

## THE PLANNING OF SYLLABI AND CURRICULUM FOR THE HOMŒOPATHIC MEDICAL INSTITUTIONS

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### INTRODUCTION AND GENERAL CONSIDERATIONS

The present is the most opportune time for thinking hard regarding our plannings and methods of teaching in the homœopathic schools and colleges. A number of such institutions have sprung up all over the country and so far we have made no effort to follow one uniform standard. The best that we have done so far is to follow (and that too in a miserable fashion) the methods and curriculum followed in the allopathic medical institutions. The science of medicine is the most complex subject because it concerns man in almost all his activities; it is deeply interwoven with biological and social sciences. In recent years there has been an explosive increase of the sum total of medical knowledge and in spite of long years of medical training, some people think that it is too short a period for things that ought to be taught. It is only last hundred years ago that the medical knowledge had progressed very much since ancient times. The physicians bled and blistered for all manner of ailments; surgeons doffered their frock coats to chop off limbs in saw-dust-sprinkled arenas. But within the past few decades the vast sum-total of knowledge has increased so rapidly that it has become practically impossible to stuff this elephantine mass of learning into the physical limits of the curriculum and psychological limits of the students' understanding. We have to decide how much it is necessary to teach and how this teaching has to be done expeditiously and effectively. In our planning we must decide to eliminate the obsolete limbo of the past.

### BURDENS ON THE UNDERGRADUATE

In our zeal for providing the highest standards of medical training we should not forget that we are laying too much burden on the undergraduate. Before he graduates his grey cells are

already too much saturated for any fresh or original thinking. It is no exaggeration to say that a doctor spends nearly half his active life preparing for the other half and for a surgeon it is "a race between the consultantship and the coronary." Economically also the young people have to remain dependent upon their parents too long. They are denied the pleasures of other social and physical activities and they have to postpone their marriages.

#### NEED FOR PRUNNING

So if we cannot enlarge the curricular pint-pot we must condense the quart of dogma to be poured in. We must choose carefully and disentangle ourselves from the clinging shreds of the past.

#### NEED FOR LESS EMPHASIS ON TECHNOLOGY: AND MORE GENERAL EDUCATION

In the recent years we have been so much obsessed with the technological development that the doctors also behave as mere technicians rather than humane physicians who put their soul and body into the appointed task of their life. In our emphasis on the learning of technical skill we should not neglect the basic needs of scholarship in a physician or a surgeon. The increasing concentration on science has seen the virtual disappearance of scholarship amongst medical men. Human diseases leave no time for the humanities and the only culture that we know is the bacteriologist's broth. As doctors, more so as homœopathic doctors, they must have sound general education. It must be realised that the proper study of mankind is Man. The medical science is a means to an end and not an end in itself. It is not right for a boy or girl taking up medical studies at the age of 15 or 16 years who knows little or nothing but science and that too taught less for its own sake than as a subject for examination.

It is universally agreed that achievements outside science are of great importance. The doctor whose knowledge is confined to medical science alone is an imperfect doctor no matter how well-versed he may appear to be in that science. What does he know of medicine who knows medicine alone? In order to be able to discharge fully his professional duties and to effectively deal with

the many social, environmental, personal, psychological and economic problems of varying nature and extent he has to face, he must be merely not a scientist but also man of learning; of knowledge of humanity and of wider understanding." It is only then that he will enjoy the maximum confidence and regard of his patients and will be able to heal them most wonderfully.

#### OUR SPECIAL RESPONSIBILITIES AS PLANNERS

Apart from these general considerations which we have to keep very much in our mind since we have wisely elected to run separate undergraduate institutions for homœopathic medicine, we have the added difficulty of planning for teaching the homœopathic subjects and philosophy. We have to inculcate an attitude and a philosophy in the minds of the students who tend to appreciate more readily the straightforward methods of the Allopathic Medical Schools. Ultimately our aim is not to turn out merely the prescribers of Homœopathic drugs; we have to turn out complete physicians and surgeons with the firm and intelligent conviction of the scientificity and superiority of the law of similars.

When we talk of complete physician we mean person who not only prescribes drugs when needed for sick persons but is also the dispenser of wise counsel for the mental and physical ills of the patients and guides them to perfect health. He acts as the maintainer of health.

