

Mr. Deputy-Speaker: The question is:

"That this House agrees with the Fifty-fourth Report of the Committee on Private Members' Bills and Resolutions presented to the House on the 16th December, 1959."

The motion was adopted. *

14:32 hrs.

RESOLUTION RE: DEVELOPMENT OF DRUG INDUSTRY AS STATE CONCERN—Contd.

Mr. Deputy-Speaker: The House will now resume further discussion of the resolution moved by Shri A. K. Gopalan on the 4th December, 1959 regarding development of drug industry as a State concern. Out of two hours allotted for this discussion one minute has already been taken up. 1 hour and 59 minutes are left for discussion today. Shri A. K. Gopalan may continue his speech.

Shri A. K. Gopalan (Kasergod): Mr. Deputy Speaker, Sir, the resolution before the House is:

"This House is of opinion that the development of Drug Industry in the country be taken up as a State concern."

I want to state in the beginning that the object of this resolution is not to nationalise drug industry, because as far as drug industry in this country is concerned we are importing nearly finished products, nearly finished drugs and putting a label on them which cannot be called "drug industry". As such there is no drug industry in this country. Therefore, I want to say that the object of this resolution is not nationalisation of drug industry.

During the last forty years or so medicine has made phenomenal

advances in finding miraculous cures, first with the cure of blood diseases and diabetes, and then with the miracle sulphur drugs and later on with antibiotics.

Shrimati Ila Palachoudhuri (Nabawip): May I seek clarification from the hon. Member? How does it become a State concern if it is not nationalised?

Shri A. K. Gopalan: What I say is that the State must develop drug industry in the country. If the hon. Member will be patient enough to hear me she will understand what I want to say. Nationalisation means, when there are already certain industries Government takes them up. What I seek by my resolution is not that. Because the drug industry, where we have the process of manufacturing full drugs, is not there and there are private industries where they import these things from outside, I say that it is the duty of the Government to see that they organise drug industry. Nationalisation of drug industry and the State setting up drug industry are two different things. I hope the hon. Member has understood the object of my resolution now.

These drugs have given us mastery over most of the infectious diseases killing children and young adults. Our death rate of these age groups is still very high, and we can certainly do our people a great deal of service by making these health giving drugs available to them. In the Second Five Year Plan, and more so in the Third Five Year Plan, we would be providing a lot more hospitals in urban areas and also a large number of health centres in the community development blocks as well as extension services in the villages. If we want these efforts to be effective we must provide health giving drugs to these organisations.

Similarly, our people still suffer from malnutrition. Therefore, in addi-

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tion to food, an adequate supply of vitamins is also needed. In order to supply that also it is necessary, it is essential that the drug industry must be under State control.

These drugs must be made by synthetic means, if we want to make adequate supply to our people. We have so far entirely depended on import of drugs from foreign countries. This dependence is very costly. The cost of manufacture of drugs in foreign countries is very high, and the profits are still higher, with the result that these drugs and vitamins are beyond the means of most of our people who need them most. I say that we have entirely depended on imports of drugs from foreign countries, because in 1946 the Government appointed a Pharmaceutical Enquiry Committee. That committee in its report has said that there is no essential drug being manufactured in this country. They have said:

"The drug industry in India may be considered as non-existent."

Also, in 1956 the Soviet experts were invited by the Government of India. They also made certain observations about this industry. They have said:

"The pharmaceutical factories in India are mainly occupied in processing preparations of mixture, tablets, injections etc. They are not being produced in this country but they are imported from outside in bulk."

Therefore, from the report of the Pharmaceutical Enquiry Committee as well as from the opinion of the Soviet experts who came here, it has become very clear that we are not manufacturing drugs here, we are only getting nearly finished things and selling them.

As far as prices are concerned, high prices of essential drugs prevent their reaching less well-placed citizens who need them most. Even in

public hospitals some essential drugs are provided to patients only if they can afford to pay for them, which is of course beyond the means of most of our people who are poor. There are also reports of cases where poor patients have died for lack of medicine which could have saved their lives. In the report of the Planning Commission for 1957, Dr. Ghosh has given certain remarks. He has said there that because of lack of these medicines people have lost their lives.

Let me give a few examples about high prices. One of the very effective antibiotics, chloro tetracycline, is selling in the country at Rs. 13 a gramme, while if we are to make it in the country it could be made at eight annas a gramme. Our Prime Minister has drawn attention to this fact. We know that some years ago the Haffkine Institute showed that the sulphadiazole and many other drugs could be made in this country at less than one-tenth the price at which they are imported. In the pharmaceutical industry of Europe and America it is customary to charge exactly ten times the actual cost of a drug. Thus the Indian patient must support the lavish advertisements and also pay for past, present and future research in those foreign countries, must pay for the extension of the plants and for so many other things. Therefore, as far as prices are concerned, it is not possible for us to sell these drugs at a lower price because we have to get them from chemicals which are not prepared here.

The prices, as I said, become very high. The profit element should be cut out of the prices of these drugs. The largest part of the price of these drugs is the profit element. If this is eliminated, the drugs can be provided to public hospitals, other organisations and the people at a very low price.

To give an example, in 1946, when sulphathiazole came to the market as the most effective sulphonamide, it

was selling in India at Rs. 220 a lb. The same year a team of chemists at the Haffkine Institute, Bombay, made the drug at Rs. 12 a lb. on a pilot plant scale, in 100 lb. quantities, even though they had to work with a number of intermediate chemicals imported from abroad. They manufactured this drug with a process which they invented themselves and for which they were granted a patent. That Rs. 12 a lb. was the true cost of drug is shown by the fact that the wholesale price of this drug fell to Rs. 15 a lb. in 1947. From this, we can understand the difference in cost when we manufacture it here and when we import it. Then again, the Haffkine Institute took up the manufacture of the old established anti-tetanus and started supplying them at less than one-third the price of imported products. This shows that this is the field where the profit motive is the most harmful. The only way to cut out profit element is for the State to manufacture all the drugs and supply them at cost or near cost of manufacture. All the processes should be finished here. This will in no way hurt the private enterprise, because there are so many other enterprises in India and the private enterprise can still work in a large number of other spheres to its own benefit.

What is needed today is a fully integrated drug industry. As I have pointed out, there is no drug industry today, because we are just getting haphazardly finished things and labelling them for selling. This offers an excellent opportunity and demands that an integrated essential drug industry complete with its plants for the manufacture of intermediate chemicals and such basic chemicals as are not available in the country be organised. Such an industry should be so planned that one stage is linked up with the next and no bottle-necks and lack of some products or excess of others are created and over-head costs are kept low. Such an arrangement will certainly give the drugs

at cheap prices and the ordinary people in the country will be able to buy them.

Putting up of such an industry is beyond the capacity of the private enterprise, because they want the know-how of these things and they will have to get the know-how from outside. Most of the pharmaceutical firms would find the investment of the capital required beyond their means. If a large number of firms were brought in, co-ordination of their production would be rendered difficult and increased over-head costs would add to the cost of production. Some of the private firms have all the know-how, but it is treated as private property by the western firms. So, our private firms have to go to Europe or U.S.A. to get the know-how. To buy them means royalties or partnership agreements. So, all this means so much money and the private sector will not be able to spend that much of money. Both these arrangements work to the disadvantage of the development of the industry in our country. Under these conditions, the highly developed powerful foreign firms become the dominating factor and they decide what equipment should be brought, they over-charge for its supply and exact high royalties without divulging the processes in their complacency. This leads to prolonged dependence of our firms on foreign firms. High capital costs due to inflated costs of equipment and royalties mean high costs of production.

So, the only reasonable solution of the problem is for Government itself to organise a fully integrated and well-planned essential drug industry with its own plants for the manufacture of intermediate chemicals and such basic chemicals as are not available in the country and its own research laboratories.

Are the conditions favourable for setting up such an industry in the public sector? That is the next point. We have enough of talent and techni-

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cal aid is available on a non-commercial and no-profit basis, to place our scientists and technicians on par with the rest of the world in the short space of 3 or 4 years. This would enable the country to produce all the drugs we want. But to use this aid to the best advantage, we should also eliminate the private profit motive out of the drug industry. The slate is clean now and we can and must develop the industry as a State concern to provide drugs at the cost of production, which amounts in most cases to no more than one-tenth of the present selling prices. Profits in the drug industry are very high indeed, probably the highest of all industries. The Indian business interests have combined with foreign interests and are attempting to block the development of a State drug industry in spite of the declared policy of our Government and also the assurance given by the Prime Minister.

One big stumbling block in the way of setting up a fully integrated drug industry in India is the Patent Law regarding drugs. The British introduced this patent system, because they wanted to protect the manufacturing firms of their own country against competition from India. Although these laws are enacted by a country to protect its own interests, yet we are observing patent laws to protect the interests of foreign countries. There are no international patents and India is not a member of any international convention on the subject and thus has no international obligations. The observance of patent rights is a bilateral agreement between India and other countries. Some countries in Europe, such as Italy and Belgium, do not recognise patents on drugs, because this course of action is against their interests. So, it is better that we also do the same thing which some of these countries have done.

Setting up of an integrated drug industry should not be confused with nationalisation of the industry, as I

have said, because there is no drug industry as such in our country at present. The industries that are there today carrying on pharmaceutical activities should be allowed to carry on their activities and the State drug industry would be helpful to them in providing them with intermediate chemicals at much lower prices than they are incurring on importing them at present.

What is necessary is a State drug industry and I want to make it clear that because there is no drug industry in the country, we should make positive efforts to see that the drug industry is considered as a wholly integrated new endeavour and all the new plants should be started in the public sector. That is the most important thing. It is necessary, therefore, to ensure that no new licences are issued for any new plant in the private sector, as that would lead to unjustifiable wastage of foreign exchange. It is rather shocking to see that while Soviet experts have been invited to design a new antibiotic plant to make as much as 295 tons of antibiotics the Commerce and Industry Ministry is issuing licences to two private firms, one foreign and one Indian, for putting up a plant for the manufacture of tetracycline. This is a deliberate attempt at causing confusion, wasting foreign exchange and also damaging the development of the drug industry in the public sector. I want to know about this from the hon. Minister.

