

## TWO FACES OF HOMOEOPATHY

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This is with reference to an invitation for comments from the readers on the article 'Anti-Thoughts' (THE HAHNEMANNIAN GLEANINGS, March 1985) by Lt. Col. Dr. R. S. Negi of Delhi. In the above article Dr. Negi has rightly expressed his thoughts on the qualified, unqualified and other pseudo homoeopaths. Dr. Negi has omitted to mention a fifth category of homoeopathic practitioners. They are the intellectuals, highly qualified college lecturers and other officials of high calibre who are self-taught in Homoeopathy. They practise Homoeopathy not as a profession but for the protection of their own families, their relations and friends from the hazards and dangers of the most expensive Allopathy. Dr. Negi is absolutely correct in saying that Homoeopathy has been kept alive not by the qualified homoeopaths of the second schedule, but by the lesser mortals dubbed as unqualified. It is their utmost faith, sincerity, devotion and dedication to Homoeopathy that produced a galaxy of luminaries in the field of Homoeopathy. But, alas! it is the qualified homoeopaths of the second schedule, who have limited the scope for propagation of Homoeopathy, not because that they do not want the science of Homoeopathy to be prostituted but perhaps because they want to get rid of the competition from their brother physicians and hence they made the laws for the protection of their own. But they cannot erase from history the names and services of eminent self-taught stalwarts who propagated Homoeopathy in India for the benefit of mankind. A few of such top-ranking stalwarts worth mentioning are (1) Dr. Rajendralal Datta of Calcutta, (2) Dr. Yudhvir Singh of Delhi, (3) Dr. T. S. Iyer and Dr. J. N. Shinghal, and others.

Now coming to the other side, let us see how far the qualified homoeopaths of the second schedule have succeeded in protecting their own interest. In the editorial entitled *Homoeopathic Heritage* of the May 1985 issue, while discussing the aspect of advertisement and publicity it has been observed that "Homoeopathy and homoeopaths have been absolutely non-starters. In some places even neighbours in the second street do not know either the name or professional ability or qualification of the homoeopath. Quite a number of homoeopaths feel shy of putting up a prominent signboard with R.M.P. homoeopath or homoeopathic consultant or some such title." If such is the plight of the qualified homoeopaths of the second schedule, how far can they be successful in their devotion, dedication and propagation of Homoeopathy for the benefit of mankind?

On the other hand, most of the so-called unqualified self-taught homoeopaths who do not practise Homoeopathy as a profession are giving service to Homoeopathy and mankind by opening free dispensaries under voluntary organisations. There are a number of self-taught homoeopaths whose fame has spread far and wide and they are giving free service to humanity by

curing even chronic cases given up by allopaths. I know personally of a recent case of a child aged one year. It was a case of summer diarrhoea. As dehydration set in, the child was admitted in an allopathic nursing home of local repute. During the course of treatment other complications set in with temperature as high as 105°F. The child was in the nursing home for 15 days. The vision of the child was also affected badly, probably due to the high temperature and its effect on the brain. The physician-in-charge of the nursing home referred the child to a local eye specialist. The report of the eye specialist is reproduced below:

"Optic atrophy may take 3 to 6 months from the time of nerve affection. So we cannot tell definitely about optic atrophy until after another two months. Temporal pallor is not a definite sign of nerve affection. To review the case and further examination after one month."

The child was discharged from the nursing home on the same day. From the following day the child was treated by a so-called unqualified self-taught homoeopath. On the fourth day, the vision of the child was completely restored and in another 15 days the child completely recovered and by grace of God the child is now quite healthy. Is it not a miracle of dedication and devotion to Homoeopathy by the so-called unqualified and self-taught homoeopaths? Is it not service to mankind? Is not Dr. J. C. Burnett correct in his saying that "a little homoeopathic David can overcome the greatest allopathic Goliath if he will only keep to his materia medica."

The present position of Homoeopathy in India is that the institutionally qualified homoeopaths are in a very negligible minority in the profession when compared to their allopathic counterparts. They are mostly confined to the capital cities and big towns of the States in India. So is the position with homoeopathic colleges and hospitals. In Southern India, leaving alone the rural areas, even in major towns 90% of the educated population are not aware that there is also a medical system called Homoeopathy. In these areas the services of the so-called unqualified and self-taught homoeopaths are commendable in the propagation of Homoeopathy. For its propagation and spread to every corner of the rural areas in India it is absolutely necessary for the relaxation of the rules of the Central Council of Homoeopathy for another ten years for registration of the most deserving self-taught homoeopaths who are gifted and who have mastered the subject most remarkably. As suggested by Dr. Negi, a way out of the impasse could be to establish screening boards in the States to sift the grain from the chaff and to regularise the deserving ones by conducting examinations and a short Orientation course.

When even most developed and advanced countries like Britain have permitted laymen and other organisations to practise and popularise Homoeopathy, there is no reason why there should be curbs in India on the practice and propagation of Homoeopathy to deprive mankind, specially the poor rural masses, of its benefits.

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