Healthcare & Pharma

Address by Mr D B Gupta, CMD, Lupin Laboratories, Mumbai

Our Hon'ble Health Minister Mr Shatrughanji, Very, Very Important People on the Dais, and Equally Important People in the Audience,

It is my privilege to be amongst you on a very interesting subject "Frontiers in Modern Medicine and Indian System of Medicine". I would be talking in short and then thereafter introducing Shatrughanji. Though he doesn't need any introduction, but it is my duty. So, I will introduce him as a great Bihari Babu and as regards other delegates, panellists, Co-Chair, I will introduce them when their turn comes for speaking.

Coming to this important subject, a difference is being felt between modern system of medicine and Indian system of medicine only because of approach. If the Indian system of medicine is subjected to scrutiny of modern system of medicine, it becomes modern medicine. You might be aware that 25 per cent of modern medicines used in the western world is derived from plant origin, a very important statistic. 25 per cent of all medicines used in the western world is derived from plant origin. Then the whole world is talking about this. We are fortunate our great Minister present here has been very vociferously propagating it not only in India, but the world over.

As you are aware, this importance for Indian system of medicine is felt the world over, including WHO. WHO has created a special cell for study and propagation of Indian system of medicine? A collaboration is under way with the premier research institute, NIH, for development of Indian system of medicine.

When we look at the statistics of the business associated with this, as per WHO estimates, 62 billion dollars is the present state of business of Indian system of medicine or what we call herbal system of medicine. In India, the stake is about 5 billion dollars. It is growing at a faster pace than modern system of medicine and the growth rate ranges between 7 and 15 per cent in different countries. When I said earlier, the difference between the two systems of medicine is of approach. If we subject the plant material to modern clinical trials and at the same time now the latest tools are available by which separation can be done at a very rapid pace and a lot of important tools of modern medicine can be applied to the Indian system of medicine.

I am happy to say that even in my company we are working on plant systems to come out with medicines for those diseases, which are not treatable including in the western system. We are working on product for migraine, psoriasis, and asthma from starting with plant sources but by adopting the modern approach. The advantage of modern approach is the speed, precision, which need to be brought to the Indian system of medicine. We know that in the modern system through chemistry, protiomics, genomic, biotechnology, molecular biology, they help us tremendously in defining the target and coming out with more precise answers. Same techniques can be used for the Indian system of medicine. Biology is common. Perhaps, again you may be aware that the forecast is that one out of every three new drug products which would be coming in the world are from biotechnology.

The need of the hour is integration of these two systems so that for the benefit of humanity we can come out with more effective medicines. When I say effective, I thought effect will be just only on three parameters. What does it do in terms of

treatment? What are the side effects? What is the cost? And if integration can be found of these systems, these answers will come very clear and we will be able to bring out lot more medicines for the benefit of humanity, which will be greatly beneficial. This is my part of a small start. I leave the rest to the speakers. Anything else we can always take up later.

Coming to our Hon'ble Health Minister's introduction, Shatrughanji is a born artist with excellence and he is widely known in the country as I said earlier "Bihari Babu". But basically he is a Bihari Ratna. A real "Ratna" from Bihar. Some of my colleagues who don't know the meaning of Ratna, Ratna is a very, very special gem. So, he is a very special gem of Bihar. This name has direct relation with the poor and the downtrodden of the country. He has been rightly chosen by the Government and it is most befitting health portfolio which would spread his image of health and happiness throughout. Shatrughanji has always been talking health and happiness. Shatrughanji's desire to focus on health is so visible that right from his first day of Ministership he has been travelling and visiting hospitals throughout the country and also worldwide. Shatrughanji has campaigned for raising funds for various causes, they are innumerable. I won't take much of the time of the audience so that I can only say that it is the great privilege for this session that we have Shatrughanji amongst us. Thank you very much.

I take pleasure in inviting Shatrughanji for his keynote address.

Keynote Address by Mr Shatrughan Sinha, Union Helath Minister of India

Perhaps, this is the first time you are seeing a Health Minister who doesn't use glasses.

I can assure you whatever I stated I stated the truth and nothing but the truth.

I hope you will bear with me. Dignitaries on the dais and all the family members over here, this is your own Shatrughan Sinha speaking to you.

It is a great moment for me to be before this great and historic congregation of the Indian diaspora who have brought in prosperity in their chosen homelands. This 20 million- strong community is so wide-spread across the globe that the Sun actually never sets on the Indian diaspora. It is the vision of our Hon'ble Prime Minister to draw the Indian diaspora to its roots for strengthening their ties with their land of origin. It gives me great pleasure to deliver the keynote address on the occasion of the first Pravasi Bharatiya Divas. I am very happy to see that healthcare has been given a special significance during this event. I am sure that the deliberations with eminent experts present here will provide significant inputs for formulating appropriate policies to make use of the enormous potential of the Indian diaspora and increasing their cooperation for the socio-economic development of the country in general and healthcare in particular.

In these times of globalization, sectors of development have become interdependent and healthcare is no more only an effort in disease control. It is realized to be an investment for the future of mankind. In the background of the dying millions of AIDS patients, mostly in the developing world, healthcare has indeed become the essential basic tool for survival of mankind. The World Health Organization's report of the Commission on Macroeconomics and Health has recommended to have a long-term programme for scaling up investment in health for extending the life-span, productivity and economic well-being of the poor. This report has recommended that developing countries should also have similar national commissions. Yesterday, our National commission on Macroeconomics and Health was launched in the presence of Prof Jeffery Sax, the Chairman of WHO's Commission on Macroeconomics and Health and a Special Adviser to the UN Secretary General.

We have also emphasized the need for raising investment in our National Health Policy 2002. However, resource constraint is a stark reality. In our federal structure of government system, health is a state subject. Given the extremely difficult fiscal position of the state governments, the Central Government will have to play a key role in augmenting public health investment. It has been envisaged to increase the health sector expenditure to 6 per cent of GDP with 2 per cent of GDP being contributed as public health investment by the year 2010.

Our policy also welcomes participation of the private sector in all the areas of health activities, primary, secondary and tertiary. The concept of equity plays an important role in location of public resources in healthcare. Because of the reach to the needy, the primary and secondary healthcare gets more than 80 per cent of the public resources for health. Obviously, tertiary healthcare is an area which needs a lot of investment where we see a big role from the Indian diaspora. Corporate hospitals and advanced diagnostic centres can be set up by the NRIs and PIOs. Our corporate sector can collaborate with the Indian diaspora in establishing such modern medical care facilities not only in the metros but also in other cities. Hospitals providing such tertiary facilities will also have the potential of attracting high-end clients from abroad and diagnosis and treatment and will reverse the trend of Indians going abroad for treatment. As a policy measure, we strongly encourage establishing such centres to provide health services to overseas patients by extending fiscal incentives to the earnings in foreign exchange, including the status of deemed exports to such healthcare services.

Quality medical research is another vital area, which needs financial resources as well as scientific and technical expertise of the NRIs and PIOs. In our WTO-regulated patent regime, it has become essential to invest in research and development. Many premier institutions in our country both in public and private sectors are involved in pioneer research and collaboration from the NRIs and PIOs can be to great mutual benefit.

Medical scientists of Indian origin have been involved in advance research work in many developed countries such as USA and UK. The Indian Council of Medical Research is preparing a database of eminent Indian researchers for meaningful collaboration.

India's healthcare industry is estimated to be worth more than US$ 15 billion. Apart from the strong pharmaceutical industry, Indian healthcare market also offers great prospects in hospitals, medical equipments, medical education and training health information management, consultancy services in areas such as clinical waste management, telemedicine and medical transcription centres.

The area of health insurance is another emerging prospect for investment and growth. As a policy, the Government of India is committed to provide a conducive environment to attract more foreign direct investment. NRIs have been playing a very significant role by contributing as much as 30-40 per cent of total foreign direct investment of USA, UK and Singapore in India. We would like to make the climate more investment friendly for the NRIs and PIOs.

India has given a commitment under the GATT's agreement, allowing foreign equity up to a limit of 51 per cent for investment in the hospital sector. This has been increased to 74 per cent and up to 100 per cent, subject to approval by the Ministry of Commerce and Industry.

Another important concern of the Government is to provide quality medical education. NRIs and PIOs can contribute a great deal by strengthening this infrastructure of government medical colleges, apart from establishing new medical institutions. Generally, through a registered trust a medical college can be started under the framework of guidelines given by the Medical Council of India. In order to make such colleges self-sustainable, the management has been permitted to admit students

from abroad. The earlier ceiling of 15 per cent of the admission capacity has also been relaxed in view of court judgement. Private medical colleges have been permitted to regulate fee for such foreign students in order to raise funds for their development.

As far as allowing foreign doctors to practise in India is concerned, the Indian Medical Council Act at present gives such permission only on a temporary basis and that also for a charitable purpose. Representations have been made by the PIOs that they should be allowed to practise medicine in India as similar facilities in other employment sectors have already been given. This issue needs to be looked into from the point of view of the recent amendment of the Indian Medical Council Act introducing a screening test before the grant of registration to practise medicine in India to an Indian national holding foreign primary medical qualifications.

India has got a very strong system of traditional medicine, Ayurveda, Yoga, Unani medicine, etc. We have got a wide acceptance and are recognized worldwide. The World Health Organization duly covers Ayurveda and other systems in their comprehensive, traditional medicine strategy. NRIs and PIOs can make a great contribution by popularizing these Indian systems of traditional medicines in their countries.

Given the inherent advantages such as cost effectiveness and products and less capital requirement for manufacturing and the growing popularity of natural plant-based products, the medicines of Indian traditional systems could be popularized in foreign countries by the Indian diaspora. The diseases for which the western system of medicine have very little to offer and the available drugs are too toxic, the Indian systems of medicine have therapies available. However, such drugs may require proper standardization and quality control utilizing modern scientific approach. Therefore, synergy of the traditional Indian medicines and western scientific development can assist in producing safe, efficacious and quality drugs at affordable prices.

Medical tourism is an exciting opportunity, particularly from the point of view of popularizing traditional Indian therapies and medicines. The National Population Policy 2000 envisages integration of the Indian systems of medicines with the modern system in reproductive and child health programme. The committee on Indian diaspora has also identified infant mortality as an important area of attention. The need for research and development in the areas related to reproductive and child health is extensive. The research activities in this vital area require financial support and there is a huge scope and necessity for assistance from NRIs and PIOs.