The Soviet experts have suggested a fully integrated industry starting with a plant with intermediate chemicals and going to fully made drugs. But the plant for intermediate chemicals was detached from the Soviet drug project and the Government assured us that they would put up a State plant with the help of the German firm of Bayers. I do not know if that German firm have agreed to it. I want to know how far it has been done. If this is not done, the Soviet plant will not be able to function. If

Government has not succeeded in getting Bayers to collaborate, why not ask the Soviets to include this plant also in their scheme? I want to know whether Bayers have actually agreed or not and what the Government is doing with regard to it.

There has been discussion about the setting up of five drug manufacturing units with the help of the Soviet Union. I want to know the progress of that. I understand that the final decision about the location of these units will be taken up shortly. Before the sites are decided upon, I wish to impress upon the Government that the greatest locational advantage to set up the phyto-chemical plant is to have the plant at a suitable site in Kerala. I hope my friends from Kerala belonging to the other parties in the House will agree with me when I say that we have got in Kerala perhaps the richest flora for any State in India. From the point of view of medicinal herbs we have a very wide range of plants listed in the *British Pharmacopea*. Several of them are widely distributed in the State and many grow in a wild or semi-wild condition. So, when the question of the location of the site for the drug manufacturing unit is taken up I hope Kerala will find a place in it.

I do not want to say more on this. As I have stated in the resolution, the development of the drug industry is a very important thing today. Because of scarcity of food, we have malnutrition and there are so many diseases. Many people in our country who are in the hospitals as patients are now dying for want of medicines. Further among the industries drug industry is the most profitable industry, from the financial point of view. While we were discussing the report of the Pay Commission we were told that there is no money. If they take up this industry, it will be a paying one, at the same time, the price of the drugs will also get reduced. So, from all

points of view, from the point of view of the people, from the point of view of the economy of the country and from the point of view of the Government, it is very essential that Government should control the drug industry. If any country offers to help us on a non-profit basis, that help should be accepted. I will again say at the end that the drug industry should be developed as a State industry.

Mr. Deputy-Speaker: Motion moved:

"This House is of opinion that the development of Drug Industry in the country be taken up as a State concern."

Shrimati Ila Palchoudhuri: Mr. Deputy-Speaker, Sir, I have heard with a great deal of attention the hon. Member opposite, and I certainly do not dispute the fact that we want the medicines to be made available in this country to the people, that the hospitals should be adequately equipped and that they should be able to get the medicines whenever they are wanted. But, I should like to bring to the notice of the House one thing. I do not know whether the drug industry as such is the most profitable industry in the country or not; I cannot say that. But, certainly, to say that the private sector has carried it on only with the profit motive and that they have not done anything good in this respect is also not a right picture of the fact.

Look at what the private sector has been able to do during the past few years. During the second world war the country was able to meet over 70 per cent of the requirements of drugs from Indian production. Today the position is much better. New lines of production have been established. They include valuable drugs like penicillin, in the case of which one of the two units in existence is in the private sector. There may have been some bad penicillin here and there, as one hears; but I think

[Shrimati. Ila Palchoudhuri]

that if those batches are really examined it may be found that some tampering has taken place and the drug manufacturers are not responsible at all. We are producing tetracycline, nicotinic acid and amide, anti-leprotic, anti-tubercular and synthetic anti-malarials.

Shri V. P. Nayar (Quilon): How many of the drugs listed by her are manufactured from primary products?

Shrimati Ila Palchoudhuri: Well some of the primary products are available indigenously and some have to be imported. In fact, that is one of the essences of the trade. Where it is necessary to import certain things to manufacture the drugs, the policy should be to give licences for imports as easily as possible. Because, after all, technical know-how and knowledge about medicine and drugs cannot, and should not, remain in just one country. They are bound to be inter-dependent. As far as the primary products for the drugs are concerned, some may grow in India, some in Sweden, some in America and some in Brazil. We have to import them, and there should be no ban. As far as this industry is concerned, we have to import them if it is a question of saving the lives of millions of people. We cannot allow them to die just because we are not going to have imported drugs or materials. I do not think that argument of the hon. Member opposite can hold good.

My hon. friend referred to the Soviet people. In fact, when they came to India they made very good remarks about the penicillin factory and they have suggested that the medium which depends substantially on indigenous materials be tried out by other interested units as well. So, the Soviet people have appreciated the private sector doing very good work. As far as drugs are concerned, I would certainly say that they have shown commendable approach in this matter, that they have not hesitated

to take advantage of the technical know-how from foreign countries and that they have also gone out of their way to get drugs from sources from where they are available.

Then I want to bring to the notice of the House one thing about State-owned factories. I have no quarrel with State-owned factories. They have done very good work and I am sure they will do very valuable work in future also. But to say because it is a State-owned thing, so it will do wonders whereas the private sector is always doing a very bad thing is also not correct. Look at the prices. In the case of State-owned factories in many cases it appears to be higher. Take, for instance, quinine sulphate manufactured in Bengal and Madras under State control. The price is Rs. 44 per lb. while the product manufactured by private units can be had at Rs. 22 per lb. And quinine sulphate is needed in India to a great extent. Then, take Howards-quinine which is German, one of the best in the world. It can be made available in the world market at Rs. 22 per lb. Codeine phosphate manufactured in the Government factory at Ghazipur is sold at Rs. 36 per ounce, while the landed cost inclusive of duty of foreign codeine is Rs. 32.

I do not say that this is a disincentive for the public sector. Let the Government have many factories and let them take all precautions that are necessary. But, at the same time, let us not say that just because an industry is State-owned, so it flourishes, or the safeguards there are different. That is not so. And the drug industry must be given full scope, whether it be the private sector or the public sector, because the lives of people are at stake. So, the industry must be allowed to go forward. It does not matter whether the Government does it, or the private sector does it. The price must be within the means of the people.

My hon. friend said that there are some drugs that are prohibitive in prices. I suppose they will continue to be prohibitive even if they are manufactured in the public sector, because there may be many things that we will have to import to manufacture those drugs. Actually, even if they are prohibitive, the thing to do is to try to rationalise every aspect of licensing offices and the whole industry, so that prices of these life-saving drugs can be brought down to the minimum.

15. hrs.

Drugs in India have a long and historic past. In India drugs have been considered as one of the Vedas, the *Ayurveda*. It is a way of life. In the past people have looked at it not from a profit making point of view but from the point of view of serving people. When they have gone into the making of drugs, distillations and various other things from fruits, flowers and barks they have looked into the forests of India and travelled on the hills where plants and herbs could be found in the greatest profusion. They have even, in the far off days, looked towards distant countries, even China. Allergic as we may be to China at the moment, we have adopted many of the drugs from them. When they have taken to this *Ayurveda*, the very way of life that gives you life, they have not considered merely the profit motive. I hope people who are the inheritors of this drug industry from the ancient days will not also look at it only from the point of view of profit making, but they will speak with the voice of ancient India for whenever they thought of drugs; they thought in these terms.

“अमामि चन्न्तरि आदि देवं वराचरवदित
पावपद्मं ।

कोके वरा ह्य मय नृत्यु नाशं दातारमीशं
विदिव श्रीवशीनाम् ॥”

So, I would say that the drug industry, whether it be in the private sector or in the public sector, needs to be supported by Government. The Drug Research Institute needs to be given every help. I think the private sector, if it can do good work, should have every support with whatever Government can do to save the life and the health of the nation.

Shri Nanjappa (Nilgiris): Sir, the idea or the principle underlying the motion is good and I welcome it. But I do not agree that we should always look to Soviet Russia to help this country. The hon. Member suggested that some of the factories....

An Hon. Member: You fear poison.

Shri Nanjappa: ...be located in Kerala. You must have a broader outlook. We must invite....

Shri V. P. Nayar: Locate it in Mysore.

Mr. Deputy Speaker: Perhaps that might be broader outlook according to him.

Shri Nanjappa: We must get help from whichever quarter we can get and wherever it is possible we must set up factories in this country.

Shri A. K. Gopalan: I only said that taking into consideration all these things it must be located there. It is a broader view.

Shri Nanjappa: I am also not casting any aspersion.

I entirely agree that life-saving drugs must be nationalised and Government must take up the production of such drugs in their own factories—I mean drugs like Penicillin, other antibiotics or hypnotics. Now-a-days we do not get morphine preparations. If Government supply such things in good quantity that will be quite welcome. Sulphonamides are also very costly now-a-days and if Government undertake to prepare these drugs it

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will be cheaper and at the same time we will have good quality drugs. Insulin also we generally get from foreign countries. If Government undertake to prepare this drug, it will be very good and also cheaper.

But even our Indian companies prepare very good drugs, like some of the tinctures. The hon. Member mentioned about Mysore. We produce wonderful tinctures. They are far superior to any of the foreign imports. Tincture Cardamom is the best that Mysore produces. Some of the spirits and aromatics from Bengal also are as good as any foreign products. Alembic Company also produces not only drugs but even vaccines and sera. They prepare very good sera and vaccines at very cheap rates. So, Government can allow such drugs which the private companies can produce to be produced by them and take up only very important drugs and things like life-saving drugs and drugs that require a good amount of skill and elaborate apparatus and laboratories.

Government have got their own controllers and inspectors. It is for them to see whether drugs produced by the private companies come up to the standard and quality prescribed by them. They can control the standard of drugs produced by the private companies.

I also entirely agree that drugs must be cheaper. They must be of approved quality. But at present we cannot produce every drug in this country because we are short of trained men. We do not have even enough wealth to have the required apparatus. So, such being the state of things, we have to depend upon foreigners to supply us drugs. Therefore private people in the country import drugs in bulk and do really the repacking or rebottling business in this country. For some time I think this cannot be avoided. So

long as the private people supply good substance, we have to depend upon these methods only. Of course, if private people take up the drug industry, prices will be fluctuating. Such a thing should not be allowed. Whatever may be the preparation, this country has adopted the *British Pharmacopoeia* as its standard. If drugs prepared by private or Government concerns come up to the standard of the *British Pharmacopoeia* I think they can be allowed to prepare them.

