

JUDGMENT SHEET
IN THE LAHORE HIGH COURT AT LAHORE.
JUDICIAL DEPARTMENT

Writ Petition No. 49137 of 2026

Muhammad Umar Hassan vs Deputy Commissioner, Lahore, etc.

AND

Writ Petition No. 50377 of 2026

Abu Huraira vs Deputy Commissioner, Lahore, etc.

JUDGEMENT

Date of Hearing:	01.10.2026.
Petitioners by:	Malik Kashif Raza Awan, Advocate.
Respondent by:	Mr. Mohammad Osman, Assistant Advocate General. Syed Mehram Shah, Legal Advisor for Punjab Health Commission.

MUNAWAR IQBAL DUGGAL, J. Through this consolidated judgment, I propose to decide W.P. No.49137 of 2026, titled *Muhammad Umar Hassan v. Deputy Commissioner, Lahore, etc.*, and W.P. No.50377 of 2026, titled *Abu Huraira v. Deputy Commissioner, Lahore, etc.*, as both petitions involve common questions of law arising out of the sealing of healthcare establishments functioning as laboratory sample collection centers. The principal controversy concerns the competence of officers of the District Health Authority to inspect and seal healthcare establishments already registered with the Punjab Healthcare Commission (“**Commission**”), purportedly in exercise of powers under the Punjab Healthcare Commission Act, 2010 (hereinafter referred to as the “**Act**”) and the Punjab Healthcare Commission Regulations for Banning Quackery in All Its Forms and Manifestations and for Dealing with Quacks, 2016, as amended in 2017 (hereinafter referred to as the “**Anti-Quackery Regulations, 2016**”).

2. Brief relevant facts, as borne out of the record, are that in W.P. No.49137 of 2026, petitioner Muhammad Umar Hassan claims to be the proprietor of two SR Chughtai Lab Collection Centers situated, respectively, opposite Kot Khawaja Saeed Teaching Hospital, Lahore, and at Lahore-Sargodha Road, Begum Kot, Lahore. The former was

sealed on 29.08.2026 by the Deputy District Health Officer, Shalimar, whereas the latter was sealed on 27.08.2026 by the Deputy District Health Officer, Ravi Town. The petitioner relies upon registration certificates bearing Nos.PHC/L&A/2025/88519 and PHC/L&A/ 2026/ 95290, issued by the Commission on 28.01.2025 and 02.04.2026, respectively.

3. Writ Petition No.50377 of 2026 concerns SA Chughtai Lab Collection Centre situated at Sadiq Chowk, Sher Shah Road, near Kot Khawaja Saeed Hospital, Lahore, stated to be operated by SA Chughtai (Private) Limited, with petitioner Abu Huraira acting as its authorized in-charge. The establishment was registered with the Commission vide certificate No.PHC/L&A/2024/83488 dated 30.01.2024. Its premises were sealed on 27.08.2026 by the Deputy District Health Officer, Shalimar.

4. The petitioners maintain that their respective establishments function exclusively as sample collection centers and do not undertake diagnostic testing or provide independent clinical treatment. They contend that the Commission had itself registered the establishments for the stated purpose and that the impugned sealing actions were undertaken without disclosure of any complaint, without constitution of an inspection team under the Act, and without identifying any statutory provision empowering the concerned Deputy District Health Officers to seal the premises. Learned counsel for the petitioners submits that the Act draws a clear distinction between healthcare establishments operating within the regulatory framework of the Commission and persons engaged in quackery. According to learned counsel, inspection of a registered healthcare establishment for compliance with prescribed standards is governed by Section 22 of the Act, read with the definition of “inspection team” contained in Section 2(xviii) of the Act. He argues that an individual officer of the District Health Authority, who is neither an employee of the Commission nor a member of a duly constituted inspection team, cannot independently assume the statutory authority to inspect and seal a registered establishment. Reliance is placed upon

“Manzoor Elahi v. District and Sessions Judge, Sargodha and others” (PLD 2021 Lahore 843). The impugned actions are also assailed as being contrary to Articles 4, 10A and 18 of the Constitution of the Islamic Republic of Pakistan, 1973.

