

DR. MUKHTIAR CHAND V. STATE OF PUNJAB
(1998) 7 Supreme Court Cases 579
(BEFORE M.M PUNCHHI, C.J. AND K.T. THOMAS S.S.M. QUADRI, JJ.)

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| a. | DR. MUKHTIAR CHAND AND OTHERS Versus STATE OF PUNJAB AND OTHERS | Appellants Respondents. |
| b. | <p>Civil Appeals no. 89 of 1987 , SLP (C)no. 8422 of 1995, WP (C) no. 423 of 1997 and SLP (C) no.4009 of 1998, decided on October 8,1998</p> <p style="text-align: center;">A. Drugs and Cosmetics and Cosmetics Act, 1940---- Validity ----- R. 2(ee), held, intra vires --- Drugs and Cosmetics Act, 1940 ---- Ss. 33 (1) & (2) (e) 18,6 and 12 ---- Medical Practitioners</p> <p>Rejecting the contention that Rule 2(ee) (iii) of the Drugs and Cosmetics Rules was bad for want of legislative competence, the Supreme Court</p> | |
| c. | | |

c. Held.:

Section 33 of the Drugs and Cosmetics Act confers wide power on the Central Government to make rules. In view of Section 33(1) & (2)(e) and 18 and Rule 65 of the Drugs and Cosmetics Rules. 1945, drugs can be sold or supplied by a pharmacist or druggist on licence on the prescription of a “registered medical practitioner” who can also store them for treatment of his patients.

It has, therefore, become necessary for rule-making authority to define the expression “registered medical practitioner” for the purposes of the Act and the Rules. Rule 2(ee) does no more than define that expression, which is within the scope of Section 33(I) as well as Section 33(2) (e). Therefore, it cannot be said that the rule-making authority was lacking legislative competence to make Rule 2(ee). The High Court misdirected itself by looking to the provisions of Section 6 and 12 which do not contain the rule-making power. It is only Section 33 which contains the rule-making power. The High Court has also erred in searching for a power to frame rules for the registration of medical practices; obviously such a power is not conferred under the Act. The Rule veritable does not deal with registration of the medical practitioner. It only defines the expression “registered medical practitioners” by specifying the categories of medical practitioners which fall within the definition for purposes of the Drugs Act and the Drugs Rules.

- B. Drugs and Cosmetic Rules, 1945 --- R.2(ee)(iii) ---- Notifications under, issued by State Governments of Punjab and Rajasthan declaring vaid / hakims registered under the specified statutes of the Statutes of the State as persons practicing modern system of medicine for the purposes of drugs Act ---- Held, intra vires --- State of Punjab Note. No.9874-IHBII -67-34526 dated 29-10-1967--- State of Rajasthan Circular No.26(24) ME (Group-I) 82 dated 26-7-1962--- Medical practitioners ---E.P. Ayurvedic and Unani Practitioners Act,2008 By ---- Punjab Ayurvedic and
- C. Unani Practitioners Act, 1963 (42 of 1963)

In exercise of the power under Rule 2(ee)(iii) of the Drugs and Cosmetics Rules, 1945, the State of Punjab issued Notification no.9874-IHBII-67/34526 dated 29-10-1967 declaring all

the vaid/hakims who had been registered under the East Punjab Ayurvedic and Unani Practitioners Act, 1949 and the PEPUSU Ayurvedic and Unani Practitioners Act, 2008 BK and the Punjab Ayurvedic and Unani Practitioners Act.

From the Judgment and order dated 29-9-1986 of the Punjab and Haryana High Court in C.W.P No.4269 of 1986.

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1963 as persons practicing modern system of medicine for purposes of the Drugs Act. The Punjab and Haryana High Court held the said notification to be ultra virus the said rule and also rule and also contrary to Medical Council Act, 1956. Moreover, the Rajasthan High Court held the Rajasthan High Court held the Rajasthan Government Circular No.26(24) ME (Group I) 82 dated 26-7-1982 issued under Rule 2(ee)(iii) to be without legislative competence. Overruling the said decisions, the Supreme Court Held:

As for the purposes of Rule 2(ee) (iii) of Drugs and Cosmetics Rules, 1945, what is required is not the qualification in modern scientific system of medicine but a declaration by a State Government that a person is practicing modern scientific system and that he is registered in a Medical Register in a Medical Register of the State (other than a register for registration of a homoeopathic practitioner). A notification can be faulted with only if those requirements are not satisfied. The Punjab and Haryana High Court wrongly proceeded with an assumed intention of the rule-making authority that it could not be within its conception to bring vaid/hakims, that practitioners of Ayurvedic (the Indian system of medicine), within the purview of the said expression and that it could have only envisaged registration of a medical practitioner of modern scientific system holding qualifications mentioned in clause (i) and eligible for registration under clause (ii) and on that basis held that the said notification was ultra vires the rules. **The notification and the circular issued by that said State Governments declaring the categories of vaid/hakims that were practicing modern system of medicine and were registered in the State Medical Registers, are valid in law.**

C. Drugs and Cosmetics Rules, 1945- R. 2(ee) (ins. 9n 1960) ---- Validity ---- Held, not repugnant to Medical Council Act, 1956, S.15 --- Medical Council Act, 1956, s.15 (as it then stood)

D. Drugs and Cosmetics Rules, 1945- R. 2(ee) Constitutionality and applicability --- Effect, if any, of 1964 amendment to **S. 15 of Medical Council Act, 1956**- Rs. 2(ee), held, still remains valid and intra virus but the benefit there of notification issued hereunder would be available only where the **State law** for registration of the practitioners of Indian medicine permits them to practice allopathic medicine --- The position of medical practitioners of Indian medicine holding degrees in integrated courses is not different in this regard – Medical Council Act, 1956, S. 15 (as amended in 1964) --- Scope and applicability Held:

Rules 2(ee) of Drugs and Cosmetics Act, 1945 was inserted therein with effect from 14-5-1960. Section 15 of the 1956 Act, as it then stood, only provided that the medical qualifications in the Schedule shall be sufficient qualification for enrolment on any State Medical Register and so there was no inconsistency between the section and the Rule when it was brought into force. **But after insertion of Section 15(2) w.e.f. 15-9-1964, the right of non-allopathic doctors to prescribe drugs by virtue of the declaration issued under the said Drugs Rules, by implication, got obliterated.** However, this does not debar them from prescribing or administering allopathic drugs sold across the counter for common ailments.

Therefore, it had to be held that Rule 2(ee) (iii) as effected from 14-5-1960 is valid and does not suffer from the vice of want of legislative competence and the notification issued by the State Governments the under are not ultra virus they said Rule and are legal. However Section 15(2) of the 1956 Act occupied the field vide Central Act 24 of 1964 with effect from 16-6-1964, the benefit of the said Rule and The notification issued there under would be available only in those States where the

privilege of such right to practice any system of medicine is conferred by the State law under which practitioners of

- a. Indian medicine are registered in the State, which is for the time being in force. The position with regard to medical practitioners of Indian medicine holding degrees in integrated courses is on the same plane inasmuch as if any State Act recognizes their qualification as sufficient for registration in the State medical Register, the prohibition contained in Section 15(2)(b) of the 1956 Act will not apply.