Finally, I would like to sum up by stating that health should not be seen as an investment only in financial terms. Providing affordable healthcare for the society in general and vulnerable people in particular should be seen as a service to the nation and humanity. I am sure that the Indian diaspora, the Indian family members will come forward to take up the challenge.

Thank you very much. Jai Hind.

Address by Dr Kiran Patel, President, Association of Physicians of Indian Origin, AAPI

Hon'ble Minister Shatrughan Sinha, and Friends.

What I am going to talk to you about is the gaps that we have in the healthcare.

I have only five to seven minutes and I am going to try to stick to my time so that we can be on time. I think if you will see on this slide that the amount of money spent in India in a year was Rs.1,03,000 crore which is the present 5.2 per cent of the GDP. 17 per cent of that came from the pharmaceutical industry and the rest on the healthcare.

What should be interesting to be noted is that if you look at the GDP used by most countries, India is not bad overall in the use of the GDP or the total funding on the healthcare. Unfortunately, 82 per cent of it is coming from the private sector. If you will see the comparison of the spending, you will see that India is falling short in many areas.

The graph here will show you that 17 per cent comes from taxation, 1 per cent from ESIS, 14 per cent from the private insurance sector and 68 per cent out of pocket. What this means is that there is no means of distributing the healthcare cost over the population. So, a smaller population that is sicker is bearing all the burden.

If you look at our statistics, the beds per 1,000 if you are going to look at the physicians per 1,000 or nurses per 1,000, we fall short comparing to most of the world including the underdeveloped countries.

I will go to the next slide, which will show you that of the physicians that provide the care in this country 30 per cent are unregistered practitioners. That means they are totally illegal. 32 per cent are registered allopathic physicians and 38 per cent are others. So, essentially what you will find that a lot of care provided in this country is given in an environment that is not conducive for good care. Hundreds of physicians were surveyed in Mumbai. They had prescribed 80 different tuberculosis therapy and most of them were wrong and expensive.

So, the other interesting statistics are that of hospitals. That we call hospitals the average number per hospital is 35. Eighty per cent of the hospitals in this country have got beds that are lesser than 30.

Now having said that we have made significant progress. If you look at the slide in 1951 the life expectancy was only 37 here. We have climbed to 63. Although when we compare with Thailand and UK, we feel we are still falling short. If you look at infant mortality we were having deaths of 146 per 1,000 in 1951. We have reduced it by 50 per cent to 70. But if we compare to other countries, then you will see a vast gap and same on epidemiology you will see that we have a long ways to go.

Now in India, interestingly, there are states like Kerala where the mortality will be beating or competing with the western world. Yet, there are states like Bihar from where our Health Minister is coming where the numbers are way high and that's what brings the average.

The other interesting statistics was that although the Government is providing healthcare, the poorest of the poor are using the hospital beds days in and days out with problems in spite of the majority of the infrastructure provided by the Government. The public sector is only providing 19 per cent of the healthcare. 56 per cent are going to the physicians, 15 per cent going to the private clinics and 10 per cent is the other that means charitable hospitals, etc.

Now when they were surveyed, interestingly, 44 per cent of the people said private doctors are more easily available and 36 per cent complained of quality. So, the message here is very simple that the accountability in the public health sector is lacking. It is not that the Government is not spending money.

So, in summary, what I feel is that the Government provides a vast rural and urban infrastructure. In rural areas, there is an extensive primary care infrastructure in place, but in spite of the government running 60 per cent of all the facilities available 81 per cent is used by the private sector. So, I have just illustrated to you the problems that we are facing, and what I feel here is the problem which is of such a magnitude that it is not going to be overcome by an individual or an organization. What we need is the visionary leaders and visionary government. I can tell you at a personal level the

experience I have had in running charity hospitals in India. The Government is moving in that direction and allowing us to do. So, I feel that the focus of the Government should be to be more emphatic on the quality and accountability so that the resources can be magnified.

I will give you an example. After the earthquake, AAPI was responsible for reconstructing the first hospital in Kalayan which is a 50-bed hospital which used to see 25 patients per day prior to our involvement. On 5th August, it was opened. In the last four months, it saw 20,000 patients.

Now, the very same hospital used to see five patients a day to 25. So, you can see from 25 patients we went to 250 patients a day. Same resource, same cost to the government, but 10 times improvement, that's a 1,000-fold result. So, there are two ways of dealing with this problem. And one of the other statistics that I have not gone into is the problem of coronary artery disease, diabetes, etc. so that our focus has to be at two ends, both at the rural area focussing more on the prevention of diseases so that the cost, which can be saved is dramatic and your same rupee can be stretched to provide a lot more care. The average age of coronary artery disease used to be 57 has dropped to 43. This is an alarming statistics and the infectious disease is decreasing.

So, because of lack of time, my message here to the Indian diaspora is this Government is now looking at private sector involvement. There are ways to go, but we can use the same dollar-rupee and leverage it and bring more productivity and efficiency. Today, a rupee spent by the Government, only 10 per cent of it is going to the consumer. With our involvement, even if you don't bring it to 50 cents and in our case I demonstrated a 1000-fold improvement you can see what impact it has. So, I think we have a major role. The gentleman who was asking questions there are ways, he can be involved in primary healthcare centre, especially in Gujarat and we have a good example of that.

I will end here because of lack of time and yield to my colleague to take over.

Thank you.

Address by Ms Suneeta Reddy, Director (Finance), Apollo Hospitals Enterprises Ltd

Good afternoon, ladies and gentlemen, our Health Minister Mr Shatrughan Sinha, and all the panellists here today. Thank you for that introduction.

It is my pleasure to be here today. Having already heard two speakers, I thought let me just forget about the speech that I have at hand. I have already been introduced as Director (Finance). So, let me just give you a few numbers which I hope will be thought-provoking and I know that there will be plenty of information on the "Status of Healthcare and The Road Ahead". But these numbers are indicative of the situation that we are in today. But more importantly they are presented to you to tell you what the potential exists in healthcare.

Let us begin by taking a situational check of the human body itself. Dr Howard Howitz of Yale University, Department of Biochemistry, has predicted that the human body is 3,000 trillion dollars in raw materials alone and 6,000 trillion dollars in body cells. It, therefore, makes us priceless. Why is it that healthcare is then given a status which is nothing near what it should be. Definitely, it should be an infrastructure industry. It deserves to be in that place and I am glad that with the new Government and the new Minister that it is being given that prominence

Yet we spend 5 per cent of GDP on healthcare, while the Unites States spends 15 per cent of GDP on healthcare. A small country like Thailand spends 11 per cent of GDP on

healthcare. Are Indians any less important? Are we any less important than the American or person from Thailand? Of course, we are not. But let us look at this as an opportunity and in that difference from 5 to 15 per cent is how India will grow and how healthcare will grow in the future.

Our current spending on healthcare is 16 billion dollars. It is very small compared to the international figure of 3 trillion dollars. The future of India, the potential that exists is in the service industry and why is that it is because we are eminently gifted. We have the skill sets, we have the manpower, and we have doctors who are talented who are not only in India, but are in all parts of the world.

Whether it is Harley Street or New York or Cleveland, the Indian doctors are definitely the best in the world and we should be justifiably proud of this.

India can definitely capture 10 per cent of that market and with a huge population that we have I am sure that we will do so.

Again, let us look at the value addition perspective. We perform surgeries and I know Dr Naresh Trehan does it very well at one-tenth of the cost of the international market. It gives us a huge opportunity internationally again.

Now, we have patients coming to us from the Middle East, some of them from Bangladesh. They used to come from Sri Lanka, but now we have our own hospitals. But there is a lesson for us here. It tells us that the Indian has a capability to capture the market for healthcare and especially in South-East Asia we must do so and the time to do so is right now. What we need to do is to build the infrastructure. To build the infrastructure, we need to work with our fellow doctors. We need to work with the people in the Government, we also need to work with management personnel so that we have the right focus and, above all, we need a little confidence and a lot of commitment to get there. But one day we will make India the healthcare destination of the world.

Since all of us here have some interest in how hospitals are run and especially since I have been asked to speak about financing in healthcare, I thought I will spend just two minutes on one aspect of it which is really funding hospitals. As you know, most hospitals are funded by either debt or equity. When you are looking at debt, we are looking at a capital structuring of 1:1 which is nearly 50 per cent debt and 50 per cent equity.

What is that that has made corporate hospitals really not very successful in India. I think one of the main reasons is the fact that we don't have access to debt like American hospitals do. We are now currently spending 7 per cent. It is much, much lower than it was last year and we are really grateful to the banking sector for this. But in spite of this, people do not understand that healthcare has the long-gestation period project and they have to structure cash flow with this in mind.

The second thing is that looking at new financing mechanism. For example, Rights. I know that most American hospitals, companies operate with Rights companies which own the land and building which is 40 per cent of the project cost. It is a huge advantage for hospital companies and it is something that needs to be done in India because it is a huge amount on our balance sheet and one that we really need to re-factor.

The second issue is foreign direct investment into healthcare. We have never been very successful in getting foreign direct investment into healthcare. I think Apollo was the first and till today it remains the largest company which has got foreign direct investment. I am glad to say that we have been successful at it. But it has not been an

easy job. The reason for this is that the investor is looking at a 20 per cent return on his investment and we must keep this in mind. Unless we have corporate governance in place, unless we have management in place that will deliver, like in any other industry we will not be able to achieve this and we will never be internationally recognized. So, I urge all of you to keep this in mind.

But in spite of this India already compares high when you look at the key performance indicators and profitability indicators. India's low manpower costs and availability tilt profitability margins in our favour. Profit margins are still 10 per cent compared with 4 per cent in US and other Asian countries. Return on assets is 11 per cent compared to the 3 per cent in US and 8 per cent in Asia. Despite these low valuations in India, Indian healthcare companies which are listed on the stock market get a P multiple of five as against the 15 which the US companies have. Focussing on healthcare can enable a much-craved double-digit GDP growth and I think that this is what the Government wants. This is what all of us here want.

Finally, I would like to say that we have some past experience. In the 1970s, Dr Reddy came back, in the 1980s Dr Trehan came back. They came back to build institutions that were bigger than themselves. People all over Asia know about Apollo, they know about Escorts. They have certain examples for all of us and the example they have set is that by working together we can build the infrastructure that India today requires. But we do need to work with all of you, we need to work with our doctors who live in all parts of the world and we need to work again with the Government to do so. And today if we do so I am sure that we will achieve the GDP growth that we were looking at. We will achieve the employment opportunities for the Indians. We will make India the healthcare destination of the world. And above all we will leave a legacy for our children which they will be proud of. This, I think, is the most important thing.

