

## CHAPTER 15

### MEDICAL AND PUBLIC HEALTH SERVICES

**H**ealth plays a vital role in keeping a sound body and mind. Ill health not only spoils the life but also makes man's life miserable. Though being healthy is an innate character of an individual, on many occasions environment, pollution and pathogenic micro organisms play a very big role in spreading diseases. "Health is wealth" is a well-known proverb. Hence the saying, "Health is poor man's riches and a rich man's bliss". Earlier there was no organized attempt to meet the challenges of health in community as a whole. Starting with home remedies the medical sciences through research has undergone evolutionary changes. As a result of which several systems of medicine came into existence namely Ayurveda, Unani, Siddha, Allopathy, Homeopathy etc. The home remedies were not only helpful in getting relief from sufferings but also helped as a cure. Gradually, public health care centers and hospitals were established to provide suitable medical aid in an organized way.

Being a dry area, Bijapur district, excluding Bagalkot and Jamakhandi suffers from fever and diseases related to digestive system. Especially, the southern part of the district like Badami and Muddebihala taluks is deprived of an healthy atmosphere. The major areas of this district being drought stricken and due to the severe temperature prevailing during summer, people suffer from cholera, small pox and plague. The Registered Administrative Record reports the first case of plague in Kaladagi of Bijapur in the year 1896. However, historical records dating back to 1689, register that during Aurangzeb's attack of Bijapur, the spread of plague through the army had taken the lives of lakhs of people. History also records that the death of the queen of Aurangzeb was due to plague.

Since 1818, cholera as an infectious disease has spread all over the district and taken the lives of thousands of people. Like in other parts of the country, influenza had spread during 1898

and had taken the lives of nearly 1233 people. Though, from time immemorial smallpox has been a deadly communicable disease, the official record of 1872 reports that the spread of this disease swallowed nearly 1765 people.

The official record of Bijapur, 1876-77 reports that the district being a drought stricken region with no spells of rain resulted in death of nearly 69,026 people due to starvation and various types of diseases. In those areas where tank was the only source of water, diseases like guinea worm and other infectious diseases erupted. By using herbal and home remedies the rural people could control the spread of diseases to some extent. Ayurveda, Unani and Siddha medical systems were quite popular and these systems were used in an organized way. Ayurveda pandits and Hakims following Unani medicines were under the patronage of the then rulers. It has been recorded that famous Ayurveda Pandit like Rukmangada could save hundreds of patients from the clutches of deadly diseases like cholera. It is the genius pandits who elevated the system of Ayurveda. The Bijapur sultan Adilshahi being very considerate about the public health took a lot of interest in establishing Ayurvedic and Unani hospitals. But the rural population was deprived of these systematic services. The rural population was using home remedies. In every village, some families had expertise in the traditional knowledge of herbal medicine. It is these families that provided a cure to many diseases and were the professionals. They used the local roots and herbs for the preparation of medicines. In the latter part of 19<sup>th</sup> century, when the East India Company was established, the British introduced the western allopathic system of medicine. This system was restricted to the British army only. But later, it was gradually extended to the locals also.

The first important landmark in health in the country was the establishment of the Department of Medical Services by the British Government in the year 1844 to control communicable diseases by vaccinations. Thus, the organized medical services have started in India more than a century ago. Later in the year 1922, health became the concern of the society and the health administration include provision of total health care and protection of each of the individual and the family that collectively forms the community. As a result government brought a rule that every child below one year should get vaccinated and in the same year the Public Health Department was established. Earlier to this, in the year 1913, in order to provide better public health services, Government appointed the Head of the Public Health Department as Sanitary Commissioner with more responsibilities. On the same line, District Civil Surgeons were appointed District Sanitary Commissioners. In addition to this, under the supervision of an Assistant Surgeon, Mobile Hospitals were started in each district. And the overall responsibility was entrusted to Assistant Sanitary Officers. In the year 1934, Public Health Department was organised by appointing a Deputy Director of Public Health and a Deputy Director of Medical Services as chief of the Public Health and Medical Services Departments respectively. And one director was appointed to take care of these two departments. Establishment of health care centers/hospitals and their regular improvement and development are the outcome of the major steps taken in the medical services of Bijapur district.

Year	Type of Hospital	Place
1867	Allopathy Hospital	Bagalkote
1871	Allopathy Hospital	Muddebihala
1882	Allopathy Hospital	Kaladagi
1873	Civil Hospital	Bijapur
1917	Maternity Hospital	Bijapur
1935	Municipality Ayurveda Hospital	Bijapur

The establishment of above hospitals paved the way in providing good medical services to the community. In the year 1893, "Bombay Vaccination Act" was implemented in Bijapur district. Municipal Medical Officer was in-charge of vaccination program. Later in the year 1949, this responsibility was transferred to newly appointed "Vaccinators". In each taluk centers, Ayurveda, Unani and Civil Hospitals were started to meet the needs of the public. Before the organisation of the Department of Health and Medical Services, medical facilities in the rural areas were insufficient and the quality of services was very poor as the government was spending only a small percentage of funds out of the total grant sanctioned for the medical services.

The first important landmark in health in Bijapur a district was the appointment of Royal Commission of Agriculture in the year 1926. The commission reported that Villages are the birthplace of all types of diseases and mentioned about the low standard of public health facilities available in villages. They also reported that the preventive and curative medical services provided to the villagers were totally inadequate. The commission also suggested the provision of adequate medical care and health services. Because of the paucity of funds government found it very difficult to provide hospitals in each village. Hence, the government proposed a new program. Under this program government decided to give financial aid to doctors to open a clinic in each village. To support this government program, many local organizations came forward and agreed to supply medicines free of charge.

Under this program, 16 Hospitals started in the year 1965 in Bijapur district as below;

1. Sulya (Badami Taluk)
2. Golasangi
3. Kollahara
4. Yalavaara (Baagewaadi Taluk)
5. Jainaapura
6. Kumatay (Bijapur Taluk)
7. Kundaragi (Beelagi Taluk)

8. Ganjihaala (Hunagunda Taluk)
9. Nimbaala (Bijapur Taaluk)
10. Tambe (Indi Taluk)
11. Ombatti
12. Saalawadagi (Muddebihala Taluk)
13. Jambagi
14. Galagali
15. Aski
16. Devanagaum (Sindagi Taluk)

Modernization and Industrialization have brought about changes in the life style of people. As a result, health hazards like cancer, heart related problems, AIDS, blindness, polio etc., began. These are the bothering illnesses of the people. As a result, the health and medical services have undergone continuous changes to meet the new demands. Communicable diseases like plague, smallpox, cholera etc, which were deadly diseases few decades back have been controlled to a great extent, while there are other diseases like leprosy, tuberculosis, malaria etc yet to be brought under effective control. The objective of complete freedom from communicable diseases is achieved with considerable inputs and monumental efforts. Under "Health for All" program, the Government has undertaken several steps during the year 2000 by promoting and encouraging more and more research and development projects in medical sciences to eradicate deadly diseases and reduce the death rate in order to create a healthy society. Creation of new Health and Family Welfare departments was the other step taken by the government in this direction.

