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MEP. 54.3
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IC

Formation of Teachers in Christian Medical Colleges

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Introduction

Christian Medical Colleges have the reputation of providing - 1) Quality Medical Education, 2) Professional Excellence, 3) Inculcating Christian Commitment, 4) Dedication and Priority for Service in the needy areas, primary to tertiary care levels to their students.

This has been largely made possible through the faculty which have themselves been initiated to such an atmosphere by pioneer national and expatriate missionaries and who have shown these qualities in themselves and have been been 'role models' for others to follow. These teachers emphasize healing in wholeness (physical, mental, spiritual, and social realm).

While dealing with subject of teachers in Christian Medical Colleges we would see then in two categories -

1. Christian Teachers
2. Non Christian Teachers

While both groups have been able to impart quality education to their students, the former have had added responsibility to the 'Vocation they have been called' namely being a christian and disciple of Lord Jeses Christ.

Who is a Christian Medical Teacher ?

Christian Medical Teacher is one who has personal knowledge of Jesus Christ as Sevior and Lord and has himself received forgiveness of sins through Him and who who lives in daily communion with Him in the power of the Holy spirit. And for him christianity is a living reality a dynamic certainity. He has a continuing and growing experience of Lord which is constantly updated thus the christ of history is daily experience for him. He is an active member of local church having recognised the corporate character of the church and the need to worship together with fellow saints. He and his family are duly baptised so that he indentifies himself as a member of the visible church of christ. He takes church membership seriously both in its involvement of responsibilities and previledges. He is ready to impart this stand, that he has taken before men, to his students. He is a keen witness for His Lord being obdient to the great commission both inside and outside the

church, his witness coming forth in his medical work as well as his teaching. He has strong belief in Biblical doctrines and has regular involvement in the study of word of God. He expresses his belief in his behaviour and follows a dinstinctive way of life. His christian experience, of fellowship faith and life are parts of his christian character and this great responsibility is imparted to his students in a Solemn way.

Christian Medical Teachers' professional competence and excellence cannot be compromised, they need to be adequately qualified in their respective field and should have opportunity to update their knowledge through periodic visits to other centres of excellence, active participation and attendance at conferences and workshops. They have comprehensive knowledge of their field from primary care to tertiary and research levels.

The joint forum of Christian Medical Colleges should put on periodic workshops to enhance the communication skills and Pedagogical methods for these young teachers who are initiated in the Christian Medical Colleges. While teachers in other field receive special training in teaching medical teachers are transported straight to their teaching responsibilities without adequate preparation of teaching skills. There should be an adequate opportunity for this. Residency programme already emphasize this aspect of teaching.

Christian Medical Colleges should provide adequate room to take on the onus of training the faculty which includes earmarking adequate postgraduate seats for developing faculties for other developing Christian Medical Colleges.

Teachers should themselves receive the opportunity for spiritual nourishment through regular retreats, opportunity for Bible study and Church Attedance. They should find time to attend C.M.A.I. and C.H.A.I. activities which will give them opportunity for social interaction with other christian professionals. Interaction with IMA and other professional organisations are important. Short term exchange of staff on deputation among the CMC's to fill in the areas of need, need to be consider. This will enhance quality of teaching and feeling oneness which will be important.

How do we indentify potential teachers in Christian Medical Colleges? While CMC's can provide certain percentage of these, a good number can come from Government Medical Colleges as well. Spiritual nurture of students in Government Colleges is important to seek them out as potential doctors in Mission Hospitals as well as teachers in CMC's. Student Chaplaincy of CMAI, and AMFI should be encouraged in this area. There should be interaction with International Christian Medical Bodies such as ICMDA (International Christian Medical and Dental Association) and network of Christian Medical Colleges in Asia.

Burning questions of the day are - 1) How christian are our teachers? 2) To maintain the christian character of the institution true to its memoranda - Do we take care to have adequate number of christian teachers in the faculty? 3) Do we see that they receive adequate responsibilities to grow in administrative powers? 4) Do our christian teachers take enough interest in University Bodies which influence the curricula, syllabus, patterns of examinations, conduct of examinations

and ultimately results of examinations? 5) Do we take care to keep up our social and political connections which would help the institutions in times of need? 6) Do we give adequate weightage to sponsorship for their selection, nurturing and adequate support for their needs and future.

We need more Christian Medical Teachers who will provide quality medical education, high degree of professional excellence, inculcate christian commitment and dedication, service and be a role model of their students.

Paper presented at the Christians in Medical Education - A joint meeting of CMC, Vellore, CMC Ludhiana, St. John's Medical College, Bangalore, Miraj Medical Centre, Miraj and Christian Medical Association of India at the Ecumenical Christian Centre, Whitefield, Bangalore on 2nd March, 1991.

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MP-15.

HISTORY OF INDIAN MEDICAL SCIENCES
(With special reference to CHARAKA)

It is now an accepted fact that India stands out among the world's oldest civilizations, and exacavations at Harappa, Mohenjodaro, and Lothal reveal a civilization that surpassed all others, especially in the field of medicine.

In the Vedas which are considered among the world's oldest books there are 2345 mantras on medicine. The Rig Veda tells us of divine healers, the Aswins, and their remarkable cures. The Atharva Veda details many diseases and curative herbs. One of the limbs (upang) of Vedic literature, the Grihya Sutra not only describes tuberculosis (rajyakshma) but also distinguishes between the lung, bone, gland and abdominal TB, all of which testify that the Vedic seers had a profound knowledge of medicine. The Vedic seers created four sub-vedas (upa-vedas) and one of them is ayurveda, the science of life. In the medical treatises of many ancient civilizations you find symptoms and treatment of diseases unconnected with philosophy in contrast with ayurveda. The latter not only deals with treatment of diseases but talks about hygiene, prevention, normal health, longevity, mental health, legal medicine, toxicology, pharmacopoeia, chemistry, paediatrics, rejuvenation, aphrodisiacs, environmental and seasonal medicine, along with the science of medicine and surgery. Ayurveda is today often called a "system of medicine", but in reality, like the Vedas, it is a compilation of the entirety of medical knowledge known at that time.

Like all other medicinal systems of ancient civilizations, ayurveda too describes the divine origins of the science of life.

Atreya Punarvasu taught kaya chikitsa and has been described as the originator of medicine; he gave the science of life a metaphysical basis and is believed to have been the first to correlate drugs and diseases. He was a great therapeutist, and an equally great teacher who taught with clarity and reason. Atreya's compendium has three divisions. The third chapter classifies diseases in terms of curable, incurable, curable by charms, and those that are scarcely curable. The next chapter deals with the influence of soil and seasons, age and temper, and the influence of winds.

The chapters that follow deal with classification of tastes and their influence on the body, qualities of different kinds of water, the medicinal properties of milk, sugar-cane, sour gruel, infusions of rice, barley and other cereals, oils, the medicinal properties of rice and other food grains, kinds of herbs, sweet fruits, liquor, animals and their meat.

The second division deals with moral causes of disease, dreams, lucky and unlucky symptoms, and foreboding.

The third division is called "Chikitsa" or medical treatment. It stresses accurate observation. The chapter deals with fevers, diarrhoea, dysentery, indigestion, sharp pains, consumption, haemorrhage, and finally with the antidotes for these.

Agnivesh was the chief pupil of Atreya who maintained detailed records of all treatments., Agnivesh's chief disciple was Charaka . His is a central name in the history of Indian medicine and also as the greatest early contributor to world medicine (through Western scholars have so far totally ignored him).

Who was Charaka? When did he live? What did he do?

There are different views. French scientist Sylvain Levi discovered in a Chinese translation of the Buddhist Tripitaka that Charaka was a court physician of the Indo-Scythian king Kanishka (AD 83-116)

Charaka has been identified as Patanjali, the master of yoga, but the teacher of Patanjali, the great grammarian Panini, mentions Agnivesh and Charaka. Panini's period is sixth century BC. Again, Patanjali came from Gonard in Kashmir but Charaka does not mention Gonard. There is a vital difference between the two in the style of writing and description of subjects. The anatomical descriptions do not tally with yogic anatomy. Pathanjali mentions an Utkandak disease but Charaka does not. Therefore Patanjali and Charaka are not the same individual.

Evidence points out that Charaka was anterior to Sushruta and Vaghbhatta I. Dr.P.C.Ray says it was customary to call eminent physicians charaka, and Vagbhatt I was called the Charaka of Sindh. It may be noted that in the Vedas there is a branch called charaka and charaka is a group (gharana). 'Charaka' means a person who moves around, and we still have rural doctors who move from village to village.

Let us examine some internal evidences:

(i) The Charaka Samhita does not begin with an invocation to any diety as is the case with the Pauranic literary tradition.
(ii) It is devoid of Pauranic theology.
(iii) It does not forbid beef eating but says this can cause leprosy (vata-rakta)
(iv) The style is antiquated and the philosophy follows Nyaya and Vaisheshika

Bhavmishra says he was a nomad sage. He saw the suffering people and wrote Charaka Samhita.

We know a Siddha School existed some three to five thousand years before Christ. There are about 500 works of this in Tamil. The Siddha scholars went to China, Arabia, Turkey, Persia. Egypt, and Babylon. They were versed in the science of chemistry and had valuable insight into therapeutics.

The Charaka Samhita: Dridhbal wrote the present edition of the Charaka Samhita. We have today 3 commentaries on the Charaka Samhita (from jezzat to jyotish Chandra) and seven Hindi commentaries. In addition there are Bengali, Gujarati, Marathi, Urdu, Tamil and Telugu translations. I may mention here that samhita means a collection of facts and figures, a tantra an organized and edited version. A revised edition is called Pratisanskar (edited version)

Charaka, following the Sankhya school of philosophy, enunciates the theory of three bodies: Sthul sharir (physical body) linga sharir (micro body) and jivatna (soul), or karan sharir. The soul resides in the physical body and can move from one body to another, which explains the qualities (guna) earned in the womb, or heredity. Charaka says undesirable emotions such as lust, anger, pride, and greed are diseases. He stresses hygiene and says that with a suitable diet and good habits one can lead a healthy life. He asks physicians to lead a life of selfless devotion, desireless karma (nishkam karma), and to strive for salvation.

We may briefly look at the contrents of the Charaka Samhita. It deals with foetal generation and development anatomy, physiology of humours: vat, pitta, and kapha, etiology, the classification, pathology, prognosis, and treatment of diseases follow this. The basis of etiology is the Tridush

theory, which he discusses in great detail. Diseases of the eye, obstetrics and gynaecology, paediatrics all have separate chapters devoted to them.

Charaka's material medica is voluminous and is concerned with vegetable (principally), animal, and mineral products. Drugs are classified in accordance with their action on the body. He goes on to describe doctors, their speciality, the remuneration, nursing care, centers of medical teaching, medical botany, the various types of animals (and their meat), people and their costumes, traditions, and daily life.

Charaka was a teacher at Taxila where the course of teaching lasted seven years. The students were admitted after a preliminary exam, received their degrees in a convocation where ethical advice was given, and subsequently received a license from the government to practise.

