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EDITORIAL

ON THE HORNS OF A DILEMMA

We thank Dr. M. C. Batra for raising up a highly important medico-legal problem, which must be solved if Homœopathy is to stand on independent legal ground, immune from any form of judiciary risk. His Editorial article "On the Horns of a Dilemma" is reprinted in this Issue.

Medicolegal problems in the practice of any system of Medicine may be in reference to three main categories viz., (1) Therapeutic, (2) Prophylactic, and (3) Mechanical—Surgical and Physiological.

(1) *Homœopathic Therapeutics*, with its peculiar principles and methods is completely distinct from therapeutics of any other system of Medicine. No iota of reason or logic can charge a Homœopathic Physician with any act of omission, if he refuses to inject Penicillin in a case of Sepsis, or Antidiphtheretic Serum in a case of Diphtheria, or Streptomycin in a case of Tuberculosis, and so on. What is expected of a Homœopath, is to prescribe the most appropriate Homœopathic remedy within the limit of his capacity or if necessary, in consultation with other practitioners of the same system of medicine.

There are many so-called surgical cases, e.g., Appendicitis, Peritonitis, Intestinal Obstruction, Strangulated Hernia, Gangrene, etc. where, it is a well-established fact that, the appropriate Homœopathic remedy can, not only avert operation, but completely cure the cases. A catastrophe is, of course, quite likely to happen in such emergency cases under both Homœopathic treatment as well as surgical treatment. But in any such event no case of medical tort can be framed against a Homœopath, as in the case of a surgeon, provided "all that could be done for the patient", *in his system of medicine, in the circumstances*, was actually done.

(2) *Prophylaxis*—This field of Medicine is full of various unsettled problems and statistical fallacies. Notwithstanding the various claims of success in this field by both Allopathic and Homœopathic Schools, two facts are quite obvious to any unbiased observer viz., (i) that, no system of

Medicine can as yet claim anything like cent per cent *practical* success in this field, and (ii) that, whereas Allopathic prophylactic medication too often entails various life-long constitutional disorder for the person, Homœopathic prophylaxis is completely free from such complications. But in any case, both Allopathy and Homœopathy have some definite principles of their own in this branch of Medicine, and each side should have unbridled freedom to develop itself, in this field in accordance with its own principles and methods. The Jurisprudence must not force any side to surrender to the principles and methods of the other side.

(3) *Surgical and Physiological Emergencies*—As in various forms of injuries, drastic loss of body-fluid or blood, asphyxia, various obstetric conditions, etc. management of these conditions necessitates sufficient knowledge and practical training in the art of Surgery, Obstetrics, and in various physiological methods for recuperating and maintaining body-temperature and respiration, and replenishing the loss of fluid or blood. This field is common to all systems of Medicine and education and training in any system of Medicine must of necessity cover this field. The physician of any system of Medicine must have at least some elementary practical efficiency in these lines and in any case, he must be able to assess and declare in proper time, which cases may require the aid of a specialist, adept in the respective art. This much, necessarily falls within the duty of a physician in any system of Medicine.

Although this field, common to all systems of Medicine, may not have much direct relation with drug-therapy—on which the various systems mainly differ—still it is not completely isolated from or independent of the latter. For example, Homœotherapeutics may, in many cases, obviate or even avert various obstetric emergencies, where most up-to-date Allopathic Therapeutics is remaining sterile. Drug-therapy is also necessary for pain, fright, shock, sepsis and various other disorders intimately associated with these conditions. In this matter, the different systems have different approaches, means and claims of their own. In the interest of free development of each system with its own genius, the State must avoid forcing any system to surrender its stand to any other system in this field.

We thoroughly agree with Dr. Batra that, the phrase—"all that could be done for the patient" should be amended as—"all that could be done for the patient *in the particular system of Medicine and in the circumstances.*"

But, apart from medicolegal problems, one fact must always be borne in mind viz., the life of the patient is above all considerations. So no system of Medicine should be too dogmatic about its capacity in any particular case. Whenever a physician finds or feels that, his system of Medicine is not likely to save the patient, inspite of best available consultation amongst the physicians of his own system, he should have the mental width to consult or, if necessary, to surrender the case to the system claiming to be more

efficient for the condition. But this must apply not on the side of Homœopathy and Indigenous Medicine, but to equal extent and force on the side of Allopathic system of Medicine.

But in the present stage of the medical situation prevailing in our country, this idea will remain only as an appeal to the physicians of the various systems of Medicine. The Law cannot logically force any side to call for the help or advice of any other side unless and until it can force the Allopathic physicians to call for the help of the physicians of Homœopathic or Indigenous School, in cases going beyond their control.

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