So, on this wonderful opportunity I would like to thank all of you for being here. But more importantly I would like to say that if you will come in the software sector to really grow and develop as NASSCOM developed as it did. Well, think again because I think for healthcare the time has arrived. So, like Steven Job has said, "let us make a dent in the universe and the time to do it is now."

Thank you.

Address by Dr N K Srivastava, MBE, Consultant in Public Health Medicine, Nandasha, UK

Mr Chairman, Our Hon'ble Health Minister Shatrughan Sinha, and Ladies & Gentlemen,

Before I proceed, I just wanted two things which are very thrilling for me here. One is that I have been invited from UK to speak in my own motherland. And I have served here, in the Bihar State Health Service and Indian Army. Also, the other thrilling thing is this Shatrughan Bhai is junior to me and we were brought up on the same street in Kadampuva.

(Talk in Hindi) So, this is very thrilling. So, it is pleasure to be here to participate in the healthcare discussion. Before I dwell on the subject of "The New Frontiers", it was very difficult for me for the last two months to decide what to say. But in this context there are some pertinent questions which are relevant to the context.

Does the healthcare system provide care which is safe, quality-oriented with a dynamism for quality improvement?
Is health equitability distributed or do poor people have poor health, which my previous colleague has already indicated by the slide presentation?

Is the patient treated as a genuine consumer of care?
Are all preventable diseases being prevented?
Are the benefits of research being reliably transformed into the practices?
And lastly-it is very important for the whole of the world-are we prepared to deal with the possible threat of bio-terrorism?
In view of the time limit, I will just dwell on the points. The global health is the vision of the century. And this is again the World Health Organization's vision. There are two factors into that one, Global Health, improving the healthcare system with adding to the evidence-based medicine. I have picked up a couple of points as a new frontier.

Is the clinical governance, which is a language of the world in the medical field at the moment in which the UK has pioneered patient-centred care, participation of community in the management of the healthcare, which we have done last year. We have made the primary care trust of 1,00,000 population and the community members have been managing the whole primary care trust with their professional colleagues to identify the community needs. And health is not only the domain of the health department anywhere in the world but what we have to learn is to invest more in the people, education, children, health, environmental issues and in India, especially the water and sanitation.

The second theme of my frontier is the partnership. We have heard a few lines on this one, but our goal is we have learned to work together and foster a way forward for a joint collaboration, better understanding between the health sector, i.e., we call it as National Health Service, UK, private sector, volunteer and charitable organization and the other department of the government. And our previous speaker has already said about some financial side. So, I will put the heading financial equality. Gross Domestic Product as we have heard many countries is 0.5 per cent and the starting may be 15 per cent, 10 per cent.

So, what we have to do as the Government of India. WTO has to be approached for the new funding on the grant from the World Bank and other sources to improve it.

As for challenges, we have cancer, which is one of the biggest killers in the world. There is no curative treatment. So, we have fostered a way forward which is the holistic approach. That is the palliative care medicine. And that palliative care medicine is to just alleviate the pain give relief and the symptom control. Palliative care has become a speciality in the UK now, but nowhere else in the world at the moment and I have been working on that subject for the last 15 years. I have given a slogan "Death with Dignity" and last year I was awarded the Queen's Award. This one I am putting on for my achievement in the UK.

And again I would say to Shatrughan Bhai I am the first doctor to have got this award. So, palliative care is very important and in India I have seen the plight of my three relatives dying with cancer. So, we have to concentrate and this is in the core of my heart.

The other challenge is the care of elderly people. And why it is because the life-span is increasing, in England 82 for the female and 79 for the male. The Department of Health has approached me. I have said that the Queen Mother can die at the 101 years of age. Whatever the population they are going to survive 80, 90, 100 and 101 years. So, somebody has to look after this kind of group. We are working on that how to look into the care of elderly.

And again the third challenge is your bio-terrorism, which still is hanging on our head. We have to work on that and that is our challenge.

I will just mention two points. The genetic revolution has the potential to transform

the medicine just like all the vaccination and preparation for AIDS and other things. And the more investment in research and development is the requirement for the future for any health department in the world. We are also lacking in England, but we are moving in that direction.

I will conclude by saying there is no greater service to God than the service to the mankind.

Thank you very much.

Address by Dr Anil Singhal, Himalayan Institute, Dehradun -Integration of Mind/Body Medicine

Let me correct my introduction. I am a Neurologist from the Himalayan Institute Hospital. My wife is a cardiologist sitting in the audience. We are one of the first NRI institutes in the country where we are doing research on integrating the modern medicine with the traditional system of medicine. We have a medical college since 1995 and we have a hostel since 1990, and I and wife are doing integration of homoeopathy, Ayurveda, Naturopathy and Yoga in neurological diseases and cardiological diseases. And because time is not enough here, let me give some suggestions to the audience.

You will be surprised to know when we came to know how rich is the Indian system of medicine. We, as allopathic physicians, know exactly what is curable in modern medicine, and what is not curable in modern medicine. So, we found out various diseases for which Ayurveda is very useful. We found some diseases for which homoeopathy is very useful, and we found diseases for which Yoga therapy is very useful. We combined these treatment for the patient's benefit because it is very cost-effective. I have liaison with the Government. We have 750 villages where we are treating. We provide additional services of healthcare to the patient where Government cannot reach. You will be very happy to know we need to create a model of treatment for various diseases for which allopathy does not have a very good cure. There are many, many diseases.

Let me take an example of liver diseases. All over the country we know Liv-52 is used by the Himalaya Drugs. It is because of a lot of research done here. Not that that is the only product. So, I think I will request the people here to collaborate more with the allopathic hospitals and modern medicine. Government has to provide some basic education of alternative system of medicine to modern medical colleges. I don't know how many of you know, in 90 per cent of Ayurvedic medical colleges in India allopathy is taught. Do you know this or not? At least 25 per cent of allopathy is taught in Ayurvedic colleges. Why can't 5 per cent homoeopathy, 5 per cent Ayurveda and 5 per cent Yoga be taught in allopathic medical colleges?

If you visit Dehra Dun Himalaya Institute Hospital, I will tell you there is so much rich knowledge available in Homoeopathy, Ayurveda and Yoga. There will be no problem for healthcare of villages in India at all. There is so much rich knowledge available if allopathic doctors can come to know of this knowledge.

In 1992, there was an earthquake in Uttar Kashi. I can tell you just giving Ignatia and Arnica 10M we treated thousands of village victims in earthquake. Those who are here all homoeopathy doctors realize it. So, I think all the allopathic doctors need to know a lot of rich things available in homoeopathy, as well as in Ayurveda. And our Institute is doing it. We are creating a model hospital for people and model healthcare and I will suggest all the people here that please get acquainted with IMS or Indian system, homoeopathy and Ayurveda. And I think the Government should do more to give some basic knowledge, let us say, ten lectures to every allopathic medical college on

homoeopathy and these systems. I think my time is up .

Thank you very much.

I end up just one quote. "Lord, grant me the courage to change the things I can change, the serenity to accept the things I cannot change and the wisdom to know the difference." Thank you very much, Sir.

Address by Mr Mohamad Ingar, VP, Association Sanitaire de La Reunion - Original Concept of Humanitary Medicine

Hon'ble Minister bon jour, Madam, Messieurs bon jour. Do not be afraid. I am going to speak in English and I am going to try to speak in English. FICCI President, Hon'ble Health Minister, Ladies and Gentlemen,

I will try in five minutes to comment on an original concept of humanitarian medicine in a particular part of the world. In the meantime, I apologize for my English. In my country, everybody speaks only in French. The aim of the communication that I have the honour and pleasure to present to you concerns medicine and surgery, intervention of humanitarian nature carried out by doctors also of different nationalities. All of them have Indian origin, Gujarat, Tamil Nadu, etc.

The Indian immigration in the second part of 19th century occurs particularly in the countries of the Indian Ocean zone, East African coast, Madagascar, Mauritius Island, Reunion. Reunion is a French territory in the French country. The Indian diaspora of Madagascar and Reunion island have created, in 1987, a new venture, a non-governmental organization Association Sanitaire d'La Reunion whose aim has been to set up a structure able to make medical, surgical and dental medicine in time and space, multidisciplinary, proposed sophisticated treatment in the most remote regions of Madagascar, Comoros Island of Mozambique, of Tanzania, of Male and soon of Gujarat, may depend on the authorization of Minister of Health.

All these ran benevolently due to an excellent logistic rally. It is an originality of humanitarian medicine emerging and set up by the Indian and French doctors of Reunion Island. This Island is a paradise, better than Mauritius. I hope that there is nobody from Mauritius inside this hall. Forming part of the French state, it is not a colony. The Government of this Island is in France and the laws are French laws.

Reunion Island is composed of 40 per cent from India, including 10 per cent from Gujarat, 90 per cent from South of India, and then, 40 per cent of Afro-India, 10 per cent from France and 10 per cent from China. In 1975, there has been a mini drift of Indian bidding the French nationality from Madagascar to France and Reunion Island which is geographically very near to Madagascar. Some 10 years later some professionals from the medical field descending from the Indian diaspora regrouped themselves into the association, Association Sanitaire d'La Reunion.

Today, this association is 15 years old. Its perfection has been realized in 1988 by the expedition of medicine towards the most remote region of Madagascar. In 1989, the first surgical mission went to St Marie Island, a territory belonging to Madagascar. At the beginning, the Association started its operations under the stewardship of two doctors, then passed it on to three and now it has become a group consisting of a team of physicians, a team of surgeons, a complex team of operating block and anaesthetic doctors, block operating nurses, a team of specialist doctors of cardiology, gastroenterology, gynaecology, ENT, a team of drug allergy and ultrasound, a team of dental surgeons and dental technicians.

The Association faced an air crash, a big air crash in July 1995 near an Airport of Madagascar. The result was 35 persons killed. Two persons survived, including the President who is present here in this hall. Dr Feroz Kocha is here, from Mandvi in Gujarat.

A generalized mission of around 40 per cent benevolent practising in the hospital or in private cabinets. The duration of the mission is approximately 10 days. Our mission has been recognized by the French Government and a military plane has been put at the disposal of the Association to transport the participants and equipments.

Our Association displays all its equipments and consumer products and medicine around five tons. It is totally autonomous and can start in medical and especially surgical operations immediately three hours after its arrival on the site, but we are not an emergency medicine. Assessment up to the end of year 2002, 27 missions for 722 participants for total of 119,000 patients of all speciality. Abating the level in the procedure of numerous operating blocks, training of many practitioners are done, donation of many tons of medicine, etc.