E. Medical Practitioner ---- Registration in State medical register for practicing allopathic medicine -
--- Qualifications for ---- Recognized medical

- b. Qualification under S.2(h) of Medical Council Act, 1956 although enables to get registration, held, not as essential qualification for that purpose --- Therefore, a person enrolled in the State Medical Register on the basis of qualifications prescribed in a State Act, held, would be entitled to practice allopathic medicine under S.15(2) (b) of the Medical Council Act, 1956 ---- However, on facts held, none of petitioners, who were vaid/hakims or persons holding degrees in integrated courses in Ayurvedic and Unani, claimed the benefit of S.7(3) of
- c. Bombay Medical Act, 1912, which is the only provision enabling persons other than those possessing the prescribed qualifications, to be registered in the State Medical Register to practice allopathic medicine --- Bombay Medical Act, 1912 (6 of 1912), s.7(3) --- Medical Council Act, 1956, Ss. 2(h),(f),(j),(k),(d),15(1)& (2)(b),21,23,25,27 --- Bihar and Orissa Medical Act, 1916 (2 of 1916) ---- Punjab Medical Registration Act, 1916 (2 of 1916) --- Rajasthan Medical Act, 1952 (13 of 1952) ---- Maharashtra Medical Council Act, 1965 (46 of 1965)
- d. Held:

Section 15(1) (formerly Section 15) of the Medical Council Act, 1956 does not enable persons holding degrees in integrated courses in Ayurvedic and Unani to be registered on any State Medical Register.

Section 15(2)(b), as inserted in 1964, prohibits all persons from practicing modern scientific medicine in all its branches in any State except a medical

- e. Practitioner enrolled on a State Medical Register. There are two types of registration as far as the State Medical Register is concerned. The first is under Section 25 provisional registration for the purpose of training in the approved institution and the second is registration under Section 15(1). The third category of registration is in the "Indian Medical Register" which the Council is enjoined to maintain under Section 21 for which recognized medical qualification is a prerequisite. The privileges of persons who are enrolled on the Indian Medical Register are mentioned in Section 27 and include the right to practice as a medical practitioner in any part of India. "State Medical register" in contradistinction to "Indian Medical Register". Is maintained by the State Medical Council which is not constituted under the 1956 Act but under any law for the time being in force in any State regulating the registration of practitioner of medicine. It is thus possible that in any State, the law relating to registration of practitioners of modern scientific medicine may enable a person to be enrolled on the basis of the qualifications other than the "recognized medical qualification" which is a prerequisite only for being enrolled on the Indian Medical Register but not for registration in a State Medical Register. Even under the 1956 Act. "Recognized medical qualification" is sufficient for that purpose. That does not mean that it is indispensable essential. Persons holding "recognizes medical qualification" cannot be denied registration in any State Medical Register. But the same cannot be insisted upon for registration in a State Medical Register. However a person registered in a State Medical Register cannot be enrolled on the Indian Medical Register unless he possesses "recognizes medical qualification". This follows from a combined reading of Section 15(1), 21(1) AND 23. So by virtue of such qualifications as prescribed in State Act and on being registered in a State Medical Register, a person will be entitled to practice allopathic medicine under Section 15(2)(b) of the 1956 Act.

A.k. Sabhapathy (Dr.) v. State of Kerala, 1992 Supp (3) SCC 147,160. Overruled

The Bombay Medical Act, 1912 the Bihar and Orissa Medical Act, 1916, the Punjab Medical Registration Act, 1916 the Rajasthan Medical Act, 1952 and the Maharashtra Medical Council Act, 1965

regulate maintenance of registers of medical practitioners and the entitlement to practice allopathic medicine. Under those Acts, state Medical Registers are maintained. Section 7(3) of the Bombay Act of 1912 is the only provision enabling registration without the requisite qualification. None of the petitioners has claimed the benefit of the provision. So it can be held that if any State law relating to registration of medical practitioners permits practice of allopathic medicine on the basis of a degree in integrated medicines, the bar in Section 15(2) (b) of the 1956 Act will not apply.

F. Indian Medicine Central Council Act, 1970 --- S. 2(e) ---- Scope ---- Held, does not enable persons declared under R.2(ee) of Drugs and Cosmetics Rules or those possessing integrated courses in Ayurvedic and Unani to practice allopathic medicine – Indian Medicine Central Council notifications examined to ascertain the import of the words “modern advances” – Words and phrases ----“Modern advances” --- Drugs and Cosmetics Rules, 1945, R. 2(ee) (iii) --- Interpretation of Statutes --- External aids ---- Administrative instructions/Circulars /Orders --- Administrative Law --- Subordinate legislation --- Administrative instructions/ Circulars/Orders --- Whether can be taken into account to interpret the parent Act .

G. Medical Council Act, 1956 --- S.15 Indian Medicine Central Council Act, 1970 ---- S.17--- Practice in modern scientific medicine--- Entitlement to --- Persons enrolled in State Register of Indian Medicine or in Central Register of Indian Medicine, unless also registered in a State Medical Register within the meaning of Medical Council Act, 1956, held not entitled to practice modern scientific medicine in any of its branches --- Medical practitioners.

The vaidas/hakims notified by State Governments under Rule 2(ee) (iii) of the **Drugs and Cosmetics Rules, 1945** and those possessing degrees in integrated courses in Ayurvedic and Unani sought to invoke Section 2(e) of the Indian Medicine Central Council Act, 1970 to support their claim to practice allopathic medicine. They alleged that the words “whether supplemented or not by such modern advances” occurring therein indicated modern scientific medicine as under integrated systems various branches of modern scientific medicine as under integrated systems various branches of modern scientific medicine had been included in the syllabi. After examining the relevant circulars of the Indian Medicine Central Council to ascertain the import of the said words and rejecting their claim, the Supreme Court

Held:

All that the definition of “Indian medicine” and the clarifications issued by the Central Council enable such practitioners of Indian medicine is **to make use of the modern advances in various sciences such as radiology report, (x-ray), complete blood picture report, lipids report, ECG, etc. for purposes of practicing in their own system.** However, if any State Act recognizes the qualification of integrated course system. However, if any State Act recognizes the qualification of integrated course as sufficient qualification for registration in the State Medical Register of that State, the prohibition of Section 15(2)(b) of the Medical Council Act, 1956 will not be attracted.

A harmonious reading of Section 15- of the 1956 Act and Section 17 of the 1970 Act leads to the conclusion that there is no scope for a person enrolled on the State Register of Indian Medicine or the Central Register of Indian Medicine to practice modern scientific medicine in any of its branches unless that person is also enrolled on a State Medical Register within the meaning of the 1956 Act.

H. Indian Medical Centre Council Act, 1980 - S. 17(3)(b)- Right to practice any system of medicine whether actually conferred by any State law on practitioners of Indian medicine registered there under – Answered in the negative – Medical practice – Bombay Medical Practitioners Act, 1938 (26 of 1938) – Rajasthan Indian Medicine Act, 1953 (5 of 1953) – Maharashtra Medical Practitioners Act, 1961 (28 of 1961) _ PEPSU Ayurvedic and Unani Practitioners Act, 2008 Bk (12 of 2008), S 16(3) – E.P. Ayurvedic and Unani Practitioners Act, 1949 (14 of 1949) – Punjab Ayurvedic and Unani Practitioners Act, 1963 (42 of 1963)

I. Medical Practice – Right to prescribe drugs of a system of medicine – Held, is a concomitant of, and not independent of, the right to practice that system of medicine – Constitution of India, Art. 19(1)(g)

J. Medical practice – Indian medicine – development of law regarding – Traced out – U.P. Indian medicine Act, 1939 (10 of 1939) – E.P. Ayurvedic and Unani Practitioners Act, 1949 (14 of 1949) – Punjab Ayurvedic and unani Practitioners Act, 1963 (42 of 1963) – Indian Medicine Central Council Act, 1970, Ss. 2(e) & 25 and Schuss. II, III & VI

K. Medical Council Act, 1956 – S. 2 (d) – Indian Medical Register – Provision for such register for the whole of Indian, held, has been introduced for the first time by S. 2(d)

L. Medical Practitioners – Professional standards – Fixation of, held is a constitutional requirement – Medical Council Act, 1956 was passed to ensure professional standards for practicing allopathic medicine – Medical Council Act, 1956 – Constitution of Indian, Art 19(1)(g) & (6)

Held:

The right to practice any profession or to carry on any occupation, trade or business is no doubt a fundamental right guaranteed under Article 19(1)(g) of the Constitution of India. But that right is subject to any law relating to the professional or technical qualifications necessary for practicing any profession or carrying on any occupation or trade or business enacted under clause (6) of Article 19. The regulatory measures on the exercise of this right both with regard to the standard of professional qualifications and professional conduct have been applied keeping in view not only the right of the medical practitioners but also the right to life and proper health care of persons who need medical aid and treatment. With regard to ensuring professional standards required to practice allopathic medicine, the 1956 Act was passed.

