

# ESTABLISHMENT OF HOMOEOPATHIC INFORMATION AND DOCUMENTATION CENTRE ( HIDOC )\*\*

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## Abstract

*The growing popularity of Homoeopathy all over the world has created a global interest for development of a Homoeopathic Information System. The paper highlights the state of development of Homoeopathy with particular reference to India and South East Asia, statistically reflecting possible information seekers/users and non-existence of any well equipped Information Centre catering to such professional informational needs of Homoeopathy in Asia. Attempts have been made to study and analyse the impact of Information Technology in the field of Indian Systems of Medicine and Homoeopathy in India and need for establishment of a Homoeopathic Information and Documentation Centre preferably by some existing Homoeopathic organisation like Central Council for Research in Homoeopathy (CCRH) to strengthen bibliographical control of the country's own technological output, to develop and promote the technical and organisational structure for exchange of data at international level with particular emphasis on South East Asia Region and also to create Online Information Services in Homoeopathy. It also describes the contours of areas to be covered by the proposed Information Centre. Its success depends much on the active efforts of the Librarians and Information Scientists not only in India but also in other countries engaged in the field of Homoeopathy. The existing Information System created at CCRH which is a premier organisation in India to conduct and assist research is playing a key role mainly in India. Suggestions and methods are discussed in this paper as to how it can be strengthened further to play a role at global level. The paper also highlights the realistic financial and administrative constraints in developing countries like India in implementing such major schemes and explore & suggest the possibility of developing HIDOC in phased manner seeking collaboration from international agencies involved in Health care & Human welfare.*

## Introduction

Science knows no boundary, no discrimination of race and religion. Homoeopathy, a health science discovered and originated in Germany in 1810 by one of its most illustrious sons of the 18<sup>th</sup> century named Dr. Samuel Hahnemann crossed the man made borders to enter India in 1839 through an ardent follower and advocate of this science born in the neighbouring country of France, Dr. John Martin Hoenigberger to treat one of the most powerful Maharajas of those days ruling the state of Punjab, is today one of the most popular alternative systems of health care in this country. It will not be an exaggeration if I say that Homoeopathy is more popular in India compared to place of its origin i.e. Germany or for that matter any other country in the world.

Homoeopathy has like wise spread globally and there is hardly any country where there are no practitioners irrespective of whether state or legal protection exists or not. But it is a hard fact that no information and documentation centre with latest modern information technology and communication facilities is functioning at least in South East Asia. Therefore there is an urgent necessity to establish a Homoeopathic Information & Documentation Center (HIDOC) in this region and it should function as a central resource centre for disseminating Scientific information to Homoeopathic Scientists and develop information system for Homoeopathy within the Global Periphery with particular emphasis on South East Asia. To justify the necessity of its establishment, I may like to draw attention to the phase of development of this science in South East Asia but India first where this science is immensely popular.

## Homoeopathy in India

Dr. Mohendra Lal Sarkar in Bengal was the first physician to start practice of Homoeopathy in India. Some States opened a few hospitals and dispensaries in the second half of the 19<sup>th</sup> century. The system developed quickly and by the beginning of 20<sup>th</sup> century most of the important cities in the country had Homoeopathic Dispensaries.

The process of official recognition of Homoeopathy in India started with the passing of the first resolution by the Central legislative Assembly in 1937 followed by another resolution in 1948. But it was only in 1952 that Homeopathy started getting recognition in the states and in 1973, a Central Act was passed by Parliament for recognition of this system of Medicine. Today Homeopathy has become a part of the national network of health services in India and providing health care services to the people through hospitals and dispensaries run by State and Central Govt. as well as by private practitioners.

With 1,88,527 practitioners, 100 Degree Colleges affiliated to Universities and imparting 5 1/2 yrs. courses after 10+2 std, 18 Diploma Colleges running 4 years course affiliated to Homoeo-

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pathic Boards in different States together producing 6,482 fresh Graduates in Homoeopathy every year and, with 13 Post Graduate Colleges producing super specialists with M.D.(Hom.) qualifications after graduation and, with 243 well established hospitals and 7,037 dispensaries run by State & Union Govts. having total bed strength of 9,436 and huge O.P.D. facilities catering services to almost 36 million O.P.D. & I.P.D. patients annually, and with an apex research organisation under Central patronage as an autonomous organisation with 100% Govt. financial support called Central Council for Research in Homoeopathy (CCRH) having top most brains in the field engaged for independent development of this science based upon its originalities and potential, India can rightly claim to be a country which has highest contribution in Standardisation, Education & Research in the field of Homoeopathy with the government's patronage. The figures of patients are approximate and patients benefited at private clinics and hospitals run by individuals or non-government institutions are not included. This system has as on today, been recognised in India as one of the National Health Care Systems (Tables 1,2 A,B & C and 3).

