

SHRI UMA SHANKAR DIKSHIT: According to my information there is remedy available, even now available, to meet this kind of disease. The only thing that has been found is this, that the particular medicine, anti-biotic which was used, has been found to be ineffective. You cannot say that research should be completed within a specified period, within a few months, and an alternative should be found. I am surprised that anybody should think that research should be completed within some specified period, because this is not possible.

THE MINISTER OF WORKS AND HOUSING AND HEALTH AND FAMILY PLANNING (SHRI UMA SHANKAR DIKSHIT): (a) A Central Leprosy Teaching and Research Institute is located at Chingleput, Tamil Nadu State.

(b) A statement is laid on the table of the Sabha.

(c) There is no proposal at present to set up any new Leprosy Institute in the country during the Fourth Five-year Plan period.

The amount of grants sanctioned to the C.L.T.R.I. Chingleput:

श्री जगन्नाथराव जोशी : चूँकि एक विशेष प्रकार के टाइफाइड पर एंटीबायो-टिक्स काम नहीं देती है तो केरल जोकि शुद्ध आयुर्वेद के लिए प्रसिद्ध है। क्या कोई आयु-र्वेदिक औषधि इस पर काम देगी ?

श्री उमाशंकर दीक्षित : माननीय सदस्य ने जो सुझाव अभी दिया है उस पर हम विचार करेंगे और पता लगायेंगे।

राज्यों में सेंट्रल लैप्रोसी टीचिंग एण्ड रिसर्च इंस्टीट्यूट्स केंद्रीय कुशठ अध्यापन तथा अनुसंधान संस्थानों की स्थापना

Year	Amount
	Rs.
1965-66	9,00,000
1966-67	9,50,000
1967-68	10,82,000
1968-69	12,25,000
1969-70	11,75,000
1970-71	13,83,000
1971-72	12,76,739
1972-73 upto October, 1972	11,10,000

289. श्री एम० एस० पूरती : क्या स्वास्थ्य और परिवार नियोजन मंत्री यह बताने की कृपा करेंगे कि :

(क) इस समय देश के किन-किन राज्यों में सेंट्रल लैप्रोसी टीचिंग एण्ड रिसर्च इंस्टीट्यूट कार्य कर रहे हैं;

(ख) केन्द्रीय सरकार उनको प्रति वर्ष कितनी वित्तीय सहायता देती है; और

(ग) चालू योजना अवधि में सरकार का किन-किन राज्यों में नए इंस्टीट्यूट खोलने का विचार है ?

श्री एम० एस० पूरती : मैं मंत्री महोदय से जानना चाहूँगा कि क्या बिहार राज्य में एक केन्द्रीय कुशठ अध्यापन तथा अनुसंधान संस्थान स्थापित करने का सरकार का विचार है ?

श्री उमाशंकर दीक्षित : हमारे विचार में इस समय इस की जरूरत नहीं है अलबत्ता पांचवीं पंचवर्षीय योजना में कहां-कहां इस प्रकार की शालाएं खोली जा सकती हैं इस पर विचार किया जा सकता है लेकिन अभी निश्चयपूर्वक कुछ नहीं कह सकता हूँ।

श्री ईश्वर चौधरी : क्या यह कुष्ठ
अध्यापन तथा अनुसंधान संस्थानों को
स्थापना कहां कहां की जाय इस पर विचार
करते समय बिहार का ध्यान रक्खा जायगा?

श्री उभाशंकर दीक्षित : अवश्य रक्खा
जायेगा ।

SHRI R. BALAKRISHNA PILLAI:
May I know whether there is any pro-
posal submitted by Kerala Govern-
ment to establish some kind of leprosy
Institute along with Nooranad Lep-
rosy Hospital in Kerala and if so what
is the attitude of Government on
establishing this Institute?

SHRI UMA SHANKAR DIKSHIT:
I am not aware of any proposal from
Kerala Government. If the hon. Mem-
ber separately writes to me or asks a
separate question, I will give the
desired information.

श्री एस० एस० बनर्जी : क्या सरकार
का ध्यान इस तरफ आकर्षित हुआ है कि
कोयला खदानों में काम करने वाले मजदूर
अक्सर सिलीकोसिस रोग से पीड़ित हो जाते हैं
और क्या इस बारे में कभी कोई सर्वे किया
गया है और इस बीमारी के बारे में पता
लगाया गया है ?

श्री उभाशंकर दीक्षित : मेरे पास इस
समय सूचना नहीं है लेकिन मैं आप को
इस बारे में पता लगा कर सूचित कर सकता
हूँ ।

अध्यक्ष महोदय : यह एक अलहदा
प्रश्न है ।

SHRI PARIPOORNANAND PAI-
NULI: In view of the fact that the
incidence of leprosy is on the increase

particularly in pockets like the Terai
areas, and in view of the fact also
that there is paucity of funds, do Govern-
ment propose to have domiciliary
treatment of lprosy patients?

SHRI UMA SHANKAR DIKSHIT:
Yes, Sir. The experience hitherto has
shown that if we have leprosy colo-
nies, the patients whose some part or
other has been damaged irrecoverably
go on living there as if it is a kind
of permanent residence, and the work
becomes more or less restricted. The
present policy of the Government is to
have as many short duration hospitals
and out-door-patient hospitals so that
this disease can be controlled; but it
is more useful to have domiciliary
treatment because very often, in the
early stages, the patients do not come
and inform the hospitals for fear of
public ignominy. We have this under
consideration and we shall increase the
facilities for domiciliary treatment.

Academic Autonomy to Polytechnics

*290. SHRI ARVIND NETAM: Will
the Minister of EDUCATION AND
SOCIAL WELFARE be pleased to
state:

(a) whether the Western Regional
Committee for Technical Education
has recommended that well-established
Polytechnics be granted academic auto-
nomy to evolve new types of techni-
cal courses to suit present day needs:
and

(b) if so, the reaction of Govern-
ment thereto?

THE MINISTER OF EDUCATION
SOCIAL WELFARE AND CULTURE
(PROF. S. NURUL HASAN): (a) and
(b). An Export Committee appointed
by the All India Council for Technical
Education has recommended various
measures for the reorganisation of
polytechnic education in the country.
These measures include, among others,
grant of academic autonomy to well-
established polytechnics to evolve new