Mention has been made of penicillin, its impurity and all that. It arose because of a sad thing that has occurred very recently. One of the hon. Members of this House died on account of an injection of Procaine penicillin. Not only preparations made in this country, but even in the very best foreign countries, bring about fatal conditions. Such things have occurred not in hundreds but in thousands. Specially in the case of Procaine penicillin, while giving it to the muscular tissue even a little quantity entering the blood stream directly will bring about death. Such things have happened even in this country. This is not a new thing. I do not know how our hon. friend met with his death. I cannot say that. But such things commonly occur with penicillin. It is not a rare occurrence. Even though the penicillin prepared may be quite pure, shock and other conditions do occur in private practice.

I entirely agree with the idea that drug industry must be nationalised as far as possible, specially with regard to life-saving and very important drugs.

Mr. Deputy-Speaker: Shri Khadilkar.

Shri Khadilkar (Ahmednagar): I would like to speak later.

Mr. Deputy-Speaker: The hon. Member writes to me that he should be called in this discussion. When he is called, he is not prepared.

Shri Kadiyan (Quilon—Reserved—Sch. Castes): Mr. Deputy-Speaker, I rise to support the motion moved by my hon. friend Shri A. K. Gopalan. As the Mover has already explained, the object of the Resolution is not to nationalise the drug industry. As there is no drug industry as such in the country, the question of nationalising the industry does not arise.

The position of the drug industry today in our country is very serious. Most of the essential drugs which are life-saving drugs are being imported today from foreign countries. Except perhaps penicillin, almost all the drugs are being imported from foreign countries. Even in the case of penicillin, it is not produced in a sufficient quantity. Our dependence on foreign countries for these drugs is not only harmful to the growth of the drug industry in our country, but, at the same time, it drains the valuable foreign exchange resources of the country also. In 1949-50, the value of imported drugs was Rs. 7,85,96,000. In 1950-51, it was Rs. 10,51,50,708. In 1951-52, it was more than Rs. 15 crores. After 1952, the imports might have increased, because the demand for these drugs in our own country has increased sufficiently. But figures are not available. Anyhow, a conservative estimate can be made that it would be somewhere between Rs. 20 crores and 25 crores a year. Because of the dependence for these drugs on foreign countries, the price of these drugs has, as already pointed out by hon. Mover of the Resolution, increased very much. It is not within the reach of ordinary people in our country who mostly require these drugs. For example, aureomyceine which is imported in Bombay in a nearly finished condition at Rs. 1-20 per gram, is being sold in the country today at more than Rs. 13 per gram. This is true not only of aureomyceine, but also of other drugs which are covered by patents. Not only valuable foreign exchange is being drained away from our country,

but also the prices are rising exorbitantly. Ordinary people are not getting the benefit of these drugs.

We have got immense resources in our country to develop the drug industry which would be self-sufficient. We have got medicinal plants almost in every part of the country. We have got animal glands and animal tissues in the various slaughter houses in the country. We have got able men with skill to develop this industry. We have got experienced scientists. We have got men like Shri Sahib Singh Sockey who has got years of experience in this particular industry. So far we have not been able to build up an industry in this country.

What are the main factors that hinder the growth of the drug industry in this country? In my opinion, it is the foreign control in the drug industry today that hinders the growth of the industry. Foreign firms have entered into agreement with Indian firms. Some foreign firms have their branches in this country. They have their subsidiary concerns in this country. In all these agreements that the Indian firms have entered into with the foreign firms we can see that nothing is provided for sharing the technical know-how of manufacturing these drugs. Also we can see no provision for training Indian personnel in the manufacture of these modern medicines. The Pharmaceutical Enquiry Committee, in their report, had recommended that these agreements should be revised at the earliest opportunity. In some cases, exorbitant rates of royalties are being fixed. In certain other cases, some provision is being added in the agreement that the finished products of a particular firm should not be sold to anybody else, but only to those persons whom the foreign firms agree or their nominees. This creates a monopoly in this industry. I would like to ask the hon. Minister what action has been taken by the Government

[Shri Kodyian]

with regard to the recommendation of the Pharmaceutical Enquiry Committee about the necessity of revising some of the agreements entered into with foreign collaborators.

My hon. friend mentioned about the phyto-chemical plant that is to be set up with Soviet assistance. As he has pointed out, in Kerala most of the medicinal herbs that are required for the setting up of this plant will be found in abundance. We have got skilled labour in our State. Not only that. We have every means of communication stretching from the coastal areas of the State to the hilly regions. All these taken into consideration, I think, would be sufficient to justify the setting up of this plant in the State of Kerala.

Shri Ajit Singh Sarhadi (Ludhiana): Mr. Deputy-Speaker, the importance of drugs, particularly, life-saving drugs cannot be exaggerated. As such, it is certainly a State concern that they should be made available at reasonable rates to the individual. But, the question is, how could this problem be met. I am very glad that the hon. Mover of this Resolution has clarified a doubt that by nationalisation, he does not mean that the industry as such should be nationalised. I feel that there cannot be an integrated industry of drugs in this country.

A drug is the result of continuous research, and with the lapse of time we have different kinds of drugs at different times as a result of developments in production and research. Therefore, it would be admitted that there cannot be an industry of drugs as such. Therefore, the question is how this problem of making available drugs to individuals at reasonable rates can be met.

In this connection the Government can contribute a great deal, and that contribution can be made if the Minis-

tries of Industry and Health have co-ordination and co-operation. I do not know whether at present it is the Industries or the Health Ministry that deals with it, and whether any research is going on. I have got no knowledge about it, but possibly it is the Ministry of Health that must be dealing with research. Whatever field we look at, whether it is Allopathic, Ayurvedic, Homoeopathic or Yunani, research should continue, and it would be the function of the Ministry of Health to deal with the research part of it. Therefore, the emphasis should be on research in respect of drugs. Then there should be co-operation between the two Ministries.

The question is whether it should be taken up as a State concern, or whether it should be left to individuals in the private sector with State support. The best way to deal with it would be that the State should encourage the private individual, as soon as a certain drug is found for a certain ailment, to produce it.

The State should be always alert, and whenever it finds that a life-saving drug has been produced in any of the advanced countries in the world, it should see to it that its production is taken up in this country. Advanced countries do not keep concealed or secret the manufacture of such drugs. It is a thing which is known the moment it is produced. If a special department is allotted this duty I do not see why steps should not be taken immediately for the production of such drugs in this country. I would go to the extent of saying that if the production cannot be taken up immediately, some way of mutual co-operation and collaboration with the foreign country where the drug has been produced, can be found to have it made available cheaply in this country.

I am glad the hon. Mover has clarified the position that the main object

of the resolution, though it should have been worded differently, is that the people of this country should be able to obtain these life-saving drugs at cheap rates. It is for the Ministry to see how they can do it. I believe efforts are being made in the matter of Penicillin and other drugs; success has also been attained in these efforts and we are producing them here. But the field is so vast and varied, and the research has to be continuous, that we will be daily facing problems of this kind. I know the Minister in charge is very much energetic about it. I can very well appreciate his energy in the matter of the small-scale industries concerning my own State. I believe he will take this opportunity of pronouncing his policy regarding this matter of drugs and accept the objective of the resolution that he should find some ways and means whereby he can give these life-saving drugs to the people, because I feel at present we suffer badly from very costly drugs and they should be made available at cheap rates. That is what I have to say.

श्री रघुनाथ सिंह (वाराणसी) : उपाध्यक्ष महोदय, मैं इस अवसर पर कुछ आयुर्वेद और यूनानी औषधियों के सम्बन्ध में कहना चाहता हूँ। इस देश में ज्यादा संख्या ऐसे लोगों की है जो कि यूनानी और आयुर्वेदिक औषधियों का प्रयोग करते हैं।

जहां तक आयुर्वेदिक औषधियों का सम्बन्ध है बम्बई राज्य में एलेम्बिक और झण्डू की आयुर्वेदिक फार्मेशियां हैं जहां कि आयुर्वेदिक औषधियां तैयार होती हैं। बंगाल में इनकी बहुत बड़ी तालिका है और बंगाली सज्जन जानते हैं कि वहां पर वैद्यनाथ धाम, बर्मन, ढाका शक्ति औषधालय और साधना शक्ति, का तथा ढाका फार्मेशियां आयुर्वेदिक औषधियां तैयार करती हैं। इसके बाद उत्तर प्रदेश का नम्वर आता है। हरिद्वार में गुरुकुल कांगड़ी है और काशी विश्वविद्यालय भी आयुर्वेदिक औषधियों का निर्माण करता है। अब मकरध्वज एक बहुत

साधारण औषधि है। उसको यदि आप बाजार में खरीदने जायें तो वह २ रुपये तोले से लेकर १६ रुपये तोले तक प्राप्त होता है। हिन्दू यूनिवर्सिटी में यदि आप उसको खरीदें तो १६ रुपये तोले के हिसाब से प्राप्त होगा। अगर यहाँ चांदनी चौक में जाकर खरीदें तो वह आपको २ रुपये तोला प्राप्त हो जायगा। बाजारण लोग समझते हैं कि अच्छी औषधि है, बाजार में प्राप्त होती है और उसका प्रयोग करें। भूल्य में इतना अन्तर होने का कारण यह है कि मकरध्वज में स्वर्ण का प्रयोग होता है तो कुछ यहाँ स्वर्ण का प्रयोग होता है लेकिन कुछ दूसरे स्थानों पर उसका प्रयोग नहीं होता है इस वास्ते वह उसको इतना सस्ता बिकता है।

रस का जहाँ तक सम्बन्ध है उसमें स्वर्ण, सिंदूर का भारत की आयुर्वेदिक औषधियों में बहुत बड़ा स्थान है लेकिन आप मार्केट में जायें तो कोई भी व्यापारी आपको वास्तव में स्वर्ण सिंदूर नहीं देता है बल्कि दरअसल वह रस सिंदूर देता है हालांकि बेचता उसको स्वर्ण सिंदूर के नाम से है। लाल होना चाहिये, स्वर्ण सिंदूर और रस सिंदूर के रंग में क्या फर्क है ?