It may be of interest to the modern physicians that Charaka describes seminars and symposia held in those times. He describes three such seminars held in the valley of the Himalaya attended by a large number of physicians from India and abroad.The first was held under the presidentship of Punarvasu Atreya on rasa and aahar in Chaitrarath Vana of Kuber (Chap.25), and the third on the qualities of vayu.We have a list of seminars held under the chairmanship of kashyap. The subjects discussed were, (a) types of diseases; (b) vasti (eneme); (c) virechan (purging).

Charaka himself is not orthodox and tells his students to change with the times and adopt newer methods. The medical literature of India reflects liberal and revolutionary views, e.g.Kumarshiva Bhardwaj says "Diseases are not caused by sins committed in a previous birth", and Shaunak rhetorically asks "How can a baby be born without parents and why does a cow give birth to a calf and a mare to her own kind? There is hereditary transmission in progress from parents".

To conclude we might refer to the prejudices of western scholars. Some scholars have suggested that Charaka was Hippocrates. An in-depth study will reveal the truth and how the three humours of Charaka became the four humours in Greek and Arabic medicine. This study only shows that India produced great physicians and in order to preserve and be aware of our heritage we must study them.

An extract of the article by Dr.Banushankar Mehta in House Calls, Vol.4, issue 3, July–August 2002

MP-15.

Main Identity

From: "Sama" <samasaro@vsnl.com>
To: "Thelma Narayan" <sochara@vsnl.com>; "PHM Secretariat PHM Secretariat" <phmsec@touchtelindia.net>
Sent: Wednesday, September 17, 2003 8:22 AM
Attach: Enclosure (PictureViewer document).gif; Enclosure (PictureViewer document).gif; Enclosure (PictureViewer document).gif; Enclosure (PictureViewer document).jfif; Enclosure (PictureViewer document).gif; Enclosure (PictureViewer document).jfif; Enclosure (PictureViewer document).gif; Enclosure (PictureViewer document).gif; Enclosure (PictureViewer document).jfif; Humanscape Magazine - September 2003 - Health sector reforms_ a quest for integrity - The Medico Friend Circle has urged the Medical Council of India to expel Praveen Togadia from the profession.eml
Subject: FW: MCI complaint and editorial

do you need the print out? (no)

Dear Ravi and Thelma,
Please go through the following mail about the current status of MCI complaint. Thanks a lot for all your support and solidarity.
Regards
Sarojini

SAMA
J-59, Saket, 2nd Floor, New Delhi 110017
Ph: +91 11 26968972, 26562401

Visit MFC at http://www.mfcindia.org

Dear Friend,

Please see that attached file - from the Humanscape - on the complaint filed by over 50 doctors under the Medico Friend Circle against Dr. Praveen Togadia in the Medical Council of India to get his license to practice medicine revoked for his indulgence and involvement in hate propaganda and violence. You can also access it at the www.humanscapeindia.net A text version of the complaint is given below.

We would be grateful if you could give good publicity to this - in medical as well as non-medical media, and request medical groups interested in the subject to contact us. If any of them is interested in signing the complaint to the Medical Concil of India, they can use the text given in this article and send a copy to the Medico Friend Circle. Please contact us at: (a) Manisha Gupte - Managing Trustee, Medico Friend Circle - masum@vsnl.com (b) N. Sarojini, Convenor, Medico Friend Circle - samasaro@nda.vsnl.net.in (c) Amar Jesani - jesani@vsnl.com and (d) Sanjay Nagral: nagral@vsnl.com

Given the history of Medical Council in India, it is unlikely that any serious investigation in the doctors participation in violence and hate campaign will be carried out unless strong public pressure is applied. Given below is also a copy of petition for collecting signatures and sending them to the Medical Council. This petition is for demanding serious and impartial investigation into the charges leveled in the complaint against Dr. Togadia.

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Dr CHF / RN / PK / Mathew / CHC Team

RN 22/9 JH 18/9 22/9 22/9 25/9 22/9

(The anti-Muslim Gujarat violence of 2002 also violated the integrity of the medical profession and health services. A national level investigation team of doctors and health activists appointed by the Medico Friend Circle discovered to its dismay that the virus of communalism had not only ideologically penetrated the medical profession, but had also practically ensured that no good medical and forensic evidence of violence was collected to get justice for victims. Many of you might not know that several of the key players of the Gujarat violence are medical doctors, and one of them is the best known face of theirs, Dr. Praveen Togadia. Many doctors feel that he has tarnished the image and ethics of medical profession by being a part of the hate campaign and violent attacks on minorities. To make him accountable, and more importantly, to ensure that he is thrown out of the medical profession so that he stops maligning good name of medicine, the Medico Friend Circle and 50 doctors from different parts of the country, on June 26, 2003, filed a complaint before the Medical Council of India (MCI), New Delhi, against Dr. Togadia. Given below is the copy of the complaint. The annexures to the complaints are not reproduced here but their references are given in the text. Typically, even two months after receiving it the MCI has not started even preliminary proceedings to investigate the complaint. We request all who agree with its content to write to the MCI demanding immediate investigation and action in this complaints and also investigation of all doctors involved in hate campaigns.)

(A) (COPY OF THE COMPLAINT FILED IN THE MEDICAL COUNCIL OF INDIA ON JUNE 26,
2003)

To,
The President,
Medical Council of India,
Firoz Shah Kotla Road,
New Delhi 110002.

The present complaint is being lodged with a view to take action against Dr. Pravin Togadia who is registered with the Council. It is our submission that he has committed misconduct as defined under the Section 1.1.1& 1.1.2 and 5.1& 6.6 of the Indian Medical Council (Professional Conduct, Etiquette and Ethics) and has also breached general Medical Ethics and deserves to be acted against and punished.

After the Godhra carnage on 27th February, 2002, the Vishva Hindu Parishad (VHP) gave a call for Gujarat Bandh on 28th February, 2002 which resulted in the death of about 2000 Muslims, rapes and gang rapes of Muslims women, destruction of thousands of houses and shops belonging to Muslims and destruction of about 250 cultural and religious monuments. The mobs, which committed these atrocities, were on many occasions led by VHP leaders. Dr. Togadia has been one of the chief spokesperson of VHP. At no time has the VHP or Dr. Togadia condemned this violence. On the other hand they have missed no opportunity to justify it. We also submit that Dr. Togadia is the International President of Vishwa Hindu Parishad (VHP) and is thus liable not only for his personal actions but also for the actions of the Vishva Hindu Parishad.

We would like to draw your attention towards Dr Togadia's comments and actions and hence enlist these instances along with the regulations that it violates:

1.1 Character of Physician:1.1.1. A physician shall uphold the dignity and honour of his profession.1.1.2 The prime object of the medical profession is to render service to humanity- .He shall keep himself pure in character and be diligent in caring for the sick; he should be modest, sober, patient, prompt in discharging his duty without anxiety; conducting himself with propriety in his profession and in all the actions of his life."Source: The Indian Medical (Professional Conduct, Etiquette and Ethics) Regulation, 2002; Chapter-1 (Code of Medical Ethics); Section B. (Duties and Responsibilities of the Physician in General). Published in Part III, Section 4 of the Gazette of India dated 06.4.2002.

1. However, contrary to this on 28th February 2002 at 9 a.m. at Naroda behind State Transport Workshop in Ahmedabad Dr. Togadia instigated a mob, which had gathered at the main chowk in front of Nataraj hotel wearing saffron scarves and khaki shorts. This was reported as the cover story named Saffron Terror by Praveen Swami dated 31st December, 2002. (Source: http:// www. Flonet/fl1906/19060080.htm)

1.A The Declaration required to be signed by any medical practitioner at the time of Registration states that:"(2) Even under threat I will not use my medical knowledge contrary to the laws of humanity.(4) I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient."Source: The Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002,Chapter 1(Code of Medical Ethics) Appendix-I. Published in Part III, Section 4 of the Gazette of India dated 06.4.2002.

2. Justice A. P. Ravani (a retired High Court Judge from Gujarat) testified before Citizens Tribunal about doctors being threatened against treating Muslim patients by VHP. He knew of one doctor in Shahibag area who attended to 17-20 deliveries of Muslim women staying in relief camps. The doctor was personally threatened by Dr. Togadia himself, "stop this, otherwise consequences will not be good ". Other doctors also received similar threats. This is in stark opposition to the above-mentioned declaration. (Source: Crime Against Humanity - Concerned Citizens Tribunal, Gujarat 2002. Volume-II, page: 118, 1.3)

3. Dr. Togadia runs a hospital called Dhanvantri Hospital in Ahmedabad. Doctors testified before the Citizen Tribunal that on February 28, Dr.Togadia had put an advertisement, which was telecast on Citicable in Ahmedabad asking all doctors and nurses to report to his hospital. Obviously this was done to keep Hindu doctors away from Muslim run hospitals or to treat Muslim patients through threats and warning. This also goes against the oath taken and declaration made. (Source: Crime Against Humanity - Concerned Citizens Tribunal, Gujarat 2002. Volume-II, page: 118, 1.2)

Regulation 6.6: Human Rights "The physician shall not aid or abet torture nor shall be a party to either infliction of any mental or physical trauma

or concealment of torture inflicted by some other person or agency in clear violation of human rights." Source: The Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, Chapter -6 "Unethical Acts". Published in Part III, Section 4 of the Gazette of India dated 06.4.2002.

4. In a press conference held on 14th December, 2002 at Jaipur Dr. Togadia stated "We will make a laboratory of the whole country. This is our promise and our resolve. If madrasas, the jehadi laboratory, are allowed to educate to kill non-Muslims. Why can't we have our own laboratory? I cannot waste even two days in building the laboratory. Rajasthan has already become the laboratory of Hindutva.The people of Gujarat have paid their tribute to the Ram Bhaktas of Godhra. Gujarat has become the graveyard of secular ideology and we will extend it to Delhi via Jaipur." The above was reported in the Hindustan Times issue of 16.12.02.

5. In addition to this, in a recorded video Dr. Togadia said (00:42:28) "It will be asked, who was shouting the slogans? Did the father-priest of America say it? Against Mohammed, they were only shouting words, slogans. Were they abusing Muslims? Were they doing good publicity for Muslims? Then they will say, no, they were not saying this, then which slogans were they shouting, they were shouting slogans of - Jai Shri Ram. Are if the slogan of Jai Shri Ram cannot be shouted in Godhara, then will we go to Mecca-Madina to shout them? And who are you to stop my slogan of Jai Shri Ram, we will thrash those who stop the slogan of Jai Shri Ram and send them to Pakistan."

5.1 Physicians as citizens: "They should play their part in enforcing the laws of the community and in sustaining the institutions that advance the interests of humanity ." Source: The Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002, Chapter -5 "Duties of physicians to the Public and to the Paramedical Profession. Published in Part III, Section 4 of the Gazette of India dated 06.4.2002.