5. Conversely, learned Law Officer, assisted by learned legal adviser for the Commission, supports the impugned actions by placing reliance upon Section 36 of the Act, the Anti-Quackery Regulations, 2016 and Directive No.PHC/COO/491(a) dated 18.03.2017, issued by the Commission. It is submitted that the said directive authorizes the Deputy Commissioners to depute officers for visiting healthcare premises and reporting violations of the Act and the Regulations. The concerned Deputy District Health Officers, namely Dr. Naveed and Dr. Nadia Atta, are stated to have acted pursuant to that authorization. The Commission's reports allege various deficiencies relating to staff qualifications, sample handling, cold-chain arrangements, infection control and waste management. The report concerning the Begum Kot center additionally alleges reuse of syringes. Learned counsel maintains that the officers were competent to seal the premises and forward their reports to the Commission for further proceedings. Learned counsel for the respondents further contends that the inspection mechanism prescribed under Section 22 of the Act is primarily concerned with licensing and renewal, whereas the Anti-Quackery Regulations provide an independent enforcement mechanism. Reliance is placed upon “Muhammad Abdul Basit v. District and Sessions Judge, etc.” (W.P. No.3914 of 2022, decided on 24.01.2022) and “Muhammad Ahmad v. District Judge, Pakpattan and another” (PLD 2026 Lahore 101). It is also submitted that the petitioners have an adequate remedy before the Hearing Committee of the Commission, which has already issued summons requiring their appearance. On these grounds, dismissal of the petitions is sought.

6. Heard. Available record perused.

7. The controversy raises the following questions for determination:

- (i) Whether the power to inspect a registered healthcare establishment for compliance with the Act and the prescribed healthcare standards can be exercised by an individual officer of the District Health Authority independently of the mechanism prescribed under Section 22 of the Act;
- (ii) Whether Section 36 of the Act, read with the directive dated 18.03.2017 and the Anti-Quackery Regulations, 2016 confers authority upon such an officer to seal an establishment already registered with the Commission on account of alleged deficiencies in its operations;
- (iii) Whether the availability of proceedings before the Commission's Hearing Committee precludes interference under Article 199 of the Constitution where the initial sealing action is challenged for want of jurisdiction; and
- (iv) What relief, if any, is warranted in the circumstances.

8. Before addressing the aforesaid questions, it would be appropriate to examine the statutory scheme and the legislative object underlying the Act. The Act establishes a comprehensive regulatory framework aimed at improving the quality of healthcare services and eradicating quackery in all its forms and manifestations. Its legislative background may usefully be appreciated in the light of the proceedings before the Hon'ble Supreme Court in Doctor's Hospital (Pvt.) Ltd., Lahore, etc. v. Government of the Punjab, etc. (Civil Petition No.2510-L of 2009), wherein concerns were expressed regarding the absence of an effective regulatory mechanism for monitoring privately operated hospitals, ensuring minimum standards of healthcare services, prescribing requisite professional qualifications, and establishing an appropriate licensing and accreditation framework with adequate institutional safeguards for patient safety. The Hon'ble Supreme Court accordingly sought responses from the concerned governmental authorities regarding the measures required to address these deficiencies. Against this legislative and regulatory backdrop, the Act was promulgated.

9. As reflected in the preamble of the Act, the Punjab Healthcare Commission was established for improving the quality of healthcare services and banning quackery in all its forms and manifestations. The importance of preamble has recently been examined by Federal Constitutional Court in Attock Cement Pakistan Ltd. v. Province of Balochistan and another (PLD 2026 FCC 29). While recognizing the constructive and contextual role of the preamble in ascertaining legislative intent, the Federal Constitutional Court has observed that the preamble, read with the substantive provisions and statutory scheme, assists in identifying the purpose and true character of an enactment. Applying the aforesaid principle, a careful examination of the scheme of the Act as embodied in its preamble and provisions reveals that the Act pursues two complementary objectives directed towards protecting public health: regulating healthcare establishments through registration, licensing, inspection and continuing supervision; and preventing and eradicating quackery involving healthcare services rendered without requisite professional or statutory authorization. These objectives contemplate distinct regulatory situations for which separate mechanisms have been prescribed. The powers exercisable in each must, therefore, be traced to the relevant provisions of the Act and the regulations framed thereunder.

