

## A NOTE ON THE CURRICULUM FOR HOMŒOPATHS\*

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### FOREWORD

With the recognition of Homœopathy as a lawful system of medicine by the different States of India (including, now, West Bengal) it has become imperative that a proper course and curriculum for producing *really-qualified* Homœopathic physicians be chalked out. There is no denying the fact that so far as the teachings for producing Homœopaths are concerned, each State is having its own courses and curriculum that vary from each other. Somewhere Bacteriology and Pathology have been given prominence, somewhere the Homœopathic Materia Medica and the Organon; but it is a pity that as yet no really thought-out, practicable, concrete and uniform course and curriculum of Homœopaths have been decided upon. So far as we have understood, the real problem has been with the authorities that have produced these different curricula for the different States that they tried more for a synthesis which in reality only helped to add glamour and lustre to the curricula than to uphold the true lustre which Homœopathy can disseminate *only in curing the sick* in the most gentle, mild way and in the shortest time on easily comprehensible principles. As disease is no respecter of personalities, we have no room to be compromising and dance with anybody, far less with our patients, by making a synthesis which is unscientific and irrational.

We admit that a physician who has to deal with precious human lives must be in a position to do the best by his patients but at the same time we strongly hold that a *Homœopathic Physician* should be a *Homœopath first* and a physician next.

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"Traditional medicines benumb the ability to observe," says Kent, the most eminent Homœopath of recent times. Hahnemann lays the greatest emphasis on this power of perception and observation. Modern medicine is fast recognising the absurdity of routinism in treating with human beings. In the context of all this, curriculum for a Homœopath, in our opinion, should be such as would not make him a routinist but would enable him to closely observe and perceive.

Is it not because some of the other schools experienced sad failures with their vast knowledge in the auxiliary subjects that they resorted to Homœopathy? When generally do the laymen resort to Homœopathy? Is it not either at the first stage (when, in *their* opinion, the disease is not serious) or at the last and moribund stage when others have pronounced the case fatal? If that be so, then those who intend to formulate a curriculum for homœopaths *must* keep in view the following points while introducing the auxiliary subjects, e.g., Anatomy, Pathology, etc. in the curriculum:

- (a) Homœopaths must have a clean perception;
- (b) They must not be taxed with anything which will not help him to be an observer;
- (c) They should be required to learn only so much of the auxiliary subjects as would enable them to practise as Homœopathic physicians;
- (d) They should be taught, at the very outset, to develop a true interest in Homœopathy and must be able to explain *How* any of the auxiliary subjects *really* help him to *relieve the suffering humanity*.

We, therefore, commend the following notes on the curriculum that should, in our opinion, be introduced for Homœopaths and we will deem it a great favour to receive any comment, and criticism on the same.

"Anantapāram kilam sabdashāstram svalpam tathāyurbahavashcha bighnāh sāram tato grājhyamapāsya falgu hamsairjathā kshiramibambumadhyāt" (Knowledge is infinite and life is short and difficulties are many; so take in the substance like the gander who takes the milk out of the water) is a saying worth remembering. In the following paragraphs, therefore, we will

discuss the several subjects that are advocated for turning out qualified Homœopaths and will try to show which are actually necessary and which not.

1. **Materia Medica** : This being the only subject which can give a knowledge about what is curative in medicines must enter in the curriculum. As, however, the Homœopathic *Materia Medica* is a vast subject, a knowledge of the polychrests conjoined with a knowledge as to how to read and assimilate the *Materia Medica* should suffice and a student need not (and must not) be taxed with a study of the partially-proven or unproved medicines.

2. **Organon of Medicine** : The whole science of Homœopathy is contained in this; and so an *extensive* study of this subject is imperative.

3. **Hygiene** : This will aid in knowing the obstacles to recovery in certain cases and should, therefore, figure in the curriculum. In determining the actual chapters that should be studied the following should, however, be kept in mind :

“I only speak of these things to impress upon you the importance of feeding and treating your patient in accordance with the remedy; in accordance with a principle and not by rule; do not have one list of foods for your patients; do not have a list of things for everybody. There is no such thing in Homœopathy”.  
—*Kent*.