TABLE-1

Statement Summary of Homoeopathic Colleges in India as on 01.04.1998

STATE	COLLEGES	B.H.M.S.	D.H.M.S.
Andhra Pradesh	4	4	-
Assam	3	2	1
Bihar	1	1	-
Delhi	2	2	-
Gujrat	10	6	4
Karnataka	9	9	-
Kerala	4	4	-
Madhya Pradesh	8	6	2
Maharashtra	37	34	3
Orissa	5	5	-
Punjab	5	2	3
Rajasthan	3	3	-
Tamil Nadu	3	3	-
Uttar Pradesh	10	10	-
West Bengal	13	8	5
Chandigarh	1	1	-
<b>TOTAL</b>	<b>118</b>	<b>100</b>	<b>18</b>

TABLE-2 (A)

Yearwise Statement of Homoeopathic Hospitals, Dispensaries & Research Units under Dept. of Indian Systems of Medicine & Homoeopathy

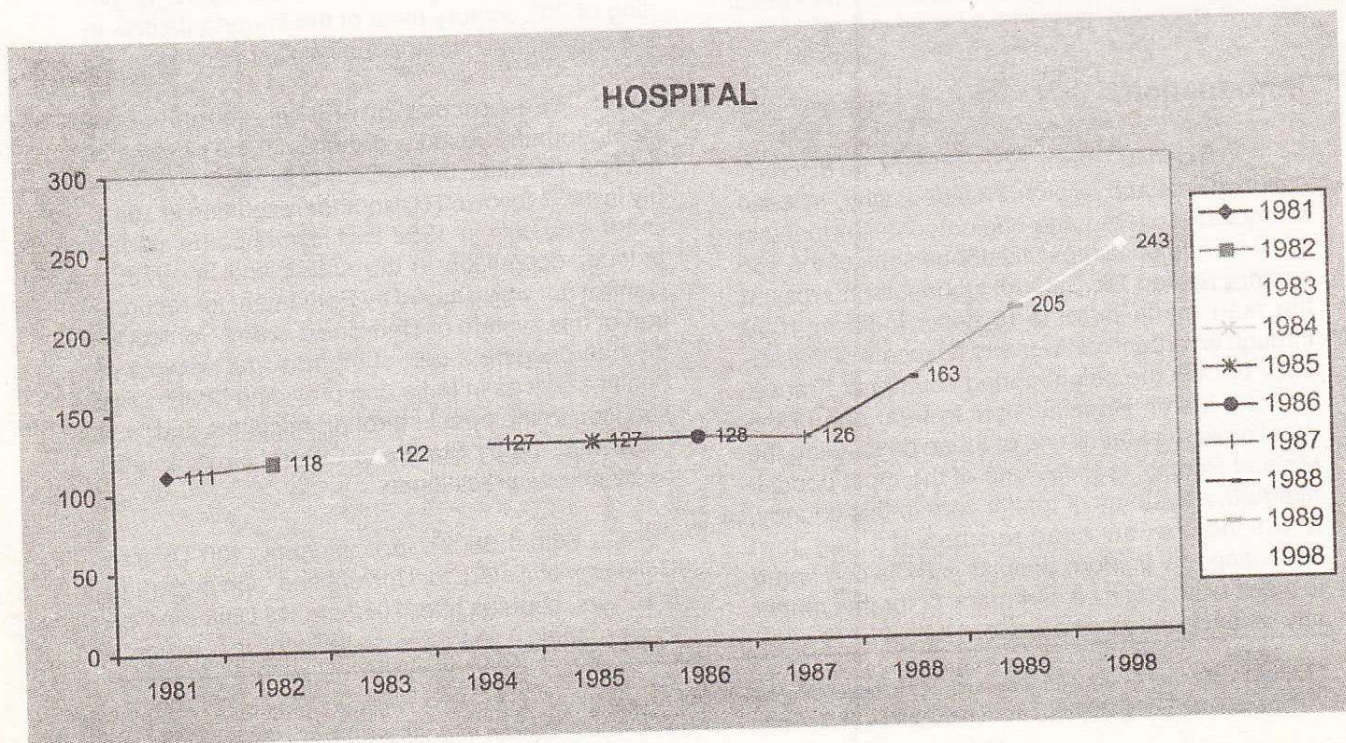




TABLE-2(B)