10. The supervision of healthcare establishments already operating within the statutory framework can be undertaken through their inspection in order to ensure that they are compliant with and continually adhering to the statutory requirement of Act and rules and regulations made thereunder. For the purposes of inspection, section 2(xviii) of the Act defines an “inspection team” as a team comprising more than two medical experts possessing postgraduate qualifications and not less than fifteen years' experience in the concerned field, consisting of one employee of the Commission and other members drawn from the public or private sector. The definition is significant because the legislature has expressly prescribed both the professional composition of the team and the participation of an employee of the

Commission. These requirements cannot be treated as incidental where the Act itself mandates inspection through such a team.

11. Section 22 appearing in Chapter V of the Act under the heading “Inspection and Enforcement”, provides the statutory mechanism for inspection. Subsection (1) of section 22 of the Act authorizes the Commission, by an order in writing, to appoint an inspection team to perform its functions and exercise its powers in relation to inspections under the Act, rules or regulations, subject to such conditions and limitations as the Commission may specify. Subsection (2) thereof authorizes the inspection team to inspect a healthcare establishment at the time of issuance or renewal of a licence or upon receipt of a complaint. Subsections (3) and (4) extend the scope of such inspection to equipment, apparatus, instruments, practices and procedures, and to enquiries concerning maladministration, malpractice or failure in the provision of healthcare services.

12. A plain reading of Section 22 of the Act leaves little room for accepting the respondents' contention that the inspection team contemplated therein is intended exclusively for issuance or renewal of licences. Such an interpretation would render clause (b) of subsection (2) of Section 22 of the Act substantially redundant. The legislature has expressly recognized inspection upon receipt of a complaint as a separate ground. Moreover, subsection (4) empowers the inspection team to enquire into allegations of maladministration, malpractice or failure in the provision of healthcare services. These subjects necessarily extend beyond the initial licensing process and encompass the continuing regulatory supervision of an operational healthcare establishment. Further, Section 4(7) of the Act recognizes the Commission's power to conduct investigations upon complaints by aggrieved persons or healthcare service providers, besides the circumstances in which investigation is required upon a reference or direction from the specified public authorities or superior Courts. Read together, Sections 4(7), 22 and 23 of the Act establish a framework through which allegations concerning the conduct and functioning of a healthcare establishment

may be examined. It would defeat the statutory safeguards built into this framework if the Commission could, merely by issuing an administrative directive, substitute an individual officer of another department for the inspection team contemplated by the legislature.

13. The distinction between registration and licensing must nevertheless be kept in view. Section 13 of the Act regulates registration, whereas Sections 14 to 17 of the Act deal with licensing and the conditions governing use of healthcare establishments. The registration certificates produced by the petitioners expressly clarify that registration is not, by itself, a licence. Consequently, the mere existence of a registration certificate does not confer immunity from licensing requirements, minimum service delivery standards or other statutory obligations. A registered collection center may still be proceeded against for contravention of the Act. The question, however, is not whether the Commission can regulate such an establishment; unquestionably it can. The question is whether the particular officer who undertook the impugned inspection and sealing possessed lawful authority to do so under the provisions invoked.

14. First and foremost thing is to examine under what authority of law, the Deputy District Health Officers have visited and sealed the premises in question. In this regard, the respondent reliance is upon Commission's directive No. PHC/COO/491(a) dated 18.03.2017 issued under Section 36 of the Act. It would be advantageous for comprehension and ready reference to reproduce section 36 of the Act as under:

“36. Executive authorities to assist the Commission. All executive authorities and law enforcement agencies of the Government shall act in aid of the Commission.”

The provision creates an obligation upon executive authorities and law enforcement agencies to assist the Commission in discharging its statutory functions. The expression “*act in aid*” is materially different from an independent conferment of the Commission's powers. Assistance presupposes the exercise of lawful authority by the institution entitled to exercise it. Section 36 of the Act cannot reasonably be

construed as permitting every officer of the Government, merely by reason of his official designation, to exercise the powers which the Act has specifically vested in the Commission or in an inspection team constituted in the prescribed manner.