6. On 17th December 2002 speaking at a meeting at Delhi Dr. Togadia said the following: "The Muslims here will enjoy the same place or status as Hindus enjoy in Pakistan, may be even slightly better status." (The Hindu, 18th December 2002)

7. In an interview given to Firoz Bakht Ahmed, Dr. Togadia made the following observations: "Globallyit is Muslims who are fighting everywhere, whether it is against the Christians in Chechnya and Bosnia, against the Jews in Israel or against the Roman Catholics in Philippines. Islam has an exclusive totalitarian system believing in jehad, terming the non-Muslims as Kafirs. This intolerance is basically responsible for the Hindu Muslim problem" (Source:
http:/www.milligazette.com/Archives/15102002/1510200233.htm)

8. In the recorded video mentioned earlier Dr. Togadia very suggestively said that (00:40:27): "The next day, 28th, the American leaders.all of them said - the Godhara murderers should be hung, they should be removed, what all they said. Gujarati newspapers also wrote, so did the newspapers in Delhi. One said that these people were coming from Ayodhya. They were coming from Ayodhya, that's why the poor Muslims felt inflamed. And if, after feeling inflamed, they attack, it is not surprising at all. Meaning it is

not those Muslims but we who are responsible for the attack on us. Are bhai, if they can feel inflamed by the Ayodhya trip, if you grant them the right to burn us alive, then, when returning from Mecca-Madina, what will happen?"

9. In the same document he further in an attempt to provoke the mass said (00:41:39), "Another was saying, they were sermonizing, they were shouting slogans. Tell me, slogans that are shouted in the train, which can be heard by people on the streets and people did shout slogans, so are you saying that if someone shouts a slogan can the other feel inflamed and burn others alive? If this is the formula, that one is permitted to burn alive those who shout slogans, then we hear slogans at 5 in the morning, tell me, what should we do?"

All the aforesaid clearly shows that Dr. Togadia was a clear participant in instigating Hindus to attack innocent Muslims and preventing Muslims from getting adequate medical relief. He has acted in a manner aiding and inflicting torture on innocent people and has aided and abetted in violation of the laws of the country. Hence, we believe that Dr. Togadia is guilty of having committed misconduct under the Medical Council rules and has breached the code of medical ethics as well as the Declaration required to be signed by him at the time of enrolment. He is guilty of having also committed violation of Sections 153A and 153B of the Indian Penal Code.

Accordingly, we from the medical fraternity do not find Dr.Pravin Togadia fit to continue as a doctor. We therefore request you to take appropriate disciplinary action against Dr. Togadia and cancel his registration.

Please treat this as very urgent and let us know as to what action you plan to take against Dr. Togadia.

Thanking you,

Yours truly,

Sd. - Signed by:

(B) COPY OF DRAFT PETITION DEMANDING IMPARTIAL INQUIRY AND INVESTIGATION INTO THE COMPLAINT

To,
The President,
Medical Council of India,
Firoz Shah Kotla Road,
New Delhi 110002.

Dear Sir/Madame,

We have come to know that the Medico Friend Circle and over 50 medical

doctors have filed a complaint to the Medical Council of India stating that Dr. Pravin Togadia has harmed the dignity and honour of medical profession; and violated some other guidelines of the Code of Medical Ethics of the Medical Council. This complaint, as we have come to know about, is using the media and other reports to point at his participation in the campaign of hate against the Muslims, advocacy of violence, instigation of mobs to indulge in violence, threatening health professionals providing care to Muslim patients, asking them to discriminate on religious lines, and so on.

We do not know whether the allegations contained in this complaint before you are true, but we do believe that they very serious allegations of misconduct against a doctor because if found to be true, then people's trust in and the credibility of the Medical Profession and the Medical Council of India would be shaken. Only an immediate, impartial and efficient national level investigation by the Medical Council of India could prove or disprove the truthfulness of allegations.

Therefore, we strongly feel, and urge you to:
(a) To undertake immediate and thorough investigations in the press reports and the allegations contained in the said complaint;
(b) To ensure that such investigation is done by a national independent authority consisting eminent and ethical doctors and citizens;

We hope that needful will be done at the earliest.

Thanking you.

[Non-text portions of this message have been removed]

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MP-15

MEDICAL COUNCIL OF INDIA

MINIMUM STANDARD OF REQUIREMENTS FOR A MEDICAL COLLEGE ADMITTING 100 STUDENTS ANNUALLY AS RECOMMENDED BY THE MEDICAL COUNCIL OF INDIA

Part I - Accommodation in the College and its associated teaching hospitals.
Part II - Staff - Teaching and Technical.
Part III - Equipment in the College Departments and in the Hospitals.

2. SOCIAL & PREVENTIVE MEDICINE

1. Preventive Health Service, (2) Social Medicine, (3) Family Planning, 4. Rural Health Training.

PART I

ACCOMMODATION

(A) - College

GENERAL REMARKS

The College should be housed preferably in a unitary building and it should be located near the teaching hospital. The College ground shall be spacious enough for future expansion.

There should be 4 lecture theatres in the College, three with seating capacity for 150 to 200 students in each and one with seating capacity for 350 to 400 students. They should be sound proof with good acoustics and provided with arrangements for darkening. Necessary fixtures for epidiascope, cinema and microprojectors and diagrams should also be provided. There should be one or two auto-rooms attached to each lecture theatre for preparation and storage of demonstration materials.

In addition to the lecture theatres, there should be an auditorium where 800 to 1000 persons could be seated.

Ample space shall be provided in each department for research work and further expansion of its activities. The design of the building should be such that it would be possible to provide expansion to different Departments, without upsetting the original relationships.

3. DEPT. OF SOCIAL AND PREVENTIVE MEDICINE AND HYGIENE

A. Lecture Theatre -- See under "General Remarks" above.

B. Museum --Sufficient accommodation for cup-boards and show cases and tables etc. for storing and display of models illustrating the insanitary and sanitary dwellings, wells, tanks, vectors of disease carrying germs, family planning exhibits, etc.

C. A microscopic laboratory for 60 students. If any one of the microscopic laboratories attached to Anatomy, Physiology or Pathology can be made available, it will be sufficient.

D. Facilities for teaching Biostatistics and Sociology.

E. Accommodation for Professor's unit and his staff, Associate Prof., Reader, Asst. Professor and Demonstrators and Technicians and other staff such as epidemiologist, entomologist, statistician, Social Workers and case workers.

F. Rooms--Laboratory Stores, Tutorial Room, and Demonstration Room.

G. Rural Training Centre - with residential accommodation for medical and para-medical staff and trainees.

H. Urban Training Centre.

I. Garage for vans.

....2

PART II - STAFF

GEN-ERAL REMARKS

Department of Social and Preventive Medicine

Name of the Article	Quantity
Balance, analytical, 200 gm.	1
Balance, for weighing food stuff capacity 5 kg.. ..	3
Barometer, Fortin	1
Centrifuge, clinical	1
Comparator, Nessler	1
Extraction apparatus, fat, complete	1
Filter, Pasteur-Chamberland, complete set	1
Filter Berkefeld	1
Hydrometers, spirit	2
Hydrometers, milk	2
Hydrometers, water	2
Hydrometer, wet & dry bulb	1
Incubator, electric	1
Refrigerator, 9 cu. ft.	1
Steriliser, electric	1
Still for Distilled water	1
Computing machine, Facit or similar, electrically operated	1
Microscopes, dissecting	30 nos.
Microscopes, oil immersion (to be shared with other depts.)	1
Microscopes, binocular, research	1
Museum Jars	As necessary
Models, charts, diagrams, etc.	Do

The rural and urban centres used for training of under-graduates students and the Rural Centre for compulsory Rotating House-manship should be suitably equipped.

VIII. DEPARTMENT OF PREVENTIVE & SOCIAL MEDICINE

Training in Social & Prev. Medicine should be started from the commencement of Medical Curriculum.

(a) Professor (whole-time, non-practising) - 1

1. Associate Professor/Reader/Asstt. Professor - 2
2. Epidemiologists ⎫ may be provided as necessary
3. Statisticians ⎭
4. Demonstrators (whole-time, to be in-charge of the museum in addition to other duties) - 2
5. Social workers (whole-time) ⎫
6. Case Workers (whole-time) ⎬ According to requirements
7. Technical Assistant ⎭
8. Staff for the Epidemiological Unit :

1. Medical Officer of Health	...	1	
2. Health Inspector	...	1	
3. Public Health Nurse	...	1	
4. Social Workers	...	2	(One female and one male)
5. Case workers	...	2	- do -
6. Lab. Assistants	...	2	
7. Peon	...	1	
8. Van driver	...	1	

9. Staff for Rural Training Health Centres :

1. Medical Officer of Health (D.P.H. Qualified)	...	1
2. Lady Medical Officer (Preferably DCH, DMCW, DGO)	...	1
3. Medical Social Worker	...	1
4. Public Health Nurse	...	1
5. Health Inspectors	...	2
6. Lab. Technician	...	1

N.B.: Training in the Social & Prev. Medicine should be started from the commencement of Medical curriculum.

Please also refer Under-graduate curriculum.

af*

MEDICAL COUNCIL OF INDIA

Recommendations on the qualifications required for appointment of persons to posts of Teachers and visiting Physicians/Surgeons, etc. in Medical Colleges & attached Hospitals for Under-graduate teaching.

SOCIAL & PREVENTIVE MEDICINE

Post	Academic qualifications	Teaching/Research Experience
(a) Professor/ Associate Professor	M.D. in Social & Preventive Medicine/State Medicine, Speciality Board of Preventive Medicine (U.S.A.)** M.D.(Medicine) (with diploma in Social & Prev. Medicine/ D.P.H.) M.R.C.P./F.R.C.P.(with Public Health as special subject) or an equivalent qualification. N.B.: M.P.H.(Adequate in scope to D.P.H.), Dr.P H. (adequate in scope to M.D) (Social & Prev. Medicine) (Public Health Schools affiliated to John Hopkins, Harward and Calfornia universities (U.S.A.) when held by medical graduates are approved qualifications.	(a) As Reader/Asst. Prof. in Social&Prev. Medicine for 5 years in a medical college after requisite post graduate qualification OR As Reader/Asst. Prof. in Social & Prev. Medicine for 4 years in a medical college after requisite postgraduate qualification and has had not less than 2 years of field experience in Public Health. If the field experience has already been undergone it need not be repeated.
(b) Reader/ Asst. Professor	-do-	(b) As demonstrator in Social and Preventive medicine for at least 3 years in a medical college. OR As demonstrator in Social and Preventive Medicine for at least 2 years in a medical college and had 2 years field experience in Public Health.

** Holders of speciality Boards of U.S.A. qualifications should complete the entire requirements of the Board concerned.

Mp-15
MEP 54-4

FORMATION OF TEACHERS IN CHRISTIAN MEDICAL COLLEGES

- an outline to stimulate thought

Dr. Anil Abraham
St. John's Medical College
& Hospital, Bangalore.