Since Independence, India has completed eight five-year plans. There has been progressive increase in the outlay on health plan since the first five-year plan. These plans incorporated the general policy for improvement of health with emphasis on control of communicable diseases, improvement of environmental sanitation including urban and rural water supply, provision of maternal and child health services, training programs, health education and nutrition. Efforts are also made to bring into effect the concept of primary and community health center to serve as a base for intensive family health and welfare care. People from rural areas were showing lot of concern about their health. Several public health centers were opened by the government in taluk and district head quarters in order to achieve remarkable progress in medical services to community. Before the reorganization of the state there were 4 hospitals, 26 pharmacies. Later in 1974-76, it was increased to 8 hospitals, 21 Primary Health Centers, one ISI hospital, 10 medical sub centers, 7 Taluk Development TIB clinics and 6 Health Centers. Altogether there were 906 beds. Between 1988-89, further increased to 12 hospitals, 54 primary health centers, and 21 health units with 1296 beds.

During 1996-97, health sector showed further progress by introducing 8 Public Hospitals, 102 Primary Health Centers, 4 Ayurvedic hospitals, 2 Primary Health Units, 19 Ayurvedic clinics, 11

Community Health Centers, 2 District hospitals, 504 sub centers, 4 maternity centers with 1727 beds. In addition there are several private nursing homes and clinics. Totally there are 552 registered pharmaceutical dealers. Registered married couples include 4,10,565, of which 2,11,338 couples adopt family planning. The registered natality being 26.4. Presently 791 patients are treated everyday on an average in District Hospitals and Health Centers. Eye specialist M.C.Modi, and Dr.S.G.Nagaloti Mutt, Dr.Karaveeraprabhu V. Kyalakonda are few names from the district who have established themselves as specialists in contributing to the field of medicine.

**Table 15.1 : Details of the Health Institutions in Bijapur District During 1995-96**

Name of the Institutions	Numbers	Numbers of Beds
Public Hospitals	5	210
Community Health Centres	11	330
Primary Health Units	2	NIL
Rural Family Welfare Centers	21	NIL
PPC Maternity Homes	5	30
Ayurveda Pharmacies	21	NIL
Ayurveda Hospitals	3	26
Primary Health Centers	96	576
National Leprosy Prevention Centers	04	NIL
Tuberculosis Prevention Centers	01	NIL
Filaria Centers	02	NIL
<b>Total</b>	<b>171</b>	<b>1,172</b>

### **Natality and Mortality**

#### **(Statistics of birth and death rate)**

Though the collection of data regarding birth and death is a century old, the public have not realized the importance of it Both in rural and urban areas registering of this information are not very successful yet. Earlier the system of such data collection was unscientific. The Police or Patels in villages and Municipal officials in towns used to record births and deaths. This information was dispatched every month to taluk Tahasildar. During 1915-16 certain suitable changes were made in the process of registration. Later in 1918 further modifications were implemented. It is the right of every citizen to register the details of his/ her birth, death and marriage. In villages it is done by Village Accountant and in towns by Municipal officials. According to 1969 Act, Deputy Commissioners are the District Registrars and the District Statistical Officers are the Additional District Registrars in the districts.

### Novel Registering System

The Registrar General's office has brought about a novel registering system for natality, mortality and marriages. In this system a particular village or town registers the statistics regularly, based on this statistics the cause of death is analysed. Reports from all states are summed up at the National level to get an overall picture of population statistics.

The birth rate or is an average number of offsprings produced per unit of time. This is commonly expressed as the number of births per 1000 population per year. In the same way the death rate or mortality also calculated. Still birth and death of mothers during delivery are also registered. There are various reasons for different social and public health problems. Hence this kind of statistics is considered as an indicator of public health. Since the natality is considered at a zonal level the statistics may not be available at the district level. A table showing rural and urban natality, mortality of Karnataka state during 1984-1994 is given, with details of stillbirth, death of mothers during delivery, and infant mortality.

**Table 15.2 : Birth and Death Rates and Reasons for Death during the Year 1987 to 1883 in Bijapur District**

Year	Cholera	Smallpox	Fever	Intestine related diseases	Wounds	Other Reasons	Total Deaths	Total Births
1871	167	571	5,189	1,189	235	2,959	10,310	12,571
1872	1,750	1,765	8,396	1,500	251	5,990	19,652	13,742
1873	90	371	5,777	720	238	3,450	10,596	13,500
1874	1	286	7,756	742	286	4,258	13,429	18,635
1875	1,365	253	9,463	983	267	8,818	16,149	16,156
1876	5,072	87	9,752	1,402	242	4,068	20,628	18,531
1877	7,124	801	41,246	6,102	488	27,290	83,053	11,467
1878	2,230	18	16,872	516	452	4,121	24,209	2,795
1879	NO	10	14,372	464	517	3,827	19,190	6,798
1880	4	1	11,054	1,025	306	1,805	14,195	10,325
1881	138	NO	10,025	1,284	249	1,821	13,517	19,580
1882	543	7	8,112	1,011	224	2,296	12,193	22,678
1883	1,008	645	8,318	1,293	219	2,211	13,699	22,436

Table 15.3 : Details of Birth and Death Registration from 1984 to 1994 in Bijapur district

Details/ Parameter	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994
Births	46,289	48,199	60,629	44,603	55,200	38,415	65,557	65,492	80,838	75,684	73,911
Deaths	14,319	15,059	15,934	12,679	15,718	15,597	16,465	19,154	8,127	21,814	24,204
Still Born Babies	748	608	210	597	651	24	486	353	255	303	402
Death of Infants	828	712	713	510	744	710	837	949	428	441	310
Death of Mothers During delivery	55	66	32	16	53	23	29	48	40	45	47
Birth Rate (Rural)	30.9	30.9	29.9	29.9	30.1	29.1	29.0	27.9	27.4	26.7	20.7
Birth Rate (Urban)	28.5	26.2	26.8	26.3	24.9	25.1	25.0	24.0	23.3	23.13	3.5
Total Death Rate	30.3	29.6	29.0	28.9	28.7	28.0	28.0	26.9	26.3	28.5	27.1
Rural	10.7	9.8	9.4	9.7	9.5	9.6	8.8	9.8	9.4	9.5	7.7
Total Death Rate (U)	6.6	6.1	6.8	6.1	7.0	6.5	6.1	6.9	6.0	5.2	7.9
Total	9.6	8.8	8.7	8.7	8.8	8.8	8.1	9.0	8.5	8.0	7.8
Infants Death Rate (R)	84	80	82	86	88	89	80	87	82	79	122
Urban	43	41	47	41	46	53	39	47	41	42	188
Total	74	69	73	75	74	80	70	77	73	67	151

