

psychology founded itself upon physiology and the scrutiny of brain and nervous system. So long as mind and life along with matter are not accepted as fundamental verities of Nature; so long as the re-orientation in outlook is not reflected in the field of medicine—the pursuit of medical art would not be as fruitful as it should be. As such a change in outlook would shake pedagogy, medicine, hygiene, psychology and sociology to their very depths, I am afraid, the rank and file of the so-called modern scientific medical profession would not easily give up this faith; and there will continue a perpetual war of school against school, of system against system to the great detriment of the profession and misfortune of the human races—How long, Heaven only Knows!

B. K. SARKAR M.B.

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### SEPARATE INSTITUTIONS FOR TEACHING HOMŒOPATHY\*

I have been asked to speak on separate institutions for homœopathy. In this connection I must make an apology for and on behalf of the members of the Homœopathic Enquiry Committee to the homœopathic profession in particular, and the lay public in general, in not being lucid on the reasons why we have wanted separate institutions. In that Committee report the reasons adduced by the members belonging to the homœopathic profession for wanting separate institutions whether post-graduates or undergraduates for the teaching of homœopathy, were (i) the apathy and perhaps the active antagonism of the regular school of medicine towards homœopathy, (ii) the different orientation of homœopathy in all branches of Therapeutics, particularly drug-therapy.

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\* Paper read at the All-India Homœopathic Congress, New Delhi on the 10th April, 1950.

I shall take up the reason No. (i) first. Admittedly the Health-directorates of the States, as also the Health-Ministry of the Indian Government are managed today by people who belong to the regular school of medicine. It is true that in most of the States Governments as also at the Centre we have lay people, highly capable and illustrious in personality, as heads of these directorates in the form of ministers. With all apology to our illustrious guest here tonight I might draw your attention to the difference in the terms of reference of Homœopathic Enquiry Committee as was envisaged by our honourable legislators and as it was drafted in reality, by your Health Minister. I can safely presume, the terms were modified only after the advice tendered to her by the Director-General of Health and his able personnel. For refreshing your memories gentlemen, I am quoting these terms of reference:—

The resolution which was moved by Sri Satis Chandra Samanta ran as follows:—

*"This Assembly is of opinion that Homœopathic system of treatment be recognized by the Indian Union and that a General Council and a State Faculty of Homœopathic Medicine be established at once."*

In place of resolution moved by Sri Samanta an amending resolution was moved by Sri Mohan Lal Saksena (U.P. General, and now Minister for Rehabilitation, Central Government) in the following terms:—

"In view of the fact that treatment by the system of Homœopathy is *resorted to by many people*, this Assembly is of opinion that the Government should consider

- (a) the *making of arrangements for the teaching of Homœopathy;*
- (b) the *advisability of having post-graduate courses of study; and*
- (c) the *advisability of regulating the profession and arranging for the registration of practitioners in order to raise and maintain a uniformity of standards."*

## REFERENCE OF THE COMMITTEE

- (1) To report on the place of homœopathy in relation to medicine in all its aspects including the treatment, prevention and control of disease.
- (2) To survey the existing facilities for the teaching of homœopathy in India, the extent to which this system of treatment is practised in the country, and the manner in which such practice is carried on, i.e. whether by people adequately trained or not; and
- (3) to make recommendations to Government on,
  - (a) the measures to be taken to improve facilities for training in homœopathy and to regulate such training, and
  - (b) the desirability of State control of the practice of homœopathy and, if control is desirable, the manner of such control.

*N.B.*—Term No. (1) was notified in the Terms of Reference on the 15th November, 1948—*vide* Ministry of Health letter No. F. 6-5|48-MI dated 15th November 1948, which superseded para (2) of that Ministry's letter No. F. 6-5|48-MI, dated 31st August, 1948.

A look at this will convince you that the question of popularity of homœopathy was not within the purview of the enquiry asked for by the legislators but, that popularity was questioned by the Government Health directorate officials who belong to the opposite camp. We the Homœo. members of the Committee felt the subtle hand of the directorate in this change but accepted this with a quiet smile, because we were on sure grounds here. Further, the legislators' references wanted the facts and figures for the improvement of homœopathic education for the upliftment of homœ. profession and medical relief in India. But the references, as they came out later though not openly, but subtly was intended to create an impression whether it was justifiable to recognise homœopathy at all. Not content with this the directorate insisted and had two members

from the regular school admittedly representatives of the I.M.A. the non-official organisation of the regular school. One of these members during the deliberations professed some knowledge of homœopathy.