Step 1

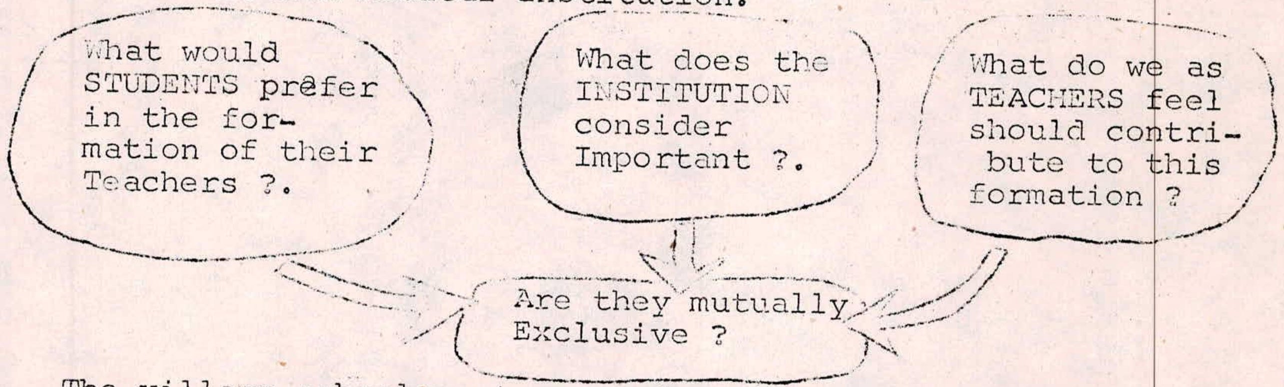
If you want to invest for a year, invest in a paddy or wheat crop;
If you want to invest for ten years, invest in fruit orchards;
But if you want to invest for a life-time invest in people!

Teachers prepare and plan to invest in people. All teachers... yet teachers in Christian Institutions are different. What is the difference ? Why is the formation of a teacher in a Christian Medical College special ?.

DISCUSSION

Step 2

There could be three different perspectives to a teacher in a Christian Medical Institution.



The village school master was described with the words "and still they stared and still their wonder grew, that one small head could carry all he knew!" - yet intellectual excellence is not the only factor in the formation of a teacher; teachers have to be a role model in addition to being a friend philosopher and guide.

DISCUSSION

Step 3

St. John's as an example ; and the formation of teachers in St. John's in keeping with the emblem and objectives of the Institution.

a) Emblem

The EMBLEM of this institution portrays a man lying with sickness being helped to rise, and given renewed life by Christ, who is signified by the Cross, on which he died, and which is a symbol of love.

The motto of the emblem, HE SHALL LIVE BECAUSE OF ME, links this institution with the 38th International Eucharistic Congress held in Bombay in December 1964, of which it is the Chief Memorial. The motto is a constant reminder to our Staff and Students that they are God's collaborators in their care of human lives.

b) OBJECTIVES

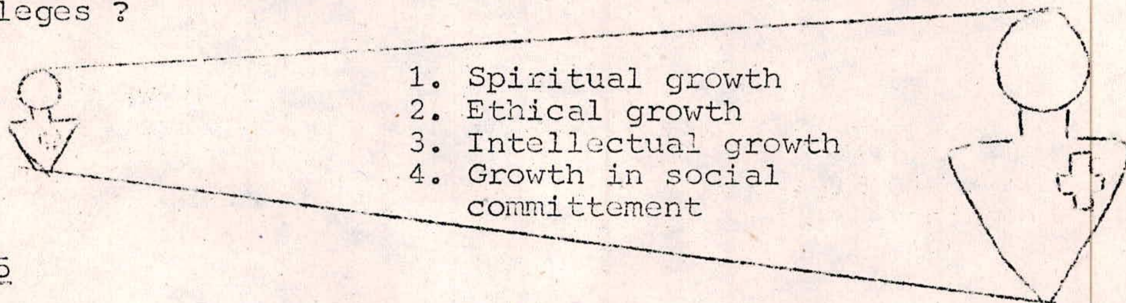
1. Excellence in all fields of health care education.
2. Adequate Christian formation of the students.
3. Upholding respect for life, from the moment of conception to its natural end.
4. A genuine feeling of compassion for the patients and their families as persons.
5. A special thrust to community health fostering the dimensions of participatory team work.
6. Serving the health needs of medically underserved areas of our country and our medically under-privileged brethren.
7. Acquiring the ability to research, and application of the advances in scientific knowledge to the relevant fields of work.
8. Striving towards promoting holistic health.
9. Acquiring an exemplary steadfasthess to principles and moral values so as to witness to life of honesty and integrity.

These objectives could be generalized to form the targets or criteria to assess the formation of a teacher in a Christiaa Medical College, since a teacher is judged by his students and the service his institution renders to society.

DISCUSSION

Step 4

What therefore could be the primary or essential factors in the growth and formation of teachers in Christian Medical Colleges ?



Step 5

Conclusion
"What do good teachers have in common ?
They see possibilities in their students which other people (including students themselves) have not seen. They HOPE for them, and the hope is contagious. Their approach is not from afar. They come close enough to recognise their pupils specificpains and barely acknowledged dreams..... They are inventive in their methods ..... They challenge, cheer cajole.... They never give up. And this describes God's way of teaching - reaching -- us.

HELEN BEGLIN.

Presented at CHRISTIANS IN MEDICAL EDUCATION AT WHITEFIELD ON SATURDAY THE 2nd of March 1991.

MP-15

TABLE 1: GROWTH OF MEDICAL COLLEGES AND ADMISSIONS SINCE INDEPENDENCE

YEAR	NO OF MEDICAL COLLEGES	ADMISSIONS	% Increase in Admissions 1947 as 100%	OUTPUT
1947	22	1,983		
1948	30	2,811	141%	
1949	30	2609		
1950	30	2675		
1951	31	2489		
1952	31	2691		
1953	31	2846	I	
1954	31	3087		
1955	31	3660	184%	
1956	52	3958		
1957	52	4083		
1958	52	4554		
1959	52	4904	II 247%	
1960	52	5874		
1961	79	6846	345%	
1962	79	7719		
1963	79	9697		
1964	79	~~10520~~	9897	
1965	79	~~10620~~	10520	
1966	87	10620	10	
~~1967~~ 1971	95	12029		10825
1975	105	11561		11911
1976	106	11281		11982
1977	106	11176		11962
1978	106	11117		13783
1979	106	10658		12190
1980	106	11021		13429
1981	106	11101		12170
1982	106	10749		12197
1983	106	11054		15992
1984	106	10877		10511
1985	106	10610		10469
1986	122	10090		11470
1987	125	11622		12280
1988	128	14166	714%	12100
1989	128	13262		12292
1990	128	11791	594%	NA **
~~1991~~ 1993	145	Approx ~~16200~~ 16527	816%	

* Sources: 1, 4, 8, 9

** Not Available

MEDICAL ~~COLLEGES~~ EDUCATION IN INDIA (1993)

A PROFILE

TABLE: 2 REGIONAL DISTRIBUTION AND STATUS AGAINST ENTITLEMENT – 1993

SNo	STATE/S	POPULATION (1991 CENSUS) in Millions	ENTITLEMENT *	ACTUAL COLLEGES (1993)	NO. OF SEATS	COMMENTS /OBSERVATIONS
1	ANDHRA	66.5	13	10	1120	ADEQUATE
2	ASSAM	22.4	4	3	365	ADEQUATE
3	BIHAR	86.4	17	9	580@	SHORTFALL
4	GUJERAT	41.3	8	6	885	ADEQUATE
5	HARYANA	16.5	3	2	150	ADEQUATE
6	HIMACHAL	5.2	1	1	65	ADEQUATE
7	JAMMU & KASHMIR	7.7	2	3	260	ADEQUATE
8	KARNATAKA	45	9	19	2966	MASSIVE EXPANSION CAPITATION/COMMERCIALIZATION TREND +
9	KERALA	29.1	6	5	700	ADEQUATE
10	MADHYA PRADESH	66.2	13	6	720	SHORTFALL
11	MAHARASHTRA AND GOA	80.1	16	30	2770	MASSIVE EXPANSION CAPITATION/COMMERCIALIZATION TREND +
12	ORISSA	31.7	6	3	321	SHORTFALL
13	PUNJAB	20.3	4	6	520	ADEQUATE
14	RAJASTHAN	44	9	6	610	ADEQUATE
15	TAMILNADU AND PONDICHERRY	56.7	11	15	1540	MODERATE EXPANSION COMMERCIALIZATION TREND INITIATED
16	UTTAR PRADESH	139.1	28	9	1037	SHORTFALL
17	WEST BENGAL	68.1	14	7	755	SHORTFALL
18	DELHI	9.4	2	4	440	EXCESS
19	NORTH EAST EXCLUDING ASSAM	9.1	2	1	85	ADEQUATE
20	OTHER STATES /UNION TERRITORIES	1.6	–	–		–
	TOTAL	846.3	168	145		

* NORM: 1 MEDICAL COLLEGE/5 MILLION PEOPLE

Sources:

@ 1 college data not available

Note: Ownership Public Sector 98 (67%) and Private Sector 47 (32.4%)

TABLE : 3 PATTERN OF GROWTH - NO OF MEDICAL COLLEGES BY ZONES/ and STATES - 1965 and 1995

S.No	Zone/States	NO. OF MEDICAL COLLEGES IAMR* - 1965	NO: OF MEDICAL COLLEGES DIRECTORY OF MEDICAL COLLEGES IN INDIA - 1995
	CENTRAL ZONE		
1.	Madhya Pradesh	7	6
2	Uttar Pradesh	6	9
	EASTERN ZONE		
3	Assam	3	3
4	Bihar	4	9
5	Manipur	–	1
6	Orissa	3	3
7	West Bengal	5	7
	SOUTHERN ZONE		
8	Andhra Pradesh	8	10
9	Karnataka	9	19
10	Kerala	4	5
11	Tamil Nadu & Pondicherry	9	15
	WESTERN ZONE		
12	Gujarat	5	6
13	Maharashtra & Goa	11	30
	NORTHERN ZONE		
14	Jammu & Kashmir	1	3
15	Haryana	–	2
16	Himachal Pradesh	–	1
17	Punjab	5	6
18	Rajasthan	5	6
19	Delhi	3	4
	Total	88	145

*Sources: 1, 6 & 9

(4)

TABLE 4 – Regional Pattern of Growth of Medical Colleges to Decades

	States/Union Territory	Pre-1950	1950-59	1960-69	1970-79	1980-89	1990-94
1.	Andhra Pradesh	3	4	1		2	
2.	Assam	1		2			
3.	Bihar	2		3	4		
4	Gujarat	2	1	2		1	
5	Goa			1			
6	Haryana			1			
7	Himachal Pradesh			1			
8	Jammu & Kashmir		1		1	1	
9	Karnataka	1	3	5	1	8	
10	Kerala		2	2		1	
11	Madhya Pradesh	2	2	2			
12	Maharashtra	4	1	4	2	10	8
13	Manipur				1		
14	Orissa	1	1	1			
15	Punjab	1	2	1	1		1
16	Rajasthan		1	3	1		1
17	Tamil Nadu	3	1	5		4	1
18	Uttar Pradesh	2		5	1		1
19	West Bengal	4	1	2			
20	Delhi	1	2		1		
21	Pondicherry		1				
	Total	27	23	41	13	27	12
			50	91	104	131	143