“It is taught in old school text-books so much that the old women and nurses know that a hot bath is good for fits . . . If the baby needs Opium or Apis . . . the fits become worse by bathing in hot water.”—*Kent*.

4. **Medical Jurisprudence** : Any physician (to whatever school he may belong) has certain responsibilities to the State and has to assist the Court of Law in determining cases of homicides, suicides, poisoning, etc. So, this subject should be included. It is not, however, necessary that a physician should know such things as ‘Duties of a Coroner’ etc.

5. **Toxicology** : This subject should enter in the curriculum but only in connection with *Medical Jurisprudence* so that the physician might recognise cases of poisoning and treat the same.

6. **Anatomy** : A knowledge about surface anatomy is somewhat necessary for a Homœopath. Detailed knowledge about this

subject becomes a "must" for the Surgeons. Those, therefore, who will not practise surgery need not be taxed with detailed knowledge in this subject. In this connection we are tempted to quote the following:

"It does not make much difference *where* (*italics ours*) the disorder occurs, we must have the patient."—*Kent*.

"But regardless of the region of the inflammation, the appearance, mind symptoms, restlessness, intensity are the symptoms that you will observe first."—*Kent*.

"Some remedies selected the muscles and tendons, some the bones and periosteum, while other select the great nerve trunks."—*Kent*.

**7. Physiology :** Knowledge about the normal pulse, normal temperature and blood pressure, normal blood count, normal urine, normal menstruation and other normal *functions* only need be imparted and students need not be taxed with histology and such other things.

**8. Practice of Medicine :** Organon enjoins that a physician must be able to perceive *what is to be cured* in diseases. Books on Practice of Medicine study diseases from the following five angles:

1. Etiology
2. Clinical course & diagnosis
3. Differential diagnosis
4. Pathology
5. Treatment.

*Regarding Etiology*, a Homœopath has hardly anything to consider excepting for the purpose of qualifying a recurrent symptom. Thus, when he hears that cold causes a morbid condition, he would consider the point as a part of the total case. These are, however, not the etiologies dealt with in books on Practice of Medicine. Again, even when a Homœopath knows definitely that trauma is the etiology, he cannot jump upon Arnica but has to consider even medicines like Carbo Veg, which are never spoken of in ordinary therapeutics as being suitable in such cases.

In Homœopathy, again, different medicines will be indicated in different persons undergoing the same clinical course if their

personal reaction to the disease is different. Thus, in common cold, a patient intolerant of heat will require medicine like Pulsatilla while a patient intolerant of cold will require medicine like Nux Vomica; a mild patient will never be cured by Nux Vomica, while an irritable patient will never be cured by Pulsatilla, and so on.

The diagnosis and differential diagnosis also can have nothing to do with a Homœopath's prescription, however valuable they might be to the other schools who treat a disease by name. Moreover, stamping a diseased condition with a particular name is fraught with the *danger* of adopting routine treatment in patients suffering from a particular disease. This has been verified times without number, so that a class of so-called Homœopaths is found to prescribe Baptisia in Typhoid Fever, Bromium in Croup and so on. Also, any accurate diagnosis is possible only in some acute cases, e.g., Small Pox, Diphtheria, etc., and that too when pathologies have fully set in. Thus it is that in most chronic and pseudo-chronic cases different physicians (even of the Allopathic School) give different diagnosis and more often than not the treatment is only presumptive. Homœopaths, who always go by the perceptible symptoms and base their prescriptions on the totality of such symptoms, never miss the point that is so much necessary to cure; he does not have to guess at anything.

Some suggest that a diagnosis is indispensable for appreciating the so-called 'peculiar' symptoms. But, when it is remembered that it is the patient a Homœopath has to deal with, it should be clear that all abnormalities expressed through altered sensations and functions in the patient are to be considered for the purpose of making a prescription. Moreover, a close study of the Organon would make it amply clear that the characteristic symptoms are those which are defined according to circumstances. As to the so-called 'strange, rare and peculiar' symptoms we are tempted to quote Dr. Margaret Tyler:

"Write them down high in your list, but use them with care... A patient's own individual remedy, prescribed on mental and general symptoms, will often wipe out peculiar symptoms that it has never been recorded as having evoked,

and which are the striking key-notes of some other remedy . . .”—*A Study of Kent's Repertory*.

