

endurable by heat. This was cured by a single dose of *Bellis* 200.

I regret that I have nothing very spectacular in the way of cases, but the remedy has relieved pain in an ankle sprained several years ago. It has relieved the hand of a workman who had over used it in putting up a ceiling where the hammer pressed on his hand. The lower part of the hand and wrist were badly swollen and very painful. Better from hot compresses. It has brought relief to an arthritic knee and varicose veins in the legs. The knee was better from heat. A foot and ankle badly fractured some years ago in a fall when skating had a very sensitive nerve, worse from cold. This sensitiveness has been relieved.

On the whole, *Bellis perennis* deserves study and careful use.

—*The Homœopathic Recorder*, May, '50.

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## RECOMMENDATIONS OF THE DAVE COMMITTEE

### PART I

#### Regulation of practice

1. There should be registers separate for Ayurveda, Unani and Homœopathy.

2. Persons who are of 15 years standing prior to the appointed day will be on the register along with the institutionally qualified persons and that the rest who have two years' practice on the appointed day should be on a list.

3. Fees should be levied for registration. The amount may however be left to the discretion of each state. Whether only initial registration fee should be charged or a renewal fee also should be charged may also be left to the discretion of each State.

4. Initially there should be a nominated body to control the practitioners for three years and subsequent bodies may be partly elected and partly nominated.

5. Not more than 1/3 of the member in the board should be nominated and that the Director, Indigenous systems of Medicine, if any, or Officer in charge of the Indigenous systems of medicine or a Government nominee should be ex-officio member of the Council. The composition of the Board should be such as the State may think expedient.

6. There should be separate registers for practitioners in Ayurvedic and Unani and Homœopathic systems. If the number of practitioners exceeded 100 a separate board should be constituted otherwise a joint register and board are favoured in so far as Ayurvedic and Unani are concerned. Homœopathy should have a separate register and separate board.

7. The privileges should be given only to registered practitioners and not to enlisted practitioners.

8. Registered Medical practitioners of Ayurvedic, Unani and Homœopathic systems of medicine should be treated with regard to the privileges mentioned earlier on par with the practitioners in modern medicine.

9. Unregistered or unenlisted practitioners can practise in rural areas as defined by the State which have no registered practitioners.

10. The term of office of the board should ordinarily be five years. The first board (a nominated one) shall be for three years.

11. So far as professional conduct and practice are concerned there should be separate registration by each State bearing in mind the above principles laid down for the sake of uniformity and there should be reciprocity of registration.

12. For regulating academic teaching and standards the control should vest with the Central Body so constituted.

13. The State legislation should be passed within 2 years and should not wait Central legislation.

14. The legislation about Homœopathy should be also on similar lines. Central legislation embracing regulation of practice, professional ethics and teaching would not be feasible. Since the subject medical qualification is a concurrent subject the Central body may be a co-ordinating body exercising control over academic standards and teaching.

15. The Medical Degrees Act should be amended so that the use of a bogus degree in Ayurveda, Unani and Homœopathy can be prohibited.

16. In case of States which have existing legislation the question of registration and enlistment need not be reopened, but the amendments may be made to bring the legislation in line with our recommendations.

#### PART II

1. There must be uniform standard of training.

2. (i) Two Councils should be created similar to the Indian Medical Council which will have control over the maintenance of uniform teaching standards in all the institutions: one Council shall be for Ayurvedic and Unani systems of Medicine, and the other for Homœopathy. The Councils may be called.

(1) The Central Council of Ayurvedic and Unani Systems of Medicine, and

(2) The Central Council for Homœopathic System of Medicine.

(ii) The composition of the Council may be as follows:—

(1) One member from each State to be nominated by the State Government;

(2) One member from each Indian University which possesses a Faculty of Ayurvedic, Unani and or Homœopathy, to be nominated by the Vice-Chancellor;

(3) Four members to be nominated by the Central Government.

(iii) The first Council will be nominated with a nominated President

3. The Existing institutions should be upgraded so that they can efficiently impart education in these systems.

4. (i) A five and half years' course of study including one year for internship is recommended with at least three months training in the rural areas.

(ii) Admission—Intermediate Science examination with the subjects of Physics, Chemistry and Biology or Higher Secondary examination. A good knowledge of Sanskrit and Arabic or Persian is essential for Ayurveda and Unani respectively.

(iii) Minimum age of the candidates should be 17 years.

(5) New text books subject-wise should be written ; and those already existing should be revised. The State Governments and Universities should encourage this.

6. The training and syllabus prescribed should be taken up by separate Faculties for Ayurvedic and Unani systems of Medicine. It is desirable that these Faculties be affiliated to the Universities if possible.

7. The Pharmacopœia and Dictionary of Ayurvedic and Unani systems of Medicine should be compiled.

8. A five and a half years' degree course should be introduced for Homœopathy (4½ years course with one year's internship). The course for Homœopathy would be more or less on the lines suggested by the Homœopathic Inquiry Committee (1949).

9. All the teaching institutions should have in-door hospital beds and ratio of students to beds should be 1 : 5.

10. The degree to be given to the graduates should be :—

(1) "G.A.M.S"—Graduate of Ayurvedic Medicine and Surgery.

(2) "G.U.M.S."—Graduates of Unani Medicine and Surgery, and

(3) "G.H.M.S."—Graduate of Homœopathic Medicine and Surgery.

11. Separate Directorates for (a) Ayurvedic and Unani and (b) Homœopathic systems of Medicine should be created in the Central Ministry of Health, Government of India and also in the States as far as possible.

12. Post-Graduate training and research facilities should be given to all three systems at suitable places and also to Graduates of Modern medicine. The duration of the Post-Graduate course shall be of 2 years.

13. Refresher courses in Ayurveda, Unani and Homœopathy should be organized in teaching institutions.

Sd./ D. T. Dave, A. A. Rahim,  
Shantihal H. Shah, A. D. Mukherji

## HOMŒOPATHIC ADVISORY COMMITTEE

### PRESIDENT APPROVES RECONSTITUTION

The President has approved the reconstitution of the Homœopathic Advisory Committee to advise the Government of India on research schemes in homœopathy and on all matters relating to the development of the homœopathic system of medicine in India under the Second Five-Year Plan. The committee now consists of the Director General of Health Services (Chairman), a representative of the Ministry of Finance, Dr. C. P. Aandi, Dr. J. N. Majumdar, Dr. L. D. Dhawale, Dr. M. Gururaju, Dr. K. G. Saxena and Dr. Diwan Jai Chand. The Director General of Health Services will be the controlling officer, and all expenditure involved will be met from the sanctioned grant of the Directorate General of Health Services.

—*Hindusthan Standard*, 9-12-56.