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I. M. A.

I.M.A. ON CHOPRA COMMITTEE REPORT

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as expected to do the needful while urgency needs it. The attention of the minister of health department and of the Chief Minister is earnestly drawn to look to their responsibility, as the people can't wait any more.

The country is really sick of speeches, tall talks, schemes and committees but they need action only. Independent India wants people who are alert, active, alive to their responsibilities and duties and sympathetic towards suffering humanity. No indifference, apathy and lethargy can be tolerated any longer.

No doubt there are difficulties in converting existing charitable dispensaries and hospitals vested on the local authorities by private individuals for their maintenance. But when such conversion is considered good for the sake of the people no body will object and legal difficulties may also be solved by adoption of "regulations for emergent circumstances." The Director of Health Services selected doctors and health assistants and these doctors and health assistants got training upto March last. But it is reported no other classes were taken up in April last as expected. It is further stated that those who got training are not being employed to draw their pay and allowance. Thus a great injustice has been done on the doctors and health assistants who are in great difficulty to maintain their families. Any how or other they may be immediately deputed for anti-malarial survey when they may gradually organise centres, at least 3 miles off from one another to be attended once a week for 2 to 3 hours to give medical aid, to attend village schools to educate children hygienic principles and to deliver magic lantern lectures once a week at H. E. or M. E. schools where all people may attend. If these works are taken up half the work will be organised.

It is really a difficult problem to have adequate accommodation in villages for these doctors. But from personal experience I may say that if the doctors approach rich people still residing in West Bengal villages, they will certainly accommodate them temporarily and doctors may gradually induce them to establish charitable dispensaries at their cost while the Government will contribute for the health works. Thus the plan as drafted by the Director of Health Services may be effective to give medical aid to the rural people.

During a period of 23 years in the District of Faridpur, I had to organise charitable dispensaries to raise the number of the same from 0 to 130. I had to adopt similar policy to depute doctors to certain villages to open 3 centres for treatment. Gradually local people came and provided for dispensary buildings and equipment while Union Board and District Board and Government contributed for the recurring expenditure. It is only to educate village people and to show them how they are benefited by such institutions. Everybody co-operated with the doctor. If the people insist on the Government, doctors have adequate remuneration in due course.

Local authorities have failed to manage works for the medical aid and health work. So the Govern-

ment have been compelled to take up the responsibility, while the Government of India agreed to contribute. The Editor of the J.I.M.A. is certainly justified in stating that if suffering humanity cannot get the desired relief, highly paid officers of the state have no justification to continue with their inefficiency but should hand over responsibility to alder, energetic persons with wider vision and sympathetic outlook.

In West Bengal annual deaths for malaria alone comes to 1,11,000 out of a total population of 2,11,00,000. If the mortality rate is calculated at only 1 per cent, it appears that the total number of persons suffering from malaria alone comes to 1,11,0,000 per year. Now if we consider the economic loss due to death, treatment cost, loss of working days, funeral cost, loss of efficiency in work, it would be a fabulous sum.

Lt. Col. Sinton the late Director of Imperial Malaria Research Institute worked out these costs for whole India which comes to Rs. 10,850 lacs annually (Rs. 108.5 crores).

As regards the location of sites for 130 new Union Centres, they should be very cautiously considered. Besides the Thana headquarters and the existing charitable dispensaries within Union Board areas, they are to be established at a central place within 2 or 3 Union Board areas where people from such areas can be conveniently treated.

As regards the recruitment of doctors, it is certainly regretted that none can be expected to join on Rs. 150/- plus 45/- with quarters, as one can hardly meet monthly expenses for family at less than Rs. 300/- even in a village. There will be no difficulty in recruiting medico at the present moment while refugee doctors have got a chance for Registration and about 1000 may have registration within 31.12.49.