M. Drugs and Cosmetics Rules, 1945-R.2(ee)(iii) – Scope – Held, Covers practitioners enrolled in Medical Register of a State who, though not covered by cls. (i) and (ii) are de facto practicing modern system of medicine (allopathic) – Contention that it also covers left-out qualified allopathic doctors, rejected – Medical Practitioners

If the contention that Rule 2(ee) (iii) was also intended to cover left-out qualified allopathic doctors is accepted, the said clause will become redundant as admittedly clauses (i) and (ii) exhaust all categories of practitioners entitled to practice in allopathic medicine. It was conceded that the clause takes in medical practitioners other than qualified practitioners entitled to practice allopathic medicine. And as practitioners of homoeopathic medicine are specifically excluded, **it becomes evident that this category comprises practitioners who are enrolled in a Medical Register of a State and though not answering the description of clauses (i) and (ii) are de facto practicing modern system of medicine (allopathic) and those facts are declared by the State Government Concerned.**

N. Medical Council Act, 1956 – S.15(2) & (3) – Applicability – Contention that prohibition contained in S. 15(2) and the punishment provided in s. 15(3) would apply only to unregistered practitioners of allopathic medicine but not to practitioners of Indian medicine, rejected

O. Medical Practitioners – Various Central Acts governing them History of, considered – Indian Medical Degrees Act, 1916- Medical Council Act, 1933 S.2(d) – Medical Council Act, 1956 – Indian Medicine Central Council Act, 1970- Homeopathy Central Council Act, 1973 - Drugs and Cosmetics Act, 1940, Ss. 3(b) & (a), 33 and 33-A- Drugs and Cosmetic Rules, 1945, R.2(ee) – Pharmacy Act, 1948, S.2(f) – Constitution of India, Sch. VII List III Item 26

Poonam Verma v. Ashwin Patel, (1996) 4 SCC 332, referred to

P. Medical Practice- System of medicine generally prevalent in India, Held, are Ayurvedic, Siddha, Unani, Allopathic and Homoeopathic --- Characteristics and brief history of each, stated.

The systems of medicines generally prevalent in India are Ayurvedic, Siddha, Unani, Allopathic and Homeopathic. In the Ayurvedic, Siddha and Unani systems, the treatment is based on the harmony of the four humors, whereas in the Allopathic system of medicine, treatment of disease is given by the use of a drug which produces a reaction that itself neutralizes the disease. In homoeopathy treatment is provided by the like.

Of the medical systems that are in vogue in India, Ayurvedic had its origin in 5000 BC and is being practiced throughout India but Siddha is practiced in the Tamil-speaking areas of South India. These Systems differ very little both in theory and practice in India in the 10th century AD.

Park's Textbook of Preventive and Social Medicine, 15th Edn. pp.1 & 2, referred to

Allopathic medicine is comparatively recent and had its origin in the 19th century.

H-M/TZ/20303/C

Advocates who appeared in this case:

Kirit N. Raval, Additional Solicitor General for India, D.D. Thakur, P.C. Jain. Ms Indira Jaising and G.L. Sanghi, Senior Advocates (s.s. Khanduja, N.N. Bhatt, Y.p. Dhinra, Prem Malhotra, B.s. Chauhan, D.N. Misra, Kishan

Datta, Umesh Kr. Bhole, Pradeep Aggarwal, Sushil Kr. Jain, K.T. Tulsi, Jasbir Malik, Chander Shekar Ashri, Prashant Kumar, Joseph Pookkatt, Dhruv Mehta, MsAnil Katiyar, P. Kumar, Ms Anu Mohla, L. Nageswara Rao, Braj K.Misra Ejaz Maqbool, Sabir Ranjan, R.N. Karanjawala, Ms Nandini gore, Ms Anitha Shenoy, Ms Manik Karanjawala. M.K. Garg. H.K. Puri, Ujjwal Banerjee, Rajesh Srivastava, Devender Singh, Ms Diva Singh, Surya Kant, Manu Mridul, Maninder Singh, K.S. Bhati and M.K. Singh, Advocates, with them) for the appearing parties.

Chronological list of cases cited

1. (1996 4 SCC 332. Poonam verma v. Ashwin Patel
2. 1992 Supp(3) SCC 147, A.K. Sabhapathy (dr>0 v. state of Kerala

SUPREME COURT OF INDIA

JUDGEMENTDELIVERED ON OCTOBER 8, 1998

The Judgment of the Court was delivered by

QUADARI, J --- These cases raise questions of general importance and practical significance --- questions relating not only to the right to practice the medical profession but also to the right to life which includes the health and well-being of a person. The controversy in these cases was triggered off by the issuance of declarations by the State Governments under clause (iii) of Rule 2(ee) of the Drugs and Cosmetics Rules, 1945 (for short "the Drugs Rules") which defines "registered medical practitioner". Under such declarations, notified vaid/hakims claim right to prescribe allopathic drugs covered by the Indian Drugs and Cosmetics Act, 1940 (for short "the Drugs Act"). Furthermore, vaid/hakims who have obtained degrees in integrated courses claim the right to practice the allopathic system of medicine.

2. In exercise of the power under clause (iii) of Rule 2(ee), the State of Punjab issued Notification no.9874-IHBII-67/34526 dated 29-10-1967 declaring all the vaid/hakims who had been registered under the East Punjab Ayurvedic and Unani practitioners Act, 1949 and the PEPSU Ayurvedic and Unani Practitioners Act, 1963 as persons practicing modern system of medicine for purposes of the Drugs Act. One Dr Sarwan Singh Dardi who was a medical practitioner, registered with the Board of Ayurvedic and Unani System of Medicines, Punjab and who was practicing modern system of medicines, was served with an order of the District Drugs Inspector, Hoshiarpur, prohibiting him from keeping in his possession any allopathic drug for administration to patients and further issuing a general direction to the chemists not to issue allopathic drugs to any patient on the prescription of the said doctor. That action of the Inspector was questioned by Dr. Dardi in the Punjab & Haryana High Court in CWP No.2204 of 1986. He claimed that he was covered by the said notification and was entitled to prescribe allopathic medicine to his patients and store such drugs for their treatment (hereinafter referred to as "Dardi's case"). A Division Bench of the Punjab & Haryana High Court, by judgment dated 17-9-1986, held that the said notification was ultra vires the provisions of sub-clause (iii) of clause (ee) of Rule 2 of the Drugs Rules and also contrary to the provisions of the Medical Council Act, 1956 and accordingly dismissed his writ petition.

3. Writ petitions filed in the High Court of Punjab and Haryana for a mandamus restraining the authorities concerned from interfering with their right to prescribe medicines falling under the Drugs Act on the strength of such notifications were also dismissed by the High Court and the aggrieved persons have filed appeals before us by special leave.
4. Writ petitions are filed in this Court by various persons claiming that they are registered medical practitioners within the meaning of the said notification and are entitled to practice "modern scientific system of

Medicine". It may be noticed here that the petitioners in WPs Nos. 1082 of 1988 and 359 of 1991 were registered by the Ayurvedic and Unani Medical Council in the State of Bihar. The petitioner in WP No. 423 of 1997 holds the degree of BAMS from the Maharishi Dayanand University, Rohtak. He asserts that on the basis of the said degree, he is entitled to practice "modern scientific system of medicine".