On all consideration, therefore, it occurs to us that, if at all, familiarizing the students with only the acute and infectious diseases (by their names) should suffice if the question of Hygiene and Medical Jurisprudence and granting medical certificates be considered.

All will, we hope, agree that the treatment suggested in the books on Practice of Medicine can have nothing to do with Homœopathy.

9. **Pathology** : We like to discuss this subject separately. We start by quoting Dr. Margaret Tyler in the book mentioned above :

“If you are treating merely a case of some named disease, and attempt to hunt that disease through Repertory and Materia Medica, you are very unlikely to find the curative remedy. To begin with, drugs have seldom been pushed far enough to produce pathological lesions; and if your work is based on pathological changes, you are done.”

The following quotations from Kent also deserve close attention :

“No matter what disease that comes in, no matter what inflammation is present, no matter what organ is inflamed, if that state of the blood that can give rise to such symptoms and such sepsis is present, if that state of the mind is present, it is *Baptisia*.”

“Do not be discouraged if pathological conditions do not go away; but if all the symptoms of the patient have gone away, and he is doing well, do not feel that it is impossible for that pathology to go away.”

“A part of the study of Materia Medica consists in the observation of sick people. A busy physician *learns* (*italics* ours) without books, though of course he should familiarise himself with the literature, so that from reading, as well as observation, he may acquire a knowledge of the general nature of sickness . . . He knows the natural trend of sickness and instantly recognises what is strange and unusual.

He will not recognise what is strange and unusual unless he knows what is natural...*But as you gain experience in homœopathic practice you will get a much finer idea of this because your Materia Medica teaches you to observe more closely. (italics ours)*

Some advocate a knowledge in Pathology because, in their opinion, it

- (a) gives an idea of the course and prognosis of a disease;
- (b) tells us where we are not to use the higher potencies;
- (c) helps us to differentiate medicines in cases of patients who cannot give subjective symptoms;
- (d) enables us to determine whether new symptoms or an aggravation is due to disease or to medicine.

We propose to deal with the above as follows:

However grave a condition may be from the pathological point of view, Homœopathy has many times won the laurel by bringing the patient back to life and health. So long a patient is able to exhibit his morbid desires and aversions and reacts to his sufferings, a Homœopath need not show the white feathers. His diagnosis and prognosis should rest not on any gross pathology but on the Organon and the Eleven Golden Rules given in Kent's Lectures on Homœopathic Philosophy, which will never fail him. Moreover, a deep study of the Materia Medica itself will enable a physician to give the correct prognosis in almost all cases. Thus when the physician sees a clear picture of *Crotalus*, he will seldom, if ever, fail to prognose a difficult, if not fatal, ending. It should be remembered that many so-called 'hopeless' cases in the hands of those who make Pathology their only guide for a prognosis have been cured by persons who had not an iota of knowledge in Pathology.

It is true that Kent at page 926 of his Lectures on Homœopathic Materia Medica has warned against the use of Sulphur in advanced stages of phthisis, but it should be noted that he has done so in speaking of *stopping the night sweats*. A reading of page 468 of the same book also will show that the homœopathic physician *never (italics ours)* prescribes to bring down the

pulse, or to stop the night sweat. In the typical case referred to at page 926, therefore, Kent must be taken to have spoken about cases where there are no symptoms of the patient or where the patient looks and acts very feeble.

Subjective symptoms include symptoms *observable in the subject* (that is, the patient). It is thus seen that Organon enjoins physical examination of the colour of the face, eyes and skin, tongue, breathing, smell from the mouth, pupils, pulse, abdomen, skin, decubitus, etc. An unconscious state is also a subjective symptom inasmuch as it is a state of the subject, that is the patient. If these cannot furnish a faithful picture of the medicine required in a case, we fail to see what can. None would perhaps say that a medicine can be selected by knowing if a patient has sugar in the urine or has a thrombus somewhere in the blood-vessel.