मोती भस्म का तपेदिक की बीमारी में आयुर्वेदिक और यूनानी इलाज में प्रयोग किया जाता है। मोती भस्म अगर आप सचमुच खरीदना चाहें तो वह ८० रुपये तोले से कम नहीं पड़ सकती लेकिन यदि आप बाजार में जाकर उसको खरीदना चाहें तो मोती भस्म आपको ४ रुपये तोले मिल जायेंगे। होता यह है कि मोती के स्थान पर सीप भस्म दे दी जाती है और कहते हैं कि यह मोती भस्म है।

इसी प्रकार वंशलोचन की बात है। अभी काल की ही यहाँ हाउस में एक सवाल को लेकर उसकी चर्चा हुई थी। वंशलोचन हमारे यहाँ यू० पी० में एक फर्म है जो कि सारे हिन्दुस्तान में वंशलोचन सप्लाई करती

[श्री रघुनाथ सिंह]

है। मजा यह है कि वहां पर बांस के पेड़ होते नहीं हैं। अब वंशलोचन तो वहीँ पर हो सकता है जहाँ कि बांस के पेड़ हों। काश्मीर में वंशलोचन नहीं हो सकता भलबत्ता वह आसाम में हो सकता है, बंगाल में हो सकता है और सिंगापुर में हो सकता है। वह मलाया में भी हो सकता है। जहाँ बांस होगा वहाँ वंशलोचन होगा लेकिन मजे की बात यह है कि सारा वंशलोचन उत्तर प्रदेश से एक्सपोर्ट होता है वहाँ से सारे हिन्दुस्तान में जाता है। जो कल यहाँ पर एक प्रश्न पूछा गया था तो यह बतलाया गया था और स्वीकार किया गया था कि आज देश में एक परसेंट ही शायद विशुद्ध वंशलोचन आपको प्राप्त हो सके बाकी सब नकली बिकता है।

इसी तरह च्यवनप्राश की ले सीजिये। अगर आप उसको चांदनी चीक और बानार से खरीदें तो वह आपको वहाँ पर ४ रुपये सेर भी प्राप्त हो जायगा लेकिन अगर हिन्दू यूनिवर्सिटी का च्यवनप्राश आप लें तो वह आपको १८ या २० पये सेर से कम में प्राप्त नहीं होगा।

शीतोपलादि चूर्ण जो कि ज्वर के पश्चात् और खास कर के बालकों को दिया जाता है कायदे से शीतोपलादि चूर्ण बगैर वंशलोचन के नहीं बन सकता लेकिन आज जो शीतोपलादि चूर्ण बिकता है उसमें वंशलोचन एक परसेंट भी नहीं होता है। इस प्रकार होता यह है कि लोग आयुर्वेद और यूनानी को गाली देते हैं। जब ठीक औषधि नहीं मिलेगी तो कहना होगा कि फायदा नहीं होता।

उपाध्यक्ष महोदय : ये सबसे ज्यादा उत्तर प्रदेश वालों को मिलती होंगी।

श्री रघुनाथ सिंह : उत्तर प्रदेश में तो औषधियाँ बहुत कम मिलती हैं। मैंने तालिका दी है जिससे मालूम होगा कि ज्यादातर औषधियाँ बंगाल में बनती हैं। बंगाल में

मुख्यतः आयुर्वेदिक औषधियाँ अधिकतर 'छ-नाथ, आर० एल० बर्मन, डाका शक्ति, शक्ति डाका और साधना द्वारा बनायी जाती हैं इसलिये मेरी प्रार्थना है कि जहाँ आप बड़ी बड़ी योजनाएँ बनाते हैं जिनसे बड़े लोगों को फायदा होता है, उसी के साथ साथ आप ऐसी योजनाएँ भी बनायें जिनसे गरीबों का फायदा हो। आप बड़ी योजनाएँ बनाते हैं उनके बारे में यहाँ रोज प्रश्न होते हैं लेकिन उससे गरीब आदमी का कैसे फायदा होगा? हमारे देश में पर कॅरीटा इन्कम २८६ रुपये है या तो २४ रुपये महीना। अगर हम माडर्न मेडीसिन करते हैं और पैनिसिलिन का एक भी इन्जेक्शन लेते हैं तो दो रुपये डाक्टर को देना होगा और दो रुपए की दवा मिलेगी। इस तरह से २४ रुपये में से चार रुपये चले जायेंगे तो फिर काम कैसे चलेगा।

हिन्दुस्तान में जो गरीब लोग हैं और जो देहात में हैं वन औषधि, काष्ठ औषधि और इसी प्रकार की औषधियाँ काम में लाते हैं। इसलिये मेरा निवेदन है कि थोड़ा सा गरीबों की तरफ भी ध्यान दीजिये। आकाश में बहुत ज्यादा उड़ने से काम नहीं चलेगा। अगर आप थोड़ा सा जमीन पर भी रहने की कोशिश करें तो गरीबों को भी लाभ हो सकता है।

इसलिये मेरा निवेदन है कि यह संकल्प बहुत अच्छा है और हम इसका स्वागत करते हैं और अगर आप और कुछ न कर सकें तो इतना तो कर दीजिये कि आयुर्वेदिक और यूनानी औषधियों की जांच करने के लिये दो तीन आदमियों का एक बोर्ड बना दीजिये। और मार्केट में जितनी औषधियाँ भावें उनको वह देखें। आप देखें कि सीप भस्म जो कि दो रुपये तोला में तैयार होती है उसको मोटी भस्म कह कर गरीब लोगों से ८० रुपये तोला का दाम लिया जाता है। यह बहुत बड़ा

सम्भाव्य है। इसलिये मेरा निवेदन है कि चाप दो तीन मादायियों का एक बोर्ड बना दें जिससे कि प्राणी और प्रादुर्बिक प्राणियों की जांच हो सके और जनता को सुद प्राणियों का प्राप्ति हो सके।

Shri Khadilkar: I must confess that unfortunately my hon. friend has not given enough thought to this matter when he brought forward this resolution. For, while making a proposal for nationalisation or to bring every small unit manufacturing drugs under State control....

Shri A. K. Gopalan: Unfortunately, my hon. friend was not here, when I was speaking, and that is why he is beginning his speech in this way.

Shri Khadilkar: But my hon. friend is not to ignore the conditions of life in this country. Even today, about 25 per cent. of our population depends primarily on the old women's pouch in the house, where the indigenous drugs are kept, and these drugs are administered normally. Only in extreme cases, with a lot of persuasion, the villager would go to a doctor or to a hospital. Even now, this is the condition that the villager would go to a doctor or to a hospital only for two reasons, firstly, because medical services are not yet available near at hand, and the fees charged by the doctors are very high, and secondly, because it is taken for granted, that when he has to go to the hospital, probably, he is not likely to be....

Mr. Deputy-Speaker: Has the hon. Member ever been to the hospital?

Shri Khadilkar: I was there for several years.

Shri V. P. Nayar: And he came back.

Shri Khadilkar: I am talking from the villagers' angle about this matter.

Otherwise, my hon. friend Dr. V. P. Nayar could pose off as a quack doctor. I am not of that type.

Shri V. P. Nayar: A half-quack is worse than a quack.

Mr. Deputy-Speaker: Now, two doctors should not be near each other quarrelling.

Shri V. P. Nayar: I am not a doctor.

Shri Khadilkar: Today, we must look at the industry from the point of view of the needs of the people and see in what manner we can control it, I mean, control the quality of the drugs, and probably, in some respects, their price. I say, in some respects, for this reason. For instance, penicillin is sold at about 10 annas a vial. But I would like to point out to my hon. friend that so long as the medical profession remains the most commercialised profession as it is today, without any control, then, whatever injections are to be administered by the doctors would be very costly, though the medicine itself may be priced at a very low level; the charges of the doctors depend on their capacity to extract money. Therefore, we must look at the problem from this point of view also, besides seeing to it that at least the genuine stuff is given to the patient. The reason for my saying this is during the war-time, I know of two concerns which were indulging in this sort of thing; quinine was not available, and whatever was available was extremely costly; and these manufacturing concerns hardly used any quinine, and they sold vials containing almost distilled water. It is there on record. And Government did not do anything.

We must look at this from the production angle also. In the present day world, the doctors will never admit this fact that there are only four or five drugs, particularly in the group of antibiotics, as I would call them, which are really curative. Another factor which is equally important is that in the West, the drug industry has taken to synthetic manufacture.

[Shri Khadilkar]

That factor also must be taken into consideration, when thinking of nationalisation of the drug industry. Mention was made about *Makaradwaj*. I might give an instance in this connection. This Ayurvedic medicine, namely *Makaradwaj* was imported from Germany by our *vaidyas*. I know it myself, and my hon. friend the Minister will also admit this. The question is why this has been happening.

Again, even if the industry is nationalised, what about the price structure? I shall give you one instance in regard to the price of a State-manufactured drug, namely quinine sulphate. It is about Rs. 44 per lb. whereas the foreign-manufactured or privately-manufactured best German product costs about Rs. 22 per lb. So, we must consider the question from the point of view of the price factor also.

Another important aspect is whether it should be in the private or the public sector. We shall have to categorise the industry and say which are the basic industries for the development of pharmaceuticals, and which are the industries for the final products. If we categorise like this, and the basic industries and also the intermediates are taken over by Government, but the ultimate product alone is left to the private manufacturers, then it would really be a good thing. But the main fault of the whole administration, which we have recently taken note of, and unfortunately, which is true even now, is that the Government machinery is absolutely most inefficient on that front, that is, the front of quality control, and drug control.

There is a Drug Act today, but that is never enforced. Again, apart from these family drugs, there are lots of patents. And a psychological atmosphere is created in the country by the doctors, particularly, by the com-

mercialised profession of physicians, —and I know of such cases—where the patient could not sleep unless he has a bottle of some patent medicine by his bedside. This sort of psychological attachment to medicine is fast developing in this country, because of the commercialised nature of the profession.