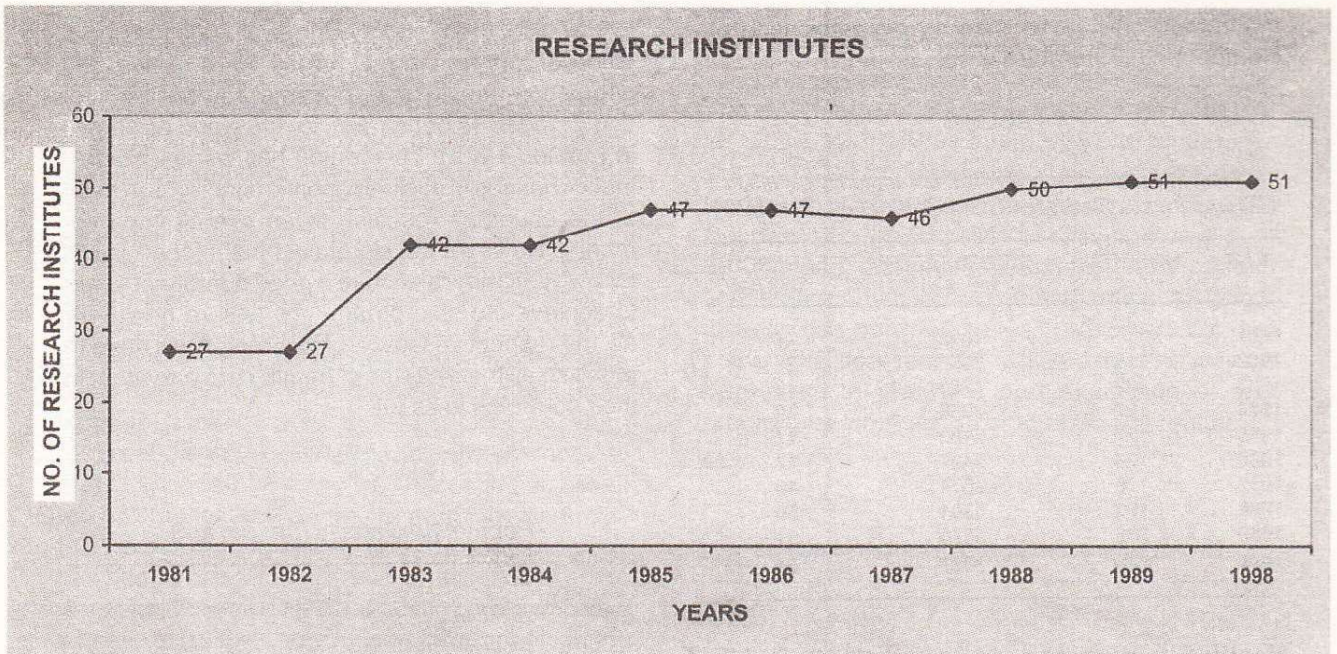
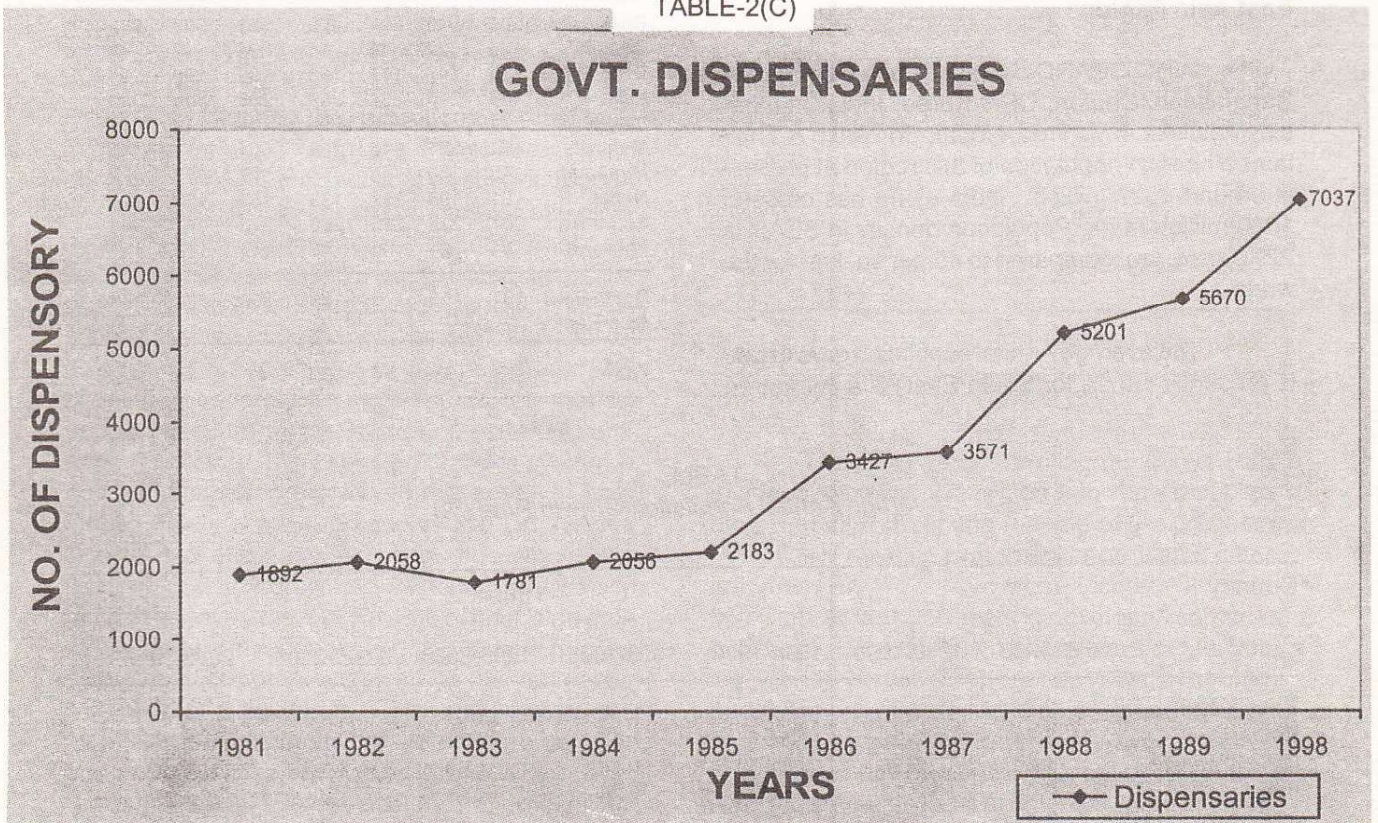