No doubt, the expression "sign" has been used in Section 6 of the Organon, but it has been qualified by "perceptible", so that it can never be an 'objective symptom' in the sense it is generally understood.

Sections 149, 154, 155, 156, 157, 161, 163, 181, 249, 250, 253 of the Organon of Medicine give us ample means to differentiate medicinal aggravation from disease aggravation without knowing Pathology. As has been already stated, stamping a condition as grave or mild on pathological considerations only is fraught with the possibility of not making the best use of Homœopathic treatment.

Lastly, it should be recognised that Pathology may be (1) functional and (2) anatomical. The Homœopaths always study the functional pathology through the *Materia Medica*. Anatomical pathology never helps him. It is, therefore, our considered opinion that this subject need not enter into the curriculum, at least in the form it is now taught.

#### BACTERIOLOGY

This part of Pathology, in our opinion, is completely useless for a Homœopath. Hahnemann himself asserted in no doubtful terms that diseases are not caused by any germs, a proposition which has been emphatically reiterated (although in somewhat



different language) By. Dr. Rena J. Dubos, of the Rockefeller Institute, himself being one of the foremost scientists in the field of antibiotics. It is true that Organon has mentioned 'miasm' as the cause of diseases. It is also true that the same Organon refers to acute 'miasm' as the cause of diseases like Cholera etc. But to hold that this 'miasm' is or can be equivalent to Bacteria would be unreasonable; because Hahnemann's 'miasm' has been said to be the cause of all the diseases of mankind whereas a particular Bacteria may be responsible for the production of a particular disease or class of diseases. It should be remembered that Hahnemann had the experiments of microscope because that instrument was invented in 1590 A.D. (according to Encyclopoedia Britannica) or at least in 1675 A.D. (according to Barsapanji)—a period when Hahnemann was alive. We now like to close this chapter by quoting Dr. Dubos by reproducing an article (Please see at the end of this note) by Thomas R. Henry in an issue of the Journal of the American Institute of Homœopathy.

10. **Surgery** : Pure surgical cases are very rare in Homœopathy. In other words, Homœopaths have seldom to perform surgical operations excepting in the few cases narrated in the foot-note to Section 7 of the Organon with a few additions. While it is always desirable that every physician should have practical experience in the operations suggested there, it does not seem imperative that he must undergo a thorough practical training in them before he can be allowed to practise. Our feeling is that a physician who is able to recognise the actual surgical conditions should be allowed to practise in medicine. But for those who intend to work in hospitals, a practical training in the operations mentioned should be made compulsory. This may, therefore, be included in the curriculum for Post-Graduate Course, Midwifery & Gynaecology may be conveniently included in Surgery. Physicians practising in places where hospital facilities are not available should be trained in first-aid.

11. **Human Psychology & Sociology** : We think these two subjects should be introduced as they would assist the Homœopath to overcome obstacles to recovery in certain cases. A study of psychology would help him a lot in ascertaining the mental symptoms which are of supreme importance in the selection of the

remedy. But, in laying down the actual curriculum, care should be taken not to overdo these subjects and they should figure only in the Post-Graduate Course.

12. **Science** : What is now being taught as Science (at least in Bengal Homœopathic Colleges) can have, in our opinion, no bearing on Homœopathic practice and, therefore, this subject may be omitted.

13. **Pharmacy** : Excepting the chapter on posology no other chapters appear to us to be necessary for a Homœopath. The days when physicians had to prepare their own medicines have gone. So, it should now be the intending pharmacists only who should be given a full course of lectures on this subject. For this, we recommend a six-month's 'Pharmacists' Course.

14. **Repertory** : The students must be taught how to use this book as without it Homœopathy can never be successfully practised.

#### A REMARKABLE NOTE

"Germs aren't always guilty," doctor says. "Blamed too often as cause of disease."

Medicine may have gone too far in blaming sickness on germs, says Dr. Rene J. Dubos of the Rockefeller Institute, himself one of the foremost scientists in the field of antibiotics to kill disease-causing micro-organisms.