Note: Districtwise birth and death rates related to Karnataka State is not available  
 Source: Sl.Nos.1-5 Natality and Mortality Act - Annual Report 1969 issued by Directorate of Economics and Statistics  
 Sl.No.6-8: Based on the parameter and numerical data supplied by Indian Sample Registration System

Table 15.4 : Death tool and Research from 1984 to 1994

Reasons for death	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994
1	2	3	4	5	6	7	8	9	10	11	12
Plague	7	4	2	12	4	-					
Cholera	10	19	7	24	34	25	134	26	6	13	20
Malaria	105	62	25	101	39	52	19	24	1	26	33
Typhoid	28	24	14	6	19	10	24	31	7	24	33
Other fever	2,296	2,456	2,064	2,002	2,973	2,175	2,504	2,588	138	4,207	4,606
Dysentery	41	67	41	33	96	73	25,073	88	23	1,621	1,687
Respiratory diseases	54	76	106	8	16	14	10	7	49	196	540
TB (Tuberculosis)	676	800	615	481	764	716	669	965	119	1,138	1,003
Leprosy	27	16	4	6	23	16	15	16	-	8	8
Death during delivery	55	66	32	16	53	24	29	48	40	45	47
Suicide	48	30	20	32	63	49	52	54	88	57	78
Drowned in water	102	79	44	55	95	60	69	77	19	73	71
Wounds and accidents	90	221	105	43	100	158	799	145	115	219	263
Killed by wild animals	5	8	5	5	6	3	9	17	7	9	5
Snake bites	65	47	45	31	62	66	83	94	15	91	83
Mad dog bites	9	7	6	4	3	3	7	6	3	8	15
Tetanus	13	28	17	20	62	51	22	77	35	94	94
Diphtheria	139	71	15	17	36	21	7	10	6	15	16

Contd...



	1	2	3	4	5	6	7	8	9	10	11	12
Caugh	4	4	6	-	17	15	18	5	5		5	12
Polio	5	5	9	2	4	14	4	10	7	7	9	10
Polio myelitis	54	27	27	33	2	52	37	28	40	3	47	50
Lung diseases	1	1	2	-	9	38	63	30	39	8	37	36
Consuming of poisonous food	76	23	23	24	28	46	48	75	45	42	60	104
Measles	47	51	51	7	4	56	68	27	154	7	183	179
Cancer	324	322	322	569	263	457	336	558	470	116	576	942
Diabetes	29	29	23	6	7	30	15	17	14	20	22	40
Anemia	6	6	70	8	16	21	27	11	11	44	8	32
Brain diseases	80	80	32	17	13	31	19	14	24	45	24	36
Heart diseases	41	41	158	35	22	70	165	87	72	140	2,209	1,196
Heart attack	474	388	388	738	347	509	736	414	814	355	1,134	1,959
Pneumonia	12	12	10	5	17	91	17	22	21	28	19	30
Influenza	1	1	4	1	1	7	1		10	4	9	9
Asthma	2,887	3,357	3,357	2,723	2,524	3,597	3,434	3,122	3,765	412	3,823	3,660
Jaundice	126	126	63	113	16	124	138	114	7	7	169	203
Other diseases	5,868	4,961	4,961	7,550	5,617	2,943	4,846	4,580	5,740	4,048	3,279	4,518
Unknown diseases	504	1,417	1,417	936	875	3,159	2,109	2,823	3,193	2,158	2,376	2,586
<b>Total</b>	<b>14,319</b>	<b>15,059</b>	<b>15,934</b>	<b>12,679</b>	<b>15,718</b>	<b>15,597</b>	<b>16,465</b>	<b>19,154</b>	<b>8,127</b>	<b>21,815</b>	<b>24,208</b>	

### Communicable Diseases

The Industrialization and Urbanization at the cost of basic needs of the people create unhygienic atmosphere and make people suffer from various health problems, due to the lack of quality drinking water, poverty and malnutrition. Thickly populated areas have made way for the accumulation of filth and help breeding mosquitoes and houseflies. Which lead to the spread of dreadful diseases like plague, small pox, malaria etc. and have increased the death toll. Government has undertaken various measures to avoid the spread of communicable diseases by spraying insecticides, vaccination, immunization, providing quality drinking water, improving sanitary conditions and so on. In addition, steps have also been taken to visit the infected areas to diagnose and to find out the state and severeness of the conditions of the patients and also to arrange programs to provide health awareness.

Following are some of the communicable diseases and measures taken against them in the district:-

**Small Pox :** It is a highly contagious and deadly viral disease that was once common to affect children can be prevented by vaccination. In 1830 British government launched the vaccination program for the eradication of this disease. The disease is caused by the infection of the virus called *Variole*. It spreads through unhygienic food and water. The data of 1950 shows that nearly 117 people succumbed to this fatal infection. In 1963-64 there were 43 and 84 death respectively. Later one can see a gradual decrease in the small pox cases and from past two decades it is claimed to be eradicated. Under the National Small Pox Eradication Program in the year 1961, the primary vaccination for the children of age upto one year followed by secondary dose after the age of 4 years was performed. In association with microbiologists and Immunologists WHO conducted various special programs in rural areas for detection and prevention of small pox. By mid 1975 when no cases of small pox were reported, all India was declared free of small pox in 1978. Presently an award has been instituted to any one who reports the existence of small pox. Between 1961-62, there were totally 16 Vaccinators in the district. In 1965 the number rose to 49. For every population of 20,000 there was a provision for appointment of 27 vaccinators. The primary and second doses given during 1960-61 to 1964-65 were, 6,03,913, 1,83,887, 2,41,646 and 1,61,17 respectively.

**Cholera :** It is a severe infectious endemic disease. If immediate preventive measures are not taken it can spread very quickly and can be fatal. History reveals that in 1818 Bijapur was affected with severe outbreak of cholera. During the reign of Adilshah, when people suffered from endemic cholera, the famous Ayurvedic Pandit , Rukmangada had saved thousands of lives by his expertise treatment. A common problem cropping up during summer specially spreads because of unhygienic conditions and due to the consumption of contaminated water and food. By providing hygienic drinking water and food, spraying of insecticides and taking precautionary measures like vaccination Government could prevent the onset of this disease.

