

tion, of putrefaction, etc., and brings them under the wonderful laws of life alone—in other words, maintains them in the condition of sensibility and activity necessary to the preservation of the living whole, a condition almost spiritually dynamic”.

B. K. S

**STUDY OF INDIGENOUS SYSTEM OF MEDICINE
AND OF HOMŒOPATHY
RECOMMENDATIONS BY HEALTH MINISTERS'
CONFERENCE**

NEW DELHI, SEPT. 5.—The Health Ministers' Conference which concluded its 3-day session on Saturday, 2. 9. 50 urged that adequate provision be made at the Centre and in the Provinces for starting institutions for Diploma courses in indigenous system of medicine.

It recommended that adequate provision be also made for Post-graduate Course in Indian medicine for graduates in Western medicine and for research and investigation in Ayurveda and Unani.

The Conference accepted the recommendations of the Indigenous Systems of Medicine Committee and the Homœopathic Enquiry Committee. It passed six resolutions on the basis of the recommendations of these two committees dealing with the following subjects: Indigenous systems of medicine and homœopathy, recruitment of senior health personnel, the establishment of a Central Council of Health, the role of voluntary organisations like missions and philanthropic bodies, the establishment in Calcutta of a training centre for maternity and child health personnel and the danger to public health from the sale of spurious drugs.

In accordance with a resolution of the National Planning Committee, the Health Ministers' Conference resolved "to absorb the practitioners of Ayurvedic and Unani systems of medicine into the State Health Organisation by giving them further scientific training wherever necessary" as health personnel like doctors, physical training experts (Ustads), sanitary staff, masseurs, nurses, midwives, etc.

The conference agreed that practice of indigenous systems of medicine by unregistered persons should be prohibited. The conference recommended that preliminary educational qualification required for a Degree Course should be I.Sc. with Physics, Chemistry and Biology.

The preliminary educational qualifications for a Diploma Course should be Matriculation. Provision should be made during the medical training to give the students an adequate knowledge of Physics, Chemistry and Biology.

In a period of five years the standard of admission should be raised to I.Sc.

DEGREE AND DIPLOMA COURSES

In respect of both the Degree and Diploma courses, Ayurvedic students should have an adequate background of Sanskrit education and Unani students of Arabic and/or Persian.

Both for the Degree Course and for the Diploma Course the teaching of the subjects of Anatomy, Physiology, Pathology, Hygiene, Radiology, Medical Jurisprudence and Toxicology will be only the basis of modern medicine.

The standard in each subject for the Degree Course should conform to that prescribed by the Indian Medical Council and the standard for the Diploma Course should be that enforced for the Medical Licentiate Course. Arrangements should also be made for instruction in the Physiology and Pathology of the indigenous systems.

The teaching of Surgery, including Ophthalmology, Obstetrics and Gynaecology should be, in respect of both

the Degree and the Diploma courses, on the lines of modern medicine and the standard will be the University standard in respect of the Degree Course and the Licentiate standard for the Diploma Course.

Pharmacology, Materia Medica and Therapeutics and Clinical should be taught on the lines of both modern medicine and of the particular form of indigenous medicine (Ayurveda or Unani) which the student would take up. Here also the standard required would be, in each subject, those prescribed by the Indian Medical Council for the Degree Course and those for the training of Medical Licentiates for the Diploma Course.

In view, however, of the fact that it was not possible at this stage to define in detail, the conference said in its resolution, the courses of study of clinical subjects this matter would be reconsidered by the Central Council of Health Ministers.

PERIOD OF TRAINING

The period of training for the Degree Course should be five years, and for the Diploma Course four years.

In a period of 10 years all institutions giving the Diploma Course should be raised to the Degree standard.

For the Post-graduate Course in Ayurveda or Unani for practitioners of modern medicine, the period of training recommended was one year.

In all the non-clinical subjects it was desirable that the students undergoing training in the indigenous systems should have common instructions, if possible, with the students who would study modern medicine.

Separate teaching arrangements would be necessary in respect of clinical teaching for students of indigenous systems, well-equipped hospitals with adequate bed accommodation should be provided as well as properly equipped teaching departments for the instruction of students in these systems. The teaching staff of these institutions should be adequately paid.

The conference laid down that at least one college in each State offering instruction on the lines recommended should be started under the auspices of Government or with subsidy from State.

DEVELOPMENT OF RESEARCH

Research should be developed on the widest possible basis and on the lines indicated in the Chopra Committee's report. No aspect of the indigenous systems, including drugs, principles and practices should fail to receive attention.

The Government of India should concentrate on promoting research as speedily and on as thorough lines as possible because it was on the fruits of such research that a solution of the many matters that formed subjects of controversy today would be secured.