15. Where a statute prescribes the authority competent to perform a particular act and the manner in which such authority is to be exercised, both requirements must ordinarily be observed. An administrative arrangement may facilitate implementation of the statute but cannot enlarge the class of persons upon whom the statute has conferred substantive coercive powers. The principle assumes particular significance where the action involves forcible closure of a lawful business establishment. Accordingly, Section 36 of the Act must be read harmoniously with Section 22 of the Act, rather than as an exception overriding its requirements.

16. The respondents have principally relied upon Directive No.PHC/COO/491(a) dated 18.03.2017. The directive, as produced on the record, commences by stating that the Commission has launched a campaign to eradicate quackery in Punjab. It refers to the Commission's statutory mandate to ban quackery and seeks assistance from the district administration for visiting premises where healthcare services are being rendered by persons falling within the definition of a “quack” under Section 2(xxix) of the Act. It further contemplates collection of material, submission of reports to the Commission and action against premises falling within the enforcement arrangement described therein. The directive must be construed in its entirety, having regard to its stated object, statutory context and operative provisions. The opening of declaration should not be taken merely superficial rather it identifies the regulatory mischief which prompted its issuance. The object is the detection and eradication of quackery. Any general expression employed in the directive concerning premises operating in contravention of the Act must, therefore, be understood consistently with the enabling provisions and the anti-quackery purpose for which the directive was issued. It cannot be read as a standing authorization enabling an

individual District Officer to conduct routine regulatory inspections of every registered healthcare establishment and seal it for any alleged deficiency in compliance with the prescribed standards.

17. The Commission's reliance upon Regulation 3(2), Regulation 5 and the subsequently inserted Regulation 5A of the Anti-Quackery Regulations, 2016 must be examined in the same statutory setting. These Regulations were framed for banning quackery in all its forms and manifestations and for dealing with quacks. Their provisions permit deployment of authorized officers for verification of professional registration, Commission registration and licensing requirements, collection of evidence and, where the prescribed conditions are satisfied, sealing of premises. The existence of this separate mechanism is understandable in the context of unauthorized healthcare practice, which may require immediate intervention to protect the public. Further, Regulation 5A of Anti-Quackery Regulations, 2016, however, does not create an unrestricted power to seal any establishment where an officer notices a regulatory deficiency. Its operation is tied to the specified circumstances concerning requisite professional registration, Commission registration, licensing and unauthorized healthcare practice. It is necessary to reproduce the material portion of Regulation 5A relied upon by the respondents:

“shall also be authorized to seal the said premises, in case it is found that the person(s) rendering any kind/sort of healthcare services thereat, do not have a valid registration from either of the above mentioned Councils and/or the requisite Certificate of Registration and a valid license issued by the Commission”.

The power is thus conditional upon the statutory and regulatory requirements identified in the provision. It is not enough merely to invoke Regulation 5A to seal a healthcare establishment. The authority must establish the factual condition attracting its operation.

18. In the present cases, the petitioners have produced registration certificates issued by the Commission itself for operation of the premises as laboratory sample collection centers. The respondents do not dispute the issuance of those certificates. Rather, their reports primarily allege

deficiencies relating to the manner in which the establishments were functioning, including infection control, waste disposal, staffing, sample handling and observance of minimum service delivery standards. Such allegations may be serious and may justify appropriate regulatory proceedings but they do not, merely by being described as violations of the Act, automatically establish that the premises were being used for quackery within the meaning of Section 2(xxix) of the Act. It is important to clarify that a registration certificate cannot conclusively establish the existence of a valid licence or the professional qualifications of every person rendering healthcare services at the premises. If the Commission alleges that the establishments were operating without a licence legally required for their activities, or that an unqualified person was independently rendering services constituting quackery, the applicable statutory consequences may follow upon proof of those jurisdictional facts. However, no such conclusion can be presumed solely from allegations concerning deficiencies in minimum service delivery standards. The Commission must identify the specific legal requirement allegedly breached and demonstrate how that breach attracts the particular sealing power invoked.

