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EDITORIAL

WHAT SHALL BE OUR ATTITUDE TOWARDS RESEARCH?

India today is proud of Dr. Hargobind Khurana, whose work in the field of genetics brought laurels to his country. But why did Dr. Khurana have to travel to the United States for his research? Because, his own country could not provide him the facilities needed for his work. Once an eminent homoeopath holding a responsible position was heard remarking, that good Homoeopathy could even be practised in a cowshed. He was being shown round a homoeopathic college built at a lavish cost. No doubt the structure was quite imposing. But the bricks really did not matter to him. He was concerned with men, men of ability who practised scientific Homoeopathy and made useful contribution to the science. Both are extreme examples of men of firm convictions and supremely dedicated to the science. The only difference between them being whereas, in the case of the former, he suffered on account of paucity of resources and went seeking after them, the latter was willing to forgo them if they were not available.

It is indeed rare that men, material and money, which are the basic requirements for any systematic research, can be found together. Yet, no meaningful research is possible unless they co-exist. Dr. Homi Bhaba was a scientist who had creative thinking and he was imaginative. He believed in the philosophy of the institution in man and strongly favoured the idea of building resources round a right man rather than woo the latter to a place where resources existed. It is sad that none could read the wisdom in his statement and work it through practice.

We are saddled to a certain norm and prefer not to change through experience. We hold on to the view that research is possible only in an existing institution and can be ordered like an *à-la-carte* menu in a five star hotel. We are guided by the rule of thumb. We have not been sensitive to the peculiar situation belonging to each science. No wonder when we began taking stock of the research work done over the years we were shown the thumbs-up!

What is responsible for this situation in Homoeopathy? The CCRH is a responsible body appointed by the government to control research in

Homoeopathy. It has funds at its disposal, so that it makes them available to persons engaged in scientific research. It is understandable that it cannot disburse these funds indiscriminately. It has to adopt definite standards to verify the genuineness of every research proposal received by it. It is quite possible that a certain standard fails to achieve the desired object. It calls for agility to look into the causes of failure and adopt suitable remedial measures.

One is not certain what measures the CCRH has in mind to promote research in Homoeopathy. But it cannot overlook its past performances which have failed to infuse faith in the profession that it was able to organize systematic research. Time and again it was voiced through the pages of this journal to let the profession have the benefit of the research findings of those from among it who are engaged in research work. Alas! it has fallen on deaf ears. The profession is growing increasingly suspicious over the deliberate silence of the CCRH over the issue especially, in the light of exaggerated Babinski response it exhibits when tickled at the right spot!

By a controlling body it is not implied that it is merely appointed to scrutinize research proposals and accept or reject them on whatever merits it sets for judging them. It has also got to be productive in terms of new findings that positively contribute to the growth of science. The profession is willing to overlook an error of judgment, as it happened with the research proposal on leprosy published elsewhere in this journal (it is learnt that the CCRH has failed to even acknowledge the proposal submitted to it by the authors) provided, any of the schemes approved by it were able to produce with its blessings a work comparable to the one above. What criticisms has it got to offer on the work published? If it hasn't got a comparable work to publish, will it care to look into the authors' proposal afresh and give them and all such others doing constructive work in the field the encouragement and guidance they deserve? If it is not its practice to review a proposal, will it at least agree to take it as a working model while approving schemes in future until a better one is available. These are some of the queries which the CCRH has to ponder over.

It is not the intention of this writing to project the above work on leprosy as an ideal or that it is flawless. What is impressive about it is the adherence to a methodology which rigidly conforms with the tenets of homoeopathic philosophy of treating chronic diseases, which are masked by suppressive treatment and hence presenting as one-sided expressions, guided mainly by their miasmatic basis. The other point worth reckoning is the type of team work between physicians belonging to different schools of thought working for a common object which made a research of that order possible, especially considering the difficulty to collect so many number of patients suffering from a common nosological description by any single physician in his private practice. A third and most significant point is the courage and determination of the workers to give shape to their find-

ings in the form of a research paper and present it from an alien platform when it failed to get due recognition on its own home front.

The homoeopathic profession is indebted to the two associations: All India Letter Writers' Association and German Leprosy Relief Association, India, for their keen interest shown and the encouragement given to the workers engaged in homoeopathic research on leprosy by permitting them to take part in the National Seminar held in Bombay. It urges upon the latter to extend all help to the workers engaged in leprosy research by making available to them the resources essential for their work. If it works out that the homoeopathic therapy is effective in the curative treatment of leprosy, it will prove to be a major breakthrough in eradicating the disease apart from the immense potentialities such findings will have in curtailing the cost of treatment. By such action, the GLRA will give shape to the dream of Dr. Bhaba and give a new impetus to research, not only in India but, all over the globe. To make a beginning, it can set up a pilot project to extend the study undertaken by the authors of the paper under its auspices in Bombay.

And finally, before concluding this writing, a few suggestions are offered to the authors of the paper. Despite the hardships posed due to lack of adequate resources, unless all available procedures of investigation are applied and a clinical diagnosis is established beyond doubt, even a very useful work may get devalued if strict scientific standards are applied for verification. It is obvious that *Merc. iod. flavum* has been an automatic choice for the cases unless there were strong indications against it such as a contradictory thermal modality. However strongly one may argue the choice of the remedy on miasmatic basis, unless there are some characteristic indications of it in the case, it would be difficult to accept it as a similimum no matter what results are claimed. It is one thing getting a success in treatment and quite another to prove the scientificity of action. Specificity has little scope in scientific homoeopathic prescribing and the onus of proving that *Merc. iod. flavum* was not used as a specific remedy lies on the authors if the profession is to accept that the choice of remedy is based on the law of similars, especially where the choice was guided by the absence of contra-indication to *Silicea* as claimed in the paper. It is also essential to maintain controlled follow-up of the cases over prolonged period to eliminate relapses which are so frequent in cases of leprosy.

Research thus becomes a two-way process in which both the controlling body and the worker maintain their integrity and not violate the principles underlying the science.

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