There is strong evidence, he told National Institute of Health Scientists the other night, that bacteria and viruses become dangerous only when the set up is fixed for them. Otherwise even the most virulent of them are harmless. Every person, Dr. Dubos said, carries in the body throughout life a host of supposedly deadly microbes which live in blood and tissues as harmless guests until something happens to start them on a rampage.

Although the presence of the right micro-organisms is necessary for the particular disease, Dr. Dubos insists, the real cause is the "something", or combination of "somethings" of which the present day physician is usually quite ignorant. There is even danger, he told the National Institute of Physicians in a lecture given in honour of Dr. Rolla H. Dyer, the retired Director, that doctors who eliminate one form of supposedly malignant micro-

organism with some of the extremely potent new drugs are just making room in the body for the increase of some worse kind.

Recent experiments have shown, Dr. Dubos said, that it is practically impossible to infect volunteers picked at random with some supposedly highly infectious diseases, because experimenters do not know how to upset the internal environment so as to produce the right conditions.

During the last war, he explained, an epidemic disease causing great concern to military authorities was bacillary dysentery. In some areas nearly all soldiers were victims. The causative organism was well known. But when investigators tried to reproduce the malady in the United States with human volunteers the effect was a complete failure. However, when doses of the bacillus obtained directly from sick soldiers, were fed to the volunteers, not a single case of bacillary dysentery was produced. The best that could be obtained, and only a few, was a mild syndrome of food poisoning.

Efforts to transmit common cold, to which everybody seems susceptible, to volunteers have been equally unsuccessful. The cause of this malady which sweeps through communities is almost certainly a virus. It is contained in nose and throat washing of cold victims. But it is almost impossible to transmit these at will. Volunteers simply cannot be made to develop sniffles, except in a few cases. Most striking, Dr. Dubos said, have been the recent English experiments. Volunteers were kept in complete isolation for two weeks to make sure they were not on the verge of colds at the start of the trials. Then they were placed in conditions supposed to be favourable to cold—placed in drafts, subjected to quick changes of temperature, made to wear wet sacks and sleep in wet clothes. Still inoculation with the supposed virus produced only occasional colds. The real precipitating factor which must be very common in every body's environment remains unknown.

The same thing was demonstrated very strikingly more than a century ago when a cholera epidemic broke out in Hamburg. This was at the dawn of the germ theory of disease advanced by Pasteur and Koch. It still had many bitter opponents among the foremost physicians of the day. They held that the micro-organisms the two great biologists have discovered were not the

causes of diseases but only secondary invaders of diseased tissues. Koch had just demonstrated the germ of cholera and it was found in the blood of all the Hamburg victims. One of his principal opponents ridiculed the idea; he obtained tumblerfuls of the live virus from the Hamburg dead and he and his students drank them. None developed any symptoms of cholera. There was something unknown in the temporary environment of Hamburg which made it possible for the germs to cause disease. This "something" did not exist in the environment of the bold scoffer's medical school. A similar experiment was performed with much the same results, with the tubercle bacillus, which Koch also had just demonstrated.

Long before anybody knew anything about germs, Dr. Dubos told the National Institute doctors, many physicians were very successful in treating patients—and some of them acquired large fortunes. They were not faith healers or fakers but extremely honest reputable men. The secret of their success, Dr. Dubos said, probably lay in a highly developed and perhaps instinctive skill in treating the patient as a whole rather than looking, as does the modern doctor, for one cause of a condition and treating only that.

The germ theory of disease, he insisted, now is probably in its twilight despite its magnificent successes during the last century and despite the fact that new germs and new germkillers doubtless will be discovered. It will remain only as a part of a new medicine which will try to find scientific bases for the "art" of the old doctors.

Every living cell, Dr. Dubos said, is the result of all sorts of evolutionary forces which have put it into equilibrium with outside forces and with forces within itself. Disturbance of any factor in the equilibrium will result in disease.

The next age of medicine, he held, will concentrate more on equilibria than on germs.