Our programme for 2003, our mission in Gujarat and also one to Madagascar and to Comoros Island. For the future, besides the originality of these missions and you know that to frame the subject in this conference in Delhi it is to be noted that the French state took its military planes and personnel, assured transport and security of humanitarian team coming from the Indian diaspora. We can only be congratulated for that.

Therefore, I invite all of you to give us your support. Thank you very much for your attention.

Address by Dr Navin C Shah, President, Medical Staff Doctors Hospital, AAPI, USA

Chairman Guptaji and Friends,

The western medicine has entered an extraordinary and revolutionary period by creating superior avenues of prevention, detection and treatment of diseases. The most important and striking and vital is the completion of genome project, which finally provides us the number, function and the interrelationship between the human genes. This knowledge is going to drastically change the way we teach medical students and the way we treat the patients. A simple blood test of an infant will give us a map which will be on the first day known to us what he is going to suffer, what can be prevented and what can be treated. The whole concept of treatment is going to change.

The other thing is the stem cell research. The generation of cells, organs, repairing and rejuvenation of the organs would be created by stem cells and this is going to improve greatly the lifestyle.

Now, the question is asked what are the emerging markets, what are the opportunities. Now, this is where the buck is. Now, everybody has talked in general and we are all great, but if India wants to take a lead and make a buck being a baniya I would say go to that quickly, that is the area we can work in. India has a large pool of scientists, a large population, a large amount of pathology and a very strong IT base. This is the area India can lead that is called genetic mapping, genetic testing and pharmacogenomics. In pharmacogenomics, we would be able to tailor-make the medicine. Presently, we are giving fit one-fit all - size medicine, but with pharmacogenomics we will be able to tailor-make individualized treatment and that is going to help us a lot and India can take lead in that.

Similarly, India can take lead in stem cell research. Out of 12 stem cells lined, India has two. This is a great property, great intellectual asset and India can lead this with the cooperation or partnership with the west and possibly with USA and make a great dent into the medical healthcare system, medical education and also benefit financially.

Now, this is as far as the western system is concerned that genome and stem cells would be helpful. As far as the Indian system is concerned, we have a traditional system Ayurveda which is being taken advantage by the Indian subcontinent and is not yet well known in the west. We have to prove to the west that it is effective. Unless we have objective reproducible data, we will not be able to convince the westerners of its effectiveness. It may be great but we must speak the language, which they understand and that is the western language.

The thing which we can do is we should introduce Ayurveda in such a way that they understand through the education and through the joint research. Now last year Americans spent 27 billion dollars. In the whole of India, the Ayurvedic sale was just one billion, dollars, while the Americans spent 27 billion dollars on alternative medicine, mainly the herbal medicine. The Chinese and the Koreans have taken advantage, but the Indians have not. We have to be very aggressive, as I have said, by exposing the results of the Ayurvedic treatment in such a way that they understand and we go to the roots. The acupuncture has become a mainstream treatment in the US medical system.

I would say that in order to legally enter the US market, again I am talking about exploring the new avenues for Indian markets, Indian drugs and that will have to be a short accredited course of Ayurveda in the US medical schools and there are some medical schools which are already interested under the complementary alternative medicine. Complementary alternative medicine is here to stay and surely in USA it is there to stay and it has been accepted. It is only the time that it will be practised. Right now it is not practised.

The other thing is a joint Indo-US research. If we have the similar results as shown by the Indian scientists as well as the American scientists we will have a stamp of approval and authenticity and that will help us both financially as far as the Indian economy is concerned and also to help the patients. Also, the marketing of the Ayurvedic products has to be improved and so also the quality control.

Finally, I think in future it will be very common to see or it will become a general practice that we will have the amalgamation of the western and Indian system of medicine to give the best care to the patient.

Thank you.

Address by Padma Bhushan, **Dr Trehan**

I will pick up from Dr Kiran Patel's presentation on "The Road Ahead". We did a study with McKinsey on the state of health in India and what we should be doing if we want to come to a certain level. So, the background lies in 1978. India is a signatory to the WHO declaration where 150 countries accepted the challenge that they would accomplish health for all by 2000. The health for all by 2000 was actually a prescribed standard, minimum standard for developing countries by WHO.

On reality check 2000, we find that we are one-third where we should have been. So, with that in mind, with that wake-up call we commissioned CII, Healthcare Federation which the medical committees are held both. We commissioned McKinsey to look at where did we go wrong, where is the gap and what do we need to do over the next ten years, so that the target being 2012 to be able to accomplish that minimal standard which the countries like Thailand, Brazil, and Mexico have accomplished already.

So, the gaps are like this, as Dr Patel said. The total India healthcare spend is Rs.3,000 crore a year. If you were to accomplish that standard by infrastructure, by manpower, by other facilities that we want to accomplish, we will need an investment of Rs. 1,00,000 crore more in the next ten years. At the current spend rate, we will be spending about Rs. 44,000 crore. So, there is a gap of about Rs. 60,000 crore which needs to be filled. You don't have to have to be a genius to realize that the upside of healthcare in India is unlimited, the sky is the limit.

Now, we have certain challenges that also came out as part of our study and some of those are, the most primary one being that if we are to divide healthcare into three segments, that is, primary, secondary and tertiary, the Government already has on paper a very satisfactory existing primary healthcare system which obviously does not function. So, the Government is spending the money. On paper, these facilities are available, but they have been able to be brought to public service.

As an experiment from Escorts Heart Institute, we had adopted 27 villages in Faridabad and there are five primary healthcare centres in that and we said what can we do to make it work. We hired a doctor for 15,000 rupees a month, gave him a motorcycle and his sole job was to visit these primary healthcare centers every day and see if the doctor arrives on time, if the medicines are there, how much were consumed, how many patients came. So, we were actually doing what the government should be doing but cannot do because it is such a huge network and the manpower shortages and resources are limited. In that we found that with this gentleman going around, I think Kiran said that they had a centre in Gujarat, similar thing started happening in our centre.

The second thing we discovered was that even people who required to go to the hospital and there was a district government hospital already existing they did not have the money for transport to get there if they were too sick. So, we bought an ambulance. So, now this doctor carries a cell phone. In the old days, he used to carry a walkie-talkie, and if there is a patient who needs transport to the hospital the only thing we have done is provide the doctor with a motorcycle and an ambulance. We are serving 35,000 people in the villages. This doesn't cost us a lot of money. Many companies, many organizations and many people of the Indian diaspora can actually adopt your own villages, your own surroundings wherever you come from and that would be a concrete step forward. To just organize monitoring the already existing system for which the money is there already, the medicines are there, they accept that they need to be monitored.

I will tell you the district commissioner, the local guys who are the administrative guys all have been very cooperative because at that level intellectually they are still intact and they want to see their populations getting some benefit of what is being spent. So, I think that is one little thing I want to bring, that is at the primary level.

Primarily, the domain of primary healthcare system which should remain with the Government because it requires the least money to reach the most people. Only efficiencies have to be put in place.

The second thing that came up was in the secondary system. The Government has a very extensive system of general hospitals, what we call district-level hospitals. They are existing, they are there, and the manpower is there but unfortunately because they are starved of resources or resources not reaching the right place. You will see operating rooms closed down because there is no lamp, they can't buy a bulb for the operating room light. The tables have broken down or something happened, the CAT scan is not working because you need a 20,000 or 30,000 rupees. So, it paralyzes the whole system. Unfortunately, because again whether it is lack of resources or lack of better utilization of resources this is another area where public-private partnership can be put into effect where we adopt certain centres, just provide minimum amount of instruments and little parts from time to time, monitor through an NGO or somebody

you know from your community and you can make the healthcare system work.

The tertiary care is the tricky part because the cost of creation of tertiary care facilities is extremely high. The Government has been able to establish institutions like All India Institute which are a pride of the nation. There are many other institutions like that but they are a drop in the bucket because for one billion people that is nothing. For the Government to be able to take on hundreds of these institutions to fund them will be impossible. So, that is where private investment is going to come very, very handy and this large gap that we are talking about where the opportunity out of that 60,000 in tertiary care will be about 35 to 40 thousand crore is there for them to be taken because the opportunity is there. But there are some warnings that come with this statement and the warnings are that there is a mismatch between the cost of creation and the ability to pay. So, for example, if you take a simple echo machine, a cardiac echo good Doppler machine which cost 50,000 dollars, 50 lakhs of rupees, say 2,00,000 dollars or more. For a US person where you are charging 500 to 600 dollars per 2D echo with Doppler it takes no more than a 1,000 cases to recover the cost. For India where we cannot charge more than 700 to 800 rupees, it will take us 10,000 to 15,000 cases just to be able to cover the capital cost of that machine. So, what it comes down to is that we need to access technology without bells and whistles and maybe at a lower cost, that is one. Numerically, people should be able to afford because the patients are there, but they can't afford because we do not have a network of third-party payment yet. So, the Government can be very, very instrumental in pushing for health insurance. One of the impediments to health insurance today is that the ratio of premiums to claim is 100:130. In other words, every insurance company which is offering health policies is suffering a loss of 30 per cent on each policy that they are offering. So, nobody in his right mind would want to do that. That is because of the fact that there is too much fraud in the health insurance system. The patient, after recognizing that they have a disease, will go and get insurance because some doctor is willing to give him a false certificate that he is healthy. So, up and down the chain there are problems which can be solved, not a problem as long as we are determined to bring in health insurance and the health providers are very willing now having recognized the importance of healthcare to participate in the accountability for health insurance.

So, I think these are some of the factors which will make us go forward in the next ten years as we move. There are great opportunities for our colleagues, I was also a part of Indian diaspora for 20 years and now I am back after 14 years, there are great opportunities like somebody was talking to me about being shortage of nurses around the world. These are the areas, niche areas, where we can actually be leveraging nursing manpower supply to the world. Being a great area for responsible clinical trials as long as we can prove that our data has integrity that we will become a great centre for that. So, with these little opportunities anyone who is interested, we have the India Healthcare Federation and the CII Health Committee where we will be very happy to provide assistance, information, help in whatever way possible.

Thank you very much.

Address by Mr K Ramamurthy, Secretary of Health, Government of Kerala

Best wishes from the Minister of Health, Government of Kerala. Good afternoon to you. Now, we propose to present a project on Ayurveda Park in Kozhikode district of Kerala. I will quickly rush through. You know Kerala, the land of Ayurveda, and the system is in practice during the last 5,000 years and Ayurveda is the oldest codified organized system of treatment and it is a holistic system of medicine as well. It is classified into two disciplines, medicine and surgery and it has, you will be surprised to know, eight branches of specialization. That is why it is called "Astangha Ayurveda".