But unfortunately this was only of the nature of a superficial second hand information not backed by inductive logic namely experimentation on the sick person, which is the only way of acquiring knowledge in matters medical. These two members during the deliberations of the meeting found that the homœopathic members meant business and were capable of holding their own. So came another added term of reference:—To report on the place of homœopathy in relation to medicine in all its aspects including the treatment, prevention and control of disease, which they were jubilantly thinking would sabotage the whole thing. They did not know that their own stand in matters of preventive medicine was so shaky that though unconstitutional on the part of the Health-directorate, this added term of reference was accepted by the homœopathic section of the committee under protest. Up to this, is proof enough of the active antagonism on the part of both the official and non-official regular medical profession.

When it was found by these two members that inspite of all these efforts the members of the committee were getting on to their ultimate end, they submitted at the most vital point their dissentient note on the recommendations. This gentlemen, was the death knell to Homœopathy that we had been expecting. On the plea of being unbiassed in their approach they wanted to recognise homœopathy as a servitor, as a handmaid to the regular system of medicine. They wanted to cramp homœopathy in the teaching-medical institutions of India where *those portions of homœopathy which according to them had withstood the test of so-called scientific investigations would be practised and taught.* They were even generous enough to offer homœopathic faculties and a Central Council under the State Medical

Councils and the Medical Council of India. What an inequity for the members of these bodies to be dictated to in matters of training in homœopathy by bodies which did not contain a single person with an iota of knowledge in matters of Homœopathic education! Not content with this they advocated the formation of Central and Provincial bodies for the listing of homœo. practitioners existing today and which list must be a closed one. We have been asked very politely and magnanimously to commit homœopathic harakiri, to strangle ourselves in a slow methodical way. If this is not antagonism gentlemen, I really do not know what antagonism is. Not content with this they had asked that the graduates of our institutions who have been recognised as a competent body of Homœopaths by a State Government namely the General Council and State Faculty of Homœopathic Medicine, West Bengal, to be competent to practise homœo medicine and surgery, should be put in the list and not enjoy the privileges of a medical man. Gentlemen I would not go into the merits and demerits of our teaching institutions and the reason for the same. I will just mention a very relevant fact. The Council and State Faculty of Medicine (regular system) in West Bengal is registering posthaste persons who are supposed to have qualified from non-existent and non-affiliated colleges just to fill up the shortage of doctors for the rural reconstruction of medical help.

Gentlemen I will mention only one instance more of the active antagonism of the opposite school to this system of medicine. If you will kindly look at the preamble of the Statute promulgating the State Faculty of Homœopathy in West Bengal, it would be crystal clear. I am giving you the relevant portions of this preamble.

"The Homœopathic system of medicine having attained wide popularity in the province, it was considered by Government in the interest of the public to regulate the profession . . . . . in the circumstances stated above Government are pleased to promulgate the enclosed Statutes

of the General Council and State Faculty of Homœopathic Medicine on the clear understanding that no financial assistance will be expected from Government for the maintenance of the Council and Faculty."

You can see that even a recognition in principle, because of popular demand, is being obstructed and hampered by the Directorates by not according to it privileges and financial help. Unfortunately for us in West Bengal the leader of the present House in the Assembly and the directorate of Health is also the leader of the profession of the opposite school. And every attempt to get some privileges for our institutionally trained Registered practitioners as also to secure financial and governmental help to our charitable institutions, is being obstructed on the plea of the financial position of the present Government and other delaying tactics.

In spite of this the State Faculty has managed its affairs during the last seven years and has registered about 2,000 persons qualified from the institutions approved by the Faculty and also 3,000 persons practising homœopathy without any institutional training after a test by a Board appointed by the Faculty. The principle of the privileges being proportional to the qualification of the person could not be adhered to, because the executive order of the Government desires that *bona fide* homœo. practitioner must be recognised. But, that the Faculty had accepted this principle even before the recommendation of the Enquiry Committee can be evidenced from the list of registered practitioners published by the Faculty wherein, in the qualifications chapter is mentioned persons with institutional qualification and persons registered by virtue of their practice.

I shall go now into the reason No. (ii) namely the different orientation of our system in all branches of Therapeutics. This leads us into the different outlook of the homœopaths to diseases. We consider disease not merely as a material change in the structure of the organism. As

a matter of fact we consider vital energy and matter in any animate organism as different entities existing not without interdependence. We consider any change in one part to be reflected on to the other part.