In 1909 and 1912 when cholera had hit the district nearly 10,400 people were vaccinated against this disease. Between 1963-64 about 350 villages in the district were afflicted by this disease. 1,53,608 and 7,46,404 people were vaccinated in 1963 and 64 respectively. From then

onwards the cases of cholera is declining and the fear of the people also is reduced. A record of the decade for 1984 to 1993 shows the mortality of 10, 19, 7, 26, 34, 25, 26, 6 and 13 in order.

**Malaria :** The National Malaria Eradication Program was launched in 1953. Earlier to this control measures of malaria were restricted to malnad area of the state. Under the National Program it was extended to all regions of the state. Though this disease was affecting people from long, it was only after the reorganization of Karnataka state a systematic eradication of malaria program was launched. The district record reveals 13,102 malaria cases during 1947. Earlier, deaths due to malaria were recorded as deaths due to general fever. As a result proper official information is lacking with reference to malaria. When in 1949, malaria control measures were taken. Badami taluk was sprayed with insecticide, DDT. Under this program many units have been operating in the district. Two of them are in Bijapur and Badami. For 5 years from 1960 to 1964 the detected malaria cases were 10, 55, 34, 4, 12. The blood samples examined during this period being 1096, 3050, 31708, 20220 and 39403. Between 1984 and 1993 the death rate due to malaria was 105, 92, 25, 101, 35, 52 and 19 respectively. Presently all the Primary Health Centers in the district are the centers for the detection of malaria cases.

**Tuberculosis :** This is a major health problem in the community. The National T.B. Program has opened up District T.B. Program Centers through out the state. The T.B. Eradication Program has been combined with general health services. special beds have been reserved for T.B. patients, both in government and NGO units. Specialists in the field are also appointed in T.B. centers. The primary or the first infection can be controlled by giving the BCG (Bacille Calmette Guerin) vaccine.

District T.B. centers function under the district T.B. Officer. All the Primary Health Centers treat the patients on detecting the case by examining the sputum. The short term treatment for T.B. was started in the district during 1989-90 and was extended to many rural health centers. District T.B. Center and all general hospitals in the district have been provided with sputum examination facilities. Some of them have the X-ray facility. In 1995-96 the sputum examination of 7434 people were conducted and 5017 were treated as outpatients. Vaccination of BCG has been given to 84,855 people.

**Leprosy :** Karnataka state records a medium rate of leprosy cases. In Bijapur 214 cases are reported. This is to the number for every population of 1000. In 1928, under the leadership of district commissioner the 12 member district Antileprosy committee was formed. Medication, rehabilitation, 100-120 inpatients, treatment of disabled people to their highest possible level of function are some of the measures taken by this committee. In 1965 a primary school was started for children of leprosy patients. In 1958 leprosy center was opened in Ilakal. District hospitals, Primary Health Centers, Primary Health Units are providing treatment to leprosy patients. In Feb, 1990, multi drug therapy was promoted. National Antileprosy Centers are functioning in Bijapur, Ilakal, Jamakhandi and Muddebihala. Under the Leprosy Eradication Program during 1995-96 nearly 2538 leprosy cases were detected and 2506 people were cured. Thus 78.7% success has been achieved.

**Elephantiasis :** It is a persistent and chronic disease caused by a micro organism called *Filaria*. This parasite is conveyed to man by the bite of mosquito. The government conducts a survey of the disease and on detection provides treatment to the patient. The National Antielementiasis Program has opened several units in the country. Such centers are in Kamatagi and Ilakal of Hunagunda taluk, Guledagudda of Badami taluk. In these centers the blood testing is also conducted during night. On detection of microfilarial infection DEC tablets are supplied to control the spread of the disease. In 1994 to 1997 the filarial unit of Guledagudda conducted blood sampling survey of 2868, 3363, 3820, and 4144 respectively. On detecting 1, 2, 1 and 3 filaria cases treatment was also given.

**Aids :** (Acquired Immunodeficiency Syndrome): It is the most dreaded disease of the 20<sup>th</sup> century. The syndrome incapacitates the immune system eventually leading to death. The major signs or symptoms of the disease include prolonged fever either constant or with gaps, chronic diarrhoea and weight loss. In 1987 the Government has adopted AIDS preventive measures. All district hospitals in the state conduct blood testing and imparts health education and awareness program. Person infected with AIDS spreads the disease. Immoral sexual contacts, HIV infected blood transfusion also spread the disease. In the district blood tests were conducted for 532 people in 1996. Out of which 13 were tested HIV positive. In 1993 out of 196 blood sampling 16 in 1994 out of 206 samples 21 and in 1995 out of 16 sampling, eight HIV cases were detected. In 1994 and 1995, four and one deaths were due to AIDS.

### **Ayurveda**

It is a popular ancient Indian system of medicine that could be traced from Vedic period. Even after centuries it has retained its status. It provides information not only of cure but also the detailed description of the disease and secrets of maintaining good health. Dhanvantri is considered the profounder of Ayurveda. The father of Indian medicine, Charaka and the father of Indian surgery, Sushruta are considered as the authority of Ayurvedic system of medicine. Charaka and Sushruta samhita deal in detail several aspects of medical sciences. A mention of even brain surgery is recorded in the Sushruta samhita. He has also given a detailed account of about 120 surgical instruments he had used. The book on Ayurveda written by Agnivesha is supposed to be the authority on the subject. It is believed that Charaka used this text as a source for his Samhita. Ayurveda deals with physiological tendencies or tridoshas called vata, pitta and kapha, which are related to the levels of energy or prana affecting the body, and their treatments.

With the advent of the British, the allopathic system of medicine was introduced, which shadowed the confidence in Ayurveda. The main attraction of allopathy was the quick relief of the ailments. The popularity of allopathy led to the decline of the traditional system of medicine with the notion that it is a list of herbs and roots without being scientific. Now it is gaining its original momentum and appreciation of being highly scientific. Government is providing all assistance and encouragement in all spheres of development of Ayurvedic System of Medicine. Financial assistance is also provided for Ayurvedic study and research. Bijapura district has 3 Ayurvedic hospitals in Bagalkote, Jamakahandi and Beelagi. There are 10 beds in Bagalkote and Jamakhandi whereas there are 6 beds in Beelagi. The Ayurvedic clinics in the district are given below. (talukwise)

Taluk	Village
Bijapur	Gunadala, Dhannaragi, Kanabooru,
Muddebihala	Yalaguru, Balabatte, Vanakihala
Bagalakote	Gonala and Hipparagi
Beelagi	Anganavadi, Harakeri, Mannikeri
Mudhola	Metagudda and Bantanur
Badami	Hebbala
Hunagunda	Kelavadi
Indi	Benoora

District Ayurvedic Health Centers treat 413 patients on an average every day. Bindloor Madhav, Bhimacharya Vodeyar, Bijapur (1984), V.B.Gonekar, Bagalkote (1986-87), G.V. Puranika, Bijapura (1986-87), V.R.Vastrada, Bagalkote (1987-88), G.P. Badachkar, Banahatti (1987-88) are some of the Ayurvedic practitioners in the district who are receiving the pension from the Government for their services in Indian System of Medicine.