If we look at the figures of production during the last war, we find that about 70 per cent. of our total consumption of medicine was manufactured in this country. I cannot exactly give the percentage the hon. Minister may be able to give the percentage. But the main difficulty is this. Take, for instance, allopathy, or homoeopathy, of which I know very little, or Ayurved. The Ayurvedic concerns are now making very good profits, and they are doing very good business, because even now, in our country, what is being sold in the name of Ayurvedic medicine is not pure Ayurvedic medicine. For instance, what are the manufacturers trying to do? Get some products from outside, mix them into some sort of hybrid products and dump them into the market in the name of Ayurveda. There is no machinery to control them. Therefore, my main contention is that at this stage of development of the pharmaceutical industry in this country, when Government are taking some good measures, for instance, the establishment of the penicillin factory and the proposed establishment of a sulphur plant with the help of the Soviet Union and development of other products which are, as I said, absolutely basic pharmaceuticals, we must try to develop intermediaries.

The third important thing to be taken notice of is that in our private sector, excluding a few manufacturers, there are no laboratories. I would like to point this out to the Minister. I do not know whether he has seen it. What they have is just a show. In western countries north-

cularly, they are developing what they call A. B. C and other vitamins. They are fast developing them. Here so far as the development of vitamins or other medicines are concerned, whatever be the indigenous drugs produced here, they have no research. No data are available as to how they can use what raw materials. I would like to point this out to my hon. friend. Even the people from the Soviet Union who came here in connection with the establishment of the sulphur plant, had made a special reference to 'medium' development by a private sector unit for the production of penicillin. They have suggested a medium which depends especially on indigenous raw materials, which should be tried by other interested units as well. So the emphasis must be on this aspect of the industry.

The other day a great tragedy took place. One hon. Member of this House died. I know that these drugs or even calcium cause a percentage of shock deaths. But the main question which is not answered by the Government is why even in the government-owned plant, there is not that quality and standard which ought to be maintained. Unfortunately, while we are developing the drug industry, there is no machinery to check the standard and quality of the products. There is an independent audit to look into the accounts. In the same way, there should be an independent machinery set up of scientists in this country who are of high repute and are not likely to be purchased—because the whole atmosphere is like that—by commercial concerns. Their independent opinion should be taken at every stage and all the processes of manufacture must be tested properly, and there should be a second test.

What happens now is this. The Health Minister says, 'I am responsible to the consumer'. So if somebody dies, then he becomes alert. He wakes up and says, 'What has happened? I must see'. The Minister

of Industry says 'Oh, I must manufacture more and more and show good profits at the end'. So this sort of thing will not do. There must be some order in this. Who is ultimately going to control all these drugs from the point of view of quality and from the point of view of price? In this respect, there is no policy with Government.

Therefore, my first submission is that instead of rushing in for nationalisation, we should.....

Mr. Deputy-Speaker: I thought it was his last submission.

Shri Khadilkar: I shall finish in two minutes.

Therefore, instead of rushing in for nationalisation, the whole field of the manufacture of different types of pharmaceutical products must be surveyed. Whatever bad drugs are produced now in the name of ayurveda or unani—they are drugs with an admixture of allopathy—must be prohibited. Of course, there must be some indigenous things which have their own quality and which must be preserved. But as regards allopathic drugs or pharmaceutical drugs, the State should undertake their improvement and further expansion of manufacture. I learn that the State is going to expand it, it should expand it further, and drugs which are of vital necessity and which have a curative quality, must not be left in private hands.

There is just one side remark I have to make. There are certain products like glucose. They are not actually drugs, but they are drugs in the sense that at a particular stage in a patient's condition, they are to be administered. They must not be priced very high. Today what we find is that products like glucose, lacto etc.—whatever children's foods are there—are priced very high. So all these things must be looked into.

The Minister of Industry will have to take note of all these things. He

[Shri Khadilkar]

less the machinery I have suggested is set up, whatever is the manufacture and ultimately whatever we develop will not be on proper lines and we shall not be keeping pace with the scientific advances in the pharmaceutical world rapidly taking place in other countries. As I said, they do not depend on indigenous natural products; they depend on synthetic products now. They have advanced so far. So we must catch up with the progress that has been made there. That is the essential need of the hour.

Shri V. P. Nayar: I must at the outset express my grateful thanks to my hon. friend, Shri Khadilkar for having showered on me a high-sounding appellation of a 'quack doctor'. I appreciate his sense of modesty because two decades of association with a qualified doctor could raise him only to the level of a half quack.

The problems which the hon. Mover has sought to bring to the notice of Government have been completely misunderstood by my hon. friend, Shri Khadilkar, who spoke before me. As I listened to him, I thought the more I heard him, the less I understood him. With his amazing ability to go at a tangent.....

Mr. Deputy-Speaker: Now when another hon. Member is called, he will begin to criticise the hon. Member.

Shri V. P. Nayar: I have a right to criticise.

Mr. Deputy-Speaker: That right should not be abused.

Shri V. P. Nayar: All right. I am not going into that.

I was also rather surprised to hear Shrimati Ila Palchoudhuri take a different view about the Resolution tabled by my hon. friend, Shri A. K. Gopalan. What is the position of the drug industry? How can anybody say that the drug industry is in a happy

position? I know that the defects of the drug industry are many, and the hon. Minister also knows that it is, by and large, because Government did not have adequate control over the drug industry that it has now come to a stage in which development, if at all any, has been very much lopsided.

What are the reasons? Where do we stand? I was surprised to hear the hon. Member say that we are making sulphur drugs, we are making para amino salicylic acid and iso nicotinic acid hydracid. I do not know which factory here makes any of these vital drugs from the primary products. The importers get them in the penultimate stage and pack them. I do not know of any factory in India which manufactures such drugs. Perhaps even in the penicillin factory, they are depending on imports of certain strains.

Therefore, it is time that we changed our approach to the subject. We must have first things first.

Shrimati Ila Palchoudhuri: May I seek a clarification? The hon. Member was pleased to remark the none of these drugs are manufactured here. I quite agree. But should we not import things that enable us to manufacture drugs? What is wrong in that?

Shri V. P. Nayar: That is an entirely different point. I was only submitting that the industry upon which a drug industry has developed has not developed in India. Even in the drug industry, certain vital aspects have been completely left out because it was not a paying proposition to the private trade or industry to get into such fields.

Someone remarked that by the end of the war, we were producing about 70 per cent. of the requirements of drugs. If the hon. lady Member will be pleased to read two lines in the Report of the Pharmaceutical Enquiry Committee, she will find out the position and the reasons also. The Report says:

"Its development during the war years has been uneven, and dependence on foreign imports for basic drugs came into prominence".

That was the position.

"Also with the rapid development in the fields of pharmacology and medicine, a number of chemotherapeutic products and antibiotics completely replaced a large number of other drugs which were commonly used. The Indian pharmaceutical industry"—

to which his compliments were paid by the hon. Members—

"could not keep pace with these rapid developments, with the result that many of the products made by the industry became obsolete and surplus and the new drugs whose production had not been developed, had to be almost solely imported".

Shrimati Ila Palchoudhuri: May I submit.....

Mr. Deputy-Speaker: It would not improve matters. Let the hon. Member proceed.

Shri V. P. Nayar: I would welcome interruptions all the more from the hon. Member.

The position was that by the end of the War owing to circumstances under which we could not get our imports of essential articles there was a little impetus. But, when after the War there was a glut of imports, it was found uneconomic in the sense that they did not get the profits which they got before. Today 20 years after Sir Alexander Fleming found out penicillin what is the position of penicillin? What is the position of other drugs? We are yet at penicillin: we have not started to go into tetracyclins.

We have got great traditions. Two thousand years ago we had an alchemist—Nagarjuna—when the rest of the world did not know about alchemy at all. He had found out different uses for mineral salts in curing diseases; he found out courses for eye diseases. We do not live in those days now.

Today one of the best companies—it so happens that it is from the region of the hon. Member because it is from Bengal—I do not want to name—asked a worker to leave the service. There was a case. The reason given was that the chicken essence produced under his technical guidance did not have the required quantity of proteins. He gave the explanation that from such and such a date veal was not available in Calcutta and he had to resort to beef. The case has come to the Supreme Court. If the hon. Member wants I can give a copy of it. This is how even chicken essence is manufactured. Every other drug is adulterated. I can give any number of instances. There is so much of advertisement about anacin—four in one. What do you think will be the normal cost? It is sold for two annas; but I am sure that out of 2 annas 50 per cent is spent for advertisement. What is the purpose of advertising drugs like this? They give the components, even to that extent that an ordinary man reading the paper would start buying and using the drugs. It is just because the private industry can find out which is the Indian company which can compete with any one of these foreign-Indian collaborations. Which international company in the pharmaceutical industry has not entrenched itself in this country? I want to ask this of the hon. Minister. Squibbs, Lillys, Merks, and Imperial Chemicals are here. Merk is in the public sector also. Then hon. Minister knows it. After the War all these companies have found that the Indian drug industry is in a position or at least will develop in the shape of collaborations about which very much

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has been said in the Pharmaceutical Enquiry Committee's Report. It recorded that unless Government takes a firm decision here and now that all these obnoxious agreements which have literally sold our country to foreign entrepreneurs are scrapped and new agreements on the basis of technical collaboration on different conditions are entered into, there is no scope for the drug industry.

We may talk about foreign participation. Nobody is against foreign participation. But in this field foreign collaboration should not come to India with the mere object of taking away more profit. You know when first the life-saving drugs came to India they were sold at fantastic prices. One gram of streptomycin was sold at Rs. 35; one tin of 3 oz. of para amino salicylic acid was sold at Rs. 125. What is the price today? The producers did not involve such processes whereby in the course of 2 or 3 years these drugs could be sold at 100 times cheaper prices. It is all because the entire field of drug manufacture was left for the whims and caprices of those foreign people who were in charge of this industry. Therefore, if you want to save the industry, if you want to make greater use of the achievements of science—all branches like chemistry and pharmacology—it is high time that Government not merely take very serious note of this but immediately enter the field.

I am glad that the Government is now contemplating the setting up of 5 units with the collaboration of the technical aid of USSR. A point has been made about it also. I do not want to go into the details. But I would say this that every such factory is to be a national undertaking and the best places selected for locating the factory. It may be that Assam has a particular advantage; may be U.P. has a particular advantage for one factory; maybe Madras may have an advantage for another factory....

Shri Khadilkar: Why Kerala should not be?

Shri V. P. Nayar: Why are you scared about Kerala?