#### OUR DIFFICULTIES

While planning we are faced with other difficulties for which we have practically no solution at the present moment.

(a) The Government has not opened its doors to the Homœopathic graduates and diploma-holders for employment in various Health services. The result is that we cannot hope to attract the best of students.

(b) The money available or procurable are far short of the desired aim of having the best institutions.

(c) The masses at large cannot support the products of expensive medical education.

(d) There is lack of proper precedents and experience in the field of teaching in homœopathic medicine.

(e) There is a tragic paucity of really good text-books for homœopathic students. Many of text-books prepared by the American homœopaths during the hey-day of the American homœopathy are miserably obsolete to a great extent. The right type of text-books shall be a top priority for any planning for teaching. But I feel that these difficulties can be turned into an advantage since we shall be planning on a clean slate and provided we shake off anachronic methods of the old school.

#### GRADED COURSES

Considering all these difficulties we are generally agreed among ourselves on the desirability of different graded courses. I feel that a short course of two or two and a half years should be good enough for the Auxiliary (Homœopathic) medical personnel. Those who are qualified can go to countryside and help the vast rural population. Here we lay no claim to making them complete physicians. We have to compromise with our ideal. Similarly while planning for four year (I personally prefer the diploma course of four year standing) Diploma course, we are laying the functions for the complete physician who is provided with an opportunity for completing his medical education as a graduate later if he desires. The graduate course can be planned at a few well-equipped centres.

We are hoping that with the rapid advances of our developing economy we shall be able to dispense with the shorter courses. At the present we are torn between the practical necessities and the desire for doing the best that we owe to our fellow-beings. Because of the failure of the graduates of the modern medicine to go to the countryside, it is our duty and also our opportunity to lay special emphasis on the shorter courses.

#### THE TECHNICAL PART OF THE EDUCATION

The most vital and difficult part of our planning is the actual presentation of complex material that our young students have to learn and absorb. So far our teaching of the various subjects we have treated them in separate rigid compartments as if there is very little in common. For the first two or three years the students are confined to class-rooms and laboratories and made to learn disso-

ciated multitudes of details in different subjects with nobody to create enthusiasm and to present a composite picture of the subjects. When they come to the problems of human disease at the end of the period we can see their interest aroused and enthusiasm kindled. I am convinced that many aspects of the preclinical and auxiliary subject like anatomy, physiology, biochemistry, pathology can be taught in relation to the human subject. In the physiology and biochemistry of endocrine glands, for example, to all-pervading symphony of the endocrine orchestra, with its hormones and enzymes which affect every cell in the body, can be appreciated only through the study of the living patients with endocrine abnormalities. Similarly in the pathology also the various examinations and conditions of the sick individual will teach us more than merely remembering the details from a text-book.

#### ANATOMY

For a practitioner of any school, it is agreed, that it is essential to know the structure of the body if he has to treat the sick people. In the course of centuries, however, the body of the essential knowledge has been overloaded with a vast super-structure of useless redundance. The anatomists have been adding more and more details without discrimination so that the tree of anatomical knowledge has grown until it blights all the tender saplings around it; and so far few dare to wield the axe.

Our methods of teaching anatomy and physiology are hopelessly outmoded. Apart from our responsibility to present these subjects as an integrated whole, the usual plan of teaching the basic facts of various branches is faulty. At the present-day we have excellent audio-visual aids like Cine-Cameras and television; excellent models; specimens and drawings and charts. Is it not anachronous that to teach the students the design of the human body we still require them to anatomise a whole corpse just as was done in the days of the early pioneers as though text-books are still to be invented and other modern aids are non-existent.

#### INTEGRATED COURSE

I am of the opinion that it is very imperative that the students for medicine should be given integrated courses of these subjects.

The old method of giving separately a series of a set number of un-integrated lectures in a particular subject should be discarded. The students should be given contact with the patients early enough as that only will stimulate and maintain a new interest both in the auxiliary or basic subjects as well as in the phenomena of disease and cure. I feel that during the first year or nine months depending upon the needs or our experience gained we should give introductory lectures on Man in health and disease the broader outlines of normal structure (anatomy) and normal function (physiology) and how in sickness the normal function and structure change into morbid function and ultimately into morbid structure. The broader outlines with demonstration with models, preserved specimens, actual dissection or dissected specimens; or patients and other audio-visual aids are to be given. The details are to be eschewed at the stage.

