

THE HAHNEMANNIAN GLEANINGS

Vol. XLIV

MARCH 1977

No. 3

EDITORIAL

DRY UP THE GULF BETWEEN PART A AND PART B REGISTERED HOMOEOPATHS AND RAISE UP THE STANDARD OF HOMOEOPATHIC PRACTITIONERS

If we go to critically assess the standard of registered homoeopaths in general, practising today in our country, with a mind as free from all prejudices and various notions and motives as possible, we shall inevitably face very disappointing statistical figures. Only a small percentage of them have any acquaintance at all with the principles of Homoeopathy, what to speak of proficiency in applying the principles in practice. Fewer still have any minimum workable knowledge of clinical medicine and other important subjects of medicine like—*anatomy, physiology, pathology* etc. Thus the overwhelming majority of registered homoeopaths cut sorry figure in the rational application of homoeopathic materia medica, thus being able to make full utilisation of the immense possibilities of Homoeopathy, and hopeless figure in the matters of diagnosis and prognosis (both from dynamic point of view as per Kent's 12 observations as well as from static materialistic point of view of general medicine), all of which fall within the duties of a physician in dealing with his cases. Ignorance of the latter subjects is detrimental not only to the patients but more so to the prestige of Homoeopathy itself. Whenever these registered homoeopaths are faced with problems of diagnosis and prognosis they have to call in an allopath, as if all these matters fall outside the purview of Homoeopathy, thus earning unwarranted condemnation for Homoeopathy.

All these problems pertain not only to the so called 'unqualified homoeopaths', but almost equally to the institutionally trained homoeopaths, as they are today. Rather, it is more so in the matter of knowledge in and practical application of homoeopathic materia medica as is blantly evident in the field of practice. This is so, obviously due to defective education system in our homoeopathic teaching institutions prevailing upto date.

Thus, it is obvious that real homoeopathic education has not yet at all started in our country. Our institutional training adds very little to the

mind of our so-called qualified homoeopaths other than empty highbrowism against the so-called unqualified homoeopaths, although defeated by them in actual field of practice, and forced to use, often clandestinely, allopathic medicine, only to earn their bare subsistence.

In such a situation prevailing in our country at the moment there is little depth of rationality, objectivity and utility in the artificial gulf created between the self-taught homoeopaths and institutionally trained homoeopaths, except creation of an empty social and political ado that our country has so large number of institutionally trained homoeopathic doctors. The real merit of a homoeopath is tested, in the field of practice, by the patients. In the field of service, as teachers, medical officers etc., the merit of the candidate can be best judged by appropriate service commissions of the appointing authorities.

So, we feel that, it is high time that we should all, try by all means to dry up this artificial gulf as much as possible, in the interests of Homoeopathy and the united homoeopathic society as a whole.

So far as we know, all the state homoeopathic acts has provisions for this measure (e.g., sec. 26 of the West Bengal Homoeopathic System of Medicine Act, 1963). But the way this section is being put to effect is not quite desirable, nor will it serve the required purpose. What is urgently needed is to arrange for thorough examination (written, oral and practical) of candidates with a minimum period of practice of 15 or at least 10 years, registered in any of the states in India. The candidate must have complete freedom to use his own vernacular language or English. These examinations must be held under thorough control of the Central Council. If they are conducted by the various State Councils/Boards of Homoeopathy, various form of local pressures and manipulations may completely vitiate the essence and purpose of the examination.

The syllabus for this examination should be practical oriented on clinical medicine and applied materia medica based on homoeopathic principles.

A course of about 200 lectures including practical training in clinical examination of patients and case taking should be formulated. This course should be coverable in 3 or 4 months, 2 or 3 hours a day, so that practising homoeopaths can conveniently attend the classes.

These classes may be organised by the State Homoeopathic Councils/Boards through their affiliated institutions, as well as by the national professional organisation HOMAI through its local branches.

Attendance in this course should not be made compulsory. Any candidate having to his credit the minimum prescribed period of homoeopathic practice and having sufficient confidence on his personal knowledge in the subjects, may be allowed to take the examination directly.

In our opinion this is the only logical and practical way by which we can immensely reduce the number of 'unqualified' homoeopaths and dry

up the gulf between Part A and Part B registered homoeopaths, and thus consolidate our homoeopathic society.

But it must not be forgotten that, this measure is only the first step. The all-out endeavour to elevate the educational and technical standards of all homoeopaths of our country must be a continuous process, to be prosecuted *ad infinitum* by the HOMAI through various procedures and measures like—(1) regular refresher courses for different standards of homoeopaths, (2) frequent symposia and scientific meetings, (3) clinical discussions etc. All these must be arranged at different levels—local, state and centre. By this process it can assuredly be expected that the general educational and technical standard of all homoeopaths of the country will be elevated to the desired level, so that they can face the challenge of all systems of medicine on world scale.