It's unique and elaborate indigenous system of medicine. Astangha Ayurveda consists of eight divisions - general medicine, surgery, ear, nose, throat, eye, mouth disease, psychiatry, midwifery, paediatrics, toxicology, rejuvenation tonics and aphrodisiacs. For, Ayurveda medicines are prepared out of herbs, fruits, flowers, and animal products. They are free from side-effects. They are more effective, particularly for paralysis, rheumatism, bone and joint disorders, nerve disorders, and some of our citizens and VVIPs from abroad are benefited.

What is the relevance of Ayurveda in today's world? There is a need for use of traditional knowledge and practices for the well-being of the people, the holistic medicine. There is a need to move away from chemical-based drugs causing side-effects and there is a realization of the importance of Ayurveda system. This has resulted in an increase in demand for medicinal plants, extracts of herbal products and herbal cosmetics.

There is an increasing international demand for herbal products and food supplements which is already being talked about. There is a need to preserve biodiversity as well. In Kerala, we have ten Ayurveda medical colleges, five in the government sector, and five in the private sector. Only recently, due to a policy shift, we opened up the medical education for private participation. We have about 113 Ayurveda hospitals and 679 dispensaries with 2,644 beds and we have 1,047 experienced doctors. We have provided healthcare to 28,200 in-patients during 2000 and 2001. 1.85 million people have taken outpatient treatment and we are catering to patients from other states and countries as well.

Essential components of these projects, 250 acres of suitable land has already identified Calicut district of Kerala. We would like to have an Ayurveda Park which will include a herbal garden and Ayurveda distillery, 100-bedded speciality hospital, rejuvenation centre, a geriatric care about which somebody talked earlier, 24 cottages with modern facilities but in traditional architecture. So, it will also have short-stay home, a de-addiction centre, research and development centre, advanced learning centre including tele-medicine. It will also have market intelligence and research centre and this super-speciality that we are talking about will provide all the facilities of the Ayurvedic healthcare system, house all the modern diagnostic and imaging facilities that are available in the allopathic system. Then, it will have panchakarma theatre, provide allopathic and homeopathic system of treatment.

The herbal garden which will spread over 200 acres of land will have 47 important species identified.

I am just finishing it now. There is a biotechnology lab to perform tissue culture, seed bank to provide valuable learning experience.

Cultivation of rare species provides inputs for R&D centre and production centre provides inputs for the Ayurvedic and pharmaceutical industry which is in demand. Rejuvenation centre will have all these facilities. It will also have an Ayurvedic distillery.

Geriatric care which is very important and Ayurveda plays a major role. Centre for the aged population provides unique Ayurvedic solutions. It will also provide for a dead-diction centre. So, it will cost 33 million US dollars. The total project is US$168.32 million. Otherwise, it is 33.66 million US dollars operational maintenance cost.

The idea is to promote Ayurveda, the oldest healing science and its applications in human life, improve the status of other Ayurvedic institutions, attract international attention and add value to the healthcare system. It also generates employment and provides benefits to the state of Kerala.

Thank you very much.

Address by Dr Balasubramaniam, Trauma Specialist, USA

Can I have my first slide? Since the time is short, I am going to run through it. I hope you keep pace with it, as a trauma surgeon, whoever used to work at 2 o'clock at night, half-asleep at an excellent fast speed.

You have heard of the cost of healthcare, you have heard of Ayurveda system, you have heard of modern capabilities of providing state-of-the-art facilities when it comes to in-hospital care.

Studies done by the World Bank have shown that the death rate in India due to automobile accidents is the highest in the world. There are 56,000 deaths in India as compared to something like 39,000 in the US. US has forty times greater number of cars than India has. Even Pakistan is doing better.

Why is it so? The reason, even if you compare the density of vehicles, even if you compare to the density of population, automobile accidents kills more people in this country than in any other country. What is the reason for that?

World Bank did a series of studies and found out that if you have safer cars, safer roads, better traffic, etc. you will only reduce the death rates by 40 per cent in India where 60 per cent of the death will continue to arise, continue to exist unless you develop an Emergency Medical Care System, an EMS system.

We find that heart attacks are going to increase in India because poisons are higher. So you need an emergency medical care system.

The key to reduce this death rate including heart attacks low to neither one hour/three hours by the time you get it is to have an EMS system. What is an EMS system?

The pre-components of an EMS system are well-equipped ambulances. Do we have them? We have a few, but they are not well-equipped. They are not state-of-the-art ambulances.

Trained personnel who can man this so-called paramedics, pre-hospital care.

Uniform 9110105 number, which is accessible from every part of the countryfree absolutely.

We have to have trained people in the hospital. Trained people in the hospital are acting as base hospital physicians. Designed to receive it, you need to have transfer protocols from field to field. Having said all that what we need is an infrastructure. The infrastructure can be built very easily. The infrastructure should start at the city metropolitan area. I am very sorry the Hon'ble Minister has left. Otherwise, I was going to put this proposal to him. Since he said that healthcare is at the state level, I am starting from the bottom and going up.

Starting at the city level, form an autonomous Emergency Medical Service Council private-public partnership that exists in the US. A medical person should head this. The Council should have two levels, basically a Board of Governors and a Board of Directors. And that the state level should set and formulate the policies. And at the national level we should oversee it. Have we tried it? Yes, we have.

In the city of Bombay, RPA spent the last two years working out an entire EMS plan. We have identified five level-one hospitals and five level-two hospitals. We have worked out the budget, we have worked out private-public partnership and our cost for the city

of Bombay has worked out to be fifteen crore rupees initially to set it up, five crore rupees to maintain. We have also worked with the city of Pune and established the first formal paramedic training programme, which was accredited by the US. Experts do say it is the same level as what is practised in the US.

We are also now working with the city of Hyderabad. It is our hope that eventually we will have an EMS system so that we can reduce the automobile accidents at least by 35 per cent. It can be done. It does not cost 15 crores of rupees for a city of Bombay to start, five crores to maintain. Sir, it is a drop in the bucket. You would agree. That's in one city and I am sure we can do that. The money is there. It's us as physicians to demand this.

Thank you very much.

Address by Mr Chona Thomas, Thomas, Ministry of Health, Oman

Chairman, Co-Chairman, Distinguished Persons on the Dais and Dear Friends,

I will try my level best to limit my talk.

The Indian civilization is considered as the greatest among the ancient civilization like the traditional Indian medicines has an important stature in history. It has to be remembered that during the time the vast majority of the world was very primitive in all aspects of human life and existence.

And the traditional Indian medicines based on nature, plants and the disciplined way of living, understood the importance of saving the biodiversity and also they understood the preservation of the cultural knowledge.

Development of the modern physiotherapy which is based on the Ayurveda and massage therapy, is highly effective, as you all know, in the treatment of neurological disorders which is still a Cinderella to the western medicine. Naturopathy comes from the nature and the nature can cure all diseases. I would like to quote Sir William Ostler, "The art of medicine consists of amusing the patients while the nature cure the disease." And chronic headache, hypertension, chronic dermatological diseases all can be treated effectively by this medicine.

And the yoga, pranayama breathing exercise - meditation and the yogic postures are well to be remembered. And the holistic medicines that mean the personality in toto including the mental and social factors. This is perhaps the most influential modality of the Indian medicine, which revolutionized the patient care in the whole world. I should say still the western medicine is looking to India to take more lessons and Siddha, Unani and the pranic healing are well to be remembered.

And Indian surgery, is not different in the field of surgery in which the ancient Hindu surgeons were unparalleled. In 600 B.C. when Sushrutha used a piece of skin from the forehead to reconstruct the amputated nose, the origin of plastic surgery is developed in India. This is the first plastic surgery operation ever recorded in the history of medicine. Did he dream or foresee that this flap will remain to be called the Indian forehead flap and will continue to be the mainstay in the armamentarium of the modern plastic surgeon even at the turn of the millennium.

This is the pictorial representation of the Sushrutha's operation and it is mentioned in the Sushrutha Samhita, which was translated by Bishakganga K K Bose in Calcutta in 1916. And I would like to say this is an operation I performed about five months ago just to show the thing an amputated nose. It is completely reconstructed by the Indian forehead flap. This was five months ago. Show the lateral view. Just showing this principle is still applicable to the modern world.

An ancient Indian surgeon treated the deformities by transferring the tissue from one part of the body to another during the 16th century. The East India Company surgeon witnessed this operation and they spread this knowledge to the western world. The facts and figures of the western medicine that is the evidence-based medicine, needless to say, have transformed the entire world, and India is no exception. One hopes that the chemical analysis of plants and the other components of the traditional medicine could provide the man with the best of both the worlds. It is far from reality.

The recent advances of the western medicine, one of the few things I mentioned, that is, the imaging technique, CT scan, MRI, advances in the drug therapy, advances in the field of surgery especially magnification, delicate precision instruments, finest suture materials made the modern surgeon to do the operation, replantation or then transplantation and then you witnessed during the century the intrauterine foetus surgery, applications of laser in the different fields. This all helped the modern surgeon to do the impossibilities of yesterday to become the possibilities of today.

It is my pleasure to mention that Indians and the Indian medicines are appreciated and are available all over the world. In Oman, the largest expatriate population in the field of health service is from India. My personal point of view is that when I started the plastic surgery service in Oman in 1981 with 10 beds and an assistant doctor I never dreamt that this service will grow to the present size of 80-beds including a full-fledged burns unit and 20 doctors exclusively working for the plastic surgery service. And it is the largest plastic surgery service now in the whole of the Middle East countries. This is the only recognized centre for the higher surgical training of the plastic surgery for four years by the Royal College of Surgeons of Edinburough after the official inspection.

This is the Khallah Hospital where I am working in Muscat. And in Oman, many eminent Indian surgeons made the contribution for the development of the country. When I went to the country, there was only five kilometres of tarmac road available. What you are seeing in the same side is the cornice excellent road network available from border to border.

And the life on earth has taken a full circle. To a great extent, it amounts to going back to nature. Our balanced outlook should be that life on earth should be a coexistence rather than dominance.

Friends, I am concluding my words from the Vedas "Loka samastha sukhino bhavantu". Thank you very much for your kind attention.

In any language, Pravasi means a traveller.

Respected Chairman and Distinguished Guests,

Actually, the heading is Pravasis. Pravasi means, in my language s traveller. This is the fastest travel I have ever made. In three to four minutes from San Francisco to Madagascar we have travelled very fast. Congratulations to the speakers.