The Director of the Ayurvedic Research Institute established by the Government of India should also be the adviser to that Government on all matters relating to the development of Ayurveda in the country.

Suitable steps should be taken for crediting and publishing classical texts and for compiling text-books for instruction on the indigenous systems of medicine.

RESEARCH IN HOMŒOPATHY

The conference was of the view that the recommendations made in respect of indigenous systems should apply to Homœopathy in respect of two types of courses.

Ayurvedic, Unani and Homœopathic qualifications should be distinctive and not mere imitations of the qualifications in modern medicine or of each other.

The recommendations of the Homœopathic Enquiry Committee regarding research were supported.

When employed in State Health Services the emoluments should be the same to the doctors of modern medicine, of indigenous systems and of Homœopathy provided

the training courses undergone in each case are of the same length and of the same standard.

STATE MEDICAL BOARDS

The State Medical Boards appointed for the purpose of regulating registration and practice in these three systems should deal with standards of education with supervision over instruction and with professional conduct in the respective systems. These Boards should not deal with problems relating to the starting of institutions and their management as has been contemplated in certain bills sponsored by some State Governments. Other organisations should be established for these purposes.

Those who have qualified themselves after the five-year and four-year courses should be eligible for registration. Those who take a shorter course should not be eligible for registration. The membership of the respective Medical Boards should consist of registered practitioners of the systems concerned and of registered practitioners of modern medicine. They might also have a legal adviser on them.

In another resolution, the conference recommended that active co-operation should be developed between the Centre and States and between individual States over the whole field of health. It suggested that recruitment to the senior administrative posts, the higher research posts and full-time senior teaching posts should be made by advertisement on an All-India basis through the Union or State Public Service Commissions as the case might be.

CENTRAL COUNCIL OF HEALTH

In its resolution on the establishment of a Central Council of Health the conference said: "Whereas in the opinion of this conference it is necessary and vital for the health of the nation to strengthen the bond of unity between the Centre and the States through the development of joint action, it is resolved that a Central Council

of Health be established with the Central Minister as Chairman and State Health Ministers as members under the provisions of Article 263 of the Constitution of India."

In the resolution on the role of voluntary organisations such as missions and philanthropic bodies in the development of health services and training of health personnel, the conference urged that Governments should utilise these to full advantage and encourage them with grants from public funds.

The conference expressed its opinion that the resolution of the Indian Medical Council recommending to State Medical Councils the desirability of granting registration to foreign doctors holding registrable qualifications in their own countries which had no reciprocity with India should be given effect to by State Medical Council during the period such personnel were attached to voluntary organisations and so long as they did not practise medicine for personal gain.

The conference passed a resolution urging the Central Government to accept the proposal to establish at Calcutta in association with the All-India Institute of Hygiene and Public Health a centre for the training of Maternal and Child Health workers with assistance from the United Nations International Children's Emergency Fund.

PURITY OF DRUGS

Regarding control of the purity and quality of drugs and of blackmarketing in drugs, the conference urged that the Central and State Governments should utilise to the full their existing powers under the Drugs Act of 1940 and the Drugs Control Act of 1950 as well as acquire new powers, if necessary, to establish an effective control over malpractices.

The conference stressed that personal responsibility for the eradication of evil practices in matter of drugs was essential and called upon the leaders of the nation to give

an impetus to an intensive campaign designed to achieve this purpose.

The conference, recommended that Governments should prepare comprehensive plans for attaining self-sufficiency in essential medicines like anti-biotics, insecticides, sulphad-rugs and anti-malarials.

The conference also recommended that steps should be taken to ensure purity and proper quality of the basic drugs used by the practitioners of indigenous systems of medicine and homœopathy.—*P.T.I.*

HOW TO COMPARE AND GROUP REMEDIES

BY NOEL PUDDPHATT

Many would-be Homœopaths have fallen by the way-side, and given up all hope of ever studying and applying the Homœopathic art, after browsing through a Homœopathic Materia Medica and noting the manifold symptoms recorded under each drug. They find that against many remedies similar symptoms relating to the pains and aches of the body are recorded.

They are unable to decide which medicine to give: what symptoms to prescribe on; and the deciding factors which differentiate one drug from another.

I can well understand this attitude of mind; and unless some guidance is obtained as to how to study Materia Medica and compare one drug with another, then disillusion, discouragement, and eventually contempt for Homœopathy will be the inevitable result.

The first thing the beginner should do is to group remedies under the following headings—those of temperature.

- (a) The COLD REMEDIES, or those remedies which are worse by cold in every form.