19. The Commission cannot treat the concepts of quackery and non-compliance with healthcare standards as interchangeable. An establishment may be duly registered and yet fail to comply with applicable standards. Equally, an establishment may be operating without the necessary professional or institutional authorization and thereby attract the anti-quackery provisions. The Act provides regulatory mechanisms for dealing with these situations. Conflating them would allow the exceptional anti-quackery enforcement procedure to displace the inspection safeguards expressly prescribed for healthcare establishments.

20. The Commission's contention that Section 22 of the Act applies only to inspection for licensing purposes, is also inconsistent with the statutory language. As already observed, Section 22(2)(b) of the Act expressly permits inspection upon receipt of a complaint, while Section

22(4) of the Act concerns maladministration, malpractice and failure in healthcare services. These provisions indicate that the inspection team has a continuing regulatory role. The alleged deficiencies identified in the respondents' reports are precisely the kind of matters capable of examination under the statutory inspection and enforcement framework. Section 24 of the Act further reinforces this construction. Where an inspection team considers that any apparatus, equipment, instrument, practice or procedure in a healthcare establishment is dangerous or detrimental, the matter is to be reported to the Commission with the necessary details, whereupon the Commission may proceed in accordance with the applicable legal framework. This arrangement demonstrates legislative concern not only for patient safety but also for institutional accountability in the exercise of regulatory power. The urgency or seriousness of an alleged violation does not, by itself, authorize an officer lacking the requisite statutory competence to substitute his own decision for that of the competent authority.

21. The question whether an authorized officer acting under the Anti-Quackery Regulations may undertake visits without constitution of an inspection team under Section 22 of the Act, has been considered in earlier decisions of this Court. In Muhammad Ahmad v. District Judge, Pakpattan and another (PLD 2026 Lahore 101), the petitioner was found engaged in unauthorized allopathic practice at a medical store without the requisite qualifications and registrations. The proceedings involved repeated enforcement visits, admitted contraventions and an order imposing a fine after adjudication. The Court recognized the distinction between the inspection mechanism under Section 22 of the Act and the separate anti-quackery enforcement mechanism, holding that the latter was not inconsistent with the former in the circumstances of that case. The said judgment does not govern the present controversy in the manner suggested by the respondents. The material distinguishing feature is that Muhammad Ahmad concerned established unauthorized medical practice attracting the anti-quackery framework, whereas the present petitions concern premises already registered by the Commission as sample collection centers, with the sealing reports principally alleging

operational deficiencies. The question here is not whether the Commission can deploy authorized officers to detect quackery, but whether the same mechanism can be extended to routine compliance inspection and sealing of registered establishments without satisfying the statutory conditions governing such action. The ratio of Muhammad Ahmad must be applied within the factual and legal context in which it was pronounced.

22. Likewise, in Muhammad Abdul Basit v. District and Sessions Judge, etc. (W.P. No.3914 of 2022, decided on 24.01.2022), the controversy arose out of allegations of unauthorized allopathic practice and proceedings undertaken under the anti-quackery framework. The Court rejected the challenge founded upon the absence of an inspection team under Section 22 of the Act in the circumstances before it. That decision cannot be construed as laying down a general proposition that an individual officer of the District Health Authority may inspect and seal every registered healthcare establishment for any violation of minimum service delivery standards. The distinction between an anti-quackery enforcement visit and a statutory inspection of a registered healthcare establishment remains material.

23. Learned counsel for the petitioners has relied upon Manzoor Elahi v. District and Sessions Judge, Sargodha and others (PLD 2021 Lahore 843), wherein the relationship between the statutory inspection mechanism and the powers conferred under the Anti-Quackery Regulations was examined. However, the said judgment was subsequently set aside by the Hon'ble Supreme Court vide order dated 18.11.2021 in Civil Appeal No.1655 of 2021, arising out of Civil Petition No.5444 of 2021, principally on the ground that the High Court had travelled beyond the controversy and examined questions concerning the vires of the statutory and regulatory provisions without compliance with the requisite procedural safeguards. Consequently, the judgment in Manzoor Elahi cannot be treated as binding authority for invalidating the Anti-Quackery Regulations. Nevertheless, the setting aside of Manzoor Elahi does not resolve the distinct question arising in the present cases.