## HEALTH INSTITUTIONS

### District Hospital, Bijapur

Established as a civil hospital in 1885, the district hospital originally had started as an allopathic clinic during 1875. Treatment was given to the patients suffering from malaria, diarrhoea and respiratory problems. Later in 1962-63, there were 7 medical officers with 135 beds. This hospital also had an X-ray unit, 20 beds in Maternity Ward and lab facilities. During 1964-65, treatment was given to 600-700 outpatients, 142 family planning surgeries were conducted, 8981 blood sampling, 248 caesarians, 406 X-ray, and 3810 screening. Later in 1967 this hospital was upgraded as a well equipped District Hospital. In 1976 the government at the cost of Rs.84 lakhs constructed a new hospital complex in an area of 167 acres. The same hospital was shifted to this new complex. This new hospital complex has the capacity of 500 beds. Presently it has 396 beds.

District Surgeon is the Chief Medical Officer subordinated by 22 senior specialists and 225 administrative staff. The hospital has the Departments of Medicine, Surgery, Gynecology, Pediatrics, Orthopedic, Ophthalmology, Dentistry, ENT, Dermatology and Venereal Diseases, Immunology and Microbiology, X-ray, and Anesthesiology. It also has the units of naturopathy, trauma and accident, Blood Bank, Radiology and I.V fluid. Under the hospital administration there is a nurse training center. Here two to two and a half years of training is given. The table shows the activities during the period of 1994 to 1997.

Treatments	1994-95	1995-96	1996-97
Outpatients	2,57,044	2,44,673	2,40,646
Inpatients	9872	10031	12028
Surgery	1677	1760	1462
Eye operation	46	464	488
Blood sampling	14384	1204	13679
Medical termination of pregnancy	50	48	30
Deliveries	1430	1998	1249
Family planning operations	787	548	717
IUD's (Loop)	347	436	573
Oral contraceptives	59	219	213
Use of Nirodh	379	464	448

**Table 15.5 : Following are the details of vaccination given under the Health Care Program for mother and child.**

Activities	1994-95	1995-96	1996-97
D.T.P	1,789	1,932	1,368
Polio Drops	1,789	1,932	1,405
B.C.G	2,084	2,607	1,672
TT (Pregnant Women)	1,789	1,704	1,581
D and T	1,905	1,650	1,301

In 1996 the hospital treated 53 burn cases. Between August 1995 and Nov. 96, 642 bottles of blood was collected. Blood sampling detected 19 HIV infections. Family planning and surgery of 1995-96 and 96-97 claimed life of 4 and 3 respectively .

#### **District Hospital, Bagalkote**

It started as an allopathy clinic in 1867. Later in 1922, it got elevated to the status of Municipal Hospital. The Government in 1962 sanctioned its merging with cottage hospital having 70 beds. The hospital is functioning in a building constructed in 1962 at the cost of Rs.three lakh. The

building is at the threat of submergence in the back water of Almatti Reservoir, it is being shifted to a new 250 bed hospital complex that is coming up at Navanagar in Bagalkote. This hospital is providing suitable treatment to enterogastritis, malaria, T.B. and jaundice etc. It is also taking steps to combat in controlling these diseases. The hospital has modern facilities like X-ray, screening, operation theatre, clinical laboratory, blood bank and maternity units. ophthalmic, dental, cardiac, orthopedic, general surgery, anasthasia units are also functioning under the supervision of specialists in each of these fields. There are 90 staff members including the senior specialists and a district surgeon. In 1964-65, the hospital treated 240-300 outpatients. Following table provides the statistical data of 1994 to 1997.

Activities	1994 -95	1995 - 96	1996 - 97
Out patients	1,39,992	1,23,315	1,33,444
In patients	31,942	25,913	29,194
Delivery cases	979	998	1,032
Surgery	817	799	696
X-ray and screening	7,549	1,906	2,262
T.B treatment	197	159	193
Leprosy patients	25	26	17
Family planning operation	530	561	492
Looping	429	54	421
DPT vaccination to mothers	2,346	2,640	2,313
Polio drops	2,376	2,519	2,421
Number of Eye camps under National eradication of blind program	-	22	23
Eye operation	-	1,243	2,474

#### General Hospital, Jamakhandi

In 1861 the hospital was built by Ramachandra Patavardhan. Then it was called "Prince of Wales Hospital". Further in 1938, this hospital building was expanded and started with maternity unit. The government changed its name as General Hospital. In 1966 the third floor was built to accommodate the office, female general ward, children ward and a conference hall. It has also undergone further expansion. At present the hospital has 50 beds. There are 57 staff members including Chief Medical Officer and eight senior specialists. The hospital has the facilities of X-ray,

laboratory and maternity units. special services under Gynecology, Cardiac, Dental and Orthopedic are also available here. The following table highlights the performance of the hospital during 1994 to 1997:

	1994-95	1995-96	1996- 97
Out patients	94316	92044	101996
In patients	1411	4482	4665
Delivery	741	78	829
Surgery	626	636	127
X-ray	1073	766	716
Screening	1033	900	708
T.B cases	226	202	182
Leprosy	17	19	18
Family planning operations Sterilization	270	325	301
IUD's (Loop)	201	242	250
DPT (children)	1585	1581	1500
DPT (mothers)	1412	1096	8393
TT (mothers)	1445	1397	1439
Below 10 years	1371	1435	1152
Between 10 – 16 Years	1205	1310	1010
Polio drops	1715	1581	1500

### General Hospital, Mudhola

Established earlier as KEM (King Edward Memorial), started functioning as Public General Hospital in 1923. Later the government expanded this hospital to accommodate 36 beds. There are all together 44 staff including 6 doctors. It has a laboratory, X-ray unit and maternity ward. On an average 250 patients are treated every day. About 160 inpatients are treated every month. Following are the achievements of this hospital during 1994 to 1998:



	1995-96	1996-97	1997-98
Out patients	77,577	85,205	68,369
In patients	2829	2234	2254
Delivery	324	234	286
Surgery	224	234	286
T.B cases	63	52	66
Family planning operation, (Sterilization)	857	738	574
IUD's (Loop)	130	168	148
DPT	776	764	772
TT	827	1207	777
Polio drops	854	1027	805

### General Hospital, Indi

Started under Jaluk Development Board, it became a Primary Health Center in 1961. In 1993 it was named as General Hospital. Initially it had only 10 beds, but today it has 50 beds. Under the supervision of this center are 10 secondary health centers. Facilities of this hospital include X-ray, laboratory, maternity ward and many specialists. The services rendered by this center during 1995 to 1997 include:

	1995-96	1996-97
Out patients	31240	18968
In patients	319	1545
Delivery	768	793
Surgery	187	342
T.B. cases	28	38

Under the Family Planning and Mother and Child Care Programmes the following activities have been undertaken during 1994 to 1997:

Activities	1994-95	1995-96	1996-97
Family planning operation: Sterilization	—	482	663
IUD (Loop)	—	585	770
DPT	608	1674	1932
D and T	470	1390	2176
TT (mothers)	415	1726	2063
BCG	680	1625	2182
Polio drops	608	1674	1932
Vaccine for measles	640	1802	2307
TT (below 10 yrs)	410	1390	2176
TT (16 yrs)	351	1031	1698

#### General Hospital, Hunagunda

This hospital started under the District Development Board in 1917. Later in 1966 this was recognized as Primary Health Center. In 1985, the government declared this as a General Hospital and introduced the facility with 36 beds. Here the facilities include maternity, X-ray and Ophthalmology. The hospital on the National Highway has been constructed at the cost of 2 lakhs. There is a proposal of increasing the beds to 100. Following are the details of the activities during 1994 to 1997:

Activities	1994-95	1995- 96	1996- 97
Out patients	32545	26442	23566
In patients	2190	2460	2493
Delivery	107	117	224
Surgery	215	271	225
X-ray	1	20	420
T.B.cases	11	67	75
Leprosy	31	36	40
Sterilization	288	348	343

Activities	1994-95	1995-96	1996-97
IUD (Loop)	305	310	350
DPT	1795	1860	1886
DT	1690	1595	1640
TT (Mothers)	1890	1986	2097
TT (Children below 10 years)	1570	1585	1650
Polio Drops	1790	1830	1886

### General Hospital, Ilakal

Started as a small clinic in the year 1873, it was converted into a Government General Hospital in the year 1981. Presently a new building is coming up in an area of 8 acre, and the first stage of construction is already being completed with a capacity of 50 beds. Associate Surgeon is the chief of the Hospital, under whom, one Dentist, three Assistant Surgeons and other staff members work. The hospital has not only a laboratory, maternity and ophthalmic units but also services rendered by specialists.

Following are the details of the services rendered during the period 1994-1997.

Activities	1994-95	1995-96	1996-97
Out patients	68,756	66,034	65,033
In patients	1,064	1,124	1,143
Delivery	306	306	312
Leprosy cases	121	93	110
Sterilization	258	303	312
IUD (Loop)	112	154	292
DPT	1118	1112	1107
DT	1052	1361	1051
TT	887	1260	1184
Polio Drops	1118	1112	1107

### General Hospital, Guledagudda

Initially started as Municipal Hospital and was converted into a Government General Hospital in the year 1970. It has the capacity 30 beds. It also provides services of the specialists. The hospital has 3 Medical Officers. Including one Lady Medical Officer. It has laboratory, maternity, X-ray and screening facilities.

Following are the services rendered during the period 1994-97

Activities	1994-95	1995-96	1996-97
Out patients	61,703	55,022	35,463
In patients	1,241	1,383	1,696
Fever (Blood smears)	1,820	2,850	4,856
TB Patients	38	22	18
X-ray	289	55	173
Screening	31	8	24
Delivery cases	254	256	208
Sterilization	235	203	238
Microphilaria (Blood smears)	3,361	3,820	4,144
Microphilaria cases	2	1	3

### Rural Health Programme

Before Independence, vaccination and spraying of insecticides were the only programs undertaken by the government and rural areas were deprived of other health and medical aids. After Independence, when Five-Year Plan was introduced, medical services and several other programs were extended to the rural areas. Better medical facilities, improving the quality of medical investigations, maternity services, child care, controlling and prevention of communicable diseases were some of the steps taken under the Rural Health Program under the guidance of the Central Government to popularise the family planning. Primary Health Centers were elevated as Community Health Centers.

### Community Health Centers

In general, government has opened Community Health Centers in taluk centers /town centers in each district. Community Health Center is one where the government has established 30 beds hospital for every 4 Health Centers or for every population of 1 lakh. Secondary health centers have the provision for 50 beds. These Centers in turn refer to community health centers. Here, special medical services are provided. In this district, there were 10 Community Health Centers during 1996-97, one each at Basavanabaagewadi, Muddebihala, Talikote (Muddebihala taluk), Baadami, Beelagi, Tadasalaga (Hunagunda taluk), Hunagunda, Sindhagi, Kalakeri, Ilakal (Sindhagi taluk). These centers are providing medical services with an accommodation of 330 beds.

### Community Health Center, Badami

Started as a District Development Board Hospital in 1920, was later converted into Community Health Center in the year 1989. This has the capacity of 30 beds and also has the provision for services by specialists, maternity, laboratory and Ophthalmology etc. Following are the list of facilities provided by the Community Health Center during the years 1995-1997.

Activities	1995-96	1996-97
Out patients	24,698	26,013
In patients	1,115	1,325
Delivery cases	780	960
TB Patients	13	18
Leprosy Patients	25	23

Under the Family Planning Program the hospital has recorded the following achievements during the year 1995-97

Activities	1995-96	1996-97
Sterilization	103	223
IUDs (Loops)	152	210
DPT	602	680
D and T	305	340
TT	419	430
Polio Drops	556	610

### Primary Health Centers

The government has established Primary Health Centers to provide the basic health services to the people of rural areas. The services rendered by this center include the protection of public health, taking preventive measures to combat communicable diseases. Both National and State Level Eradication Programs for infectious diseases like TB, leprosy, malaria, and vaccination and family planning programmes etc are conducted by these centers. Initially, there were central and state Primary Health Centers. Later, in 1957, Government of India modified these as Model Health centers. These centers are situated in Obaleswar, Tikota, Honnutagi, Indi, Chachadachana, Alamel, Kalakeri, Saavalagi, Theradala, Lokapura, Bevooru, Hunagunda, Soolibhavi, Kerura, Pattadakal, Galgali, Naalathvad, Konnur, Nidugundi and Managooli.

Each health center fulfills the health and medical needs of nearly 30,000 people. Initially, each center receives medicines worth Rs.30,000/- Earlier, Primary Health Center used to have one Medical Officer, 4 Nurses, a Health Inspector, a Pharmacist, and a Junior Doctor. As and when the health programs are expanded, the number of staff members are also increased accordingly. Presently, each health center has one lady medical officer and at least two other Medical Officers. In addition there are Senior and Junior Health Inspectors, male and female Health Workers. Presently (1995-96) there are 96 Primary Health Centers with a total of 576 beds. Under these Primary Health Centers, there are 514 secondary centers. Central government Model Primary Health Centers provide basic health services like controlling of infectious diseases like Malaria, TB cholera, and family planning program, maternity and child care services, health education, maintenance of healthy environment and registration of births and deaths.

