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THE PROBLEM OF CURRICULUM OF HOMŒOPATHIC EDUCATION

DR. J. N. KANJILAL, M.B., CALCUTTA

For some years past, controversy is going on, sometimes hot, sometimes cold, as to what should be the curriculum of education for a homœopathic student to bring him upto the standard of a registrable qualification.

The main issue of the controversy is regarding the extent and depth of education in the different non-clinical aspects of Medicine, viz. Biology, Anatomy, Physiology, Pathology, Hygiene etc. Of course there are also some basic differences in attitude towards the different clinical branches viz.—Practice, Surgery, Obstetrics, Gynæcology etc. Basing on these differences in attitude there is divergence of opinion as to what should be the course of education—3 years, 4 years, 5 years and so on.

In these controversies, while on the one side there is nobody who denies the necessity of some basic workable knowledge in the different sub-branches of Medicine, there are on the extreme end of the other side,—esp. in the official circle, dominated as it is by allopaths—influential personalities who assert that there should be one uniform standard of education in common institutions (of course in Allopathic line) for all medical students—teaching all the branches of Medicine from common platforms; and the study of Homœopathy should be relegated to a post-graduate course.

In dealing with these controversies the following facts and views may be taken into consideration:—

1. A general practitioner of any school whatsoever, needs and actually remembers only general ideas and basic outlines of the essential facts of anatomy, physiology, pathology etc. Deeper and detailed knowledge about one or more of these branches is required only by a specialist in any branch.

2. In western countries from where all the modern systems of Medicine originated, and who are ahead of countries like ours, in any science including Medicine, by a number of decades, the attitude regarding disease, cellular pathology, specialization in different parts of body is lately tending to revert towards generalization, viewing the patient as a whole, instead of confining attention within diseased organs and tissues, or germs. So the multifarious data in these lines are getting debased in their practical significance for a general practitioner.

3. Although the main divergence amongst the different schools of Medicine is on the score of therapeutics (attitude towards diseases and their treatment), with respect to other branches also there are vital differences in approach and utility value. For example—

(I) PATHOLOGY—A homœopath does not at all deny its importance, as it helps him in various ways, eg.—

(a) It helps him to know the sites and nature of the attack of the disease, and thus enable him in understanding and interpreting the meaning and relation of symptoms.

(b) It helps him in understanding and ascertaining the course and prognosis of a case of disease, knowledge of which is essential for any physician.

(c) It helps him to ascertain the infectivity and other features of the case, essential for its management.

These features of pathology are of equal importance for any physician of any school. But the following aspects are of special significance for a homœopath only :—

(d) It helps in assessing the value and significance of new symptoms, whether they have cropped up in the natural progress of the disease (pathological process) or they are due to the activities of the remedy.

(e) The most vital help rendered by pathology to a homœo-

path is in the matter of warning him in certain cases (like destructive lesion in a vital organ, a caseating tubercle or a foreign body in or near a vital organ or big vessel and so on), where he should use any deep acting constitutional remedy (like Silicea, Hepar Sul., Phos. etc.) with great caution.

Thus pathology is of great help to a homœopath in understanding the real significance of a case of disease, and thus indirectly helping in treatment and management of the case. But, thus far and no further. Whereas in Allopathy the therapeutics is based on pathology, in Homœopathy the therapeutics is not based on Pathology, but on individualizing uncommon symptoms, which has nothing to do with pathology (which is mostly concerned with the common disease symptoms, with little therapeutic value).

Then again, whereas orthodox Allopathy lays main stress on ORGANIC PATHOLOGY or PATHOLOGICAL ANATOMY and hesitates to call a disease (want of ease) a disease—whatever and however may be the suffering of the patient, until there develops some organic pathological basis, Homœopathy lays more stress on FUNCTIONAL PATHOLOGY—rich in symptoms. Of course in western countries, Allopathic veterans are of late showing tendency to turn towards Physio-Pathology.

(II) PRACTICE OF MEDICINE—Here also the approach is different. There is some common ground upto the clinical examinations and diagnosis of the case, but there it ends. Whereas in Allopathy the treatment is based on these alone, in Homœopathy the treatment (diet, remedy etc.) is based on a quite different thing, viz. the totality of symptoms governed by uncommon peculiar individualizing symptoms. Case taking in Homœopathy is fundamentally and qualitatively different from that in any other system, and is an exclusive peculiarity of its own. As a matter of fact, this is the most difficult and most vital part of homœopathic practice—regarding the significance of which no other school has any iota of idea.

(III) SURGERY, OPHTHALMOLOGY, DENTISTRY, OBSTETRICS, GYNÆCOLOGY etc.—In these branches also Homœopathy has a different approach than Allopathy. Most of the cases falling under these categories, requiring operative

or mechanical interference in the allopathic system, fall within the range of homœopathic therapeutics that is, medicinal treatment. Only a limited number of cases directly traceable to any mechanical cause, fall within the scopes of operative interference. But the general practitioner and for the matter of that, the homœopathic practitioner must, of course, be sufficiently educated to be able to ascertain the category of the case in hand i.e. to ascertain which case falls within the range of therapeutics, which case, at what stage comes under the scope of the other branches and which particular branch, and advise the patients accordingly in due time.

Thus, it is clear that, the approach and problems of education in Homœopathy are fundamentally different from those in Allopathy, from almost the beginning to the end and the proposal of common institutions for educating both categories of students is absolutely unreasonable, if not malicious.

4. After all, the crux of the problem in our country—with overwhelmingly vast rural population—menaced by extreme poverty is MASS OUTPUT OF CHEAP DOCTORS equipped with minimum essential knowledge in Medicine, efficient enough to treat ordinary cases of disease and able to apprehend in due time, which cases fall beyond their scope and capability. This minimum education—licentiate or diploma course in Homœopathy—should not cover more than 3 years.

5. Higher Education—degree course—comprising, say 2 more years for limited number of students, selected on the basis of general qualifications, aptitude and proficiency in the diploma course imparting—

(a) Deeper knowledge in Anatomy, Physiology, Pathology, Biochemistry, Vital reactions etc.

(b) Deeper and critical study of Homœopathic science and Philosophy, Materia medica etc.

(c) Drug proving etc. etc.

6. POST-GRADUATE COURSE—say of 1 year-study in any special branch of Medicine, of course from Homœopathic stand point.