But I say there is no State in India which can claim to have a better advantage in locating the unit for chemical plants. Here again I may refer to the Pharmaceutical Enquiry Committee's Report which I think is the basis of the discussions at Governmental levels. I think the Committee had many things to say—many good things too. But I find that the references made about the availability of medicinal herbs is not merely wrong but it is fantastic. I can quite understand the hon. Minister's laughter because in detailing the list they say that 75 per cent of the items listed in the British Pharmacopoeia are all available in India. I think the hon. Minister will kindly go through the Schedule for I have no time. It is said in this Report that even the tree tamarind—*Tamarindus Indicus*—is available in Trivandrum only, while we all know that it is available throughout Kerala and throughout the South—in fact throughout India. The Report says that *elayachi* is produced in Cochin. Perhaps, some report said that Cochin is the market for exporting this. I may mention several medicinal plants like that. I say this because this is a very important field.

We are very backward in the production of alkaloids and the alkaloids which we produce are only a few. Perhaps we produce crysin, santonin, neo-atmalycin etc. Take for example, *Raulphia serpentina*. There are about 8 alkaloids, extracted from *raulphia serpentina*, *ajmelicin*, *serpentin* and *raulphin* etc. We do not have anyone of them. Now, they have been found out to be marvellous cures.

In order to improve the industry it is absolutely necessary that there should be an emphasis of the development of alkaloids and especially

to take more and more to plant chemicals in which also the private sector has failed miserably so far. Without the development of that our drug industry will have no future.

16 hrs.

Shri Kalika Singh (Azamgarh): Mr. Deputy-Speaker, Sir, as far as the drug industry is concerned, the first things I want to point out is that it has a flourishing trade. I do not know much about the industry but as far as its trade is concerned I can say that everywhere in the market, in every town and city, wherever we go, we find that there are druggists and chemists who get so much profit that they generally employ doctors. The prices differ so much. Here in Delhi also, if we go to Connaught Circus we get a medicine which costs 25 per cent higher than it would cost us at Chandni Chowk. The prices differ from town to town and city to city. The first thing that the Government should do, instead of attending to the manufacture and the development of the drug industry, is to control the trade. It can take it up as a State trading concern because it is so vital to the health of the population of India. The State should give some attention to the very flourishing trade that has gone into the private hands out of which the private sector is making so much profits. The Health Ministry has got the Central Drugs Laboratory and it has got the drugs technical advisory board. It does not concern itself with the manufacture of the drugs as such. It would have been very good if the Health Minister also were present here. Even if he is not concerned with the manufacture of the drugs, this concerns the health and he ought to have been present to convey to us what advice has been given by the advisory board and what advice he has to give to the Minister of Industries.

I had an opportunity to look into the agreement that the Hindustan Antibiotics had entered into with

Messrs. Merk and Company who are the patentees. The relevant clause says:

"The process, the technical know-how and cultures made available by Messrs. Merk and Company under the agreement to Messrs. Hindustan Antibiotics Ltd. belong to Merks and they could not be divulged to the public."

I could not understand that. According to the Patents Act, everything which is a patent has to be publicised to the whole world. It has to be advertised in the papers. Where is the secret about the manufacture of the drugs which the Merks want to be withheld from the public. Because they have entered into an agreement with the Hindustan Antibiotics here, they have to take our scientists and technologists into confidence. They should let the country know what the secret is which they possess because the Patents Act says that they have to advertise every thing in the paper and publicise everything. So, there is no secret and therefore, it is very essential that they should let the country know and the scientists and the technologists should have an opportunity to manufacture such things unobstructed by the terms of the agreement.

The medicinal plants from India are exported to foreign countries in large quantities. I have heard from a Member that drugs worth Rs. 15—20 crores are being imported from foreign countries and medicinal plants valued at crores are being exported from India. Government should try to find out what plants are exported and to see why a manufacturing industry should not be established in India. Sometime back there was a meeting of the development council for drugs, dyes and intermediates which drew up a plan for the manufacture of drugs with the help of Russian experts. We do not know what progress has been made and whether that advice has been

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accepted or not. It is high time that the Government took up the manufacture of essential drugs. It may not take up the drug industry as a whole but drugs which are essential, which are basic must be taken up in the first instance.

Dr. Melkote (Raichur): Mr. Deputy-Speaker, I am happy that the Mover of this Resolution had brought this motion at the very opportune time. It had given me an opportunity to express my views. From the statistical data available with regard to the incidence of disease and mortality and the difficulties that the public men encounter in the field, it is very easy to speak in an emotional manner, particularly in this House. The question before us is absolutely a technical subject even for me though I have dealt with medicine to a great extent and I find it difficult to be dogmatic in the manner as one of our friends had been all along.

The problem before the country is not the question of starting the manufacture of drugs here in our country. It is said that the cost may go down or the purity of the drug will be maintained if it is manufactured by such a concern. It may be the Government itself. If that is the only aspect we have got to take over the manufacture of almost every drug that is consumed in the country which are imported from other countries. But the problem is not so simple as all that. The medical field is progressing rapidly and more and more remedies of a simple nature are being placed at the command of men for the relief of suffering. What obtained ten or 15 years back do not obtain to-day and if we the technical men are consulted in this field, one would find that a number of drugs that are in the market and sold in galore are absolutely obsolete and unnecessary. If, therefore, on the simple pretext that a particular drug is costly, the hon. Members would advise the Government to start manu-

facturing at a State concern—it may be an allopathic or Ayurvedic or Homoeopathic drug—a drug which is not consumed by the technical personnel but by the lay public, and if simply the quantity is the criterion, it would be a wrong thing for the Government to start such a concern. Therefore, Government has got to be very careful in taking a decision in the matter.

Secondly, the drug industry is rapidly changing. What is prevalent today might become obsolete in the next couple of months, sometimes even days. Government would have to consider the problem of investment, how much it would have to invest, and how soon it would become obsolete, etc. Government money will go waste.

It would, therefore, be again a consideration whether Government should invest public money or allow the private people to go forward in the field, manufacture these things and occasionally make some profit. The Government has, therefore, a duty to so arrange its affairs that it takes into consideration such drugs which have value for a sufficient length of time, which are not easily available and which, in fact, they can manufacture at cheaper rates and give to the people such important drugs that are necessary.

People have been talking in terms of sulphur drugs. I remember that in 1942-44, somewhere during that period, Col. Sokhey, Director, Haffkine Institute, Bombay, happened to come down to Hyderabad and tell us that he was in a position to get manufactured in India sulphur drugs at 1/12 pie per tablet whereas it was being sold at that time for two annas. What an enormous cost the country was made to bear by importing it! Lakhs of rupees worth of drugs could have been manufactured, but the then British Government would not permit us.

To-day sulphur drugs and penicillin drugs are used enormously. But countries like Germany, Russia and America have been considering whether it is not time enough now, on account of use and on account of ill effects, to find out some other drug which could replace these sulphur drugs, and it is towards India that they look. Many German specialists, I understand, are trying to come to India to find out whether the ancient Indian system could give them something which could replace sulphur drugs.

If today, therefore, on account of the opinion that is being held by the Members of Parliament or the Government finds a particular State coming forward to manufacture them at a cheaper rate with the collaboration of Government of India, the Government starts manufacture at the expense of crores and crores of rupees, tomorrow they may find another drug which is very valuable, which is easily available in the country as one of the natural products of the country and which probably the villagers themselves are using them today.

These are some aspects of the question which one has to consider. Therefore, it is my considered opinion that the Government should be very chary in accepting this. The Government should consult technical personnel. Even as it is, today crores and crores of rupees worth of drugs are imported into the country. If only Government takes advantage of technical advice and consults the Indian Medical Association or any organisation of ayurveds, it would be in a position to know what are the particular drugs that they are using and what are those drugs which the public themselves are purchasing without the advice of medical men. If we can stop the import of crores and crores of rupees worth of drugs which are being used by people merely on the advertisements put before them, we can save all that money for importing the much required ma-

chinery. That money is now being wasted on the purchase of drugs which may become obsolete. In that way we may be able to save crores and crores of rupees. It is in this particular manner that Government should go about.

I personally feel that this is a matter in which it should be a mixed economy where the private enterprise should also be allowed to come forward, either for benefit or disadvantage, but Government should be very, very careful in accepting this motion.

The Minister of Industry (Shri Manubhai Shah): Sir, I am very grateful to the mover of the Resolution for bringing this motion before the House because it gives the Government an opportunity to place before the House and the country the entire drug and pharmaceutical policy of the Government of India. The hon. Mover suggested that by asking for making the drug industry a State concern he did not mean anything like nationalisation or taking over of the existing industry, but he did imply by his resolution, which he has clarified, that all future expansion and development of drug industry should be done in the State sector.

With this proposition the Government is not, at all, in agreement, and I will try to place before the House the existing position of the drug industry in this country. As the House is aware, under the Industrial Policy Resolution of the Government, Schedule A defines all those industries in which the State more or less will participate exclusively, exceptions with some that may be made from time to time, in the development and establishment of those basic and heavy industries. Schedule B defines those industries in which the State will progressively participate along with the participation and development of those industries by the private sector. If the hon. Members will refer to that Policy Resolution, they will find that drugs, intermediates and pharma-

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ceutical chemicals including essential drugs are included in the second schedule. And, that is also for very good reasons.

It would not be correct to say that the existing situation in the pharmaceutical industry of the country is merely one of bottler or processor, as my hon. friend, Shri Gopalan and other hon. Members of his line of thinking put this industry to be. It is true that in 1947, when India became independent, this country was manufacturing some ayurvedic and unani drugs and some of the modern drugs were being more or less processed and crystallised, the production of which was something like Rs. 10 crores worth of drugs of which about Rs. 7 crores worth of components were imported and also bulk drugs which were being purified and bottled.