Beyond 1980 can we have yearly in [illegible] medical table

Delhi has two missing — How many did not have

TABLE: 5 MALE AND FEMALE ADMISSIONS – TRENDS

YEAR	NO. OF MEDICAL COLLEGES	ADMISSIONS			QUALIFIED		
		MALE %	FEMALE %	TOTAL	MALE %	FEMALE %	TOTAL
1971-72	98	78	21.5	12048	73	26.9	10825
1972-73	100	77.6	22	11772	74.6	25	11311
1973-74	105	79	20.7	13205	76.5	23	11364
1974-75	105	78	21.8	11561	76	23.8	11911
1975-76	106	77.9	22	11213	77	22.5	11982
1976-77	106	75.5	24	11176	77	22.5	11962
1977-78	106	58	41.8	11117	78	21.8	13783
1978-79	106	72.6	27	10658	79	20.7	12190
1979-80	107	70	29.7	11021	79	20.8	13429
1980-81	109	69	30.8	11101	77	22.7	12170
1981-82	111	67.8	32	10749	74.5	25	12197
1982-83	111	63	36.8	10784	55.9	44	15992
1983-84	111	NR*	NR	10877	71.6	28	10511
1984-85	116	63.6	36	10610	70.7	29	10469
1985-86	122	62.6	37.3	10090	67.3	32.6	[illegible]
1986-87	125	61.5	38.	11622	65.6	34.	[illegible]
1987-88	128	61	38.9	14166	63.7	36.	12100
1988-89	128	60	39.8	13262	62.9	37	12292
1989-90	128	60	39.8	11791	NR	NR	NR

* Sources: 4 & 9.

* Not Received.

Distribution of Medical colleges by seats

[illegible] colleges (By seats)

Seats	College	Total	Cum Total	
35	1	35	35	
50	18	900	935	
60	5	300	1235	
64	1	64	1299	
65	2	130	1429	
70	2	140	1569	
75	2	150	1719	
80	1	80	1799	
85	1	85	1884	
[illegible]	2	180	1964	2064
100	41	4,100	5184	6164
102	1	102	6086	6266
107	3	321	6407	6587
110	4	440	6847	7027
113	1	113	6960	7140
115	1	115	7075	7255
118	1	118	7183	7373
120	6	720	7903	8093
125	3	375	8288	8468
130	6	780	8758	9248
140	4	560	~~9318~~	9808
150	11	1650	~~10968~~	11458
155	1	155	~~11123~~	11613
~~160~~	~~1~~	~~160~~	~~11283~~	~~11543~~
170	1	170	~~11453~~	11783
175	5	875	~~12328~~	12658
180	3	540	~~12868~~	13198
185	2	370	~~13238~~	13568
195	2	390	~~13628~~	13958
191	1	191	~~13819~~	14149
200	5	1000	~~14819~~	15149
210	1	210	~~15029~~	15359
240	1	240	~~15269~~	15599
300	2	600	~~15869~~	16199
328	1	328	16188	16527
	142		16527	

3 not Available Seats.

142 16188

'00	110	120	130	140	150	160	170	180	190	200	250	300
6		1	(125)2		1							
			1				1					
2												
1		1						(175)1 / 1			210,	
		(115)1										
		(118)1 / 2	3		2			(175)1 / 1	(195)2 (185)1	1		2 (328)1
										2		
				4								
		2	1									
										2	(240)1	
	(107)3											
					2							
	1											
					1							
2	3		(125)1		1							
								(175)3				
	(102)1	(113)1										
					1							
									(185)1	(191)1		
					3	(155)1						
			1									
								1				
1	(110) 4 (107) 3 (102) 1 — 8	(120) 6 (115) 1 (118) 1 (113) 1 — 9	(130) 6 (125) 3 — 9	4 — 560	11 — 1650	(155)1 — 1 — 155	1 — 170	(180) 3 (175) 5 — 8 — 1415	(195) 2 (185) 2 — 4 — 760	(200) 5 (191) 1 — 6 — 1191	(210) 1 (240) 1 — 2 — 450	(300) 2 (328) 1 — 3 — 928

Grand Total = 145

...th actual number
...n the total seats add up to
...y your earlier table.
...mplete total method → P.T.O

(12).

Table 7

	States	50	60	70	80	90	100	110	120	130
1	Andhra Pradesh						6		1	(125)2
2	Assam			1(65)						1
3	Bihar (-1)	4				2	2			
4	Gujarat						2		1	
5	Goa			1						
6	Haryana	(35)1							(115)1	
7	Himachal Pradesh			(65)1						
8	Jammu & Kashmir		1				2			
9	Karnataka		1				1		(118)1 2	
10	Kerala						3			
11	Madhya Pradesh		1				1			
12	Maharashtra (-1)	4	1	(64)1			16		2	1
13	Manipur					(85)1		(107)3 [overwritten]		
14	Orissa							(107)3		
15	Punjab	3		1						
16	Rajasthan	1					3	1		
17	Tamil Nadu (-1)	1	1		(75)1		2	3		(125)1
18	Uttar Pradesh	1			1		2	(102)1	(113)1	
19	West Bengal	3								
20	Delhi	1					1			1
21	Pondicherry				(75)1					
	Total -3	(50)18 (35)1 19	5	(70)2 (65)2 (64)1 5	(80)1 (75)2 3	(90)2 (85)1 3	41	(110)4 (107)3 (102)1 8	(120)6 (115)1 (118)1 (113)1 9	(130)6 (125)3 9
	Total Seats	935	300	334	230	265	4100	863	1066	1155

Good

Now make a running table with actual numbers and see whether the total seats equal the total seats in your earlier table. You can use cumulative total method

TABLE : 8 METHOD OF SELECTION

	METHOD OF SELECTION IN MEDICAL COLLEGES	NO. OF MEDICAL COLLEGES	%	
1.	QUALIFYING EXAM			
(a)	Merit in the Qualifying Exam and Interview	35	24 %	(Total)
(b)	Marks Obtained in the Science Subjects	8	5.5%	43 | 29.6 %
2	COMMON ENTRANCE TEST			
(a)	Written	20	13.7%	
(b)	Objective Type	20	13.7%	
(c)	Both	10	6.8%	
(d)	Medical and Dental Admission test and objective type	8	~~6%~~ 5.5%	
(e)	Common Pre-medical test and Interview	16	11 %	
	Total	74	51.[illegible]%	
3	Multi Stage Selection Pattern			
*	Own Entrance test, Interview Group observation, Psychological test as well as Values test	2	1%	
4	Entrance test and Capitation fees	23	15.8%	
5	Not Available	3	2%.	
	Total	145		

TABLE: RESERVATIONS IN MEDICAL SEATS 4B

	SPECIAL CATEGORIES	STATES	TOTAL
1.	Children of Service/ Ex-Service men	Andhra Pradesh, Gujarat, Goa, Haryana, Himachal Pradesh, Karnataka, Madhya Pradesh, Orissa Punjab, Rajasthan	10
2	Children of Freedom Fighters	Assam, Goa, Haryana, Himachal Pradesh, Jammu and Kashmir, Madhya Pradesh, Uttar Pradesh	7
3	Children of deceased/ disabled Defence officers	Haryana, Goa, Kerala Punjab, Uttar Pradesh and Delhi	6
4	Physically Handicapped	Karnataka, Goa, Andra Pradesh, Maharashtra, Orissa, Rajasthan, Uttar Pradesh	7
5	NCC, Sports Persons	Karnataka, Jammu and Kashmir, Andra Pradesh	3
6	Central / State Government Defence Employee	Goa, Assam, Jammu and Kashmir, Maharashtra	4

* Source: 9

TABLE: RESERVATION IN MEDICAL SEATS-9C

	OTHER CATEGORIES	STATES
1.	Other States - Meghalaya, Mizoram, Tripura Nagaland, Arunachal Pradesh	Assam, Manipur Delhi
2	Tea Garden Labour, Immigrant Muslims, Children of Employees of Central Government	Assam
3	Self financing Nepalese Students, TISCO, Shri Lakshmi Narayan Trust, Coal Mines Welfare Organisation	Bihar.
4	Donors Nominee, Armed Forces Personnel	Gujarat
5	Local Area (65%) (Municipal Corporation Limit)	
5	Gujjar, Bakerwal, Other Social Castes, District Leh, District Kargil, Areas near actual Line of Control, children of Permanent resident Defence Personnel	Jammu and Kashmir.
6	Children of Political Sufferers	Karnataka & Punjab.
7	Horanadu, Gadinadu, Kannadigas, Anglo Indian, Parsi Community, Diploma holders	Karnataka
8	Pondicherry Nominees, OPH Candidates, Degree / Diploma holders in Ayurveda and Homoeopathy Kerala Origin Settled in Andaman & Nicobar Islands and Lakshadweep, Nominees of Drugs Control Dept and D.Pharm holders, Departmental Candidates (BSc)	Kerala
9	NRIs, Maharashtra - Karnataka disputed border area residents, Nominees of Miraj Medical Centre and Nominees of donors at R.A. Podar medical (Ayurvedic College) Bombay.	Maharashtra
10	Green Card Holders	Orissa
11	Border area, Wards of gallantry awardees, Children/widows of Punjab Police, PAP, Punjab Home Guard Personnel (killed/disabled), November 1984 Riot affected displaced persons, terrorist affected, Wards of Medical Staff of Guru Gobind Singh Medical College.	Punjab.