5. On the same subject, case came up before the Rajasthan High Court. The Jodhpur Branch of the Indian Medical Association filed Civil Writ Petition No. 1777 of 1982 in the High Court of Rajasthan seeking a declaration that Rule 2(ee)(iii) of the Drugs Rules and Circular No. 26(24) M.E(Group-I)82 issued by the Government of Rajasthan on 26-7-1982, were void and ultra vires the provisions of the Drugs Act and the Medical Council Act, 1956. By judgment dated 29-4-1994, a Division Bench of Rajasthan High Court held that the said Rule was without any legislative competence and consequentially the notification was illegal and void. The correctness and consequentially the said judgment have been assailed by the

Private Medical Practitioners' Association of India (which represents the beneficiaries of a similar circular issued by the Government of Rajasthan) in SLP No.8422 of 1995. On the strength of the aforesaid judgment of the Division Bench, another writ petition filed by M/s Chandasi Private Medical Practitioners' Sansthan, a registered society, was also dismissed. That judgment is also challenged by filing a special leave petition.

6. We heard all the said civil appeals, special leave petitions and writ petitions together as the question involved in all the cases is common.
7. Mr. D.D. Thakur, learned Senior Counsel appearing for the appellant-petitioners in the appeals and special leave petitions, has argued that the ground on which the Punjab & Haryana High Court dismissed Dr Dardi's writ petition are not applicable to the appellant-petitioners and without noticing the difference, the Division Bench denied relief to them, so the judgments under appeal are unsustainable in law. The Rule in question, submits the learned Senior Counsel, was framed under the Drugs Act and having regard to the factual position that the qualified allopathic doctors are not available in the rural areas and that persons like the appellant-petitioners have been catering to the medical needs of the residents of such areas, as such the Rule is in public interest. The Rule, it is argued, cannot be said to be illegal for want of legislative competence as Section 33 of the Drugs Act confers very wide powers on the Central Government to frame rules. As the class of medical practitioners postulated by clause (iii) of the Rule can properly be identified by the State Governments, They are empowered to declare, by general or specific order, such class and the notifications issued by various State Governments are well within the ambit of the Rule. In any event, urged the learned counsel, the High Court ought not to have dismissed the writ petition in limine and that it ought to have gone into the merits of the case of the petitioners on the basis of the qualifications possessed by them and allowed them to prescribe allopathic medicines as registered medical practitioners.
8. Mr K.T.S. Tlasi, learned Senior Counsel, supported the notification issued by the State Government and submitted that had the State Government so desired, it would have withdrawn the notification but the very fact that it had not done so, would show that the registered medical practitioners have been rendering yeoman service to the citizens, hence, the notification must be given full effect.
9. Ms Indira Jaising, learned Senior Counsel, adopted the arguments of Mr Thakur in general, but focused on the plea that since integrated courses in ayurvedic medical education comprises various topics under modern medicine and when such persons have put in considerable years of practice covering such topics also, any infraction of their right to prescribe medicines which may fall under the Drugs Act would very adversely affect the areas where they are mostly serving now.
10. Mr P.C. Jain, learned Senior Counsel appearing for the petitioners in Writ Petition No. 423 of 1997 while supporting the contention of Mr. Thakur, highlighted that the right of practitioners of Indian medicine to practice modern scientific system of medicine (allopathic medicine) is protected under Section 17(3)(b) of the Indian Medicine Central Council Act, 1970.
11. Mr. Kirit N. Raval, learned Additional Solicitor General appearing for the Central Government, has submitted that the Central Government is maintaining equal distance from both the contenders, namely, the doctors of modern scientific medicine (allopathic) and the qualified vaid/hakims of Indian medicine; though the Central Government had taken the plea in the High Court that practice in allopathic medicine should not be allowed by non-allopathic doctors and in that he would support the view taken by the High Courts of Rajasthan and Punjab & Haryana regarding validity of Rule 2(ee)(iii) and the notifications issued there under, he would, however, add that as a matter of fact, many ayurvedic vaid and unani hakims are prescribing allopathic drugs and that the Central Government will abide by the decisions of this Court. Here we are constrained to observe that the stand taken by the Central Government shows utter bewilderment inasmuch as

the authority which framed the Rule is not interested in supporting the legality and the validity of the Rule nor does it want to do away the Rule wholeheartedly.

12. Mr K.S. Bhati, learned counsel appearing for the State of Rajasthan, in his arguments strongly supported the judgment of the Rajasthan High Court under appeal.
13. Mr H.M. Singh appearing for the State of Punjab also supports the judgment of the Punjab and Haryana High Court and went further and submitted that the Rule itself was invalid- a strange plea by the State Government indeed.
14. Mr. Devender Singh appearing for Respondent 1 in Special Leave Petition © No. 8422 of 1995 also maintained the arguments of Mr. Bhati.
15. Mr. Ranjit Kumar who appeared for the allopathic doctors, vehemently contended that a non-allopathic doctor could not be permitted to prescribe allopathic medicines; he supported the grounds on which the Rajasthan High Court had struck down the Rule and also the interpretation placed by the Punjab & Haryana High Court on the said Rule. His alternative submission is that even if vaida/hakims are held to be within the ambit of clause (iii), after the enactment of Section 15(2) (b) of the medical Council Act and the Indian Medicine Central Council Act, 1970, that clause ceased to be operative.
16. On the Submissions made by the learned counsel for the parties, the questions which fall for determination are:
 1. Whether Rule 2(ee)(iii) of the Drugs Rule is bad for want of legislative competence: and are the impugned notifications issued by the State Governments under clause (iii) of the said Rule, declaring the categories of persons who were practicing modern system of medicine invalid in law?
 2. What is the impact of Medical Council Act, 1956 and the Indian Medicine Central Council Act, 1970 on Rule 2(ee) (iii) of the Drugs Rules and the notifications issued thereunder? And
 3. Whether the persons who have qualified the integrated courses in Ayurvedic and Unani from various universities are entitled to practice and prescribe allopathic medicines?
17. Before advertng to these questions, it would be useful to notice various systems of medicine in vogue in India and the statutes regulating them:
The systems of medicines generally prevalent in India are Ayurvedic, Siddha, Unani, Allopathic and Homoeopathic. In the Ayurvedic, Siddha and Unani systems, the treatment is based on the harmony of the four humors whereas in the Allopathic system of medicine. Treatment of disease is given by the use of a drug which produces a reaction that itself neutralizes the disease. In Homoeopathy, treatment is provided by the like.
18. Of the medical systems that are in vogue in India, Ayurvedic had its origin in 5000 BC and is being practiced throughout India but Siddha is practiced in the Tamil-speaking areas of South India. These systems differ very little both in theory and practice. The Unani system dates back to 460-370 BC but that had come to be practiced in India in the 10th century AD (Park: *Textbook of Preventive and Social Medicine*, 15th End., pp. 1&2). Allopathic medicine is comparatively recent and had its origin in the 19th century.
19. Noticing that for practicing the Allopathic system of medicine, degrees and diplomas were being issued by private institutions to untrained or insufficiently trained persons and some of them were colorable imitations of those issued by recognized universities and corporations which was resulting in unqualified persons posing to the public as possessing qualifications in medicine and surgery which they did not possess, the Indian Medical Degrees Act, 1916 (for short "the 1916 Act") was enacted to ban conferring of degrees or issuing of certificates, licenses, etc., to practice western medical science, by persons or authorities other than those specified in the Schedule and notified by State Governments. The western medical science was defined to mean the western methods of allopathic medicine, obstetrics and surgery; the Homeopathy, Ayurvedic and Unani systems of medicine were excluded from its purview. The next Central legislation on the subject is the Indian Medical Council Act, 1933 (for short "the

1933 Act”) This 1933 enactment was introduced to constitute a Medical Council in India in order to establish a uniform minimum standard of higher qualifications in medicine for all the erstwhile provinces. Section 2(d) of that Act defines the word “medicine” to mean “modern scientific medicine” (which connotes allopathic medicine) including surgery and obstetrics, but including veterinary medicine and surgery. Although Homoeopathic, Ayurvedic or Unani system was not expressly excluded from the definition. Yet a perusal of the Schedule makes it abundantly clear that those systems of medicines were not within the scope of that Act.