TABLE-2(C)



The Govt.'s patronage to include it in National Health Care System has not come of its own but after a long struggle by its stalwarts to establish the efficacy of this Science in ameliorating a number of acute, chronic and incurable diseases and to popularise it among the masses to the extent of general acceptance. In bringing Homoeopathy to the present status of general acceptance, documentation has played a great role. India is

having 18 official languages enjoying constitutional status apart from 546 other regional languages. Almost in all the languages, a vast amount of standard literature is available with regard to Homoeopathy. Perhaps maximum literature relating to this Science has been produced and published in India if we count together all such publications in English, Hindi & different regional languages of this country. Compared to the entire world, India alone



may stand on heavier side so far publication of Homoeopathic literature is concerned.

TABLE-3

Yearwise Statement of Homoeopathic Hospitals, Dispensaries & Research Units under Dept. of ISM&H

YEAR	HOSPITAL	DISPENSARIES	RESEARCH UNITS
1981	111	1892	27
1982	118	2058	27
1983	122	1781	42
1984	127	2056	42
1985	127	2183	47
1986	128	3427	47
1987	126	3571	46
1988	163	5201	50
1989	205	5670	51
1998	243	7037	51

**Health Situation and Homoeopathy in South East Asia Region**

WHO-SEARO comprises of ten countries- Bangladesh, Bhutan, DPR Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka & Thailand. The total population of this region at present is around 1527 million. India alone has crossed 1000 million mark. Population density in SEAR is 221 per sq. km. compared to 45 per sq. km. for the world.

The average Annual population growth rate is presently 1.57% for South East Asia compared

to 1.37% for the World. By the year 2005 the population of this region may cross 1640 million and population density may become 238 per sq. km. compared to 48 per sq. km. for the world as shown in (Tables 4 & 5). This region has witnessed dramatic changes in socio-economic conditions in most of the countries resulting in an overall improvement. However the slogan of health for all is still far away. It may take quite a good number of years to achieve the said dream. To ensure health for all, the respective Govts. of this region will have to mobilize all the systems of health care prevalent in their countries to its full.

TABLE-4

Population Density (per sq. km)

Country	Year						
	1975	1980	1985	1990	1995	2000	2005
Bangladesh	532	613	690	762	821	891	972
Bhutan	25	27	31	35	38	43	49
DPR Korea	135	147	157	169	183	198	21
India	189	210	234	259	283	306	329
Indonesia	71	79	88	96	104	112	119
Maldives	461	531	616	724	854	1014	1192
Myanmar	45	50	55	61	67	73	79
Nepal	91	103	117	133	152	173	195
Sri Lanka	207	226	245	260	273	287	303
Thailand	81	91	100	108	114	118	122
South-East Asia Region	137	153	170	188	204	221	238
World	30	33	36	39	42	45	48

TABLE-5  
 Average Annual Population Growth Rate (%)

