

Shri Raghunath Singh found himself inspired to say about Ayurveda

Recently, we had a fact finding committee which went round the country. It has submitted its report which I hope to make available to the House in the near future. There is no doubt that the indigenous system of medicine also requires standardisation. My friend from Banaras knows much better than I do that there is a variety of preparations, a variety of vaidis, pandits and people like that. It does require standardisation. It is not a light task but we do recognise the need. We have not yet come to the point where we can definitely say that a particular State prefers a particular line of action either with regard to the recognition of the indigenous medicine or those experts under it or those who practise the medicine or those who prepare the medicine or those who serve the medicines. I am aware and my Ministry is aware of the importance of regulating Ayurveda and other indigenous systems of medicines. It is highly important. For the time being, there is every freedom in that domain and we have not yet brought them under the Act. We are seriously considering how to standardise the various ayurvedic medicines also and it might be possible, if the States agree and if there is a general consensus of opinion about the point, that we may undertake measures towards that end. However, it does not mean that we always recognize the Banaras preparations as the standard preparations.

Then my hon. friend Shri V. P. Nayar referred to the Kerala system. I have had the pleasure of going to Kerala. I think to go to Kerala is to refresh oneself. I have also heard the fact that in certain places in Kerala, where certain vaidyas do possess rather very good powers of not only curing ailments but of rejuvenating old people and things like that. So far as my knowledge goes ...

Mr. Deputy-Speaker: The hon. Minister must have come back rejuvenated.

Shri Karmarkar: I have not the leisure to try, and even if I had done that, I may not have been here to pilot this Bill. Whatever it is, Kerala does possess old traditions which are really very precious for us, and I may say that it is especially their massage system and their medicines which they have inherited from days past which need special mention. I am rather interested in that way and we should make use of that knowledge. I have promised Shri V. P. Nayar that I will pay a visit to Kerala in his company for some days, and I do hope that without going through a very long process he will send me back fresher than when I entered Kerala.

Sári Tangamani (Madurai): What about the Siddha system?

Shri Karmarkar: That system is a little less exciting than the Kerala system. But, nevertheless, the Siddha system also is a system which is under our research and our good care. I think that we may meet outside to talk about all these personal, private opinions about these systems, and there are many exciting things which my hon. friends might say.

Another colleague of mine here also reiterated the point that the indigenous system of medicine does require standardisation. As I said earlier, I entirely agree with the idea underlying the anxiety of the hon. Members, and I can only assure them that we have been rather giving anxious thought to the fullest use that we can make of Ayurveda. To be frank with this House, one of the principal difficulties that have been confronting us is that this question is treated rather on a personal predilection basis than on a scientific basis. I am yet to meet many doctors who have agreed that Ayurveda does possess some precious medicines. The number of Ayurveda pandits that I have met and who agree that there is something precious in the modern medicines is also very small. So, if we can pull ourselves

[Shri Karmarkar]

out of this mutual prejudice and see that knowledge is not any one's monopoly, that it is not halted or stopped at any place or time, that after all, they lead to further knowledge and that if we develop an attitude that we should derive the best from all systems of medicine—whether Ayurveda or Homoeopathy or Unani or Naturopathy or modern medicine—I think we shall be able to evolve a system in this country which would be the best of all. That is the Government's view.

Shri V. P. Nayar said that we have done nothing. I wish he pays a visit to our Research Institute at Jamnagar. When he comes back after the visit, I am quite sure that he will not hold the same view

Shri V. P. Nayar: I have gone there

Shri Karmarkar: He might have been to Jamnagar, but not the Institute

Shri V. P. Nayar: I have seen it probably before you saw it

Shri Karmarkar: He might have seen it possibly in the first month of its existence. If he sees it now, he will find that they are doing good, precious work. But it all takes time. I would not like to take the time of the House longer than this

Mr. Deputy-Speaker: The question
is:

"That the Bill further to amend the Pharmacy Act, 1948, be taken into consideration"

The motion was adopted

Mr. Deputy-Speaker: The question
is:

"That clauses 2 to 10 stand part of the Bill".

The motion was adopted

Clauses 2 to 10 were added to the Bill.

Mr. Deputy-Speaker: There is a Government amendment No. 3 to clause 11.

Amendment made:

Page 5, lines 9 and 17,—

for "1958" substitute "1959".

[Shri Karmarkar]

Mr. Deputy-Speaker: The question
is

"That clause 11, as amended, stand part of the Bill"

The motion was adopted.

Clause 11, as amended, was added to the Bill

Clauses 12 and 13 were added to the Bill

Clause 14— (Substitution of new section for section 40)

Amendment made

Page 6, line 16,—

for "1958" substitute "1959"

[Shri Karmarkar]

Mr. Deputy-Speaker: The question
is

"That clause 14, as amended, stand part of the Bill"

The motion was adopted.

Clause 14, as amended, was added to the Bill.

Clauses 15 to 19 were added to the Bill.

Clause 1—(Short title and commencement)

Amendment made

Page 1, line 4,—

for "1958" substitute "1959"

[*Shri Karmarkar*]

Mr. Deputy-Speaker: The question

"That clause 1, as amended, stand part of the Bill"

The motion was adopted

Clause 1, as amended, was added to the Bill

Enacting Formula

Amendment made

Page 1, line 1,—

for "Ninth Year" substitute "Tenth Year"

[*Shri Karmarkar*]

Mr. Deputy-Speaker. The question is

"That the Enacting Formula, as amended, stand part of the Bill"

The motion was adopted

The Enacting Formula, as amended, was added to the Bill

The Long Title was added to the Bill

Shri Karmarkar: I beg to move

"That the Bill, as amended, be passed"

Mr. Deputy-Speaker: The question is

"That the Bill, as amended, be passed"

The motion was adopted

16 52 hrs

INDIAN RAILWAYS (AMENDMENT) BILL

The Deputy Minister of Railways (Shri Shah Nawaz Khan): I beg to move

"That the Bill further to amend the Indian Railways Act, 1950, be taken into consideration"

I shall not tire the House with a long speech. As has been set down in the statement of objects and reasons, the evils of ticketless travel, misuse of the alarm chain apparatus, un-authorised hawking and vending and intimidation of railway servants and interference with their duties on the slightest pretext, are still continuing without any substantial abatement.

What the Bill seeks is to strengthen the hands of the railway servants in putting down these evils by enhancing the punishments for such offences. Apart from the provisions in the Bill which involve certain verbal changes, as I have just now stated, the basic provisions in the Bill are those pertaining to (i) ticketless travel, (ii) misuse of the alarm chain apparatus, (iii) unauthorised hawking and vending in railway premises, and (iv) intimidation of railway servants and interference with their duties.

So far as ticketless travel is concerned, the provisions of the Bill involve enhancement of the penalty for altering or defacing a pass or a ticket from a fine up to Rs 50 to imprisonment up to three months or a fine up to Rs 250 or both. Persons who travel without tickets or with improper tickets with intent to defraud, will become liable to pay not only the fare for the journey performed and the fine imposed by the court, but also the excess charges which are provided for those who travel without tickets or with improper tickets without intent to defraud. This is to make the amounts collected for the railways in both the cases the same. Also, persons who travel without