20. It may be noted that since “legal, medical and other profession: is Item 26 of List III (Concurrent List) of the Seventh Schedule to our Constitution, both the State Legislatures and Parliament have enacted on the subject of the medical profession. Now all these systems of medicines are governed by central Acts. The Medical Council Act, 1956 (which has repealed the 1933 Act) regulates Modern system of medicine; the Indian Medicine Central Council Act, 1970 regulates Indian medicine and the Homoeopathic Central Council Act, 1973 regulates practice of homoeopathic medicine. Here we are not concerned with homoeopathic, in regard to the practice of allopathic medicine by a homeopath, this Court concluded thus, in *Poonam Verma v. Ashwin Patel* : (SCC p.348, Para 43)

“43. A person who does not have knowledge of a particular system of medicine but practice in that system is a quack and a mere pretender to medical knowledge or skill, or to put it differently, a charlatan.”
21. The erstwhile provinces were and thereafter the present States are also having their own legislation with regard to medical practitioners in different systems (Indian medicine as well as allopathic) and are maintaining registers of medical practitioners in those systems. They are too many to enlist them here lest this judgment will be needlessly burdened. However we shall presently refer to the relevant Acts of the States to which the appeals relate.
22. The Drugs Act was enacted with a view to regulate the import, manufacture, distribution and sale of drugs to curb the evil of adulteration of drugs and production of spurious and sub-standard drugs which were posing a serious threat to the health of the community. The amended definition of “drug” in clause (b) of Section 3 in the Drugs Act is inclusive and comprehensive but it does not include “ayurvedic, siddha or unani “drug. Indeed, at the time of its enactment in 1940, it was not intended to apply to such drugs. It is only by Act 13 of 1964 that those drugs are also brought within the purview of the Drugs Act by including their definition in clause (a) of Section 3 and Chapter IV-A in the Act.
23. Section 33 which falls in Chapter IV of the Drugs Act empowers the Central Government to make rules for the purpose of giving effect to the provisions of Chapter IV which deals with manufacture, sale and distribution of drugs and cosmetics. Sub-section (2) of Section 33 enumerates many subjects in clauses (a) to (q) in respect of which rules may be made. Section 33-A says that Chapter IV shall not, except as provided in the Act, apply to ayurvedic, siddha or unani drugs. On 21-2-1945, in exercise of the powers conferred under Section 33, the Central Government framed the Drugs Rules. Rule 2 contains the definition of the terms and expressions used in the Rules, Rule 2(ee), which was inserted by SO 1196 dated 9-4-1960 with effect from 14-5-1960, define the expression “registered medical practitioner:
24. For purposes of the Pharmacy Act, 1948, the expression “medical practitioner:” is defined by substituting Section 2(f) therein with effect from 1-5-1960. Section 2(f) of the Pharmacy At and Rule 2(ee) of the Drugs Rules are identical.
25. Clauses (I) to (iii) of Rule 2(ee) are relevant for our purpose and the read as under.

“2 (ee) Registered medical practitioners means a person ---

 - (I) holding a qualification granted by an authority specified or notified under Section 3 of the Indian Medical Degrees Act, 1916 (7 of 1916), or specified in the Schedules to the Medical Council Act, 1956 (102 of 1956); or
 - (ii) Registered or eligible for registration in a Medical Register of a State meant for the registration of persons practicing the modern scientific system of medicine (excluding the Homeopathic system of medicine); or

(iii) register in a Medical Register (other than a register for the registration of homeopathic practitioners) of a State, who although not falling within sub-clause (i) or sub-clause (ii) is declared by a general or special order made by the State Government in this behalf as a person practicing the modern scientific system of medicine for the purpose of this Act.;

(iv) And (v) * * *

(They are omitted as they are not material for this batch of cases.)

26. A plain reading of the clauses extracted above shows that the ambit of clause (iii) must necessarily exclude those who would fall under the first two clauses. There is not controversy that categories (i) and (ii) relate to practitioners of allopathic medicines. Hence, the third category falling under clause (iii) on which voids/hakims (non-allopathic doctors) base their claim may be analyzed here:
- (a) It takes in persons who are registered in a Medical Register of a State (it may be noticed here that such a register should not be meant for registration of homoeopathic practitioners but it needs to be a register meant for registration of persons practicing modern system of medicine) :
 - (b) Such persons do not fall within category (i) or category (ii) of clause (iii), as noted above;
 - (c) They must be declared as persons practicing modern system of medicine by general or special order made by the State Government in that behalf; and
 - (d) Such a declaration would operate only for purposes of the Drugs Act and the Rules made thereunder.
27. The learned counsel argued at length on the question whether clause (iii) is also intended for left-out qualified allopathic doctors. But if that interpretation is accepted, the said clause will become redundant as admittedly clauses (i) and (ii) exhaust all categories of practitioners entitled to practice in allopathic medicine. It was conceded at the end of the day and in our view rightly, that the clause takes in medical practitioners other than qualified practitioners entitled to practice allopathic medicine. And as practitioners of homoeopathic medicine are specifically excluded, it becomes evident that this category comprises practitioners who are enrolled in a Medical Register of a State and though not answering the description of clauses (i) and (ii), are de facto practicing modern system of medicine (allopathic) and those facts are declared by the State Government concerned. By this sub-clause, a de facto practitioner of modern scientific medicine (allopathic) is recognized as a registered medical practitioner and is enabled to prescribe drugs covered by the Drugs Act.
28. This being the content of clause (iii) of Rule 2(iii), we shall now turn to the question of validity of the said clause and the circular/ notifications issued thereunder by the State Governments. Letter No.26 (24) M.E (Group-I) 82 dated 27-7-1982 was issued by the Rajasthan Government, communicating the approval of recommendations subject to the conditions specified therein for purposes of issuing the notification under clause (iii) (herein referred to as "the circular") and Notification NO.9874-IIBII-67/34526 DATED 29-10-1967 was issued by the Punjab Government in exercise of powers conferred under the said clauses.
29. The learned counsel appearing for the allopathic doctors and their Association supported the view of the Rajasthan High Court that the Rule is bad for want of legislative competence. We cannot accede to this contention. Section 33 of the Drugs Act confers wide power on the Central Government to make rules. Section 33, insofar as it is relevant, is reproduced hereunder:
- "33. Power of Central government to make rules. –(1) The Central Government may after consultation with, or on the recommendation of the Board and after previous publication by notification in the Official Gazette, make rules of the purpose of giving effect to the provisions of this Chapter:
- Provided that consultation with the Board may be dispensed with if the Central Government is of opinion that circumstances have arisen which

Render it necessary to make rules without such consultation, but in such a case the Board shall be consulted within six months of the making of the rules and the Central government shall take into consideration any suggestions which the Board may make in relation to the amendment of the said rules.