Country	Year						
	1975-1980	1980-1990	1985-1990	1990-1995	1995-2000	2000-2005	2005-2010
Bangladesh	2.83	2.37	2.00	1.49	1.64	1.73	1.64
Bhutan	2.17	2.32	2.51	1.47	2.77	2.59	2.45
DPR Korea	1.61	1.39	1.45	1.64	1.58	1.22	0.89
India	2.08	2.17	2.05	1.76	1.61	1.45	1.25
Indonesia	2.14	2.06	1.77	1.54	1.47	1.31	1.07
Maldives	2.82	2.99	3.22	3.31	3.44	3.23	3.01
Myanmar	2.10	2.09	1.93	1.74	1.79	1.61	1.44
Nepal	2.50	2.59	2.58	2.67	2.53	2.39	2.26
Sri Lanka	1.71	1.61	1.21	1.00	0.97	1.07	1.10
Thailand	2.44	1.80	1.67	0.94	0.76	0.69	0.62
South-East Asia Region	2.16	2.14	1.97	1.67	1.57	1.44	1.26
World	1.72	1.72	1.72	1.48	1.37	1.27	1.20



Homoeopathy is quite a popular discipline in countries like India & Bangladesh and its popularity is growing in other countries of the region as well. However, exact statistical information is not available at present due to lack of any such agency monitoring and compiling such information in the region except for India where also a lot of information is yet to be compiled. Declines in crude birth and death rates and increase in life expectancy have resulted in progressive aging of population in this region. The Demographic changes as well as the emergence of an increasingly affluent middle class have brought with them the attendant problems of Cardiovascular diseases, Cancers, Neurological disorders, Metabolic disorders and several other chronic conditions. Infectious diseases are still the leading causes of morbidity and mortality in this region. Although some good progress has been made in control and eradication of some diseases, Tuberculosis and Malaria continue to take a heavy toll of lives and economically cripple many families. New and emerging diseases like - Dengue, Japanese Encephalitis, Viral Hepatitis & HIV/AIDS pose increasing threat to the health and well being of people of this region. Homoeopathy, as its experts claim, can play a good role in ameliorating the suffering of the masses in a number of such diseases. Moreover the cost of treatment through Homoeopathy is very cheap compared to any other system which suits the masses of South East Asia Region whose per capita income is very low. The lack of side effects in use of Homoeopathic medications and easy to use them, besides the claim of its physicians and experts to give permanent sort of relief in several chronic ailments are making people attracted to this system in growing numbers. Therefore, it is expected that this system is going to flourish in big way in this region in near future. Multinational companies like Dr. Willmar Schwabe of Germany investing and establishing its Homoeopathic drug manufacturing industries in India at an investment of Rs. 200 million is an indication that Homoeopathy is going to be exploited by big business houses as well as has happened with several other things. Their power of investment and innovative advertisements are going to add to the publicity and popularity of this discipline. Since the Govts. in these countries are faced with the problems of other social & welfare sectors like education, housing, environment, unemployment etc. as priority tasks, they are unable to invest adequate percentage of their annual budget towards health sectors, making even most of the existing health programs difficult to sustain. Although these countries are taking steps to develop and strengthen international partnerships for health development and Geopolitical Associations like

SAARC & ASEAN are contributing substantially to strengthen cooperation among these countries which may interalia affect the health sector as well. The GNP of these countries range from US\$ 200 for Nepal, US\$ 340 for India, US\$ 980 for Indonesia, US\$ 990 for Maldives to US\$ 2740 for Thailand which is the highest, whereas the world's GNP stands at US\$ 4880 in 1995 as shown below (Table 6). The poor literacy rates and high rural population, meager mechanisation and industrialization, growing gap between haves & have nots etc. are some additional factors, which can in no way be neglected in planning and execution of any programme whether big or small in this region.

TABLE-6

Gross National Product per Capita(US\$)

Country	Year				
	1975	1980	1985	1990	1995
Bangladesh	150	150	150	210	240
Bhutan	-	-	-	-	420
DPR Korea	-	-	-	-	479
India	180	250	280	370	340
Indonesia	220	490	520	570	980
Maldives	-	-	-	-	990
Nepal	120	140	160	210	200
Sri Lanka	310	280	370	470	700
Thailand	390	720	810	1530	2740
World	1490	2570	2520	4010	4880

The purpose of narrating the above state of affairs related to this region is to show that planning, establishment and running of the proposed HIDOC will have its own peculiar problems different in several ways from those faced by Information Centres and Scientists in developed countries of Europe, UK, US. The modern ways of functioning with the latest available information technology and communication facilities on one hand will have to go side by side with traditional ways of working and manual functioning on the other hand, for a few years more as most of potential users and beneficiaries of HIDOC in major part of this region still don't have computer education and internet facilities. It may take some years more for these technologies and facilities to invade and reach every institution and home, and make people conversant with their use in this region. Therefore, the manual methods of executing and communicating the things are going to survive in early part of 21<sup>st</sup> century as well in this part of the world. However, the



increasing acceleration of modernisation is quite encouraging and one should hope that within next few decades, the face of this region will stand uplifted and new technological culture will invade each and every household.