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OPINION OF THE INDIAN MEDICAL ASSOCIATION  
ON THE CHOPRA COMMITTEE'S REPORT ON  
INDIGENOUS SYSTEMS OF MEDICINE

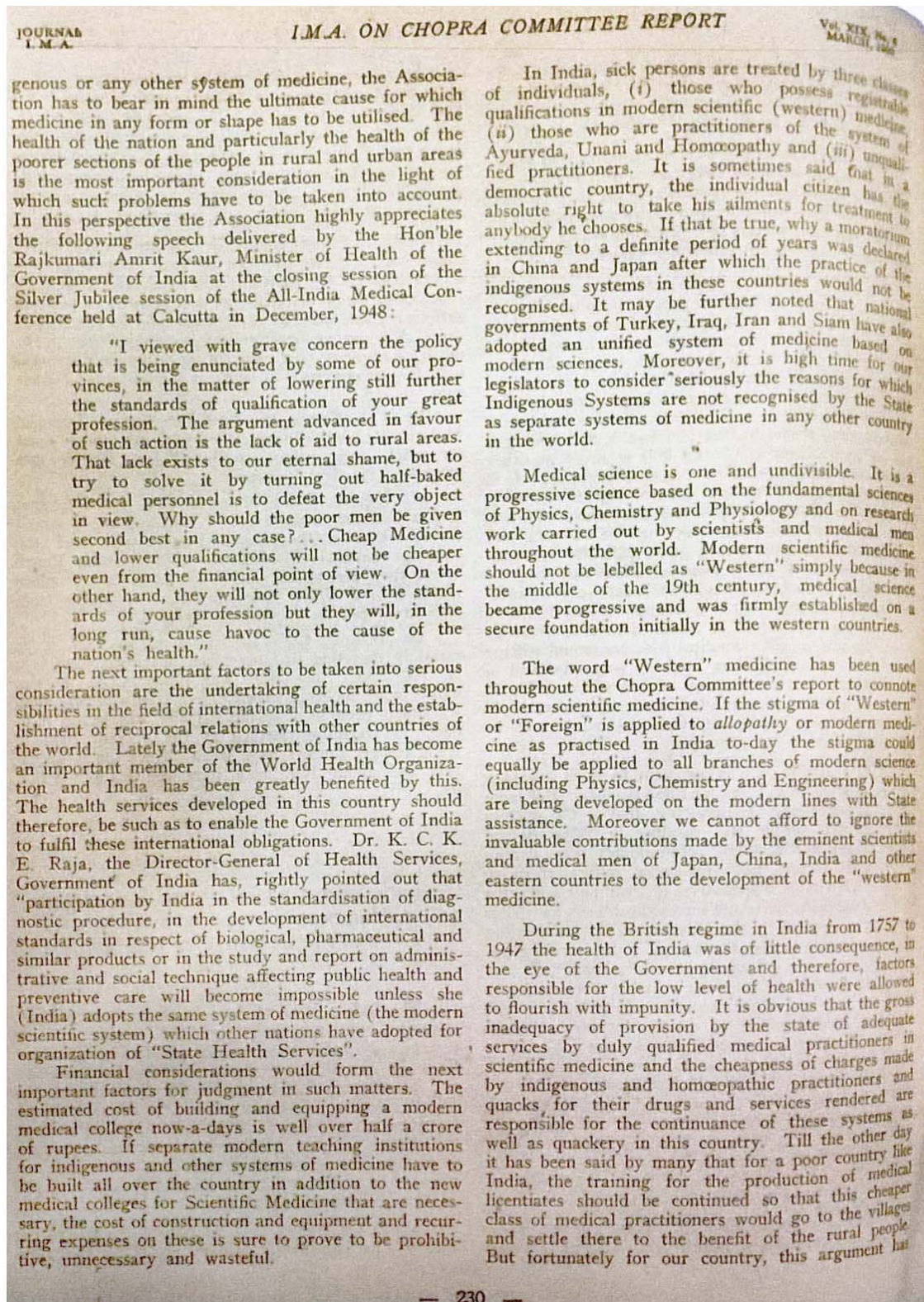
PREFACE

The Indian Medical Association is the representative national association of the medical practitioners of India possessing registrable qualifications in scientific or so-called 'Western' medicine and is recognised as such by the Government, the World Medical Association and the World Health Organisation of the U.N.O. The chief objects of the Association are the "promotion and advancement of the medical and allied sciences in all their different branches" and the "improvement of Public Health and Medical Education in India."

When the Indian Medical Association has to put forward its considered opinion regarding the Indi-

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been proved to be fallacious and steps have now been taken through India to stop further production of the licentiate type of doctors.