(2) Without prejudice to the generality of the foregoing power, such rule may---

(a) To (d)

(e) prescribe the forms of licenses for the manufacture for the sale or for distribution for the sale and for the distribution of drugs or any specified drug or class of drugs or of cosmetics or class of cosmetics, the form of application for such licenses, the conditions subject to which such licenses may be issued, the authority empowered to issue the same, the qualifications of such authority and the fees payable therefore and provide for the cancellation or suspension of such licenses in any case where any provision of this Chapter or the rules made there under is contravened or any of the conditions subject to which they are issued is not complied with:

(f) to (p) * * *

(q) Provide for the exempting, conditionally or otherwise, from all or any of the provisions of this chapter or the rules made there under, of any specified drug or class of drugs or cosmetic or class of cosmetics.:

30. Sub-section (1) of Section 33 of the Drugs Act empowers the Central government to make rules for purposes of giving effect to the provisions of Chapter IV which deal with manufacture, sale and distribution of drugs and cosmetics. This is a general power of great amplitude. Without prejudice to the generality of the power in sub-section (1) specific topics are itemized in sub-section (2), in clauses (a) to (q) in respect of which rules may be made by the Central Government. Among them, Sub-clause (e) relates to the power to prescribe the forms of licenses for the distribution of drugs, or any specified drugs or class of cosmetics, the form of application for such licenses, the condition issue the same, the qualification for such authority, etc. Section 18 which falls in Chapter IV, specifically deals with prohibiting manufacture and sale of certain drugs and cosmetics. Rule 65 provides conditions of licenses to sell stock or exhibit or offer for sale. Rule contains as a condition of license that the supply of drugs should be on the prescription of a "registered medical practitioner". [See Conditions 2(3) (1), 5(1), (9) and 9(a)]

31. From the above discussion, what emerges is that drugs can be sold or supplied by a pharmacist or druggist only on the prescription of a "registered medical practitioner" who can also store them for treatment of his patients. It has, therefore, become necessary for the rule-making authority to define the expression "registered medical practitioner" for the purposes of the Act and the Rules. Rule 2(ee) does no more than define that expression, which is within the scope of Section 33(1) as well as Section 33(2) (e). Therefore it cannot be said that the rule-making authority was lacking legislative

A. competence to make Rule 2(ee). The High Court misdirected itself by looking to the provision of Section 6 and 12 which do not contain the rule making power. It is only Section 33 which contains the rule-making power. The High Court has also erred in searching for a power to frame rules for the registration of medical practitioner; obviously such a power is not conferred under the Act. The Rules veritably do not deal with registration of the

b. medical practitioner. It only defines the expression "registered medical practitioners: by specifying the categories of medical practitioners which fall within the definition for purposes of the Drugs Act and the Drugs Rules. For the aforementioned reasons. We are unable to sustain the view taken by the High Court of Rajasthan that the impugned rule 2(ee) (iii) suffers from the vice of lack of legislative competence and is ultra vires the Drugs Act.

c. 32. Now coming to the notifications issued by the Punjab Government on 29-10-1967 and the circular issued by the Rajasthan Government on 26-7-1982 referred to above, it had already been pointed out that for purposes of clause (iii) of Rule 2(ee) what is required is not the

qualification in modern scientific system of medicine but a declaration by a State Government that a person is practicing modern scientific system and that he

D. is registered in a Medical Register of the State (other than a register for registration of homeopathic practitioners). A notification can be faulted with only if those requirements are not satisfied. The Punjab and Haryana High Court proceeded with an assumed intention of the rule-making authority that it could not be within its conception to bring vaid/hakims, the practitioners of Ayurvedic (the Indian system of medicine), within the

e. purview of the said expression and that it could have only envisaged registration of a medical practitioner of modern scientific system holding qualifications mentioned in clause (i) and eligible for registration under clause (ii) and on that basis held that the said notification was ultra vires the Rules.

33. from what has been discarded above, we are unable to uphold the view of the Punjab and Haryana High Court.

34. We have perused the above said notification issued by the State Government and we find that they are well within the confines of clause (iii) of Rule 2(ee). Therefore, we conclude that the said circular and the notification issued by the said State Government declaring the categories of vaid/hakims who were practicing modern system of medicine and were

g. registered in the State Medical Registers, are valid in law.

35. Points 2 and 3 have some overlapping so it will be convenient to discuss them together. The right to practice any profession or to carry on any occupation, trade or business is no doubt a fundamental right guaranteed under Article 19(1) (g) of the Constitution of India. But that right is subject to any law relating to the professional or technical qualifications necessary

H. for practicing any profession or carrying on any occupation or trade or business enacted under clause (6) of Article 19. The regulatory measures on the exercise of this right both with regard to the standard of professional qualifications and professional conduct have been applied keeping in view not only the right of the medical practitioners but also the right to life and proper health care of persons who need medical care and treatment. There can, therefore, be no compromise on the professional standards of medical practitioners. With regard to ensuring professional standards required to practice allopathic medicine, the 1956 Act was passed which deals also with reconstitution of the Medical Council of India and maintenance of an Indian Medical Register. Thus for the first time, an Indian Medical Register for the whole of India came to be maintained from 1956. In the 1956 Act Section 2 (f) defines "medicine" to mean "modern scientific medicine" in all its branches and includes surgery and obstetric, but does not include veterinary medicine and surgery and the expression "recognized medical qualification" is defined in Section 2(h) to mean any of the medical qualifications included in the Schedules to the Act.

36. Three more expressions in the 1956 Act have to be noticed here. But before we do so, it must be noted here that the objects and reasons of the 1956 Act took note of the fact that there are local Acts in the States providing for the State Medical Council and maintenance of State Medical Registers for registration of qualified practitioners in western medical science or modern scientific medicine, that is, allopathic medicine. Now, reverting to the expressions in the 1956 Act, they are: "State Medical Council" defined in Section 2(j) as a medical council constituted under any law for the time being in force in any State regulating the registration of practitioners of medicine and "Indian Medical Register" to mean the Medical Register maintained by the Council. The 1956 Act provides for the recognition of medical qualifications granted by universities or medical institutions in and outside India which are specified in the Schedules. Section 15, which is relevant, was in the following terms when the said Act was passed in 1956:

“15 subject to the other provisions contained in this Act, the medical qualifications included in the Schedules shall be sufficient qualification for enrolment on any State Medical Register.

It lay down that the qualification included in the Schedules should be sufficient qualification for enrolment on any State Medical Register. It may be pointed out here that in none of the Schedules the qualification of integrated courses figure, consequently by virtue of this section persons holding degrees in integrated course cannot be registered on any State Medical Register.

37. by Act 24 of 1964, Section 15 of the 1956 Act was modified by keeping the existing section as sub-section (1) and by adding two more, sub-section (2) and (3), which read thus:

“15. (2) Save as provide in Section 25, no person other than a medical practitioner enrolled on a State Medical Register, ----

- (a) Shall hold office as physician or surgeon or any other office (by whatever designating called) in Government or in any institution maintained by a local or other authority;
- (b) Shall practice medicine in any State;
- (c) Shall be entitled to sign or authenticate a medical or fitness certificate or any other certificate required by any law to be signed or authenticated by a duly qualified medical practitioner;
- (d) Shall be entitled to give evidence at any inquest or in any court of law as an expert under section 45 of the Evidence Act, 1872 or on any matter relating to medicine.

(3) Any person who acts in contravention of any provision of sub-section (2) shall be punished with imprisonment of r a term which may extend to one year, or with fine which may extend to one thousand rupees, or with both,

38. For the present discussing, the germane provision is Section 15(2)(b) of the 1956 Act which prohibits all persons from practicing modern scientific medicine in all its branches in any State except a medical practitioners enrolled on a State Medical Register. There are two types of registration as far as the State Medical Raster is concerned. The First is under Section 25, provisional registration for the purpose of training in the approved institution and the second is registration under Section 15(1). The third category of registration is in the “Indian Medical Register” which the Council is enjoined to maintain under Section 21 for which recognized medical qualification is a prerequisite. The privileges of persons who are enrolled on the Indian Medical Register are mentioned in Section 27 and include the right to practice as a medical practitioner in any part of India. “State Medical Register” in contradistinction to “Indian Medical Register”, is maintained by the State Medical Council which is not constituted under the 1956 Act but is constituted under any law for the time being in force in any Sate; so also a State Medical Register is maintained not under the 1956 Act but under any law for the time being in force in any State regulating the registration of practitioners of medicine. It is thus possible that in any State, the law relating to registration of practitioners of modern scientific medicine may enable a person to tube enrolled on the basis of the qualifications to other than the “recognized medical qualifacion” which is a prerequisite only for being enrolled on the Indian Medical Resister but not for registrant in a State Medical Register. Even under the 1956 Act, “recogniesed medical qualification” is sufficient for that purpose. That does not mean that it is indispensably essential. Person holding “recognized medical qualification “cannot be denied registration in any State Medical Register. But the same cannot be insisted upon for registrant in a State Medical Register. However, a person registered in a State Medical Register unless he possesses “recognized medical qualification”. This follows form a combined reading of Sections 15(1), 21(1) and 23. So by virtue of such qualifications as prescribed in a State Act. And on being registered in a State Medical Register, a person will be entitled to practice allopathic medicine under Section 15(2) (b) of the 1956 Act.

