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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." 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 JIMA is certainly justified in stating that if suffering humanity cannot per the desired relief, highly paid officers of the state have no justification to continue with their inefficiency but should hand over responsibility to abler, 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 1,110,000 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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genous or any other system of medicine, the Association has to bear in mind the ultimate cause for which medicine in any form or shape has to be utilised. health of the nation and particularly the health of the poorer sections of the people in rural and urban areas is the most important consideration in the light of which such problems have to be taken into account In this perspective the Association highly appreciates the following speech delivered by the Hon'ble Rajkumari Amrit Kaur, Minister of Health of the Government of India at the closing session of the Silver Jubilee session of the All-India Medical Conference held at Calcutta in December, 1948:

> "I viewed with grave concern the policy that is being enunciated by some of our pro-vinces, in the matter of lowering still further the standards of qualification of your great profession. The argument advanced in favour of such action is the lack of aid to rural areas. That lack exists to our eternal shame, but to try to solve it by turning out half-baked medical personnel is to defeat the very object in view. Why should the poor men be given second best in any case? ... Cheap Medicine and lower qualifications will not be cheaper even from the financial point of view. On the other hand, they will not only lower the standards of your profession but they will, in the long run, cause havoc to the cause of the nation's health."

The next important factors to be taken into serious consideration are the undertaking of certain responsibilities in the field of international health and the establishment of reciprocal relations with other countries of the world. Lately the Government of India has become an important member of the World Health Organization and India has been greatly benefited by this. The health services developed in this country should therefore, be such as to enable the Government of India to fulfil these international obligations. Dr. K. C. K. E. Raja, the Director-General of Health Services, Government of India has, rightly pointed out that participation by India in the standardisation of diagnostic procedure, in the development of international standards in respect of biological, pharmaceutical and similar products or in the study and report on administrative and social technique affecting public health and preventive care will become impossible unless she (India) adopts the same system of medicine (the modern scientific system) which other nations have adopted for organization of "State Health Services".

Financial considerations would form the next important factors for judgment in such matters. The estimated cost of building and equipping a modern medical college now-a-days is well over half a crore of rupees. If separate modern teaching institutions for indigenous and other systems of medicine have to be built all over the country in addition to the new medical colleges for Scientific Medicine that are necessary, the cost of construction and equipment and recurring expenses on these is sure to prove to be prohibitive, unnecessary and wasteful.

In India, sick persons are treated by three classes of individuals, (i) those who possess regionals of modern scientific (western) modern scientific (western) of individuals, (1) the qualifications in modern scientific (western) medicine qualifications in modern and included the system of the system of Ayurveda, Unani and Homocopathy and (iii) unqualifications. It is sometimes said for Ayurveda, Unan all is sometimes said foat in a democratic country, the individual citizen has the absolute right to take his ailments for treatment to anybody he chooses. If that be true, why a moratorium extending to a definite period of years was declared in China and Japan after which the practice of the indigenous systems in these countries would not be further noted that recognised. It may be further noted that national governments of Turkey, Iraq, Iran and Siam have also adopted an unified system of medicine based on modern sciences. Moreover, it is high time for our legislators to consider seriously the reasons for which Indigenous Systems are not recognised by the State as separate systems of medicine in any other country in the world.

Medical science is one and undivisible. It is a progressive science based on the fundamental sciences of Physics, Chemistry and Physiology and on research work carried out by scientists and medical men work carried out by states a mention of the world. Modern scientific medicine should not be lebelled as "Western" simply because in the middle of the 19th century, medical science became progressive and was firmly established on a secure foundation initially in the western countries.

The word "Western" medicine has been used throughout the Chopra Committee's report to connote modern scientific medicine. If the stigma of "Western" or "Foreign" is applied to allopathy or modern medicine as practised in India to-day the stigma could equally be applied to all branches of modern science (including Physics, Chemistry and Engineering) which are being developed on the modern lines with State assistance. Moreover we cannot afford to ignore the invaluable contributions made by the eminent scientists and medical men of Japan, China, India and other eastern countries to the development of the "western"

During the British regime in India from 1757 to 1947 the health of India was of little consequence, in the eye of the Government and therefore, factors responsible for the low level of health were allowed to flourish with impunity. It is obvious that the gross inadequacy of provision by the state of adequate services by duly qualified medical practitioners in scientific medicine and the cheapness of charges made by indigenous and homoeopathic practitioners and quacks for their drugs and services rendered are responsible for the continuance of these systems as well as quackery in this country. Till the other day it has been said by many that for a poor country like India, the transient for the poor country like India, the training for the production of medical licentiates should be continued so that this cheaper class of a state o class of medical practitioners would go to the village and settle there to the benefit of the rural peo But fortunately for our country, this argument has

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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 homoeopathy. 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 si 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 Vaids 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 Vaids 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 threrefore 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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modern Physiology, Bacteriology, Pathology, etc., to ask to apply them therein the doctrine of Vayu, Pittali and Kafa etc. to explain the causation of disease can bring nothing but chaos and discord to their minds."