The petitioners do not seek a declaration that the Anti-Quackery Regulations are unconstitutional or ultra vires. Their challenge is confined to the application of those Regulations and the directive dated 18.03.2017 to establishments registered with the Commission, and to the absence of lawful authority in the officers who undertook the impugned actions. This controversy can be decided by interpreting and applying the existing statutory provisions without pronouncing upon the validity of the Regulations themselves.

24. The Court must also consider the constitutional dimension of the controversy. Article 18 of the Constitution guarantees to every citizen the right to enter upon any lawful profession or occupation and to conduct any lawful trade or business, subject to qualifications prescribed by law and reasonable regulation in the public interest. The provision does not confer an absolute right to operate a healthcare establishment irrespective of licensing conditions or patient-safety requirements. Healthcare is a regulated field, and the State is constitutionally entitled to prescribe and enforce standards intended to protect patients and the public. Equally, the existence of regulatory authority does not dispense with the requirement that restrictions upon lawful business be imposed by an authority competent under law and through the procedure prescribed by law. Sealing a healthcare establishment is a serious coercive measure. It brings the establishment's operations to an immediate halt, affects its commercial activities and may also have consequences for employees and persons dependent upon its services. Such a measure cannot be lightly sustained on the basis of a general administrative direction where the governing statute has prescribed a specific inspection mechanism and has not vested the particular officer with the power exercised. A power conferred for the prevention of quackery cannot, merely by reference to the broader regulatory purpose of the Act, be extended to the inspection or sealing of an otherwise registered healthcare establishment for alleged deficiencies in compliance with healthcare standards, unless the statutory conditions authorizing such action are independently satisfied. The right guaranteed under Article 18 must be read with Article 4 of the Constitution, which entitles every person to be dealt with in accordance

with law, and Article 10A of the Constitution, which protects the requirements of fair trial and due process in the determination of civil rights and obligations.

25. To accept the respondents' construction would mean that an individual officer of the District Health Authority, without being constituted as an inspection team under Section 22 of the Act and without demonstrating the jurisdictional facts attracting the anti-quackery sealing provisions, could independently enter a registered healthcare establishment, evaluate its compliance with prescribed standards and order its immediate closure. Such an interpretation would substantially dilute the safeguards enacted by the legislature and convert the obligation of executive authorities to assist the Commission under Section 36 of the Act into an independent power to exercise the Commission's coercive jurisdiction. Neither the language nor the scheme of the Act supports such a result.

26. It is equally important to emphasize that the Court's conclusion does not restrict the Commission's legitimate regulatory jurisdiction. The Commission remains competent to inspect registered establishments through the mechanism prescribed by law, examine complaints, investigate alleged violations, enforce minimum service delivery standards and take appropriate action against healthcare service providers or establishments found in breach of their statutory obligations. It may also invoke the anti-quackery mechanism where the factual conditions contemplated by the relevant provisions are established. What the law does not permit is the exercise of one category of enforcement power merely as a substitute for another, without compliance with the statutory conditions governing the former.

27. The respondents have also raised an objection concerning the availability of an alternative remedy before the Hearing Committee of the Commission. The record indicates that summons were issued for appearance before the Committee and that proceedings concerning the impugned sealing actions were initiated. Ordinarily, where a statute

provides an adequate and efficacious remedy, the High Court exercises restraint in entertaining a constitutional petition under Article 199 of the Constitution. However, the availability of such remedy does not extinguish the constitutional jurisdiction of this Court, particularly where the very competence of the authority taking the impugned action is questioned. In “Muhammad Safeer and others v. Muhammad Azam and others” (PLD 2024 SC 838), the Hon'ble Supreme Court reiterated that the existence of an alternative remedy regulates the exercise of constitutional jurisdiction but does not take away that jurisdiction. The adequacy of the remedy must be examined in the context of the grievance raised. Where the impugned action is palpably without jurisdiction, void or otherwise falls within the recognized exceptional circumstances, the High Court may exercise constitutional jurisdiction notwithstanding the availability of a statutory remedy.