39. in the above view of the matter, we are unable to agree with the following observations of this court in A.K. Sabhapathy (Dr.) v. State of Kerala: (SCC p. Para 16)

“These provisions contemplate that can practice in Allopathic system of medicine in a State or in the country only if he possesses a recognized medical qualification. Permitting a person who does not possess the recognized medical qualification in the Allopathic system of medicine would be in direct conflict with the provisions of the Central Act.

40. We have perused the Bombay Medical Act, 1912, the Bihar and Orissa Medical Act, 1916 the Punjab Medical Registration Act, 1916, the Rajasthan Medical Act, 1952 and the Maharashtra Medical Council Act, 1965 which regulate maintenance of registers of medical practitioners and the entitlement to practice allopathic medicine. Under those Acts, State Medical Registers are maintained, Section 7(3) of the Bombay Act of 1912 enabled the Provincial Government, after consulting the State Medical Council, to permit the registration of any person who was actually practicing medicine in the Bombay presidency before 25-6-1912; this seems to be the only case of registration without the requisite qualification. Further, persons possessing Ayurvedic misheard of the Tikal Maharashtra vidyapeeth of Ponna, obtained during the year 1912-1935 (which was included in the Schedule to that Act on 30-9-1939 pursuant to (Notification No. 3020/33 dated 12-9-1939) were entitled to be registered in the State Medical Register, this is the only ayurvedic qualification on the basis of which persons were eligible to be registered on the State Medical Register in Maharashtra further with regard to rural areas, the prohibition to practice allopathic medicine under that Act did not apply provided a person had commenced practice in any village in the rural area prior to 1912. None of the petitioners had claimed benefit of these exceptions. We could not find any other provision which enables a person, other than those possessing the qualification prescribed in the Schedules to the Acts, to be registered in the State Medical Register to practice allopathic medicine. So it can be observed that if any State law relating to registration of medical practitioners permits practice of allopathic medicine on the basis of a degree in integrated medicines, the bar in Section 15(2) of the 1956 Act will not apply.

41. Rule 2(ee) as noted above, has been inserted in the Drugs Rule with effect from 14-5-1960. Section 15 of the 1956 Act, as it then stood, only provided that the medical qualification in the Schedule shall be sufficient qualification for enrolment on any State Medical Register and so there was no inconsistency between the section and the Rule when it was brought into force. But after sub-section (2) of Section 15 was inserted in the 1956 Act. With effect from 15-9-1964, which, inter alia, provides that one person other than a medical practitioner enrolled on a “State Medical Register” shall practice modern scientific medicine in any State, the right of non-allopathic doctors to prescribe drugs by virtue of the declaration issued under the said Drugs Rules, by implicating, got obliterated. However, this does not debar them from prescribing or administering allopathic drugs sold across the counter for common ailments.

42. Here it may be necessary to refer to the development of law with regard to Indian medicine. In the pre-constitutional era, each province of India was having its own enactment regulating the registrant and practice in Indian medicines like the United Provinces Indian Medicine Act, 1939. The Punjab Ayurvedic and Unani Practitioners Act, 1949 etc. After the coming into force of the Constitution, any State legislations were enacted to regulate the practice of Indian medicine, Ayurvedic and Unani like the Punjab Ayurvedic and Unani Practitioners Act, 1963, etc. However, on the model of the 1956 Act, Parliament enacted the Indian Medicine Central Council Act, 1970 (for short “the 1970 Act”). The schemes and provisions of the 1970 Act and the 1956 Act are analogous. “Indian medicine” is defined in Section 2(e) of the Act to mean the system of Indian medicine commonly known as Ashtang Ayurvedic, Siddha or Unani Tibb whether supplemented or not by such modern advances as the Central Council may declare by notification from time to time. In Section 2 (j), the expression “State Register of Indian Medicine” is defined to mean a register or registers maintained under any law for the time being in force in any State regulating the registration of practitioners of Indian Medicine. The Act contemplates having separate committees for Ayurvedic, Siddha and Unani medicines. Section 17 enables, inter alia, the persons who possess medical qualifications mentioned in the second, Third or Fourth Schedule to be enrolled on any State Register of Indian Medicine. A perusal of the Second, Third and Fourth Schedules shows that they

contain both integrated medicine as well as other qualification. So a holder of a degree in integrated medicine is entitled to be rolled under Section 17 of the 1970 Act. Section 22 authorizes the Central Council to prescribe the minimum standards of educating in Indian medicine required for granting recognized medical qualifications by universities, Boards or medical institutions in India. The central Council is enjoined to maintain the Central Register of Indian Medicine containing the particulars mentioned therein and Section 25 lays down the procedure for registration in the Central Register of Indian Medicine. The counterpart of Section 15 of the 1956 Act is Section 17 of the 1970 Act. We shall quote it here:

"17 (1) subject to the other provisions contained in this Act, any medical qualification included in the second, third or Fourth Schedule shall be sufficient qualification for enrolment on any State Register of Indian Medicine.

(2) Save as provided in Section 28, no person other than a practitioner of Indian medicine who possesses a recognized medical qualification and is enrolled on a State Register or the Central Register of Indian Medicine, -----

(a) Shall hold office as vaid, siddha, hakim or physician or any other office (by whatever designation called) in Government or in any institution maintained by a local or other authority;

(b) Shall be practice Indian medicine in any State;

© shall be entitled to sign or authenticate a medical or fitness certificate or any other certificate required by any law to be signed or authenticated by a duly qualified medical practitioner;

(d) Shall be entitled to give evidence at any inquest or in any court of law as an expert under Section 45 of the Indian Evidence Act, 1872. On any matter relating to Indian medicine.

(3) Nothing contained in Sub-section (2) shall affect,-----

(a) The right of a practitioner of Indian medicine enrolled on a State Register of Indian Medicine to practice Indian medicine in any State merely on the ground that on the commencement of this Act, he does not possess a recognized medical qualification:

(b) The privilege (including the right to practice any system of medicine) conferred by or under any law relating to registration of practitioners of Indian medicine for the time being in force in any state Indian Medicine:

© the right of a person to practice Indian medicine in a State in which, on the commencement of this Act, a State Register of Indian medicine is not maintained, on such commencement, he has been practicing Indian medicine for not less than five years;

(d) the rights conferred by or under the Indian Medical Council Act, 1956 [including the right to practice medicine as defined in clause (f) of Section 2 of the said Act], on persons possessing any qualifications included in the Schedules to the said Act.

(4) Any person who acts in contravention of any provision of sub-section (2) shall be punished with imprisonment for a term which may extend to one year, or with fine which may extend to one thousand rupees, or with both,"

A perusal of the provisions extracted above shows that sub-section (1) prescribes qualifications considered sufficient for enrolment on any State Register of Indian Medicine. Sub-section (2) ordains that all persons except those who possess a recognized medical qualification and are enrolled on a State Register or the Central Register of Indian Medicine, are prohibited from doing any of the acts mentioned in clauses (a) to (d) of that sub-section. Sub-section (3), however, carves out an exception to the prohibition contained in sub-section (2). Clause (a) thereof saves the right to practice of any medical practitioner of Indian medicine who was not having recognized medical qualification on the date of commencement of the 1970 Act but who was enrolled on a State Register to practice that system of medicine; clause (b) protects the privileges which include the right to practice any system of medicine which was conferred by or under any law relating to registration of practitioners of Indian medicine for the time being in force in any state on a practitioner of Indian medicine who was enrolled on a State Register of Indian medicine; clause (c) saves the right of a

person to practise Indian medicine in a State in which no State Register of Indian Medicine was maintained at the commencement of that Act provide he has been practicing in Indian medicine for not less than five years before the commencement of the Act and clause (d) protects the rights conferred by or under the 1956 Act including the right to practice modern medicine possessing any qualification included in that Act. In other words, under clause (d) the right to practice modern scientific medicine in all its branches is confined to only such persons who possess any qualification included in the Schedules to the 1956 Act. In view of this conclusion, it matters little if the practitioners registered under the 1970 Act are being involved in various programmes or given posting in hospitals of allopathic medicine and the like.