TABLE: 10 DOCTORS REGISTERED WITH STATE MEDICAL COUNCILS [1984 — 1990]

Sl. NO	NAME OF STATE MEDICAL COUNCIL	1984	1985	1986	1987	1988	1989	1990
1	ANDHRA M.C	15,373	15,990	16 516	17108	17639	18236	18898
2	ASSAM M.C.	8279	8 640	8912	9 145	9428	9746	10099
3	GUJARAT M.C	16955	17 669	18 417	19 173	19 806	20701	21576
4	BIHAR - M.C.	21,621	22, 217	22, 902	23,450	24137	24,872	25687
5	Jammu & KASHMIR	3103	3289	3442	3622	3676	3937	405[illegible]
6	KARNATAKA	23,470	24,490	25,518	26,722	39355	40872	42399
7	BHOPAL	6473	7141	7 867	8526	9147	9882	10 542
8	MAHARASHTRA	35 585	37, 394	39,397	41,035	427 30	44684	46 858
9	ORISSA	8 831	9,378	9,478	9,866	10081	10 426	10746
10	PUNJAB	23,076	23,632	24,128	24 615	25130	25598	26178
11	RAJASTAN	10,065	10 501	11 059	11 613	12243	12912	13475
12	TAMILNADU	35,644	36 ,860	38,673	40,023	41465	43074	44769
13	UTTAR PRADESH	26,613	27,584	28,514	29, 376	30348	31336	32369
14	WEST BENGAL	35 986	37 005	37,751	38 738	39510	40210	40920
15	TRAVANCORE	13644	14 208	14 900	15 568	16455	NA *	NA
16	HYDERABAD	11091	11 504	11 780	12 153	12469	12805	13199
17	HARYANA	NA	NA	256	319	437	523	NA
18	MCI	NA	NA	794	830	1639	2412	3196
	Total	~~297813~~ 295829	307502	320304	331886	355695	352196	365000

* Not Available

* Sources: S B 9

TABLE : 11 DOCTOR POPULATION RATIOS - ALLOPATHIC SYSTEM AND INCLUDING PRACTITIONERS OF ALTERNATIVE SYSTEM OF MEDICINE

YEARS	ALLOPATHS (1)	HOMEOPATHS (2)	AYURVEDA (3)	SIDHA (4)	UNANI (5)	TOTAL (6) 2 to 5	TOTAL (7) 1 to 5	POPULATION (million) (8)	DOCTOR POPULATION RATIO	
									1:8	7:8
1974	190838	145434	223109	18128	30400	417071	607909	590	1: 3091	1: 970
1979	249752	112638	225477	18093	25988	382196	631948	660	1: 2642	1:1044
1981	268712	115710	233824	18357	28737	396628	665340	683	1:2541	1: 1026
1984	297228	123852	251071	11352	28382	414657	711885	735	1: 2472	1: 1032
1985	306966	123852	251071	11352	28382	414657	721623	750	1:2443	1: 1039
1986	319254	131091	272800	11581	28711	444183	763437	767	1: 2402	1:1004
1987	331886							783	1: 2359	
1988	355695							800	1:2249	
1989	352196							817	1: 2319	
1990	365000							834	1:2284	
1991	394068							851	1:2159	

* Sources: 7 8 9

DOCTOR POPULATION RATIOS - ALLOPATHIC SYSTEM AND INCLUDING PRACTITIONERS OF ALTERNATIVE SYSTEM OF MEDICINE

YEARS	(1) ALLOPATHS	(2) HOMEOPATHS	(3) AYUR VEDA	(4) SIDHA	(5) UNANI	(6) TOTAL	(7) POPULATION (Million)	DOCTOR RATIO 1:7	POPULATION 6:7
1974	190838	145434	223109	18128	30400	607909	590	1:3091	1:970
1979	249752	112638	225477	18093	25988	631948	660	1:2642	1:1044
1981	268712	115710	233824	18357	28737	665340	683	1:2541	1:1026
1984	297228	123852	251071	11352	28382	711885	735	1:2472	1:1032
1985	306966	123852	251071	11352	28382	721623	750	1:2443	1:1039
1986	319254	131091	272800	11581	28711	763437	767	1:2402	1:1004
1987	331886						783	1:2359	
1988	355695						800	1:2249	
1989	352196						817	1:2319	
1990	365000						834	1:2284	
1991	394068						851	1:2159	

* SOURCES - 7 & 9

TABLE : 12 NO. OF COLLEGES AND ADMISSIONS OF ALTERNATIVE SYSTEMS OF MEDICINES (1991)

	STATES/UTS	AYURVEDA/SIDDHA		UNANI		HOMEOPATHY		TOTAL NO. OF COLLEGES	TOTAL NO OF ADMISSIONS
		NO. OF COLLEGES	ADMISSION CAPACITY	NO. OF COLLEGES	ADMISSION CAPACITY	NO. OF COLLEGES	ADMISSION CAPACITY		
1	ANDHRA PRADESH	3	110	2	80	3	125	8	315
2	ASSAM	1	25	–	–	5	200	6	225
3	BIHAR	11	180(3)*	1	40	26	2135(10)	38	2355
4	GUJARAT	9	258	–	–	3	190	12	448
5	HARYANA	4	200	–	–	–	–	4	200
6	HIMACHAL PRADESH	1	50	–	–	–	–	1	50
7	JAMMU & KASHMIR	1	–	–	–	–	–	1	–
8	KARNATAKA	8	195	1	15	6	435	15	645
9	KERALA	5	170	–	–	4	250	9	420
10	MADHYA PRADESH	7	187	1	25	13	490	21	702
11	MAHARASHTRA	17	795	1	50	24	1221	42	2066
12	ORISSA	2	60	–	–	3	140	5	200
13	PUNJAB	3	130	–	–	3	140	6	270
14	RAJASTAN	3	180	3	80(2)	3	140	9	400
15	TAMIL NADU	2+1**	115	1	15	1	21	5	151
16	UTTAR PRADESH	9	410	4	180	16	670	29	1260
17	WEST BENGAL	4	120(2)	–	–	10	1236	14	1356
18	DELHI	4	150	2	50	1	60	7	260
19	Total	94+1	3335	16	535	120	7453	232	113[illegible]3

* – Figures in ( ) bracket indicate reporting units

** – 1 Siddha

* Source : 2

TABLE: 13 SPECIALITY WISE SEATS AVAILABLE IN POST GRADUATE MEDICAL COURSES IN INDIA.

	SPECIALITY	NO. OF INSTITUTIONS HAVING DEGREE / DIPLOMA	SEATS AVAILABLE DEGREE / DIPLOMA	%	ADMISSIONS 1978-1979 DEGREE / DIPLOMA	%
1	PRE AND PARA CLINICAL *	275	1082	16.8	612	12.8
2	CLINICAL ⊙	641	4718	73.3	3659	76.
3	COMMUNITY/ PUBLIC HEALTH ⊠	93	633	9.8	487	10
	TOTAL		6433		4758	

* I. Anatomy, Physiology, Biochemistry, Microbiology, Pathology, Pharmacology, Biophysics, Applied Biology, Basic Medical Sciences, Virology, Mycology.

⊙ 2 Medicine (General), Surgery (General), Obst. and Gynaec, Forensic medicine, Anaesthesiology, Ophthalmology, Chest Diseases, Orthopaedics, Paediatrics, Radiology, Plastic Surgery, Thoracic Surgery, Psychiatry, Physical Medicine & Rehabilitation, Cardiology, Neurology, Otorhinolarynx, Venereology & Dermatology, Gastroentrology, Genito Urinary Surgery, Speech and hearing, Medical lab. Technician, Endocrinology, Immuno Haematology and Blood Transfusion, Nephrology, Urology, Master of Dental Surgery

P.T.O

☒ 3. Preventive and Social Medicine, Child Health, Public Health, Occupational Health, Hospital Administration, Nutrition Maternal & Child Health, Industrial Health, Health statistics, Health Education

* Sources - 2

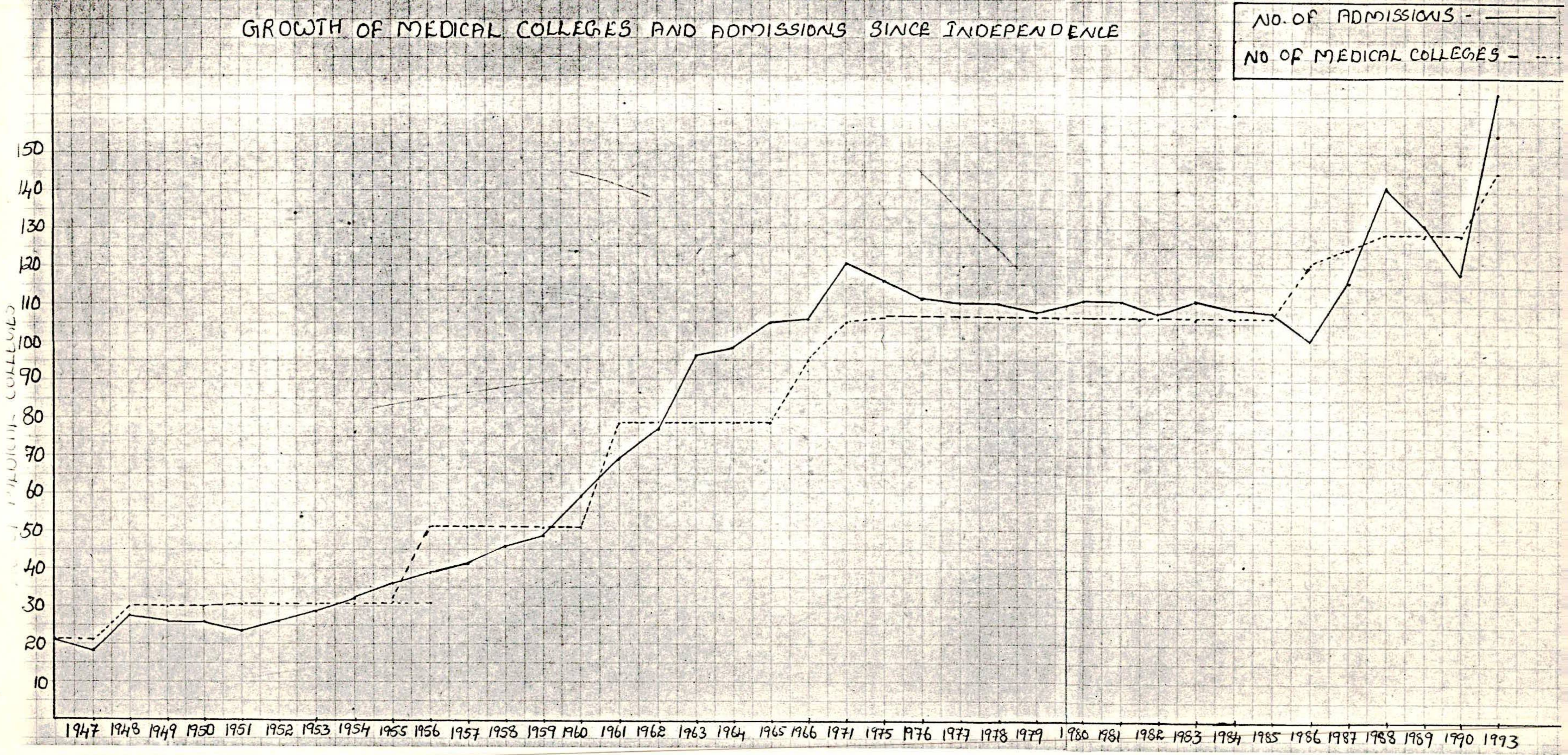
TABLE 5

MALE AND FEMALE ADMISSION TRENDS

YEAR	NO. OF MEDICAL COLLEGES	ADMISSIONS MALE%	ADMISSIONS FEMALE%	TOTAL	QUALIFIED MALE%	QUALIFIED FEMALE%	TOTAL
1971-72	98	78	21.5	12048	73	26.9	10825
1972-73	100	77.6	22	11772	74.6	25	11311
1973-74	105	79	20.7	13205	76.5	23	11364
1974-75	105	78	21.8	11561	76	23.8	11911
1975-76	106	77.9	22	11213	77	22.5	11982
1976-77	106	75.5	24	11176	77	22.5	11962
1977-78	106	58	41.8	11117	78	21.8	13783
1978-79	106	72.6	27	10658	79	20.7	12190
1979-80	107	70	29.7	11021	79	20.8	13429
1980-81	109	69	30.8	11101	77	22.7	12170
1981-82	111	67.8	32	10749	74.5	25	12197
1982-83	111	63	36.8	10784	55.9	44	15992
1983-84	111	N.R.	N.R.	10877	71.6	28	10511
1984-85	116	63.6	36	10610	70.7	29	10469
1985-86	122	62.6	37.3	10090	67.3	32.6	11470
1986-87	125	61.5	38	11622	65.6	34	12280
1987-88	128	61	38.9	14166	63.7	36	12100
1988-89	128	60	39.8	13262	62.9	37	12292
1989-90	128	60	39.8	11791	N.R.	N.R.	N.R.