### Global Situation regarding Homoeopathic Library & Documentation Centre

There should be no denying that the growing popularity of Homoeopathy all over the world has created a global interest for development of Homoeopathic Information System. According to latest directory published by European Committee for Homoeopathy (Documentation Sub-committee), Belgium, there are total 34 Homoeopathic Documentation Centres, big & small, all over the world out of which there are only two in Asian countries, one in India and the other being in Bangladesh (Table 7). The centre in Bangladesh is a private traditional library manned by one Homoeopath with a very small collection of books on Homoeopathy and having no automation whatsoever and providing no services except for maintaining borrowing facilities to users on nominal charges. However, the library and documentation centre in India is comparatively bigger and of the status of limited automated Library services as per guidelines laid for assessing the level of automation in HELLIS Network Libraries.

TABLE- 7

Status of International Homoeopathic Documentation Centre as on 30.6.95 \*

Country	No. of Homoeopathic Documentation Centres
Austria	01
Bangladesh	01
Belgium	02
Brazil	01
France	03
Germany	05
Greece	01
India	02
Italy	02
Netherlands	01
Newzealand	01
Norway	02
Spain	01
Switzerland	05
United Kingdom	05
United States of America	05
<b>Total</b>	<b>34</b>

\* Courtesy : European Committee for Homoeopathy, Documentation Sub-Committee. This guide has been compiled with information filled in by homoeopathic libraries

### Homoeopathic Research Library & Documentation Centre in New Delhi

The Govt. of India after having recognized the need of systematic research for the development of Indian Systems of Medicine and Homoeopathy in the country established the Central Council for Research in Indian Medicine & Homoeopathy in 1969. This composite Council undertook systematic Research in Homoeopathy apart from other Indian Systems like Ayurveda, Siddha, Unani Medicine, Yoga, Nature Cure and continued to do so till 1978 when it was dissolved to pave way for the formation of four Independent Research Councils one each for Ayurveda & Siddha, Unani, Yoga & Nature Cure and Homeopathy. Thus independent CCRH came into existence in 1978. This organisation is having 122 Homoeopathic research scientists working in 51 well equipped research institutes & units spread all over the country.

The research programmes taken up by the CCRH can be broadly classified into basic science research covering drug standardisation studies for drawing standards of raw drugs and potency estimation of homoeopathic medicines; clinical investigations research covering drug proving, clinical verification, clinical research; epidemiological and outcome research; and literary research. The areas of research programmes have been chosen so that the outcome of the research can benefit the common man and also aid in clinical practice of Homoeopathy thereby benefiting the profession. An important programme of CCRH is Drug Proving now termed as Homoeopathic Pathogenetic Trials (HPT). The provings are conducted on healthy human volunteers of both sexes using the double blind control method at different places and different settings. So far proving of 51 drugs have been completed. The CCRH has also developed a research garden to cultivate selected medicinal plants and evolved standards of raw drug materials for manufacture of quality finished products. The parameters for determining the standard of crude drugs, mother tinctures and potencies have been laid down by the CCRH. The Library & Documentation Center is part of this organisation and maintained at its Hqrs office at New Delhi. It has recently been upgraded and classified as category III as per norms of Govt. of India. In fact this Library & Documentation Centre was established in the year 1978 when CCRH started its functioning independently with the aim to collect all sort of literatures, books, journals, research papers on Homoeopathy and provide bibliography, indexing & abstracting services etc. As this Library & Documentation Centre is part of CCRH, it is fully funded



by Govt. of India. The status, competency and recruitment procedures prescribed for this Library are comparable with any other library of similar status in the country.

In past few years keeping pace with the modern developments in information technology, the library has been computerised, thereby enlarging the scope of the library activities to undertake Internet access services and strengthen interlibrary linkages with foreign institutions like British Homoeopathic Library, Glasgow and Deutsche Homeopathie Union, Karlsruhe as well as Indian libraries like WHO-SEARO Library, National Medical Library and B.B.Dixit Library, AIIMS, New Delhi etc. the list of which is growing with the passage of time down to institutions located in even very remote areas. The library is currently providing the following services regularly :

- a. Current Health Literature Awareness Services ( CHLAS )
- b. Medico Abstracts ( with collaboration of British Homoeopathic Library, Glasgow)
- c. Press Index ( consisting information of Health & Homoeopathy in various Indian Newspapers)
- d. Thesis Index ( Annotated list of Thesis received from P.G. students of Homoeopathic colleges in India affiliated to different universities ).