43. It will be appropriate to notice that the 1970 Act also maintains a similar distinction between a State Register of Indian Medicine and the Central Register of Indian Medicine. Whereas the State Register of Indian Medicine is maintained under any law for the time being in force in any State regulating the registration of practitioners of Indian medicine, the Central Register of Indian Medicine has to be maintained by the Central Council under Section 23 of that Act. For a person to be registered in the Central Register, Section 25 enjoins that the Registrar should be satisfied that the person concerned was eligible under that Act for such registration. Keeping this position in mind, if we read Section 17(3) (b), it becomes clear that the privileges which include the right to practice any system of medicine conferred by or under any law relating to registration of practitioners of Indian medicine for the time being in force in any State on a practitioner of Indian medicine enrolled on a State Register of Indian Medicine, are not affected by the prohibition contained in sub-section (2) of Section 17.

44. To ascertain if any State law confers "the right to practice any system", we have perused the Bombay Practitioners Act, 1938, the Rajasthan Indian Medicine Act, 1953 and the Maharashtra Medical Practitioners Act, 1961 which deal with registration of practitioners of Indian medicine in those States. The requirement as to registration was also contemplated under the Pepsu Ayurvedic and Unani Practitioners Act, 2008 by (12 of 2008 by) and the East Punjab Ayurvedic and Unani Practitioners Act, 1963, which repealed the said two Acts. This 1963 Act prescribes qualifications as specified in the Schedule for the purpose of registration as a registered practitioner. In the said Act of 1963, also, there is an express provision prohibiting a person other than registered practitioners as defined therein, to practice or hold out whether directly or by implication as practicing or being prepared to practice the Ayurvedic system or the Unani system. Section 16(3) of the Pepsu Ayurvedic and Unani Practitioners Act, 2008 Bk enjoins that no vaid/hakims shall be registered under the Act if the Registrar is satisfied that such a person is found to practice any other system of medicine for which he did not hold any certificate or diploma. But we could not lay our hands on any provision in the said State Acts under which the right to practice any system of medicine is conferred on practitioners of Indian medicine registered under those Acts.

45. Nevertheless, Ms India Jaising asserted that the prohibition contained in Section 15(2) and the punishment provided in Section 15(3) of the 1956 Act would apply only to persons practicing the Allopathic system of medicine without obtaining the registration but does not apply to practitioners of Indian medicine. This submission is too broad to merit acceptance. It may be pointed out first that the Act regulates practice of allopathic medicine, so Section 15(2) (b) requires that only those who are registered on the State Medical Register alone can practice allopathic medicine and secondly, the prohibition is directed against every person who is not registered on any State Medical Register and all such persons are precluded from practicing allopathic medicine. The punishment under Section 15(3) is in respect of the contravention of any provisions of sub-section (2).

46. However, the claim of those who have been notified by State Government under clause (iii) of Rule 2(ee) of the Drugs Rules and those who possess degrees in integrated courses to practice

allopathic medicine is sought to be supported from the definition of Indian medicine is Sence 2(e) of the 1970 Act, referred to above , meaning the system of Indian medicine commonly known as Ash tang Ayurvedic, Sridhar or USANi Tabb whether supplemented or not by such modern advances as the Central Council may declare by notification from time to time. A lot of emphasis is laid on the words italicized to show that they indicate modern scientific medicine have been included in the syllabi. A degree-holder in integrated courses is imparted not only the therorticalknowledge of modern scenic medicine but also training there under, is the claim. We shall examine the notifications issued by the Central Council to ascertain the import of those words. In its resolution dated 11-3-1987. The Central Council elucidated the concept of “modern advances” as follows;

“This meeting of the Central Council hereby unanimously resolved that in clause (e) of sub-section (1) of of Section 2 of the 1970 Act of the IMCC Act, ‘the modern advances;’, the drug had made advances under the various branches of modern scientific system of medicine, clinical, non-clinical biosciences, also technological innovations made from time to time and declare that the courses and curriculum conducted and recognized by the CCIM are supplemented by such modern advances.”

On 30-10-1996, a clarificatiory notification was issued, which reads ads under:

“As per proven under Section 2(1) of the Indian Medicine Central Council Act, 1970, hereby the Central Council of Indian Medicine notifies that “institutionally qualified practitioners of Indian system of medicine(Ayurvedic, Sridhar and Unani) are eligible to practice Indian system of medicine and modern medicine including surgery, gynecology and obstetrics based on their training and teaching which are included in the syllabi of courses of ISM prescribed by the Central Council of Indian Medicine after approval of the Government of India.

The meaning of the word “modern medicine” (advances) means advances made in various branches of modern scientific medicine, clinical, non-clinical biosciences, also technological innovations made from time to tome and notify that the courses and curriculum conducted and recognized by the Central Council of Indian Medicine are supplemented by such modern advances”

Based on those clarifications, the arguments proceed that persons who registered under the 1970 Act and have done integrated courses, are entitled to practice allopathic medicine. In our view, all that the definition of “Indian medicine” and the clarifications issued by the Central Council enable such practitioners of Indian Medicine id to make use of the modern advances in various sciences such as radiology report, (X-ray), complete blood picture report, lipids report, ECG, etc. for purposes of practicing in their own system. However, it any State Act recognizes the qualification of integrated course as sufficient qualification for registration in the State Medical Register of that State, the prohibition of Section 15(2)(b) will not be attracted.

47. A harmonious reading of Section 15 of the 1956 Act and Section 17 of the 1970 Act leads to the conclusion that there is no scope for a person enrolled on the State Register of Indian Medicine or the Central Register of Indian Medicine to practice modern scientific medicine in any of its branches unless that person is also enrolled on a State Medical Register within the meaning of the 1956 Act.

48. The right to practice modern scientific medicine or Indian system of medicine cannot be based on the provisions of the Drugs Rules and declaration made there under by State Government. Indeed, Ms India Jaising has also submitted that the right to practice a system of medicine is derived from the Act under which a medical practitioner is registered. But she has strenuously argued that the right which the holders of a degree in integrated courses of Indian medicine are calming is to have their prescription of allopathic medicine honored by a pharmacist or a chemist under the Pharmacy Act and the Drugs Act. This argument is too technical to be acceded to because prescribing a drug is a concomitant of the right to practice a system of medicine. Therefore, in a broader sense, the right to prescribe drugs of a system of medicine

would be synonymous with the right to practice that system of medicine. In that sense, the right to prescribe an allopathic drug cannot be wholly divorced from the claim to practice allopathic medicine.

49. The upshot of the above discussing is that Rule 2(ee) (iii) as effected from 14-5-1960 is valid and does not suffer from the vice of want of legislative competence and the notifications issued by the State Governments hereunder are not ultra vires the said Rule and are legal.

However, after sub-section (2) in Section 15 of the 1956 Act occupied the field vide Central Act 24 of 1964 with effect from 16-6-1964, the benefit of the said Rule and the notification issued there under would be available only in those States where the privilege of such right to practice any system of medicine is conferred by the State law under which practitioners of Indianan medicine are registered in the State, which is for the time being in force. The position with regard to medical practitioners of Indian medicine holding degrees in integrated courses is on the same plane inasmuch as if any State Act recognizes their qualification as sufficient for registration in the State Medical Register the prohibition contained in Section 15(2)(b) of the 1956 Act will not apply.

50. in the result, the civil appeals, special leave petitions and writ petitions are accordingly disposed of. There shall be no order as to costs.