The rapid strides that the country has made in this particular sector is perhaps the fastest, if I can say so, or one of the fastest of all the industries both in the private and public sectors. The present annual production, the House will be glad to know, of pharmaceuticals in this country runs over Rs. 65 crores, may be a little more than that during the current year. I may also mention that this figure is only for those 124 large-scale producers of drugs and 2,000 producers of drugs in the small-scale sector. There are many more of them in the large-scale, medium scale and small-scale sector for which up-to-date statistics and data are not available. This will place before the country the size and magnitude of development that has taken place during the last ten years. There are about 124, if I may repeat, large-scale manufacturers and about 2,000 small-scale manufacturers of drugs in this country. Not only the number is large, but the production is also very great in the amount of value; it almost becomes six to seven times what it was at the time when we became independent. Excepting the most modern up-to-date synthetic drugs, we are today manufacturing practically every sort of pharmaceuti-

cals from the very primary alkaloids, sulphur drugs, antibiotics, vitamins and various other modern drugs.

Therefore, I would like the House to appreciate this, that since the advent of the First Plan and, particularly, since the beginning of the Second Plan, the policy of the Government and the country has radically altered and we have decided to see that the country becomes more or less self-sufficient, not only merely self-sufficient by having old drugs but self-sufficient in the most modern and latest developments in drugs. It is our policy to see that they are brought to this country as early as possible. With this end in view both the private sector and the public sector have been very much developing at a very fast rate since the last three or four years.

I had the privilege of placing before the House what we had been doing in the public sector. I will try to recapitulate and place the most up-to-date information before the House. As the House is aware, we have entered into an agreement with the Soviet Union. When I visited Moscow a few months back, we signed an agreement. Through that, we are going to establish six basic pharmaceutical and medicinal units in this country with their and German tech-products, hormones, alkaloids, surgical instruments and medical appliances and other things. Practically most of the modern drugs are being covered by this public sector project. This will also involve a capital investment of Rs. 80 crores and will produce essential life saving drugs to the extent of Rs. 35 crores to Rs. 40 crores every year when this plant goes into production somewhere in the fourth year of the Third Five Year Plan. The Soviet experts are here and our experts are discussing with them the actual locations, in what manner they should be established, when the plant, machinery, etc. should be started to be delivered, etc. and we do hope that as per the schedule,

everything will be done. Actually, we are running ahead of schedule and we should be able to establish these units as early as possible in the public sector, so that by the middle of the third or fourth year of the third Five Year Plan, we shall be in production through these units.

Over and above the collaboration with the Soviet Union all the intermediate chemicals of pharmaceuticals, drugs, dystuff and plastics are being covered in the public sector through the collaboration of Bayers, Badische Aniline and Hoechst, which are some of the most internationally famous companies, with which we are more or less finalising an agreement very soon and through which we shall produce all the intermediate chemicals on which my friend, Shrimati Ila Palchoudhuri was laying stress. Dr. Melkote also has referred to the imperative need of manufacturing all these chemical intermediates in the country. They are also being covered. With a capital investment of Rs. 10 crores to Rs. 12 crores, as soon as the plant goes into operation, we will be producing Rs. 9 crores worth of basic intermediate chemicals. We have planned the production of intermediates in such a way that the synthetic drugs—alkaloids, pharmaceuticals, antibiotics, etc.—based on these very intermediates will be in production as soon as the intermediates are available to them.

Over and above that, we are expanding the Pimpri plant, of which the House is fully seized. We are expanding the penicillin production there to practically 60 million mega units, which is the current demand of the country of this particular drug. We have also entered into an agreement with the American firm, Sharp, Merk and Dohme, for the production of 45 tons of streptomycin every year. Over and above that, the scientists of this country in the Pimpri plant have very luckily succeeded in manufacturing through our own researches tetracyclines, one of the important

drugs. We have recently sanctioned a plant to manufacture tetracyclines, which will be established at Pimpri. These are the various steps of leadership, if I may say so, which the State has taken upon itself to develop and stabilise and also consolidate the pharmaceutical drug industry in India.

Along with this, very happy and very welcome developments are taking place in the private sector in the pharmaceutical industry. It should not be considered that we are taking so many major steps in the public sector and the private sector is lagging behind. Practically all the drugs that we are going to manufacture in the public sector are going to be manufactured in the private sector also, though it may be a major, medium or small portion of it. As my friend, Dr. Melkote, rightly pointed out, this is not a line where we can put all the eggs in one basket. It will not be correct for any country to depend on technologists from one country or another, because every country has its own scientists, research workers, technologists, etc., who are bringing forward every day new types of drugs to save or prolong human life, to reduce the malnutrition of the large masses, to substitute drugs which are expensive and take a long time to cure by reasonably cheap and effective drugs yielding quicker results etc. So, we want to keep abreast of the whole world as far as possible in the manufacture of these drugs.

This does not mean that we are not humble enough to acknowledge that we cannot go ahead in research to the same extent as advanced countries, which have been in this line for 100 or 200 years. But we shall certainly enter into valuable technical collaboration with them and take the technical know-how, so as to give to the people of this country the benefits of the most modern life-saving drugs. That has been the basic policy of this Government. Therefore, I entirely agree with my hon. friend, Shri A. K. Gopalan, when he says that the Government's policy should be for

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integrated drug manufacture. But that has been the policy for the last four or five years, if I may say so, and every aspect of the manufacture of pharmaceutical drugs, whether in the public sector or the private sector has been designed towards that end, that we shall not leave any vital missing link in the pharmaceutical field which will deprive the people of this country of the services and administration of these life-saving drugs.

The second and basic feature of the national drug policy is to see that every manufacturer manufactures it from the primary stage. We do not want to be mere bottlers and processors. We do not want them to import them in bulk and put them in vials or pack them into good-looking packings. We want to see that they are manufactured here from the basic primary raw materials, and that is where State intervention has come none too soon, by the immediate establishment of the chemical intermediate plants. Over and above the intermediate plants in the public sector, every factory is now persuaded, almost compelled, under the Act to see that they also manufacture their own basic raw materials and intermediaries. When I say that, I must make it clear that it applies only to major units—some of those 124 units—and not to the small-scale units, because the small-scale units cannot undertake these vital chemical preparations. As far as big units are concerned, whether they are foreign-owned, or Indian-owned, or partly Indian owned with foreign-participation, all of them are being persuaded, according to a proper phased programme, to see that they produce drugs from the primary basic chemicals. Therefore, that aspect of the policy has always been insisted upon, and the progress in that direction has been very satisfactory.

The third aspect of the National Drug policy, which is quality and price, is the most important aspect, as far as drugs are concerned. We can make many drugs here and they may be sub-standard, or we can

make more drugs here and yet they can be too expensive. No country, much less a country with a vast lower income group like India, can afford to have sub-standard or high-priced drugs, and that is where State action in the last few years has been most effective. I have had the pleasure of placing before the House several times the statistics of how the price reductions have taken place in all these life-saving drugs. Some three or four years back penicillin was being sold at Rs. 1-11 per mega unit. Today, through State action, through the co-operation of the private sector, the drug price has been reduced to 10 annas; almost one-third of the earlier price. Similarly, in the case of sulphadiazole, anti-tubercular drugs and various other drugs the price was showing a downward movement. The case of streptomycin is too well-known to the House. Before we initiated action, the drug was being imported at Rs. 400 to Rs. 450 per kilogram. During the last period it was being sold at Rs. 160 per kilogram and I think for the current year it may be even Rs. 140 per kilogram, as against Rs. 450 per kilogram. The fall is absolutely steep. This is practically the position in most of the sectors of drugs, so far as price is concerned.

Regarding quality also, I make bold to say that the quality of drugs produced in India today is as good as those of most of the other countries in the world. It may be that in all cases we are not fully up-to-date, but adequate and high standard control is exercised by the Drug Controller of India. My hon. friend, Shri Khadilkar, was pointing out that his control is not of a statutory nature. This is not true. It is a statutory control. It is a quasi-judicial control and under the prescription of the rules and procedures of the Drug Control Act every drug manufacturer is expected, and has to conform, to the quality tests and standards prescribed under the Drug Control Act; whether it is the British Pharmacopoeia or the Indian Pharmacopoeia, or the United States Pharma-

copoeia, whichever Pharmacopoeia for that particular drug has been accepted in India as the basis for the quality standard is being enforced and there is a test laboratory in Calcutta of the Drug Controller of India, over and above the large number of laboratories in each State. Therefore, I can assure the House that as far as quality is concerned, we are very touchy; we want to be very particular about it. I want to emphasize it here over everything else that even if we have to spend a little more for quality things, to make quality control more effective, it is better to give the highest priority to that and spend more rather than try to cheapen it out at the cost of the quality itself.

Therefore in that particular respect, both in the public and the private sectors, we are trying to raise the quality standards. It is true that in spite of the quality standards, sometimes there is a tendency to disabuse or use the drugs too much or in excess or in a wrong way. That can be cured only by a process of time and education. That is a slow process because it depends on the consumer, the medical practitioner and the code of ethics to be evolved by the medical profession itself. The producer also has to play an important role in seeing to it that adulteration of drugs and various other types of malpractices are kept to the minimum. On the administrative side, we are also trying to see through various official and non-official organisations that a proper climate and understanding is created in the public mind by which the control becomes more effective.

As far as the public sector is concerned, even much before the recent sad happening that took place, the antibiotic plant itself has been thinking of tightening and strengthening its quality control much more than what was being done in the past. When we are going into the public sector in such a major way that the State will become almost a 40 per cent or 50 per cent manufacturer of these basic life-saving drugs, we are thinking of putting a centrally controlled

institution—not under the statutory Drug Controller but at the production level—to see that not only the manufacturer in the public sector controls its quality or tests its quality but, as Shri Khadilkar was indirectly suggesting, a retesting has already been contemplated in our scheme of things. When the House is the owner of so many public sector projects, hon. Members should be relieved of any anxiety that by any omission or act of commission, any drug becomes sub-standard resulting in some damage to human life. Therefore we have been considered for the last several months—as a matter of fact for the last two years—of evolving a central institution perhaps with several branches where drugs manufactured in all the public sector industries of this country will not only be tested by the producer, that is, at the plant itself, but in a second re-testing or supra-testing laboratory owned by the joint enterprises themselves or by the Government itself.

This does not take away the responsibility of the statutory type of the Drug Controller of India who is independent, quasi-judicial, if you may say so, or judicial authority as far as the Act itself is concerned. I want to assure the House that in the field of quality and price we are keeping the greatest watch and nothing will be conserved or no wrong economy or thrift will be allowed as far as quality standards and their maintenance are concerned.