#### **Transformation of CCRH Library into HIDOC and what HIDOC will do**

Considering the necessity of establishment of Homoeopathic Information & Documentation Centre (HIDOC), its requirement and methods of functioning from the above stated background it will be in the fitness of the things to use CCRH library as a nucleus and transform it into HIDOC gradually by improving the existing services by providing additional manpower, equipment and facilities and upgrading it to fully automated library services (Virtual Library) comprising of Local Area Network ; Wide Area Network, Digital HELLIS Network, Internet Connection, Several User Work Stations, Bibliographic tools available electronically, Possibilities of access to library services from remote sites, Access to full text in electronic journals and Electronic document delivery.

However, this proposed HIDOC will continue to have the traditional and limited automated library services as well apart from fully automated library services. In view of the present status of

development of the South East Asian countries, it will be undertaking several obsolete services no more seen in Modern Libraries of developed nations gradually deleting some of them and adding new ones with the passage of time.

- User needs information on a particular subject.
- User may visit Library or may access the library services from his/her own office or some other place.
- User contacts Reference Librarian.
- User may or may not contact the Reference Librarian
- Reference Librarian or the user himself / herself searches
- OPAC
- Internet
- On-line information retrieval services.
- OPACs of libraries worldwide
- CD-ROM on participating networks
- Reference Librarian provides list of relevant articles to User or the User himself / herself accesses the bibliographic information through Server and selects the required article/s.
- Reference Librarian or the User himself / herself locates information through Server from the library or from other sources.
- Reference Librarian delivers the hard copy to the user.
- Reference Librarian or the User himself / herself downloads information through Server from the library or from other sources.
- If information is not available in library itself, User may be directed to go personally to another library or the library may obtain the information required through ILL and deliver the hard copy or (more usually) a photocopy of the article/s to the User.
- If information is not available in library itself, Reference Librarian will search HELLIS Network database as well as other databases and obtain the required information electronically. Electronic document delivery.

HIDOC's main objective is to collect, organize and service scientific/medical documents required for researchers and other users not only at



the national level, but also in South East Asia Region and other parts of the world.. It will be the first Modern Homoeopathic Documentation Center in South East Asia Region. It will spend a considerable part of its resources in preparing and publishing the reference tools such as indexes, abstracts, bibliographies and directories etc. It will act as a co-ordination body for Homoeopathic documentation work in South East Asia Region. It will participate in regional, national and international information network. It will co-operate with Libraries like British Homoeopathic Library, Glasgow and Deutsch Homoeopathie Union, Karlsruhe (Germany) etc. It will also act as a link between research institutions and researchers throughout the Globe and promote mutual contacts among researchers through publications.

### Functions

The functions of HIDOC shall among other things include the following tasks :

- To improve the library & information services in Homoeopathy in the country through strengthening and expansion of the network of Health Science Libraries (HELLIS network).
- To provide training in information technology to the library staff of homoeopathic colleges in India to update their knowledge and skills.
- To conduct user education programs for homoeopathic physicians in order to make effective use of the resources of the libraries and to promote services.
- To exchange newsletters, arrange video conferences and personal exchanges, and organise small and large inter-country meetings; Seminars & Symposium-cum-Workshops.
- To provide the minimum hardware & software requirements for upgrading the homoeopathic libraries.
- To strengthen Promotion of information services to research.; Preparation of master index of information; Indexing & Abstracting of press clippings & scientific articles; Bibliographies and reviews services ; Selective Dissemination of Information Services; Translation Services ( German to English ; French to English );Literature search services ;Full Text Journals services ;Document Delivery Services.

- To make available microfilm/microfiche in the library, some users have desired the addition of computer-aided information system and audiovisual tape-slide programs in the library.
- To promote interstate and international library loan system.
- To deploy computer and communication technology for analysis, storage, retrieval and dissemination of information even to the remotest field scientists.
- To provide communications between regional & international networks as well as provision of online access through Internet connection and reference tools to facilitate resource sharing among network libraries.
- To initiate to launch a new online service .i.e. HOMLINE which will be accessed through Internet .

Internet and E-mail, Multimedia Laboratory, CD Networking, Reprographic Facility, OPAC and Online Retrieval Information Services are the proposed facilities to be provided in HIDOC.