* N.R. = NOT RECEIVED

SOURCES : 4, 9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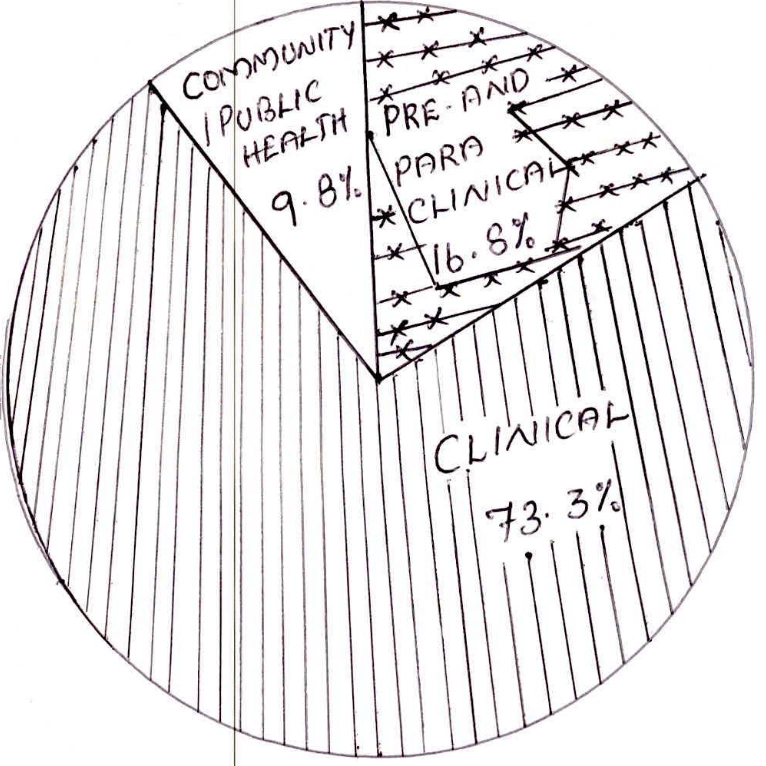
NO. OF ADMISSIONS -
NO OF MEDICAL COLLEGES -
150
140
130
120
110
100
90
80
70
60
50
40
30
20
10
1947 1948 1949 1950 1951 1952 1953 1954 1955 1956 1957 1958 1959 1960 1961 1962 1963 1964 1965 1966 1971 1975 1976 1977 1978 1979 1980 1981 1982 1983 1984 1985 1986 1987 1988 1989 1990 1993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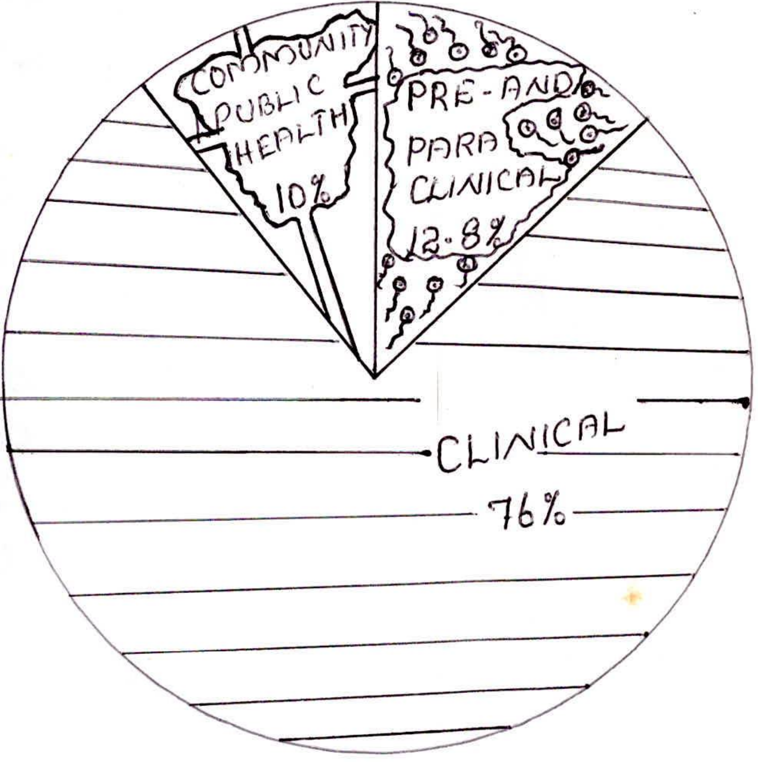
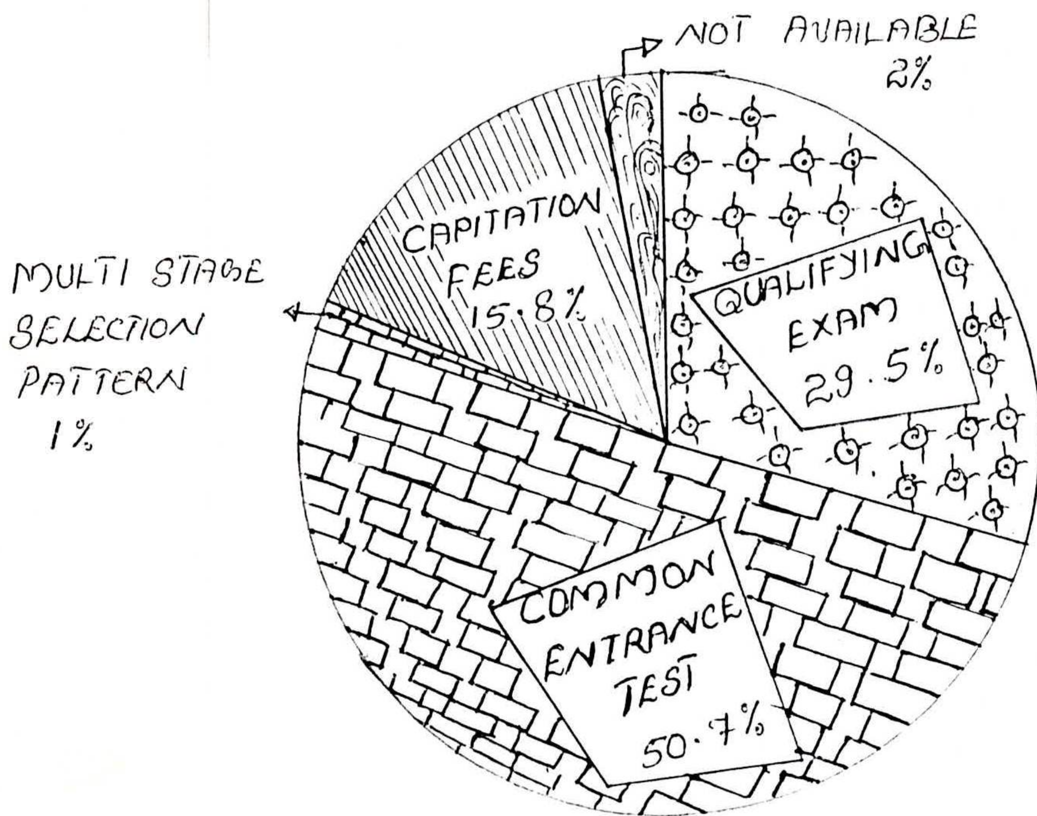
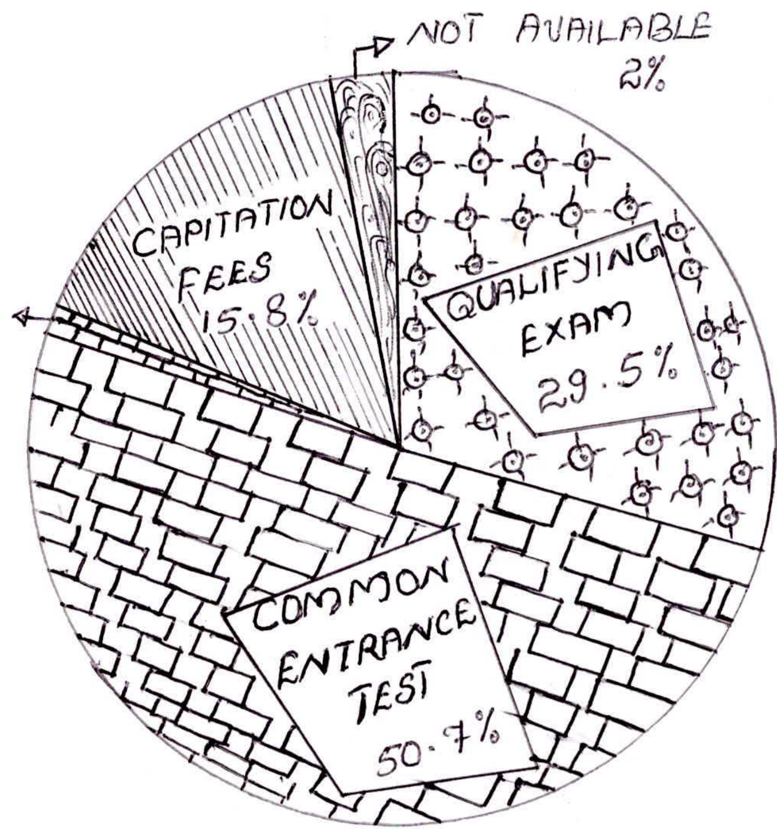
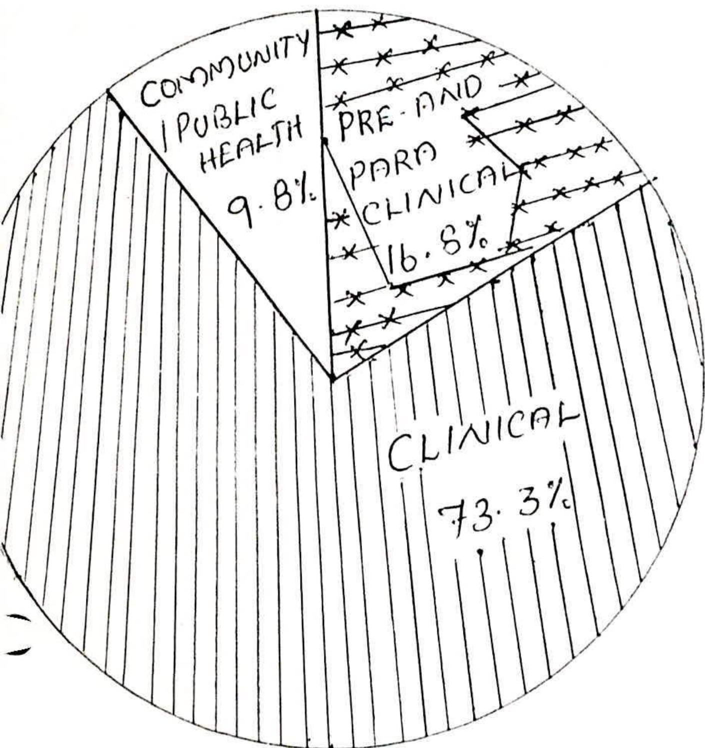
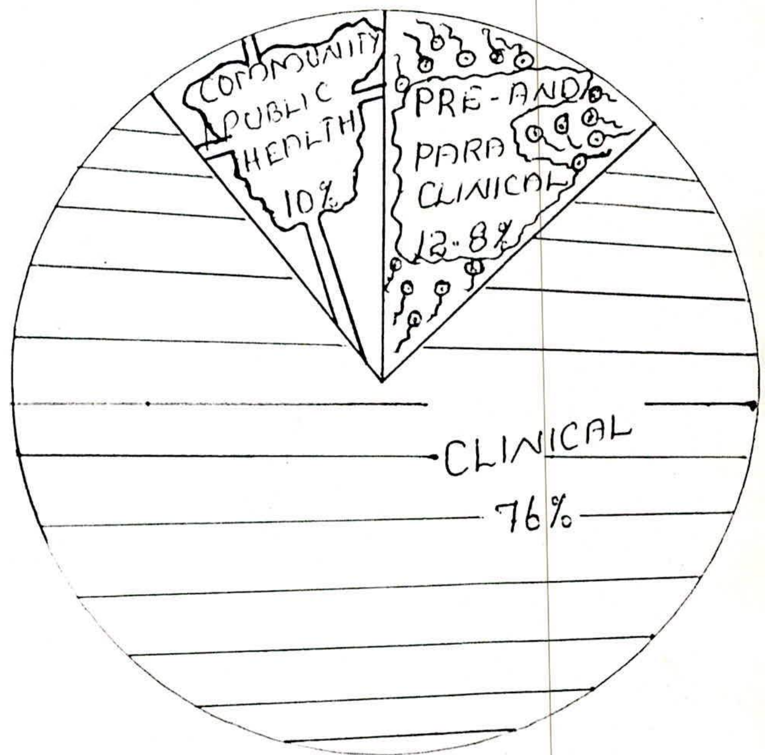
/PUBLIC
HEALTH
9.8%
PRE-AND
PARA
CLINICAL
16.8%
CLINICAL
73.3%

