

SOME PROBLEMS OF JUNIOR HOMOEOPATHS

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Homoeopathy can create magic by curing a man magically. This is undoubtedly true. But to junior homoeopaths it is a matter of half-hearted belief. In colleges they learn from the learned teachers about the superiority of our pathy, but in their practice they always suffer from inferiority complex. Why this happens? Is it that our pathy is unable to create belief in people even in this atomic age?

The problem should be considered properly and sympathetically by our master practitioners and research workers. We have so many efficient practitioners in Homoeopathy and can say that they are superior to allopaths both in curing and earning. But that does not solve the problem.

We should think why a practitioner fresh from our college thinks himself inferior to a practitioner of the same age coming from an allopathic college. Without any pride and prejudice, we should think over the fact.

The first problem that a junior homoeopath after securing his diploma faces at the primary stage of his practice is the selection of a remedy. An allopath during the same period may prescribe more than one drug and one or the other will same or at least suppress the ailment for the time being. But a homoeopath has to select a single remedy. Hence in our colleges the training should be given more intensively than it is done in an allopathic college. But the fact is reverse. In our colleges the syllabus is finished officially, but a student learns very little practically.

This is due to lack of sufficient practical training. Hence, is the dilemma in selection. If a student gets sufficient scope for selection of medicines in the hospital, first under the guidance of learned practitioners and then independently, before he starts his own practice, the problem of selection of remedies becomes easier to him. However, due to lack of sufficient patients in our hospitals ample scope for practical training is absent. But why there is shortage of patients in our hospitals?

The shortage of patients in our hospitals is due to lack of proper arrangement. Even in two leading homoeopathic hospitals of Calcutta fifty per cent of beds (if not more) remain vacant, whereas in allopathic hospitals crowd of patients is limitless. What are the factors responsible for this condition? Almost all the practitioners have to send patients to hospitals. We, the homoeopaths, also send our patients to hospitals often. But we never send them to our hospitals. Thus, indirectly we acknowledge the superiority of allopathic treatment. Are we, the homoeopathic practitioners, not responsible for this?

The answer should be in the negative. Officially there are so many departments in our hospitals, but practically they are of little use. For ex-

ample, there is the department of radiology but during my experience of student-life I had seen that the radiologist himself advised to take x-ray from outside—almost always.

Homoeopathic hospitals should be well-equipped. At least there should be arrangements for blood-transfusion and oxygen. Emergency patients must be given primary needs then and there and then may be treated homoeopathically.

In Homoeopathy we have so many drugs for mid-gyny. Maximum number of caesarian section can be averted with the help of homoeopathic medicines. Whereas there are only a few medicines in Allopathy for contraction of uterus and dilatation of os; we have ample number of remedies to be used successfully. But people do not like to send their patients to our hospitals because there is no proper arrangement for emergency cases. If it is impossible to equip all the departments, we can equip our mid-gyny. department well to start with the minimum.

Now, we are coming to some individual problems of junior homoeopaths regarding potency of medicines. There are differences even amongst our authorities. For example, some of them have opined that *Lycopodium* should never be used in lower potency, at least not lower than 200th whereas so many of our learned practitioners use 30th or even lower. Whom a junior practitioner will follow? In our colleges, teachers talk of remedies in general lectures, but the question of potency remains a problem. At least there should be a common accepted principle regarding potency.

Another problem which puzzles a fresh practitioner is the problem of 'mongrel sect'! Even some of the popular physicians, some of them with foreign qualification, prescribe two, three even four remedies at short intervals. They say that they get better result from it. This is undoubtedly a criminal act. But why they pursue this unlawful activity? In case of a junior homoeopath this may be due to ignorance but in the case of a senior and qualified practitioner this cannot be attributed to ignorance. Very unfortunately many of the teachers of our colleges belong to this sect, immensely prejudicing the initiation of us to practical Homoeopathy.

Another problem is the problem of new remedies. Since the days of Hahnemann many new drugs have been discovered. But not a single one is epoch-making. We may treat with our medicines, but we are not so sure of healing as an allopath does with penicillin or antibiotics.

Our research workers should be more sincere and devoted to discover some epoch-making medicines to save our pathy and even for future progress.

To conclude I should politely mention that my purpose is not to criticise my own pathy but to bring to light some of the problems of junior homoeopaths.