28. In the present petitions, the principal grievance is not confined to the correctness of the factual observations made during the visits. Rather, it concerns the legal competence of the officers who undertook the inspections and sealed the premises. This question is capable of determination by examining the Act, the Regulations, the directive dated 18.03.2017 and the registration certificates produced by the petitioners. The existence of disputed allegations concerning operational deficiencies does not prevent the Court from deciding whether the power exercised was vested in the concerned officers in the first place. Nor can subsequent proceedings before the Hearing Committee retrospectively confer jurisdiction upon an officer who lacked the requisite authority at the time of the impugned action. A subsequent hearing may satisfy procedural requirements where immediate sealing is otherwise authorized by law; it cannot, however, cure an inherent absence of statutory competence. The objection concerning alternative remedy, therefore, does not furnish sufficient ground to decline examination of the jurisdictional challenge raised in these petitions.

29. Applying the foregoing principles, the admitted issuance of registration certificates by the Commission establishes that the premises

had been brought within its regulatory framework as laboratory sample collection centers. The Commission's reports primarily allege deficiencies in the manner of operation of those centers. The respondents have not demonstrated that the impugned inspections were conducted by an inspection team appointed by the Commission in accordance with Section 22 of the Act, nor have they established that the particular sealing actions were founded upon identified jurisdictional facts attracting the anti-quackery sealing power under Regulation 5A. The directive dated 18.03.2017, being an administrative instrument issued in furtherance of the anti-quackery campaign, cannot be treated as an independent source of power authorizing the concerned Deputy District Health Officers to undertake general compliance inspections and seal registered healthcare establishments for alleged violations of minimum service delivery standards. Likewise, Section 36 of the Act, which obliges executive authorities to act in aid of the Commission, cannot be construed as transferring the Commission's statutory inspection and enforcement powers to individual officers of the District Health Authority.

30. The impugned sealing actions are, therefore, unsustainable for want of demonstrated statutory authority. This conclusion is confined to the legality of the particular actions challenged in these petitions. It does not amount to a finding that the petitioners have complied with all applicable lawful conditions, that the allegations concerning operational deficiencies are unfounded, or that the Commission is precluded from undertaking lawful regulatory proceedings. Those questions remain open for determination by the competent authority in accordance with law.

31. For the foregoing reasons, both constitutional petitions are **allowed**. The sealing actions dated 27.08.2026 and 29.08.2026, undertaken by the concerned officers of the District Health Authority in respect of the petitioners' collection centers, are declared to have been taken without lawful authority and to be of no legal effect. The respondents are directed to de-seal the premises forthwith, preferably within twenty-four hours of receipt of a certified copy of this judgment,

subject to there being no other independent and subsisting order of closure or sealing passed by a competent authority in accordance with law.

32. It is clarified that the Punjab Healthcare Commission shall remain at liberty to initiate or continue appropriate proceedings concerning the alleged deficiencies, licensing requirements or any other contravention of the Act and the applicable rules or regulations, through the authority and procedure prescribed by law. Where inspection of a healthcare establishment is required under Section 22 of the Act, the Commission shall ensure compliance with the statutory requirements concerning constitution and appointment of the inspection team. Nothing observed in this judgment shall be construed as conferring upon the petitioners any exemption from the minimum service delivery standards, licensing requirements or other obligations imposed under the Act. The de-sealing of premises shall not authorize the petitioners to undertake diagnostic testing or any activity beyond the scope of their lawful registration and licensing status. The Commission shall be at liberty to take such lawful measures as may be warranted for protection of patients and public health.

33. Both petitions stand **allowed in the above terms**. There shall be no order as to costs.

(MUNAWAR IQBAL DUGGAL)
JUDGE

ANNOUNCED IN OPEN COURT today i.e. 20.10.2026.

JUDGE

APPROVED FOR REPORTING.

JUDGE