With the attainment of independence, it is just and proper to opine that measures for the protection and promotion of health of the people of our free country should be given the highest priority in any scheme formulated by the Government. We are strongly of the opinion that it would be unfair and unjust, on the part of the Government to deny to any one in this country the full benefit of the modern medical science merely because some other method of treatment is said to be cheaper. The question of cheapness would certainly not arise if the State can provide for employment of an adequate number of qualified medical practitioners in scientific medicine and for the establishment of a net work of modern hospitals in rural and urban areas.

We feel it is now most appropriate time for not only stoppage of further development of quackery but also of further development of practitioners of indigenous systems of medicine and homœopathy. The necessary measures should be incorporated in an act and should be passed by the legislature at an early date, and those persons trained in indigenous systems of medicine who are in actual practice now and are having their livelihood from it, should be absorbed in future Government public health scheme as public health workers after adequate and proper training.

NOTE ON CHOPRA COMMITTEE'S REPORT

The Committee on the Indigenous Systems of Medicine popularly known as the Chopra Committee, was appointed by the Government of India in December 1946 under the Chairmanship of Col. R. N. Chopra. The Committee contacted and elicited the opinion of various scientific, medical and non-medical bodies and associations of the country, in order to evolve an improved and unified system of medicine.

The Chopra Committee recommended the formation of a statutory body which when created, is to be called the National Medical Board. This Board will consist of two autonomous sections—one dealing with Western Medicine and the other with Indian Medicine. It has also recommended that the first step will be an integration of the courses of study by arranging curricula in such a way that whatever is weak in the one system is supplemented and strengthened by the strong points in the other system. The second step, according to the Chopra Committee, should be the teaching of each subject by the same teacher, instead of by separate teachers as now, giving the students an unified view of the Indian and Western Medicines. The final step the Committee says, will be the field of research where experts of Indian and Western Medicines will work side by side checking and verifying the various hypotheses and theories, either rejecting or harmonising them. If they are such that they could neither be reconciled nor rejected, they are to be used as parallel hypotheses.

The Committee has sought to create substandard medical qualifications of five or six different categories—under the plea of absorbing the existing Vaidas and utilising them for mass medical relief in rural areas. They have recommended a short term licentiate course in Indian Medicine of 3 years. A still shorter course of 6 months only to absorb the existing Vaidas whether trained or untrained. The highest course or the degree course will be for 5 years. All these courses are to include varying quotas of instruction from modern medicine.

There are to be different registers for different classes of practitioners in Western, and Indian Medicine, subdivided into sections for 'institutionally' trained, 'non-institutionally' trained, and 'untrained' classes of them. Heaven alone can help India and her woe-begone people if such a state of affairs be actually brought into being.

Chopra Committee's recommendations will create a complete confusion not only in the standard of medical qualification and efficiency of medical relief, but will result in a multilateral administration of public health from which order and co-ordination will entirely disappear.

The I.M.A. is of the considered opinion that the steps suggested by the Chopra Committee should be considered in the reversed order. The first step should be to sift scientifically the grain from the chaff, after careful research and then to accept the grain of established truth and reject the staff as useless and injurious. After this, the second step proposed by Chopra Committee may be taken, whereas the first step proposed by the Committee will be apparently futile, as teaching must be clear, unambiguous and absolutely free from confusion and contradiction. The question of strengthening the weak points of each system does not, therefore, arise. The experiment made in this regard in the Government school of indigenous medicine at Madras for about a quarter of a century has resulted in hopeless failure and created nothing but confusion in the minds of the alumni of this school.

Terms used in the ancient books of Ayurveda are irreconcilable in their meaning and application—and differently interpreted even by veteran Ayurvedic scholars. They cannot therefore be profitably utilised except by students of research and history. Yet, the Committee has continuously pleaded in favour of combining in their recommended courses of study, the curricula of indigenous systems of medicine, just as they are, with merely a spattering of western medicine by way of ornamental window dressing.

Col. Sir R. N. Chopra has himself said in his book on the Indigenous Drugs of India (1933) "when it is remembered that the Ayurvedic system of medicine has been practically stationary for about 1500 years... one would find it very difficult to reconcile the old theories of 2000 years age... with the recent advance of the world in science. After imparting instructions to the Ayurvedic students in

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