My friends, I am not here to talk anything about the herbal, Ayurveda. All my friends spoke before. But I will tell you one thing that this herbal, Ayurveda. Ayurveda means ayusha, Veda means knowledge. This should be nourished. This can be nourished only by the learned people like you. My salutes to Dr Singhal. I think he has replied to everybody like a master of ceremonies. He summed up his speech that he should have a scientific marriage symbiotic marriage a East and West together to formalize the new drug to save the present mankind and this is the only blessing we can pray from God. Thank you very much. I have prepared a very big speech, but I don't want to waste your time too.

Thank you.

Address by Dr N K Ganguly, Director General, ICMR

Thank you, Mr Chairman. For those who do not know the Indian Council of Medical Research, it will be 92-year old this November and it was established one year before the British MRC was established. So, it's a very old institution and I had prepared some slides, but what I will try to do is, I will respond to some of the areas which were posed by the different speakers.

And my theme will be as to how we should move the drugs to the people by interacting with the pharma industry and the research institute. One of the areas was the clinical trial. We have facilitated clinical trial and drug development. And in the last five years, we have introduced a host of drugs with which you must be familiar. One was Artitha and Ablaquine. Both are anti-malarial miltofocene and anti-lichmanial drugs as well as several Ayurveda drugs like Picroliv, which is in the market now, and some vaccines like Hepatitis-A vaccine. One of the new vaccines, which is rotavirus vaccine, is in the phase I, Cholera vaccine is in the phase II, and very soon we will have HIV vaccine by the end of 2003 in the phase I. All of these have gone to the pharmaceutical industries in India and they are the partners.

We are also introducing very soon a new anti-leprosy treatment for persistors and the TDR has taken it up and a new anti-malarial regime in another two years. So, this is the way we move fast.

Then, what we have done to further help is that we have created an infrastructure, which will deal with the toxicology evaluation, and actually carry out the toxicological studies. So, in one of the pharma companies we have done toxicology study for interferon-alpha and for the Indian Institute of Science and in one pharmacological company we have done DNA-based rabies vaccine toxicology studies. This will be soon moving as a product to the people.

We also try to create a system, which will move the drug application from the pharmaceutical industries faster. We have put up a clinical trial evaluation committee, toxicology evaluation committee, and both these committees are dealing with almost four IND molecules in a month and this is one of the major achievements in the Indian pharma industry. When I joined, we were hardly getting a few in a year. But this is to really answer to treatment gap. The Indian pharma industry is moving very fast and we are trying that their products move fast.

In order to create a better regulatory system we have worked to improve the schedule Y to bring in the major inputs of the new biotechnology and genetic regime. So, this particular thing has been revised and we have also put up an ethical guideline which will guide the clinical trial. This has been adopted by the Ministry of Health. We have also put up a large number of clinical trial facilities, about ten in number which carry out different clinical trials.

We were talking of the synergy with the Ayurveda. We have carried out several major interactions. One of the contraceptives was developed in the yoga with the IHMS. Dr Malti Sinha is sitting here and we have carried out successfully four major clinical trials with the Ayurveda medicines - one on the diabetics, another one is the asthma, the third one is on the peptic ulcer. And we are moving much faster on this.

We also have created the training facility for the clinical trials which are all around the country and we have also picked up a portfolio of the plant medicines and drugs which we have moved with the various Indian industries and these Indian institutes, the science institutes like CDRI, RRL Jammu, Himalayan Institute in Palanpur, Shrimp in

Lucknow and all of these are moving in our products which are both from the plant modern medicine, as well as the plant medicine mode. We have a list of ten major medicines, which we are moving forth and forward.

Another point was picked up whether it was a problem of access to the drugs. We have created a document in which it was presented before that there is a problem in the access to drugs and 68 per cent of the people are paying from their own money. We have partnered a module in Rajasthan where all the medical colleges have been turned into societies and in these medical schools, pharmacy has been separated from the hospital and pharmacy has been given to an NGO and the medicine is available at 50 per cent of the cost.

For the Indian diaspora, I was having a discussion with the Secretary (Health) to move health research, particularly in the product development. We are going to form a Scientific Advisory committee overseas on the same pattern as it is in the Department of Science and Technology, Department of Biotechnology towards the health research. And we will have partnerships and interactions which will move again some of these product developments on the faster track.

Finally, I want to say that we have a huge interaction already existing with some of the areas which have been pointed out. For example, we have launched a project on genome wherein in the healthcare system 109 projects on genomic and pharmacogenomics have been funded. We are setting up five molecular medicine departments in the different medical schools in the country. We are also setting up the six bioinformatics centres in the medical schools in our country. So, this is one area which was brought out, and we say that we are in this.

We have also suggested that we should have Indo-US programmes and projects. We have five Indo-US agreements wherein the Indian scientists and the US scientists could interact and move forward. So, essentially I have not given a talk, I have responded to some of the issues which were raised by the various speakers by saying that how we are being a partner in all of this.

Thank you very much.

Address by Dr Akhilesh Sharma, Consulting Ayurevedic Physician, New Delhi

To make it short, though I have slides I wanted to present interesting presentation without database.

To give a brief introduction in the beginning, I am an Ayurvedic Physician serving as Adviser to the Minister of Health, Government of Delhi, and visiting faculty at three schools-two medical schools and one of the college for California, College of Ayurveda in the United States. Seven years ago, I started my journey to the United States, went there for the first time as a silent observer to see what is happening there in the field of alternative medicine, became a student there, studied Chinese herbalogy and Swedish massage and Shiatsu, became the first licensed Ayurvedic doctor having some kind of licensing to practise incorporate Ayurveda in its practice and till date I am the only one.

Now, the interesting thing I found there was that 40 per cent of the medicines used in the Chinese herbalogy come from Ayurveda pronounced with different expression. I was so surprised and shocked. I said, why? And how come we didn't knew? When I look into the deeper picture the very small reason, which I found there was, the real technocrats were never ever represented. Because of my Ayurvedic physician background I was into product development. I have been working with India's two biggest pioneer pharmaceutical companies which are into Ayurveda. One is 70 years old and another is 120 years old.

So, being a technocrat when I looked at all those products as the data I had already spoken has been well said by all my senior colleagues here. You see the irony is that the 62 billion dollars lacuna is there, is waiting for your product. All that garbage scrap is being sold there. Different funny combinations are being made. The so-called Chinese medicines, you know the kind of herbal food supplement they are selling there. He said, "We have heard some good stories about Ginseng. Let me put some B complex and Vitamin C and Vitamin E and here is a new recipe" and they are calling it a dietary supplement and you know how big the market is.

As per WHO survey every, third US citizen is using some or the other kind of alternative system of healthcare in the United States. And there is a silent revolution going on. AAPI would agree that the majority of the allopathic doctors I have personally interacted with in the last seven or eight years, are literally frustrated. They know the limitations. They say that the book of contraindications has become four times thicker than the book of indication in the so-called modern medicine what you are talking about. And now they are looking about the answers. And I put it this way. If you look into the history of medicine, when I quote, when I talk at medical schools, I tell them if you go into the history of medicine, how old is the history of medicine? 300 years old, so-called modern medicine. But it is going to the real history of medicine. You have to go to the history of documentation and history of script. If you go into that you will find that the oldest documentary evidence shows that Sanskrit is the mother tongue of all the languages and the Vedas, one of the oldest documented literature which was available in this country, originated from here was the oldest documented system of healthcare ever existing on this earth.

There is a beautiful example in the history, unparalleled example in the history of medicine, which says that way back 7,000 years ago there was a kind of a round table conference held somewhere in the Himalayas where the people from intellectual class of society from all over the world got together and they asked one supreme question to the Supreme Force, "Lord Daksha Prajapathi, what for are we here? What is the purpose and what is actually we have to achieve?" The Creator of the Universe smiled and he said, "The ultimate goal is salvation." (Hindi) which is the crust of the whole Hindu mythology. One of the gentlemen raised his hand. His name was Rishi Bharadwaj. He said, "Sir, if that is our ultimate goal, kindly give us something which keeps us physically, mentally and spiritually healthy so that we are able to achieve the goal of salvation comfortably." I am so sorry to know how many people really know that the real knowledge was given by Lord Daksha Prajapathi in the form of so-called Ayurveda which was a very important tool for you to be physically, mentally and spiritually healthy. And today when I hear the words mind, body, soul and the people like Dr Deepak Chopra who become star in 8/10 years time and he is the natural best-seller author of 38 books in that country whatever he has spoken is basic books, is nothing but the basic principles of Ayurveda.

So, imagine, just the very basic principles of Ayurveda can turn tables all over the United States and bring a silent revolution? If you really go into the in-depth study of Ayurveda, believe me, not to exaggerate because I came altogether with different data, but I just wanted to share my passion and tell you that it is such a goldmine which has unfortunately not been encahsed at all. We are sitting on it and we are like beggars.

Believe me, take my word, if you don't encash it today, Ayurveda is going to lead even the IT industry in the world. But if we don't do it, it will come from somewhere else. And I tell you from personal experience. Let me tell you. It is a couple of things I want to share here. Then, I will leave, Sir.

I came altogether with a different data. I wanted to give you the whole database, the whole picture of the Chinese herbalogy, the model they are working on. Very unorganized sector, but you know the Chinese medicine, how it is propagated? My

friend, Mariel, is from the the United States. She is one of the advocates. She will tell you the clear picture. We have 146 Chinese herbalogy medical schools in the United States. How many of Ayurveda? Hardly any. Where were we sleeping? 50 years of Independence of this country and unfortunately we could not create either a political model nor could really market or represent Ayurveda properly, couldn't translate. There are so many stupid reasons.

I, as an individual, I, as a physician, I, as a technocrat, I have licence to practise. I am a visiting faculty. Last year, I gave a presentation, a part of continuing medical education programme in the Wyckoff Heights Hospital in New York. And you know how many doctors signed up. 68 doctors from one hospital which is one of the 37-years old institutions in the United States in New York City. You know, why? Because they said, "I tried some herbal dietary food supplements. Ashwagandha works. Very good anti-stress compound. I think amlaki works. It is a very good antioxidant." We understand when the studies will come from there? Is that what we are looking for? So, in a nutshell, I just want to give you some suggestions. I won't go into the database. All experts are here. They know I have some suggestions.