The opinion of the scientists of India can be gathered from the following speech of late Sir P. C. Ray, the father of scientific research in India, delivered on the occasion of the foundation day of the Calcutta Medical College in 1940:—

"I am afraid I am looking behind me, and this has been to a great extent, the bane which has checked the progress of the country. We must now look forward and judge where we stand in the present world which is based on scientific civilisation. Although I have referred to the Ayurveda, I should say that the policy of passing off the Indigenous system of medicine as scientific systems of medicine after putting a veneer of modern medicine like Physiology and Anatomy on them does not seem to me to be the correct course. The policy should rether be to accept the Western Scientific system of medicine as the nucleus round which the tested knowledge derived from the indigenous systems of medicine may be gathered, all our knowledge should be accumulated on scientific lines.

The Committee toured over provinces and States, met practitioners and representatives of various organisations. They issued questionnaires, which also were generously responded to from different parts of the country.

It is all the more deplorable therefore that the Committee lapsed into a morass of confusion, born out of a sheer disregard for the method of synthesis advocated by medical and scientific experts such as the Indian Medical Association, the Royal Asiatic Society, the Indian Association for the Cultivation of Science and last but not least the expert opinions of patriarchal scientists such as Sir Nilratan Sircar, Sir P. C. Roy and even Sir R. N. Chopra himself.

#### RECOMMENDATIONS

It should be the duty of politicians and medical men to build up an efficient system of medical relief, on par with the modern scientific standard of other progressive countries and not to manufacture more ill-qualified practitioners—and licensed quacks—and let them loose on the public—particularly in remote and helpless rural areas. There can be no mixed teaching, half-Ayurveda, and half modern medicine. Teaching must be standardised and uniform according to the recommendations of the Indian Medical Council. The result of barrowing of powerful medicinal specifics by untrained and ill-trained members, has been quite disastrous and has inflicted "serious injury on many patients"—to the knowledge of and in the words of the Chopra Committee itself.

Uniformity in the strength and standardisation of drugs and medical appliances is quite as important as uniformity in the standard of minimum registrable qualification as laid down by the Indian Medical

Council Therefore there must be compulsory tegistration of pharmaceutists and compulsory examination for persons dispensing drugs.

In conclusion, we do not think it a practical proposition, nor a desirable one, to have State tions of public health and medical relief in the indigenous systems or in a number of separate systems Apart from the fact that it will entail too heavy a burden on the State and on the people, it will only lead to confusion and defeat the main object, via the welfare of the masses to whom we consider the scientific system should be made extensively and intensively available within the shortest possible time. There should, in our opinion, be one State system and that should be a really scientific system based on the modern advances in the field of natural sciences We will take into it those materials in Ayurvedie and Unani as are proved to be of value by modern scientific tests and experiments; but the basic teaching should be as in modern medicine (commonly called Western Medicine), for, it is the system which is keeping pace with advancements in science and includes many subjects and branch-subjects unknown to the indigenous system or entirely lost.

In the one system which we advocate, so much

In the one system which we advocate, so much of the materials in our old systems as are "proved" by modern tests, will, as already stated, be assimilated and should be taught to the students in the medical college and medical schools. We suggest that for the purpose proper research institutions should be established without delay with capable investigators and experts. We also suggest that every University should have a Chair of History of Medicine including Indian Medicine, with facilities of research on Ayurvedic and other indigenous medicines and with provision of beds for this purpose in a teaching

We also reiterate the memorandum submitted by us and published in Vol. II App. C 6441 of the Chopra Committee's Report and desist from reduplicating the points and issues raised therein.

The IMA must warn once again against all attempts at setting back the hands of the clock of scientific progress. It will be doing a grave disservice to India's millions as also the cause of preventive and curative medicine—the noblest branch of science applied to the alleviation of human suffering.

In the best interests of the people, we demand that our national Government must not tinker and temporise with the problem but provide the people with the essential requirements of medical education and medical relief as far as possible upto the standard of other progressive countries of the world.\*

<sup>\*</sup>The Working Committee, I.M.A. appointed a special Sub-Committee consisting of Drs. K. K. Sen Gupta, P. K. Guha, A. K. Sen (Convener), A. D. Mukharji (co-opted) and Dr. A. C. Ukil (co-opted). The Sub-Committee formulated a preliminary report which was circulated to at Provincial Branches of the I.M.A. and the members of the Working Committee. In accordance with the opinions received the final report was drawn, endorsed by the Working Committee and forwarded to the Government of India.