As such in our description of disease-processes the impression of the injury created by the disease-producing agency is taken both from the life-energy and body structure point of view. And modern science teaches us today to take into consideration in studies of phenomena, "the whole in process" i.e. from energy to mass and mass to energy. Hahnemann had anticipated this condition 150 years ago by describing diseases as effects of body and mind and life principle in one unit, in the process of disease-phenomena. Even today the so-called rational school of medicine considers diseases to be only changes in the structure of the organism and changes in the functions arising therefrom. I must mention that only recently a group of scientists have started thinking in our lines. I mean the school that is trying to get into psychosomatic medicine. Even there, unfortunately the thought is still confined to sectional co-relation and not to the study of the individual. This difference in the approach has led the opposite school to the study of phenomena of diseases in their material aspects as also to the study of drugs in so far as their structures are concerned. You must admit that the advance in these realms during the last two decades have been remarkable. But the absence of a co-relating factor, and the non-existence of a philosophy of the co-relation of these two phenomena had led to a condition in the realm of Therapeutics which might be compared to "the missing of the wood because of the search for the trees." This is due to the absence of any factor not being found by observation co-relating the two. Therapeutics have been changing with the variation of our knowledge of the phenomena of drugs and diseases. We have come to a condition where we remove stones in the gall bladder in the realm of surgery without any attempt in treating the cause of the stones.

We are trying to produce substances which are either bactericidal or antibiotics without treating the susceptibility in the person to grow this Bacteria. Even in the field of preventive medicine where crude Homœopathy is practised in all its branches, the results are temporary and fleeting because of this material outlook in this branch. But thanks to the scientific elements (though a microscope minority) in the opposite school of medicine, preventive medicine today accepts the factor of notification quarantine, isolation and disinfection to be equally important if not more than the actual methods of protection known to them. Herein lies the acceptance of the individual susceptibility and immunity. And herd immunity and susceptibility is known to be dependent on individual immunity and susceptibility, as also on other factors of race, heredity, environment.

Fortunately in the branches of exact sciences like Physics, Chemistry and Optics we have laws which co-relate phenomena, thus in physics we have:—

## PHYSICS

Phenomena of the Sun as regards volume and Density.	Law of Attraction.	Phenomena of the Earth, as regards volume and Density.
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## IN CHEMISTRY

Properties of Potassa.	Law of Chemical Affinity and Definite proportion.	Properties of Sulphuric Acid.
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## IN OPTICS

Properties of the Luminous, Body.	Law of the Diffusion of Light.	Properties of the light-receiving body.
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and IN THERAPEUTICS, we should have

Morbid, Functions and Organs or, Pathology & Pathological Anatomy, or Sick-Phenomena.	Therapeutic Law.	Toxic Function and Organs, or, Pathogenesis & Pathogenetic Anatomy or, Drug-Phenomena.
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(DUNHAM)—*Science of Therapeutics*—pages 12 & 13).

The advantages of these laws have been that with our increasing knowledge of phenomena, during the last 50 years even with the change of the fundamental concepts these laws still hold true under conditions for which they were found to be true. The Newtonian mechanics is still true for the conditions for which they are wanted, though



other laws are being formulated according to the theories of Einstein and Plank such as Laws of conservation of mass plus energy. This is real advance. But in the realm of medicine as a science, particularly in the science of therapeutics the rigmarole still continues in the opposite school. Homœopathy, however, thanks to Hahnemann, have the law of cure, "Similia Similibus Curentur" and under conditions it is still as true as it was when first formulated. It shall be still as true, if even other laws are formulated with the advancing knowledge in the realm of drugs and diseases, under the conditions in which it is to be applied. The above factor will prove that researches in the sciences of medicine are still necessary as a means of formulating laws for the application of the results of researches in the field of Applied Therapeutics. Clinical medicine is a distinct entity wherein application of these laws should reign supreme as the study of healing arts. The teaching institutions of modern medicines in the absence of a philosophy and in the absence of laws co-relating the factors in the phenomena of diseases and drugs, are overburdened with a complicated system of the study of the sciences allied and auxiliary to Therapeutics. In the name of increase of standards the efficiency of our institutions are being sacrificed. In the effort of producing specialists the general practitioner coming out of these institutions is today, ill-equipped for the role he has to take up in his future life. Equipment and mechanical help have almost eliminated the human element in our present generation of doctors.