Firstly, to create a model. We want to get Ayurveda recognized. That is a system of medicine. There are so many other organizations, parallel organizations. For example, this is NAAMAA, National Association of Ayurvedic Medical Associations of America. You know how many members they have? 2,200 more than that. And there are six organizations like that. And there are so many alternative healthcare journals. And I can give you of names 8,000 institutions which are support groups, all dealing with alternative healthcare modality. They are support groups. There are so many other organizations which are looking for the products.

I made a representation to Parkinson's Society in the State of Florida. You know how many patients I got? Will you believe? The response was overwhelming. We were trying with the simplest remedies of Ayurveda. You know we say, oh, metallic compounds we cannot send them. You send the conch bean itself, get them grinded there, use in Parkinsonism. See, we can turn the tables.

We want to create a field force. The way I am doing right now is as a soldier. One man thinks I started giving lectures at PIOs, at yoga centres and the temples and then I went to chiropractic school, osteopaths, massage therapists. There are 16,000 licensed massage therapists in the United States. How many of us know that. You know we can create a revolution. We start giving them a diploma programme, a panchakarma programme right here and sell it all over the world and turn the tables. We create 16,000 prescribers of Ayurveda. Believe me, that is the way to go.

So, my humble submission to the select community of NRIs here is that wherever you are, if you have PIOs, the organization, tell me, we will give representations. We will come, we will give you a team of doctors to come, speak there, give public lectures, create a revolution.

The last thing I wanted to say is that, believe me, as a technocrat I have been treating patients breaking all the barriers of FDA even. People come to me paying from their own pockets not covered by any health insurance companies and people literally send me blank cheques. I have a compilation of data of 132 hysterectomies, which I averted. I have a database. I will prove it, I will show it if anybody wants. And people send me blank cheques literally. They say, "Dr Sharma, I don't want to pay you 100 dollars. I want to pay you a little more than that, so fill up the amount." So, in a nutshell, there is so much of potential. But we have to be organized. We have to create a solid revolution all over the world and we have to create a field force of the believers of Ayurveda. So, create mass education programme first.

Thank you very much.

Address by Dr K V Johnny, Professor & Chairman of Medicine at the Kuwait University

Distinguished Friends

'Allow me to introduce myself to you. I am Professor and Chairman of Medicine at the Kuwait University.

I shall make it very brief. I want to introduce to you one foundation called World India Diabetes Foundation. There are four words in it World, India, Diabetes, Foundation. I will touch upon each of these words in the next few seconds.

This Foundation is centred in Rochester, Minnesota and has been registered as a charitable organization by Non-Resident Indians, Indians and India-loving foreign friends. The objective of this Foundation is just one thing, to bring the world together to India to help the diabetes and diabetics in India. This is the only objective. I am the Regional Director for the Gulf for this purpose and a nominated member of the Governing Body.

Now, why diabetes? You may all know that diabetes is the commonest cause of blindness in the adults in the world. Is it any heart attack? You are twenty times more likely to get your leg amputated. Well, talk about the kidney, I am a kidney specialist. In 1970 when we performed the first successful operation of kidney transplant in India at the Christian Medical College Hospital Vellore, diabetes as a cause of kidney failure was only 2 per cent. Today it is between 50 to 60 per cent. So, that is why a kidney specialist is converting himself to be a diabetologist. Now why India? Nobody realizes that India is facing a health disaster in terms of diabetes. 25 per cent of Indians are diabetics. Either they have over diabetes or glucose intolerance. 80 per cent of them are not even diagnosed. You Indians living outside India, 35 per cent of you are diabetics. Today, it is estimated that there are 250 million diabetics in India. And what is happening to them? They die of kidney failure, or they lose the vision. So, that's why India is being focussed.

Now, let me ask you why the world? Because it has come to realize amongst the Non-Resident Indians and India-loving friends that there is no one public sector institution in India that addresses the problem of diabetes exclusively. So, the world has come together. A foundation has been formed to provide to set up centres of excellence in various centres in India.

What are the centres of excellence? What do they mean? To do research. Why do we have all these diabetics in India? You and I are not obese by any definition. But we are diabetics. Why? Is our gene wrong? Is our lifestyle wrong? Are our food habits wrong? So, it has to be studied. And this World India Diabetes Foundation will provide the technical support for research. It will provide all facilities for education. It will provide all facilities for training specialists in the world. So, the world is coming together for that purpose.

Not only that, it is not only addressing the Indians in India, it is also going to address Indians living abroad. To provide chapters in various countries so that the world in a diabetic foundation can help Indians living abroad would not have the access to the right medicine. We have taken the initiative in Kuwait. We have raised money towards these causes. We have so far raised about 75,000 dollars for this purpose. So, you as Indians living abroad, I request you to help this cause in India to help the diabetics in India and the diabetics living abroad by raising money, by bringing the awareness.

Thank you very much for the time.

Address by Mr L Prasad, Joint Secretary, Indian System of Medicine and Homoeopathy, Ministry of Health and Family Welfare

Well, I am the last speaker. I must get a little more allowance about time. Thank you very much.

All the Dignitaries on the Dais and all Participants:

People are in the retiring mood, so I will be very brief. I would only like to add that not only in Africa, Asia and Latin America, but even in the developed countries the so-called CAM - Complementary and Alternative System of Medicine is becoming very popular. Some data I can quote that in Canada 70 per cent, Australia 48 per cent, France 49 per cent, USA 42 per cent, Belgium 31 per cent population have accessed CAM once in their lifetime. 610 doctors were interviewed in Switzerland. They said that 46 per cent of them have referred the patients to the CAM alternative medicine. In Japan 60 to 70 per cent people are being referred to their own system, China 40 per cent people are going for traditional system. In India, generally people say alternative and complementary medicine. Now, this is a word which is not compatible with our philosophy. The alternative system and complementary systems are a group of therapies, except the Chinese medicine which has a well-developed system, all are group of therapies.

Our systems are centuries old and have all the ingredients that a medical system should have. We have our concept and philosophy, we have our diagnostics, we have our pharmacology, we have our pharmacopoeial standards. So, there is a need to support our system in India and abroad. All our colleagues, and all diaspora must help us in propagating the system abroad. The ISMH, i.e., Indian System of Medicine Homoeopathy is very relevant. I do not repeat that not only for common ailements, but certain lifestyle-related disease, longevity-induced diseases, ISMH is the best therapy that one can offer. We have a very formidable infrastructure in India. They have about more than 400 colleges which are imparting 5-½ years degree course. We have 10,000 pharmacies, seven lakh of registered practitioners. This formidable infrastructure can be used fruitfully in the healthcare of this country, and also abroad this manpower can be utilized. There is a demand for Ayurvedic physicians outside.

Now about the integration my colleague talked just now that we are studying modern medicine in ISM, but the modern physicians are not studying our systems. We had brought out a capsule of 30 hours lecture for the modern physicians that has run into foul weather and it has not been accepted. There is a need that the modern physicians should also be sensitized about the strength of our system. I don't say they should practise but they must be sensitized that there is a different system of medicines which have great things to offer. Only in China, Indonesia and Korea, they have completely integrated the system. We have not. We have a major beginning, but have long way to go. We are not putting the ISM treatment in the district hospitals, dispensaries. Unless it is done, there will be no meaningful integration whatsoever.

ISM industries in India, as I said, there are 10,000 manufacturers and 8,000 are Ayurvedic manufacturers. The domestic market is around Rs. 4,600 crore. The growth rate is estimated to be 13 to 14 per cent, but the potentiality is much more, i.e., 25 to 30 per cent the industry can grow. Our exports are very small, i.e., in the region of about Rs. 600 crore. But the exports can pick up. We have taken a number of steps to increase exports. We have brought all the GMP, Good Manufacturing Practices. All importers are asking whether there is a GMP in India? We have done it. We have also liberalized the levelling provision for the importing countries. We have created infrastructure of laboratory, we are expanding this. We have introduced quality control and we are going to extend enforcement of drug regime.

We have a problem now in the EU countries. They are coming with a directive that Ayurvedic medicine, Unani medicine, Siddha medicine will not be accepted in their countries unless these have been in use for 15 years in their country as drugs. It is highly restrictive and this will impede the growth of Ayurveda and other drugs. We have addressed the issue and we have a plan to have a diplomatic offensive. We will go through the diplomatic channel and impress upon them that the system should not be subjected to all types of restrictions like this. The ISM teaching is gathering momentum in foreign countries. In the US medical schools, people are becoming conscious, they want to adopt Ayurvedic course. But in India, unfortunately, we are not amalgamating it. There is a feeler that Hungary will start a full-fledged Ayurvedic course, South Africa will start and hopefully in time to come there will be a greater interaction in teaching, research and patient care.

It is a good news for us that in America there is the Complementary and Alternative Center, NIH. They have agreed to collaborate with India for research in fifteen areas. In April, very hopefully, there will be interaction between the US scientists and our ISM scientists. And if there is a breakthrough in the area, ISM will get established in America.

The last word I will like to say is about our traditional knowledge. There is a cult outside to patent our knowledge which is our ancient knowledge and they are claiming it is their invention. We have established traditional knowledge library and we are going to do this for Ayurveda, Unani, Siddha and Yoga. Thereby we will prevent them from taking benefit of our knowledge, getting them patented and claiming as theirs. I will not take much time.

Thank you very much.

(Interaction between the panellists and participants)

Participant

Now, my concern is primary care in India. I come from England. I devoted forty years of my life in England for primary care. When I come back to my village, it hurts me to see people still die due to lack of medical care. You said in your speech that 80 per cent of your budget is going to primary and secondary care. But I haven't seen anything in reality. What is the assurance you can give me, Sir, if I go back to my village and fall ill that I will not die.

Mr S K Naik, thank you, Sir, for your question. I think it is really very vital. India, as you know, has a federal system and the subject matter of health is a state subject. In fact, if you go through our National Health Policy 2002 whatever imbalance that was perceived, here we have tried to rectify by trying to apportion a higher percentage of health sector budget into the primary and the secondary sector and leaving very small percentage only for the tertiary sector.

So, the political will of the Government has been reflected in the policy to give a higher emphasis to the primary and the secondary sectors, even though they primarily are the responsibility of the State Governments. In fact, here is an opportunity, Sir, for all of you, the people from the Indian diaspora to really come forward and we can join hands together both the Government of India, the State Governments in the Union of India and the Indian diaspora. You rightly feel that the kind of care and healthcare that is supposed to be available at the primary sector is really not available.