#### THE PERIOD OF INTRODUCTORY LECTURES

The barriers between various preclinical and clinical departments must be broken. They must co-operate and hold symposia in the correct education of the young students. The heads of the departments should bring their heads together in order to devise a series of well-integrated lectures. They must demonstrate clearly and convincingly how the alterations in health affect the man as a whole. Side by side the students are given the opportunity of learning the philosophy of health and disease. We have to give them lectures on the story and development of medicine as a whole with the special emphasis on the historic origin of Homœopathy.

We could tell them the story of Hahnemann's life and the development of Organon. In a broader context we could give comparative philosophies of various systems of medicine. A substantial part of organon could be easily introduced without making it a dull or boring affair. While talking about these historic development we could introduce the homœopathic materia medica; its need and sources and the production of artificial sicknesses due to drugs. This is the time to introduce the subject of "provings", a most novel and revolutionary method of finding the drug-pathogenesis. The students are made to see how even minute doses of drugs cause such widespread (mostly functional) derangements or

symptoms. These are again to be compared to normal and abnormal physiology. At this stage also we have to give in introductory lectures a classification of diseases and how the materials collected in the provers daybooks are utilised in relation to the sick individuals. During these introductory lectures while touching practically on every aspect of medicine our aim is to prepare the student for intelligent follow up of detailed but integrated studies in the following years. The aim is to present the unity of Man in health and disease; to present the picture as a whole to begin with and not to start dismembering at the outset. It is more like moving from generalities to particulars. This emphasis is essential for all students of medicine but for the homœopathic student it is a matter of vital importance. No amount of stereotyped lecturing on Organon will arouse his interest and sustain his convictions as much as the integrated teaching on these lines. Throughout the lectures and demonstrations the basic homœopathic philosophy permeates. These are rather unorthodox ideas about teaching medicine and will require a lot of time and effort for the preparation of lectures in the beginning. I feel that it is worth all the effort. To begin with we could start this experiment at a special centre and later extend to other institutions.

#### THE LATER YEARS

During the later years these integrated lectures are continued and greater details are given; the introductory lectures are expanded by a course of senior instruction to which both pre-clinical and clinical teachers will contribute so that in relation to a particular subject all the relevant features of the anatomy, physiology and pathology will be reviewed along with certain aspects of Homœopathic Materia Medica and Philosophy. During this period the student is allowed contact with the patients; studies the phenomena of disease and the application of the Homœopathic Materia Medica. The medicine throughout has to be taught as far as possible as a whole and not in departmental compartments. Similarly later on the subjects of preventive medicine, psychology are introduced and developed. For homœopathic students there should be greater co-operation and integration in the study of Medicine and Surgery.

## TEACHERS

Whatever be the planning of the curriculum and the syllabus, everything ultimately will depend upon the teachers. Bernard Shaw said, characteristically, "those who can't, teach". There are often lecturers and professors who cannot lecture and have to read their talks. The result is that they fail to inspire the students and hold their interest on the subject. The teachers must have the gift of communicating the essence of their work to students in a coherent, clear and stimulating manner. Teaching is planting; is tending the spirit of enquiry; the critical faculty and the habit of thoroughness in those who may discover in themselves the soil on which unexpected gifts may grow.

The training of the aspiring students is a complex subject like medicine; the need for the right teachers is hundredfold. Unfortunately the lack of good teachers to man our institution will remain a poor link in our planning. This can be remedied partially only by instituting roving lectureships in the earlier stages of our development.

—*Souvenir, West Bengal State Homœopathic Practitioners' Conference, 27th and 28th Dec. 1964*

**UNPROVEN NOSODES, THEIR USE, AND SOME  
THOUGHTS THEREON**

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rule is not to repeat for a very long time and usually other remedies are called for. (Kent's rule must be followed, that is, the same symptoms must return.) This is why I favour giving a series of potencies daily, running up, as Hahnemann suggested and Miss Tyler publicized.

—*The British Homœo. Journal, July, '60*