It reminds me of a very significant fact in sociology, "Beautiful college buildings do not go to make good colleges." The increase in the complications of moral standards do not portend increase in morality. If equipment and buildings of beautiful colleges have not the human element of honest teachers and students, the colleges are bound to be failure. If moral laws are present only to be broken the consequence is a general degradation of society. Gentlemen, I am afraid that is what has happened in the

name of "highering" of standards in our medical teaching institutions of today. So much so that non-medical men in some States at the helm of medical administration have found it impossible to cope with the demands of these teaching institutions. At least in one State committees are being formed to reduce expenditure either in the construction or maintenance of these medical teaching institutions. But the trade Unions and vested interest of the profession backed by the pharmaceutical manufacturing concerns are sabotaging those attempts of reduction of expenditure under the plea of standards being lowered. We are told we will have nothing but the best of everything. But we must understand that everything that is expensive is not bound to be good. That the word best is a relative term and it must conform to our inherent capacity, otherwise even with the best materials the effect will be only that of a scare crow when the cloth at our disposal is too short in the making of a coat.

In the realm of teaching of homœo. medicine we have another difficulty. We have to study the art and science of our therapeutics guided by the law of "Similia Similibus Curenter". If we are tied on to this slow moving "Jagannaths" of our medical teaching institutions, we will have hardly any time to teach our boys these fine laws of medical practice. That is what happened in the U.S.A. You will find that the whole subject of homœopathy as taught in the 3 homœo. colleges accepted as federal institutions by the American Medical Association is confined to sixteen lectures, a year, for four years. 64 hours, gentlemen, for the subject of organon, homœo-philosophy and materia medica. If you look at the syllabus recommended by the Homœopathic Enquiry Committee you will find that the minimum time necessary for these subjects in their opinion was 350 hours. Gone are the days of Kent, Farrington, Lippe, Stuart Close from the American field of Homœopathy, the brilliant era when homœo-teaching institutions

existed without the control and supervision of the American Medical Association. It was a sad day for homœopathy when the American institute of Homœopathy decided to be guided by the medical association in matters of homœopathy teaching, in the name of uniformity of standards. We in India are certainly not prepared to strangle ourselves by the same process. We do not want to lower the standards of our doctors; but howmuch anatomy, physiology, pathology, bacteriology is to be taught to our future homœopaths consistent with the teaching of homœo-philosophy, organon and materia medica is to be certainly left to the trained homœopaths. The teaching necessary in the sphere of Operative Therapy in Surgical conditions including Midwifery and Gynaecology is also certainly to be left to us. Our aim at the first stage is to produce good homœo-general-practitioners. The Homœopathic specialists in other spheres may come at a later stage.

Regarding post-graduate institution, that is where graduates from the regular school will study homœopathy, I must draw your attention to the fact that the name itself is incongruous. By these we mean that medical graduates from the other school will study under-graduate course of homœopathy here. This is what is existing in England. This has produced, because of the paucity of qualified homœo-practitioners, a large number of lay homœopaths who do not put up a plate as a doctor but practise homœopathy as homœopaths.

This shows that the demand for homœo-treatment is growing in England and it is not being met by true scientific homœopathic practitioners. Thus it is thwarting the very object for which we are wanting Government control. In the U.S.A. as this method is being advocated by the genuine homœopaths in homœo. institutions they are producing mongrel homœopaths. We are not concerned what is happening in the U.S.A. We have a clean slate here and we want to write on it. We can assure our people and the government that homœo-institutes we are envisaging will

not be quarter as expensive as the existing medical institutions in India today. The reason for qualified men not getting into the post-graduate institutions is not far to seek. They are (i) The young graduate from the medical college is imbued with the idea that he has learnt the be all and end all of all matters medical. (ii) The financial consideration of continuing as a student for another year or two is sufficient reason for stopping the restless spirit of those medical men who are not satisfied with what they have been taught. (iii) The process of unlearning of many concepts of a fundamental nature to learn the fresh concepts of homœopaths is another reason to which I myself can testify. It takes 10 years for a convert with an honest approach to become a true homœopath.

Thus gentlemen, the so-called post-graduate institutions will not serve to put homœopathy on a sound footing and we are left with the type of institutions which might serve the purpose for which we are putting our unequivocal demand for almost all the States, namely separate homœo. institutions from the beginning to the end. Gentlemen, I apologise to you for taking such a lot of time and thank you for giving me a patient hearing.

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