We in the Federal Government also feel equally concerned. But as the Minister in his speech has aptly brought out the main crux of the problem actually is the resource. After all, the size of the cake cannot be expanded to any limit. The states have got to be given under the devolution 23:56 of the financial resources. They receive a certain amount of money and they find it grossly inadequate and they keep on asking the Union Government for help in the form of more and more money. Now, that is precisely

the reason where the primary health sector continues to remain neglected and that is where we will request for your support and cooperation in the matter.

Thank you.

Participant

The introduction of a medical doctor to intellectual property ordinarily is limited to the context of patterns for pharmaceuticals. That no doubt is a very important area when it comes to recouping your investment in R&D for developing new drugs. I am not going into the rationale of why there should be patents or not. Suffice it to say that if India has to benefit from its technical manpower for developing new drugs or for testing of new drugs in the Indian market. If India, in addition to becoming a destination for healthcare, has to become a destination for either development or discovery of new molecules or for their subsequent field trials, then it must have an intellectual property system in place which meets international requirements and that is not really fully implemented in India as of today.

Many of our companies are now in a position to take on the best of companies internationally as partners in R&D like Ranbaxy, Dr Reddy's Lab and many others. I am not going to name them all. They are already international players with significant presence. For example, some African countries, the UK and now Brazil, the intellectual property system plays a very important role in the expansion of the Indian pharmaceutical industry. But if I may divulge to a totally different area, for a medical doctor who is, for example, doing some procedures, a cardiologist I wonder how many of you know as cardiologists, I am sure there are some in this audience. A particular cardiologist in Germany made an innovation to the catheter that you use for cardiac catheterization and eliminated one of the two limbs of the original catheter that used to be used once upon a time. This small innovation was patented and subsequently bought over by one company and then a second and a third. Since this innovation was patented, this doctor has made much more money than anyone of you has made or will ever make as a practising cardiologist in any country of the world. Not only has he made more money he has also used much of that money that he has made like Bill Gates to donate for causes of the kind that you are already donating in many countries and India is also looking forward to such donations.

Talking now of a third theme, the second theme's focus was there are innovations which you make not only in surgical instruments that you use but in other equipment which is ancillary to your purposes in which you give suggestions for improvements which can be patentable, which should be patented and you should be sharing in those benefits and then how you further share those benefits with your motherland, that is a different issue. The third issue that I was mentioning was about India as a healthcare destination. It is not only you need whatever support is available from the government, from the NRIs, etc.. If you do develop finally institutions such as Apollo or Escorts or other such private-sector corporate hospitals, you are clearly trying to develop a brand identity.

Branding is a crucial issue and is an intellectual property, registering your brand, marketing your brand are critical issues, in addition to having an underlying system which delivers quality care. That is something as medical professionals or as health administrators we have to realize. Given the small budgets, branding can play a big role. The minister unfortunately has left, but there was another report in the press, which I saw a few days ago that the efforts for immunization in Uttar Pradesh were not picking up and then Amitabh Bachchan made a certain announcement. As a result of that announcement, the total number of children being brought for polio drops went up significantly.

The message that I am trying to give to the Hon'ble Minister in his absence is that Shatrughan Sinha, as he said I am your own Shatrughan Sinha. He is talking of a certain brand of personality and individual. As Health Minister, if he makes a certain statement on a particular issue, it may not carry the same weight. For him being a well-known personality, he can deliver much more than a normal individual. That is precisely the reason why he has been given a ministerial berth. We should be happy that he happens to be in the Health Ministry where he can deliver through his own name, through his own brand equity a lot which you cannot otherwise do. You will have to spend huge marketing budgets to achieve those results.
So, all in all, the basic message is whatever profession you are in, at least read up the basics of intellectual property to understand how as individuals, as housewives, as professionals, as people who have the capacity to know who are knowledgeable, you will be able to manage your knowledge, leverage it better, both for your own self and for society.

Thank you.

Panellist

I have been in practice in the US, close my office for one month when I come. .....(inaudible)

Panellist

I can see your problem. The policy with regard to the exports and imports is a subject matter, which is dealt with by another Ministry. But all the same under the policy at the moment it is only the recognized teaching medical institutions in the country and that too in the government sector. They are exempt from any kind of duty that is levied on any imported equipment. But for a purely charitable institution, yours may be a very, very genuine kind of a thing because these duties are imposed based on the experience of the past and by another department, i.e., Revenue Department. But I will see as to what we can really do for a genuine cause, especially in the case of natural calamity and when it is being brought for a charitable purposes.

Thank you.

Participant

Is there any scope of increasing the normal four-year or four-and-half year Medical School Programme by a year or so and incorporating the alternative systems in India itself? It's one thing to promote it outside, but we are not doing it within the country.

Panellist

We in India have a 5½-year course of Bachelor of Ayurvedic Medicine. There is no cause for intervention at the moment. No. We should and the policy is. And we are thinking that for all MBBS doctors, there should be at least a one-year course. But we have to convince our Indian Medical Council to agree to this.

Mr Srivastava

I had mentioned in my speech that we are trying to create a model. We do teach Ayurveda, Homoeopathy, Yoga to our medical students. We conduct yoga classes everyday and we have all the physicians working on the campus. So, our doctors know

in modern medicine this disease is not treatable. They send them to Ayurveda. We told them this disease is not treatable we send them to other places. We have a department which has a combined therapy. We combine all the treatments. So, we are creating that model in our medical colleges.

Panellist

I think that is a very, very good example of integration and to some extent it is taking place also in Delhi in the Safdarjung Hospital, Ram Manohar Lohia Hospital. So, in these hospitals also we are having Yoga and Homoeopathy and Ayurveda treatment and Unani treatment. So, there is integration taking place. It is a cafeteria approach. Whichever service a patient wants, that service he can obtain and whichever service the doctor sees this is the best therapy he can recommend him to that therapy. It is a very good thing, but it started only in a very small way. We have a long way to go.

Participant

In the field of Yoga, you will see that the United States has taken over (inaudible). They have themselves produced their own yoga teachers and if we do not take a lead in this sphere you will see that most of the research will now come from the United States and elsewhere. That's why it is very important that instead of saying ICMR and this, that and the other, it is very important that it is done here.

Panellist

Yeah. Your point is very well taken.

Dr Yudhveer

I am Dr Yudhveer from the University of Delhi, Shri Venkateswara College. When we are on the threshold of earning the Ayurveda dollar, there is no dearth of the human resource available in the universities. The universities do only the targeted and the need-based research. There is a divorce between the university and the industry. Can the government agencies do something for its merits?

Panellist

Government has priorities. They have identified the diseases on which we will be doing research. We have programmes for intramural research and extramural research where we are conducting research, say, diabetes is one of the prime areas of research. But there are some categories of diseases which we are researching in collaboration with scientific institutions like AIIMS, ICMR, Banaras Hindu University, and many such institutions.

Participant

It is not a question but what I wanted to know that you all have worked hard for the last three hours. From where we go from here. That is number one. And is there any action plan out of this meeting or conferences, or whatever you are mentioning. At least, the speakers and panellists have some kind of information from the dais that what action will be taken today.

Mr D B Gupta

It is a very nice point raised that at the end of deliberations where do we go. Now the Indian diaspora and the people in India basically have the same origin. You people went from here, you made a great position for yourself and I am sure you have in your hearts something to do for India. Now, in the case of healthcare, as I could best understand from various speakers, there are two areas.

Firstly, corporate hospitals to be developed of which there is a large need and India can become a health destination for at least a certain part of the world.

Secondly, our large number of people stay in villages. Dr Trehan has gone, but he has very nicely brought out that they are not being provided even minimum things. Government is trying to do its best. But still the Government is not able to provide the funds necessary for this purpose. So, if you take your own village, for example, adopt the village, make people self sufficient in healthcare, I think you would have done a very great cause for India. I thought these could be two objects which can be reflected upon and I am sure the Government of India will happily come forward to support their implementation.

Participant

I will introduce myself. I am a general surgeon. I am placed at Banda. After I did my MS in surgery from Gwalior, I had all the opportunities to go to the US and other countries and settle. But I went to my native place. Having practised there for twenty years, I feel that our MBBS degree has failed to serve the 80 per cent of the rural population. And now the MBBS students are at the crossroads. They cannot go outside. There is saturation. They cannot go for a government job now. They cannot serve in the metro cities and they cannot go to the rural areas.

My question is, according to the rural needs, needs of the rural people in India why can't we make 100 bedded district hospitals for Ayurvedic graduates to integrate and train them according to our Indian needs at the district and sub-district levels and those who want to do a specialization they can go and do it.

Panellist

You see we are doing 22 precisely in the tenth plan. We are going to start ISM wing in the district hospital and what you are saying is going to happen.

Mr Bala

I have one more thing as a recommendation. 60 per cent of the accidents occur in the metropolitan areas. We are losing so many lives. A simple emergency medical service system, which can be established with not-too-many dollars, can save lives. So, I would humbly request you to make that as part of your recommendations.

Thank you.

Mr D B Gupta

Now, this is the last question. Go ahead. Thank you. Thank you, Mr Bala.

Dr Abraham

I am Dr Abraham from Qatar, a small portion in the Arabian Gulf. I have been working in the preventive medicine for the last twenty years. But the importance, which I have seen, they have divided the preventive medicine into four important sections, that is, actual medical education, detection and surveillance of the disease, vaccination and the food handling unit.

All the workers who work in the various food handling section including water, they have been checked every year. And they are the people spreading disease. So, what have we for this food handlers. What are you doing for the preventive aspect of the food handling? They are the people who are spreading major communicable diseases. What are you doing for that?

Mr Naik

This is a very important question from the public health point of view. We have a Street Food Programme which has already been accepted as a Calcutta model where it is a combination. Normally, it is the function of the local self-governments, municipalities to do that. But now the police people, the microbiologists, the unions of the street food vendors, come together like in a city of Calcutta. You have something like more than 1,00,000 food street vendors. So, that is the type of activity which is required and it has already spread to five to six towns in this country and it will be taken up more and more because with greater advancements you have to have these people who sell food on the street. There is a group of people, the police, the microbiologists, public health experts, and food street vendors themselves. They work together.

Mr D B Gupta

Thank you very much. May I request Maltiji now to give a vote of thanks, please.

Ms Malti

Well, it is my pleasant duty to thank all of you especially the people on the dais. They have spent so many hours and all the members of the diaspora who are here. But I think the diaspora is not represented that much as the local population is at the moment. There are very, very few people from the diaspora present at the moment. But anyway, thanks. I must thank all of you for taking such a keen interest in the proceedings of today's meeting. But I am particularly thankful to those who have stayed behind and taken an interest in the proceedings.

Thank you.