### Man Power, Land and Building Requirements

The HIDOC will initially have six sections, manned properly with persons of requisite expertise with specific tasks to execute (Table-8). The HIDOC as a whole will be headed by a DIRECTOR (who at present will be Librarian of CCRH Library) who will be assisted by one Deputy Director and other respective professionals, semi professionals & non-professionals staff . There will in addition be personal staff of Senior Officers as well as Administration & Accounts working under the Director HIDOC. There will be 45 members of staff. It will have to be kept in mind while recruiting staff that :

- (1) The Head of the HIDOC will have excellent grasp of Medical Information needs He will have the necessary academic and professional qualifications to lead guide and implement and program of the centre.
- (2) He will have excellent leadership qualities to build up a team of dedicated service oriented information specialists to be above to effectively serve the versatile range and quantity of services to be rendered to the various sectors of the users of the centre. He must have capability of building up the image of the pro-



TABLE - 8

DIFFERENT INFORMATION & DOCUMENTATION SYSTEMS

Library	Documentation	Public Relation	Publication	Reprography	Data Processing
Acquisition	Abstracting	Technical Query system	Writing and editing	Photography Microfilming	Programming & Systems
Processing	Analysis & Reporting	Survey of User needs	Production & printing	Copying systems	Purchasing & verification (INPUT)
Storage	Translation	Liaison			Data processing Retrieval system
Retrieval	Retrieval	Publicity			Collation merger & updating
Circulation	Documentation	Lectures, Seminars		Duplication & Reproduction	Output Printout
Reference		Audio-visual Displays, Training	Publication		

posed centre through dynamic programs backed up by excellent salesmanship.

- (3) The other senior officers , heads of different sections of HIDOC , will have specialised expertise, qualifications and experiences relating to the nature of job they will be performing.
- (4) The supporting staff must be composed of experts with good basic qualifications in arts or science back up by professional qualification in Library science, Documentation, Technical writing, Reprography, Translation, Printing Technology etc..
- (5) Every effort will be made to place right person on right job.

The CCRH library is presently located on 3rd floor of Jawahar Lal Nehru Bhartiya Chikitsa Avum Homoeopathic Anusandhan Bhawan, New Delhi having space for maintaining present set up . However with the establishment of HIDOC additional space may be required. Initially accommodation can be hired at different places for storage of books and records etc. which can be brought to main library as and when demand arises. Even British Library in London has similar arrangements despite the fact that it has constructed a new build-

ing having length of racks of about 400 kms. They store 9 million books in Yorkshire. The place is as far as 400 Kms. North of London. Subsequently land can be arranged & separate building constructed as the funds permit and activities increase. The planning of HIDOC has been done keeping in view the financial constraints that institutions in countries like India have to face. Initially HIDOC may require a sum of Rs. 2 Crore, which includes cost of land and building, equipments, salaries and contingent expenditure. However the recurring expenditure to maintain and run HIDOC will be approximately Rs. 1 Crore per annum.

**Conclusion**

The greatest contribution of science & technology is that it has broadened the mind and widened the outlook, it has developed better understanding among people of different races and religions, it has reduced tendency to isolate a few making them undeserved, it has brought the people and institutions nearer and developed spirit of cooperation for mutual benefit & welfare of mankind, it has made possible to share resources in different countries.

The accessibility of different information by a person sitting in a remote and isolated corner of the World through internet is going to reduce the



burden of establishing duplication of institutions in different parts of the world in different countries which is going to benefit the poor and underdeveloped nations in a big way by reducing the burden of investing huge amount in establishing such centres.

Duplication of work specially in surveys, collection of books and materials and in research field is definitely going to be minimized because of easy accessibility of information and materials from different institutions of the World in a fraction of time through latest information technology and communication facilities. Establishment of HIDOC is not only going to serve India where it is proposed to be located but also to the users all over the World. This is going to benefit the poor South East Asian Countries where the users at present are helpless to have any information about latest developments in the field of Homoeopathy.

Therefore, it will be a welcome step for the users specially in these countries as also to the world in general, but the dream of materializing HIDOC can only be possible if Information Scientists and Institutions all over the world -p cooperate and assist. A good part of the information that will be collected relates to other allied sciences as well including the developments and information relating to modern medical sciences and other systems too. The organizations working in Health Sectors and welfare sectors can also lend their hands and make available the resources needed for es-

tablishment and successful functioning of HIDOC. WHO-SEARO has been kind enough to assist the present Library set up of CCRH so far and it is hoped that it will continue to do so and come up as a major contributor with needful assistance in materializing the HIDOC. In the end, I would like to request each and every one who is interested in this project to come up with their suggestions and provide co-operation.

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#### Bibliography

1. Indian Systems of Medicine & Homoeopathy. Ministry of Health & Family Welfare, New Delhi, 1988.
2. Health Situation in the South East Asia Region 1994-1997. World Health Organisation- Regional Office for South east Asia, New Delhi. 1999.
3. Report of the Inter-country meeting on strengthening HELLIS Network . Bangkok, Thailand, 26<sup>th</sup>-30<sup>th</sup> July 1999, WHO-SEARO, New Delhi 1999
4. CCRH News . No.25, Jan-Oct. 1999, Central Council for Research in Homoeopathy, New Delhi.
5. Dixit, RP . Information Management in Indian Medical Libraries. New Delhi, New Concepts.1995.