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EDITORIAL

'WHY IS THERE A TENDENCY AMONGST THE STUDENTS AFTER PASSING OUT TO PRACTISE ALLOPATHY?'

A few months ago, a symposium was arranged by the students' union of a homoeopathic college which was attended by senior homoeopaths of the country. The topic was 'Why Is There A Tendency to Practise Allopathy?'

We do not know if this situation prevails in other parts of the country but this is surely so in Maharashtra, especially in the city of Bombay. But we shall not be surprised if it is present elsewhere in the country too.

In fact, the topic is very important and if anyone who is serious about it, will have to find the reasons and remedy them as early as possible, otherwise homoeopathic institutions in the country will be mere an instrument of backdoor entry to Allopathy.

When we ask such a question it is evident that it is easier to practise Allopathy than Homoeopathy. It is a fact; but then what is it that makes Allopathy easy and Homoeopathy difficult, and why do the students take up to learn Homoeopathy knowing it to be difficult? What attracts them to Homoeopathy? Is it by choice or by compulsion?

Let us discuss some salient points raised during the symposium.

Initially when the syllabus for Homoeopathy was framed it was copied from the syllabus of allopathic course particularly of the subjects of anatomy, physiology and pathology. The same continued unchanged. No one took serious note of changes taking place in allopathic syllabi, and therefore, still continued with original one. How many homoeopathic colleges pay adequate attention to anatomy, dissection of cadavers and practical training in physiology and pathology? In fact for a good homoeopath the basic knowledge of function and structure of man is absolutely essential. Pathology is another subject which is greatly neglected. Our older generation constantly hammered into us that the knowledge of pathology is not necessary for homoeopathic prescribing. This may be true to some extent, but it is dangerous not to know the pathology. Again here the concept of Hahnemannian pathology, the knowledge of acute and chronic diseases, their behaviour, miasmatic evolution of diseases, must be integrated with the present day

concept of pathology so that the students are not confused but on the contrary grasp the philosophy of Homoeopathy better. The present day disjointed teaching leaves them in a chaotic state of mind.

Materia medica is a study at bedside. Unless the students are conversant with the functions and structure of the body, and the knowledge of clinical medicine, teaching of materia medica in the 1st year class is useless. One cannot grasp the tenets of homoeopathic materia medica. The textbook on materia medica which is commonly prescribed is Allen's *Keynotes*. It is a very useful book but without understanding the background or philosophy of materia medica it is a dangerous book in the hands of a novice. At the most the students should be exposed to the compilation, sources of materia medica, the drug proving, its method, and the subject should be dealt with in an introductory manner. In fact a student should compulsorily prove at least a few drugs during the stay in college. This will help to develop confidence in the minds of students about the disease producing power vis-à-vis curative power of a drug. In short, teaching of the whole subject of materia medica needs a revamping.

We must compliment our teachers. Under very odd circumstances they have done a yeoman service to the teaching of Homoeopathy. But as it is today, there is a lot of room for improvement. Teachers should practise what they preach. They need devotion and should be able to develop a correct rapport between themselves and the students. Over the years the techniques of teaching have changed a lot. They must make use of audio-visual methods so that the points can be convincingly proved. All out efforts should be made to develop the teaching cadre so that our colleges are manned by the homoeopaths. It is not a healthy practice to take the students to the allopathic institutions for the study of clinical subjects. Our training should be fully developed within the O.P.D./I.P.D. It is a fact that none of our colleges have well established functioning hospitals where training can be adequately given. But there is no harm to develop O.P.D. which does not cost much. A real training can be given at O.P.D. level. When a student does not see results, he is not convinced and then one cannot force him to practise when he is not convinced.

Handling of emergencies must be taught in these institutions. All institutions must have casualty wards so that simpler emergencies can be treated. It is only then the students will be convinced of emergency treatments.

Apart from what is discussed above, the real cause of the malady is that most of those who join homoeopathic colleges do so just to obtain a diploma so that they can assist their parents, relations in their practice or because they failed to get admitted to allopathic colleges. We forget that practising of Homoeopathy needs devotion and hard work. Allopathic practice is comparatively easier. One needs to know certain basic medication and he can then conveniently practise. One can certainly make a comfortable living. Their hospital services are well organised and developed and

when in difficulty one can refer a case to the hospital. Death in an allopathic hospital goes unnoticed but a death in a homoeopathic hospital creates a big noise saying that Homoeopathy has failed to act.

Another point is, the unsolved problems of homoeopathic concept such as potentisation, application of correct potency and repetition of doses. Study of susceptibility remains only an abstract study and, therefore, no conviction. On the contrary in Allopathy the pharmacological studies and dosages of medicines are well developed and experimented with results. This is more convincing to a student than the abstract concepts of susceptibility. He prefers to make use of that than homoeopathic drugs. Similarly selection of a remedy is also a big task. There is no standardisation and single approach. No two homoeopaths would agree on a remedy in a given case nor will he be sure of the remedy and its action. But the allopath is fully sure of it. Under the name of individualisation we have neglected to standardise the practice. It is a fact that a lot needs to be done in the entire academic field, from writing new books to standardisation in practice. The earlier we do it, the better it will be. Let us not waste time in small, meaningless politics but concentrate on efforts to solve this situation.

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