

ROLE OF HOMOEOPATHY IN HEALTH FOR ALL BY THE YEAR 2000

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On April 7, 1983, the press received a note from a big white building in Geneva. It said that the slogan for WHO activities that year was: "Health for all by the year 2000—the countdown has begun".

What is "Health for all"?

The 34th World Health Assembly met in 1981 and adopted a global strategy for 'Health for all by the year 2000'. The strategy is based on the primary health care approach as outlined at Alma-Ata. Health for all has thus long been in discussion. A broad and widely accepted definition is 'attainment by all citizens of the world of a level of health that will permit them to lead a socially and economically productive life'. The milestones to this destination are:

- Right kind of food for all by the year ... 1985
- Essential drugs for all by the year ... 1986
- Adequate safe water and sanitation by the year ... 1990
- Immunisation of all children against six common diseases namely, whooping cough, diphtheria, tetanus, polio, measles and tuberculosis by the year ... 1990

To assess the present situation is quite a frustrating job. To give a few examples:

- The World Food Conference proclaimed in 1974 to do away with hunger in just 10 years; it is 1985 now!
- Of the 122 million children born in 1979, the international year of the child, one in every ten is now dead!

Although idealistic in the light of our past experience, the goal is realistic in the sense that the principal obstacle is the will and the commitment to achieve them. Our strategy is uncommon sense and it takes uncommon courage to stand by it. The message of the past three decades is not that world health has been or is being achieved but that it can be achieved.

Has Homoeopathy a different role?

In the light of the above facts it is important to ask this pivotal question. Homoeopathy has often been accused of being slow, ineffective and having no preventive role. (Dr. Hahnemann's *Friend of Health* is probably one of the first books on preventive medicine. He has also touched the social

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aspect by writing about jails, as far back as 1787.) All these arguments against this system have aptly been ruled out many a time. Thus, I would like to stress on its role in the context of the new situation.

Apart from problems specific to each country, the two main problems which have repeatedly been stressed and discussed in all the WHO publications since 1982 are: role of motivation and education, and the need for adequate manpower. Both Homoeopathy and homoeopaths can do a lot in both these areas.

Motivation is a very vital and multifaceted topic. It is the motivational (educational) approach that we should ideally adopt. This approach is very much culture bound. To cite an example, when water seal latrine was provided free of cost in some villages, people just did not use them because they thought that the latrines were unhygienic.

But homoeopathic *materia medica* is culturally acceptable and economically within the reach of the neediest people. Homoeopaths, who are already well patronised by the community, can advise on such simple promotive measures. This can valuably extend the health cover.

As regards manpower, today there are 4,12,638 homoeopaths in India, comprising qualified as well as registered medical practitioners (those who have been registered as homoeopaths on the basis of their long experience). I agree that these registered homoeopaths are not 'qualified', but still they are the ones who are trusted. It is essential that these men should be trained and involved in this task.

If they are trained to know the things that derange health and cause disease, they will form a formidable army to advise effectively on diet, sanitation, immunisation and family welfare. This assertion might seem absurd, but when WHO, in 1972, suggested training of traditional birth attendants (TBA) as of great help, only 37% countries took it seriously. Today training of TBAs is a major programme in 72% of the countries including India.

As regards qualified homoeopaths, there have been sporadic attempts towards some positive work. The homoeopathic dispensaries during the *Kumbha Mela* in U.P. and the *Poush Sankranti Mela* in W.B. are the best examples. But when Dr. Arya and others proposed to prepare a homoeopathic kit for health workers, the whole plan was scrapped by the govt. for reasons not known.

On the preventive side, there is a lot of confusion even among the qualified homoeopaths. Very little authoritative information is available on potency and repetition of a prophylactic. Almost all combinations have been proposed but none seems to have any proven value. If we don't have a sureshot prophylactic, we have men who can vaccinate children, if trained. And vaccinations themselves are in a way homoeopathic.

On the curative side, there is a vast field to be covered. Today 1 to 2% of the population suffer from some form of severe mental illness. Homoeo-

pathy has vast and varied drugs of proven value. Also, it has been calculated that adverse drug reactions rank among the top ten causes of hospitalisation. Naturally an increased homoeopathic consciousness will lessen iatrogenesis.

As in iatrogenesis, so can Homoeopathy help in geriatrics. Depression, osteoarthritis, dementia are but a few of the common problems that can be tackled homoeopathically.

But we should bear in *mind* that just as Homoeopathy has its special role in this task, it has its limitations too. Knowing these and correcting them is perhaps another activity towards this goal. If world health is to be achieved it can only be achieved by replanning the health care system on alternative models based on synthesising and blending the best of both the worlds—traditional and modern systems in vogue.