The Primary Health Centers are looking after all the special national schemes under their purview in an effective way. There are 96 Primary Health Centers in the district with a total number of 576 beds. Following is the list of Primary Health Centers in each Taluk:

	Taluk Village
Bijapur	Babaleswara, Honnutagi, Naagatana, Mamadapura, Tikota, Kannoora, Honavada, Kanamadi, Kakhandaki,
Basavanabaagewadi	Managooli, Ukkala, Nidugundi, Vandala, Kudarisaala, Telagi, Konihaala, Vadavadagi, Golasangi, Kollahara, Hoovinapparagi, Mulavada, Sasanoora, Elavaara, Vandala
Muddebihal	Konnur, Kaaligi, Tangadagi, Madikeswara, Naalathavada, Thamadaddi, Garasangi, Dhavalagi, Kaariganooora, Bantinoora
Bagalakot	Bevoora, Kaladagi, Shirura, Raayooora, Suthagundara.
Baadami	Kerura, Katageri, Kulagericross, Pattadakal, Nandikeswara, Kaakanoora, Mushtigeri, Vethaval,
Jamakhandi	Teredaala, Konnuru, Lingasoora, Saavalagi, Hipparagi, Chimmad,
Beelagi	Beelagi, Girisaagara, Galagali, Kundaragi,
Mudhol	Hlagali, Lokapura, Pelagal, Malal, Kasaba-Jambagi

Indi	Indi, Horthi, Inchageri, Chirakel, Tadavalga, Taamba, Chadachana, Halasandi, Agara, Anachi
Sindgi	Aalamel, Moratagi, Devarahipparagi, Chirakel, Kalakeri, Balaganur, Jaalavada, Koravaara, Malamvana,
Hunagunda	Kamathagi, Hunagunda, Soolebhavi, Karadi, Singanagutti, Kandagal, Mudhola, Koodalasangama, Goodura, Ameenagada, Kaadaragi.

**Primary Health Centre, Beelagi**

Started as Taluk Development Board Hospital in 1901 was changed as Government primary health unit in 1979. Later in 1985, it was elevated to a status of Primary Health Center. The center has its own building with 2 Medical Officers and other staff members with the facility of 10 beds. There are 7 secondary health centers working under Primary Health Centers. Following are the list of activities conducted over during 1994-1997

Activities	1994-95	1995-1996	1996-1997
Out Patients	10,388	10,893	11,276
In-Patients	576	681	733
TB Cases	18	22	31
Leprosy Cases	14	26	7
Sterilization	329	440	264
IUD	301	295	369
DPT	1057	1236	978
D and T	896	1097	800
TT	1344	1384	-
Polio Drops	1057	1236	978

### **Primary Health Units**

The health centers like clinics, Municipal Hospitals, Local Fund Hospitals, Taluk Board Hospitals, Ayurvedic Hospitals were the health centers in rural areas in earlier days. In 1978 the Government changed these hospitals into Primary Health Units. These units undertake the responsibilities of medical services and public health programs like health centers. They also take part in conducting national health and public health educational programs. There is one such health unit for every 15 to 20 thousand population. These units collect data of health programs conducted in their respective areas. The data collected are sent to their respective health centers. Each health unit includes 1 Medical Officer, Pharmacists and nurses. Maternity midwifery natal unit also are attached to it. The district had health units at Koodagi in Basavanabaagevaadi taluk and Chittaragi of Hunugund taluk during 1996-97.

### **Family Welfare**

In the year 1949 with the establishment of National Family Planning Society, Family Welfare Scheme was started in India for the first time. Later, in 1952, this program was officially declared as a national program and also enforced family planning scheme. As a part of public health, Family Welfare Program has been implemented throughout the country. The government proposed to reduce the present birth rate of 26.8 to 21, childrens' death rate from 70 to 60 and to increase the protective measures of prospective couples from 51.4 to 60.

Under the Family Welfare and Mother-Child Health Services Scheme, the program aims at creating healthy society and to educate the public about the importance of small family and also make them accept family planning voluntarily. Initially, it was introduced at an experimental level and later during the third five year plan the program was extended throughout the district. A full-fledged Department of Family Planning was established in the year 1966. The primary health centers and units, city family centers, general hospitals and community health centers play a great role in the success of this program. family planning program later considered under family welfare program. In the year 1978, district health and family welfare department was established with the creation of the post of District Medical officer in Bijapur district. The entire district health programs are carried over under the supervision and direction of the District Health and Family Welfare Officer. The Officer is also responsible for implementing the same at National and State levels with the help of Health and Medical Institutions in the district.

The family welfare programs are conducted successfully in the district with the active participation of the government, quasi and private medical institutions. During 1995-96, the district performed Family Planning effectively with 22,449 sterilization, 24,144 IUD's (Loop), 25,653 usage of nirodh and 9589 oral contraceptives. Following is the list of private hospitals and nursing homes recognized by the government in the district which are extending family welfare services.



Taluk	Names of private hospitals and nursing homes
Bijapura	Umarabi Nursing Home, Kulkarni Maternity Nursing Home, City Hospital and Maternity Division, Lakshmi Hospital, Ramakrishna Hospital, Sreekripa Hospital, Dhanvantari Nursing Home, Silver Jubilee Maternity and Children Welfare Center, Usha Nursing Home, Anand Hospital, Vaasi Hospital, BLDE Society Medical College Hospital, Dr.Nalini Bagalkotakar Nursing Home, Dr.Gowamma R SajjanHospital, Konnura Maternity and Nursing Home, Maalasa Nursing Home, Jaya Nursing Home
Jamakhandi	Sanjeevini Nursing Home, Sree Clinic Maternity and Nursing Home, Janata Clinic, Polyclinic, Krishna Clinic, Padma Hospital, Mounesh Maternity and Nursing Home, Dhanvantari Maternity Home, Padma Clinic, Deshapande Nursing Home, Shanthi Nursing Home, Mahaveer Nursing Home and Tungala Nursing Home
Baagalkote	Shiroora Maternity Home, Mutalika Nursing Home, Kaanthi Nursing Home, Chowhana Maternity Nursing Home, Shahabadi Nursing Home, Karudi Nursing Home and Dr. Harjaan Surgical Center
Hunugunda	Mahipathiraaja Maternity Home, Mahantesh Nursing Home, Kakhandki Maternity Nursing Home and Matrusri Nursing Home
Mudhol	Belagali Surgical Nursing Home, Venkatesh Maternity Nursing Home, Kadambari Nursing Home, Dhanvanthari Nursing Home, Shirala Nursing Home (Mahalingapura)
Indi	Sheela Clinic, Chadachana