Another important aspect of this industry is really the research which is the basic need if we have to keep abreast of all the developments in the world. Here also as a part of our policy, whenever we license a project either in the public sector or in the private sector, we make it a point that as part of the understanding of the licence, the enterprise has to enter into fundamental research or applied research. It is as a result of this that many factories in this country, both in the private sector and in the public sector, have rendered valuable assistance to their

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own plants and to the industry in general. I gave the example of tetracycline. I know of Alembic Chemical which has evolved its own strains of penicillin. I know of the Standard Pharmaceutical Company, the Bengal Chemical and Pharmaceutical Company, the Bengal Immunity and several other concerns which I can name where the Indian scientists have done very good research.

Shri V. P. Nayar: One of the firms which the hon. Minister has mentioned was responsible for making sales of chicken essence made from veal or beef.

Shri Manubhai Shah: When I say that this is what these units are doing, it does not mean that the other units, all these 2,124 enterprises are doing all this. What I am trying to say is what this House and hon. Members have always been keen that the basic and fundamental policy of the country about the manufacture of drugs and their administration must be of the highest possible standards. That must be our whole approach. We must have proper research and proper control on prices. We should enter into as many basic ranges as possible so as to make the country self-sufficient in all these vital life-saving drugs. There might have been one or two occasions where what my hon. friend says, happens.

As far as the location of these projects are concerned, I would be perhaps making a statement in the course of the next week. The Projects Location Committee has already submitted its report to the Government. Government has made provisional and tentative decisions thereon. I can assure the House that the policy of dispersing as many units as possible in as many States as possible is going to be followed and many States will have the benefit of the establishment of one or the other units of these public sector units and the six projects which are to be initiated with the technical collaboration of the Soviet Union.

I think I have covered every aspect of this most important problem. I know this is a subject on which the debate could be very interesting and could be very prolonged. The interest of the House in this vital industry has always been great. I would not like to take too much of the time of the House except to say this. Our Third Plan estimate of the drugs required in this country is Rs. 150 to 170 crores at the end of the Third Plan. I make this forecast here for the information of the hon. House that we shall be by the end of the Third Plan practically manufacturing the total quantity of drugs except, may be Rs. 5 to 10 crores worth of very new types of development in drugs that take place, in the country itself both in the public sector and in the private sector.

Therefore, I submit that my hon. friend, who is very keen that State leadership should come in, has already seen some visible fruits thereof. That leadership in the field of research, in the field of development, in the field of pricing, in the field of quality is already being undertaken by the State. The major part of his desire that the State should intervene to take development, research and control in their hands is being fully implemented, not only in contemplation, but also under implementation. I consider that perhaps this Resolution is not necessary. I can only tell him this. Any country which tries to make every type of drug itself in the public sector will not be able to take advantage of the most modern researches taking place in the different countries of the world or the different technical processes. Therefore, it will be wrong to assume that everything in this field, as Shri Khadiikar and Dr. Melkote rightly pointed out, should be done by the State. With these words, I request the hon. House to consider that the policy of the Government as it stands today is one of the most beneficial and farsighted in the interests of

development of this industry and production of life-saving drugs which are required by millions of people in this country at cheap and reasonable prices and of the highest possible quality and standard.

Mr. Deputy-Speaker: Shri A. K. Gopalan. Would he like to take five minutes?

Shri A. K. Gopalan: I know very well that the Minister would not accept this Resolution. But, I am glad to find that he has accepted at least the spirit of the Resolution. I also had stated in the very beginning that what I want is not nationalisation of the industries that are there, because, as I pointed out, as far as the industries, as they are today, are concerned, they are not manufacturing everything. In most of the industries, as the Minister also pointed out,—it is only a difference in degree—merely the finished things are bought. They label it and sell it.

As far as the policy is concerned, the hon. Minister has explained that it is self-sufficiency and also modernisation. If this is the policy of the Government, although the Minister has explained what the Government has done and is doing, he has not explained what is the difficulty in the Government having an integrated drug industry today. Will it not help self-sufficiency and also modernisation? The only point that was given was that there are vast changes in many countries, that new changes will come and we should also cope with that. When there are changes, we can also take them and see that the changes are also made here.

The most important thing that I wanted to point out about this Resolution is that, as far as this drug industry is concerned, the drugs are beyond the reach of the common man. My opinion is, it is not enough if the State only interferes or helps just as my hon. friend from Bengal has said. The hon. Member has said, you help the private industry, you also help to develop this industry; but as far as the profit is concerned, do not take the profit, leave it to the private industrialist. That is what was said.

Shrimati Ila Palchoudhuri: I never said that.

Shri A. K. Gopalan: As far as the development of the industry is concerned, everybody is agreed that the State must also help. I submit that Government will be able to control the prices better in future only if they have an integrated drug industry of their own. That is the only way in which the ordinary man in the country will be able to get the drugs cheap.

As far as the intermediate and basic chemicals are concerned, I am glad the Minister has said that we will have them by the end of the Third Plan. I said that hereafter when new drug units are established, they must be by the Government, so that in course of time they can have an integrated drug industry. The private industry also can be helped and they will also develop, with the result that prices will come down.

The Minister has not pointed out the difficulties. The only difficulty that he has pointed out, which I think is no difficulty, is that if it is in the State sector we may not be able to cope with the changes that take place in the field. I do not know why we cannot. We can certainly establish new industries, and also take note of the changes taking place in the world.

At present there are so many private drug industries in the country. They are depending mainly on imports from foreign countries. That is the reason why the prices go up. So, while helping the existing private industry, Government must see that the new units are established in the State sector.

I am glad by this resolution we have understood the policy of the Government. I have not said that everything must be under the control of the State, and the Minister has said that he accepts the spirit of the resolution. In view of this, I see no difficulty in his accepting the resolution.

Mr. Deputy-Speaker: The question is:

"This House is of opinion that the development of Drug Industry in the country be taken up as a State concern."

The resolution was negatived.

18:43 hrs.

RESOLUTION RE. COMPULSORY MILITARY TRAINING IN EDUCATIONAL INSTITUTIONS

Shri Prakash Vir Shastri (Gurgaon): I beg to move:

"This House is of opinion that steps be taken to introduce compulsory military training in educational institutions."

उपाध्यक्ष महोदय, मैंने एक ऐसे समय में इस प्रस्ताव को इस सदन के सामने उपस्थित किया है, जबकि हमारे देश के सामने कुछ विचित्र और कठिन परिस्थितियाँ उत्पन्न हैं। एक समय था जब भारतवर्ष की चारदीवारी प्रकृति ने स्वयं इस प्रकार से निर्मित की थी कि शत्रु घाता था लेकिन हमारी सीमाओं पर टकरा कर रह जाता था। तीन और से भारतवर्ष की रक्षा के लिये बरुण देवता को प्रकृति ने निषत किया था और चौथी और हिमालय को भारतवर्ष की रक्षा के लिये पहरेदार बना कर लड़ा कर दिया था। लेकिन परिस्थितियाँ धीरे धीरे बदलीं और आज हमारे देश का भी कुछ भूभाग इस प्रकार का है जिस पर कि हमारा अधिकार नहीं है। कोई कोना इस समय हमारे देश का इस प्रकार का नहीं है जिस कोने पर कि हमारे स्वाभिमान को और हमारे राष्ट्रीय वातावरण को चुनौती न दी जा रही हो। उत्तर की दिशा में आज चीन की ओर से कुछ व्यक्ति आकर हमारे स्वाभिमान को चुनौती दे रहे हैं और हमारे भूभाग पर अपना अधिकार जमा कर बैठ गये हैं। दक्षिण में भी हमारे देश का एक

भूभाग है कि जहाँ पर पुर्नगाली लोग अधिकार किये बैठे हैं। पश्चिम का हमारे देश का एक बहुत बड़ा भूभाग, जो एक झूठा देश बन कर आज लड़ा हो गया है और वहाँ से भी भाए दिन नहीं नहीं कठिनाइयाँ हमारे देश के सामने उपस्थित होजी रहती हैं। चौथा हमारे देश का भूभाग जो पूर्व का भूभाग है, जिस पर असम और बंगाल है वहाँ भी पिछले दस बर्षों के निरन्तर परिश्रम और प्रयत्नों के बावजूद शांति स्थापित नहीं कर पाये हैं। इस तरह से चारों तरफ संकट के बादल मंडरा रहे हैं। ऐसे समय में मैं इस प्रस्ताव को यहाँ पर उपस्थित करने जा रहा हूँ।

इस प्रस्ताव को उपस्थित करने का एक तो यह कारण है कि चारों ओर से संकट के बादल मंडरा रहे हैं और दूसरा यह है कि सांस्कृतिक वातावरण के द्वारा इस देश को अन्दर से दुर्बल और कमजोर बनाने का वातावरण तैयार किया जा रहा है। इसमें कोई सन्देह नहीं है कि हमारे देश का अपना ऐसा वातावरण रहा है कि पीछे भी हमारे स्वाभिमान को चुनौती दी गई है कुछ शताब्दियों और सहस्राब्दियों पहले परन्तु उस समय हमारे देश का वातावरण इतना पुष्ट था, इतना सबल था और हमारी क्षत्र शक्ति इतनी प्रबल थी कि जो शक्ति भी इस देश से टकराई वह यहाँ से मार लाकर गई, परास्त हो कर गई। पर इतिहास इस बात का भी साक्षी है कि जब भी देश की क्षत्र शक्ति में कोई दुर्बलता आई तो इस में इस प्रकार का पृष्ठ भी लिखा गया कि हमारे ऊपर आ कर दूसरी शक्तियों ने अधिकार किया और हमारे सांस्कृतिक और सामाजिक वातावरण को लड़खड़ाया।

लेकिन और कुछ कहने से पूर्व, अपने प्रस्ताव की भाषा को स्पष्ट कर बना चाहता हूँ कि ये प्रस्ताव की भाषा में जहाँ शिक्षण संस्थाओं में सैनिक शिक्षा को अनिवार्य करने के लिए कहा गया है, उसका अनिवार्य प्रबंध श्रेणी के न होकर, तथ्यों के लिए,