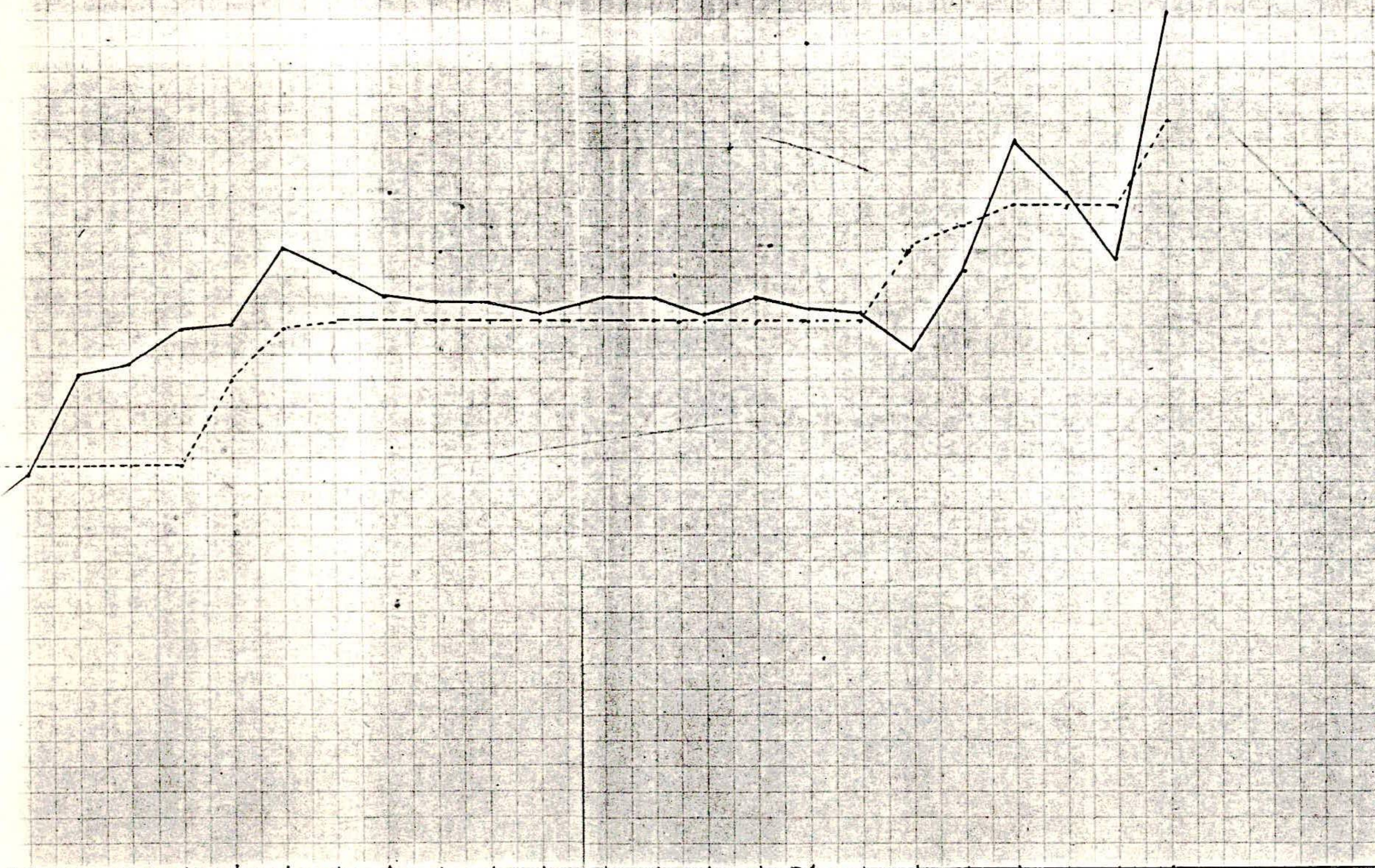

COMMUNITY
PUBLIC
HEALTH
10%
PRE-AND
PARA
CLINICAL
12.8%
CLINICAL
76%

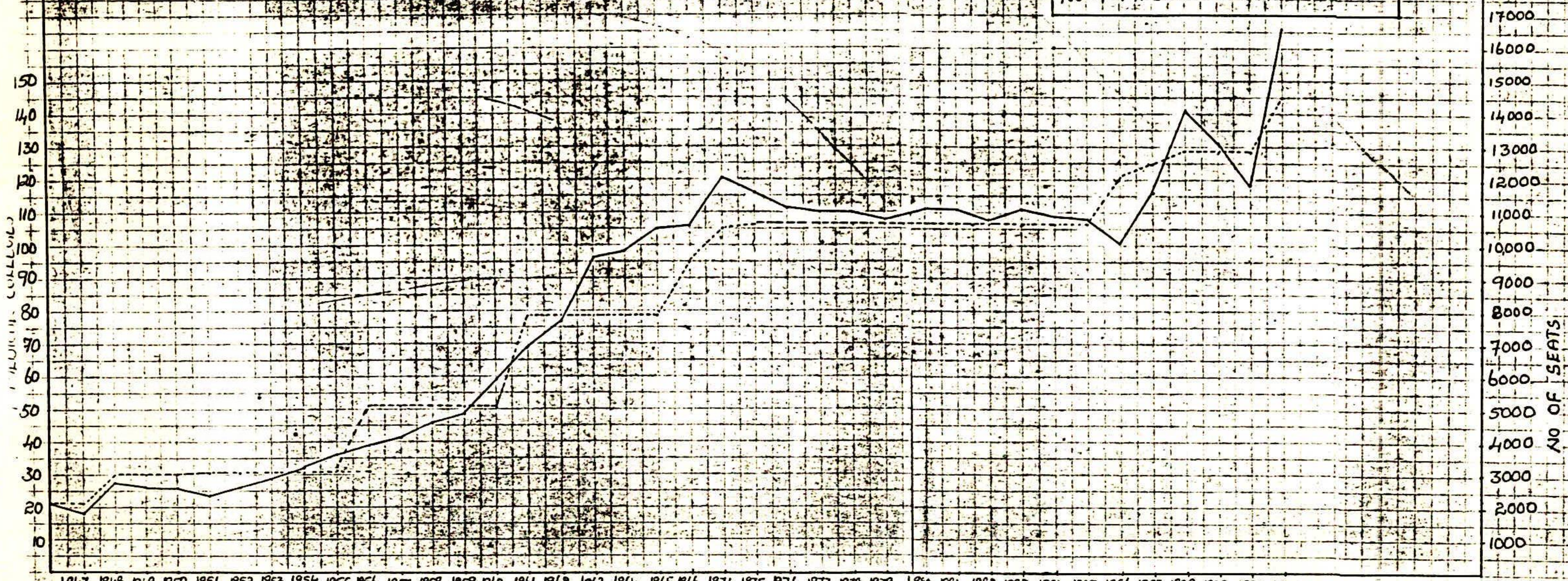

NOT AVAILABLE
2%
CAPITATION
FEES
15.8%
QUALIFYING
EXAM
29.5%
MULTI STAGE
SELECTION
PATTERN
1%
COMMON
ENTRANCE
TEST
50.7%


NOT AVAILABLE 2%
CAPITATION FEES 15.8%
QUALIFYING EXAM 29.5%
MULTI STAGE SELECTION PATTERN 1%
COMMON ENTRANCE TEST 50.7%


COMMUNITY
/PUBLIC
HEALTH
9.8%
PRE-AND
PARA
CLINICAL
16.8%
CLINICAL
73.3%


COMMUNITY
PUBLIC
HEALTH
10%
PRE-AND
PARA
CLINICAL
12.8%
CLINICAL
76%


AND ADMISSIONS SINCE INDEPENDENCE
NO. OF ADMISSIONS -
NO OF MEDICAL COLLEGES -
NO OF SEATS
17000
16000
15000
14000
13000
12000
11,000
10,000
9000
8000
7000
6000
5000
4000
3000
2000
1000
1962 1963 1964 1965 1966 1971 1975 1976 1977 1978 1979 1980 1981 1982 1983 1984 1985 1986 1987 1988 1989 1990 1993


GROWTH OF MEDICAL COLLEGES AND ADMISSIONS SINCE INDEPENDENCE
NO. OF ADMISSIONS
NO. OF MEDICAL COLLEGES
NO OF SEATS
17000
16000
15000
14000
13000
12000
11,000
10,000
9000
8000
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1947 1948 1949 1950 1951 1952 1953 1954 1955 1956 1957 1958 1959 1960 1961 1962 1963 1964 1965 1966 1971 1975 1976 1977 1978 1979 1980 1981 1982 1983 1984 1985 1986 1987 1988 1989 1990 1993