### Mother and Child Health Programme

Distribution of nutritious food, vaccination, supply of iron tablets and Vit-A to prevent anemia are the activities under this program. Recently, special officers have been appointed at District Health Family welfare office to facilitate a suitable step of vaccination under this Mother-Child Health Program. Children are vaccinated against dreadful diseases like whooping cough, tetanus, polio, T.B., measles, typhoid etc. In Bijapur district, Primary Health Centers and Units, Community Health Centers and pregnant women health centers are also established under this program. The progress made by this department is highlighted in the table below for the years 1992-93 to 1996-97

Table 15.6

	1992-93	1993-94	1994-95	1995-96	1996-97
T.T.(pregnant women)	74,645	77,968	82,056	84,328	84,429
D.P.T	67,003	73,868	75,943	79,377	81,335
Polio	67,779	74,286	78,564	80,552	82,025
BCG	73,795	81,609	84,591	84,809	88,106
Measles	62,808	69,408	72,556	73,432	74,202
D and T	61,738	78,283	76,964	69,061	80,415
TT( Children Below 10 Yrs)	49,235	68,418	71,917	70,184	74,313
TT (Children above 16 yrs)	38,632	52,437	57,601	58,429	58,265

### Health Programme for Schools

This program has been introduced in primary and higher primary schools in rural areas. Medical examination of school children, vaccinating against tetanus and diphtheria, detecting and diagnosing ailments and providing suitable treatment are included under this program. Health education to school children is also a part of this programme.

During 1995-96, 2591 and 2672 schools respectively are benefited in this district. 228163 and 561364 children were examined during 1995-96 and 1996-97 respectively.

### Pulse Polio Programme

Under the declaration of WHO, to make the country polio free, all the children below 5 years

are given polio drops. The aim is to see that children through out the country are covered under this program. On two definite dates of the year all the children between 1 and 5 years of age through out the country are given 2 rounds of polio drops. All hospitals, Primary Health Centers and Units, Secondary Health Centers in the district are involved in this programme.

### **Oralrehydration Solution Therapy (ORS)**

Consumption of contaminated water and food causes diarrhoea among children. This leads to loss of water from the body or dehydration. A severe attack may lead to death. If immediate medical treatments are not available giving ORS can save the child. This is a mixture of the salt and sugar dissolved in boiled and cooled water. The ready mixture of the salt and sugar in packets are available at all health centers. These readily available packets are called ORS.

### **Indian Family Planning Society**

As a voluntary organization this society was started in 1949. The society is run with the assistance of an international board. This also is supported by state and central financial aids. There are 47 branches all over the country. Under Rural Development Program it has extended its service through 27 Rural Development programs. The society also arranges programs like ;

1. Family Planning Education , Maternity and Child Health
2. Family Welfare services and Mother-child health care.

In 1973, a branch of this society was started in Bijapura. Educating the population, methods of family planning, Women's education and Self employment schemes are some of the major activities of this society. The society aims to focus on taking family welfare services and education to door steps covering nearly 80, 000 population spread in 32 villages in and around Bijapur. Every month 80 to 100 family welfare operations are conducted. This includes IUD's, oral contraception, providing health services to mother and child. Branch Manager will be the head and there are totally 28 staff that includes a Lady Doctor, Population Educator, Area Manager and Area Workers. The education program involves conducting seminars, awareness camps and video and film shows. Womens' development activities are run through Women's Information center. These centers are working in 12 villages. Through these centers interest- free loans are arranged for women to take up self-employment.

Mother – Child Health Programs during 1996-97 rendered vaccination for 504 pregnant women. BCG to 1327 children, Pulse polio drops to 134, DPT to 124 and vaccination against measles to 103 children. Following table highlights the family planning scheme covered by the Bijapur branch.

Table 15.7

1993	1994	1995	1996	1997
Vasectomy	1	—	—	—
Tubectomy	912	966	1042	1086
IUD	79	127	89	106
Pills	394	321	254	260
Nirodh	318	246	192	206

### Family Welfare Committee

District and taluk level family welfare committee are working in Bijapur district. District Deputy Commissioner, Assistant Commissioner and Tahasildar are the president of these boards. They meet once in a month and decide to provide compensation to the family member of the diseased during the family welfare operation. This will be decided under the presidentship of the district commissioner. The maximum compensation given under this scheme is Rs. 10,000. Four members have received this compensation during 1996-97. Family welfare bureau functions in the office of the district health and family welfare officer and the family welfare officer will be the head of this bureau. This includes the departments of statistics, education and sterilisation. In the department of statistics, there will be one assistant statistician who surveys the district family welfare statistics. In the department of education district medical education officer and Area Medical educators organize family welfare programs like training and popularizing the schemes through advertisement. The Department of Sterilization includes one surgeon and other staff members.

### All Indian Medical Institute

This was established in 1942. It has branches through out the state. The central branch of this institute in Bijapur has 60 life members. This unit organizes and extends public health services, clean environment programs, special lectures and debates for doctors. It also encourages the members to take active participation in National Health Programs. Thus it involves the members to initiate family welfare, mother-child health care and public vaccination programs. It promotes the cooperative involvement of programs like sterilization, eye test, blood donations camp, immunization etc. The names of the places where the branches are present in this district along with the number of members under each are given in parenthesis Bijapura (142), Jamakhandi (36), Teradala (21), Mudhola (17) Mahalingapura (12) and Ilakal (19).

### Drug Control

Manufacturing and marketing of drugs in the state plays a major role in protecting the public health. The government aims at providing quality drugs at affordable price, through the Drug Control Board; The Board functions with three wings as below:

1. Administration and Regulation of Act.
2. Drug testing laboratory
3. Pharmacy education program.

As per the Drugs and Cosmetics Act 1940, office of the district drug controller is regulating and supplying quality drugs to consumers. This unit functions under the control of Assistant Drug Controller of Gulbarga section. The Drug Inspectors have to work at district level. They survey all the manufacturers and distributors of drug and cosmetics. They also have the responsibility of supplying the drugs at controlled rate, sanctioning of licenses, prevention of adulterated drugs, testing for the quality drugs and cosmetics.

The Drug Inspectors carryout their duty as per the following acts ,

1. The Controlling of the price of the drugs Act 1987.
2. The Drug and objectionable advertisement Act 1954
3. The Pharmacy Act 1948
4. Certifying the drug manufacturers under the import business Act.
5. The Poisons Act 1919 and Karnataka Poisons Act 1966.
6. The Narcotic and depressant drugs Act 1985.

During 1996-97, the district had 552 registered licensed pharmaceuticals. By the end of Dec, 1992, the district had 360 chemical and drug manufacturers and 440 registered licensed druggists. The district also had 3 drug manufacturing and one cosmetic manufacturing unit.