

HOMOEOPATHIC MEDICAL EDUCATION, TRAINING AND RESEARCH: A TOTALITY

New Vistas and Horizons—The I. C. R. 1979

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INTRODUCTION

Last Hahnemann Day, the I. C. R. announced its Self-Study Programme: Correspondence System of Homoeopathic Medical Education and Training.¹ Its effects registered on a serious group of learners in Johannesburg, South Africa. They took on the challenge. We, at the I. C. R., thrive on such learners. For, they teach us. We hope to meet our teachers at the First I. C. R. Winter School in December 1980. The Summer is not enough for us!

The I. C. R. projected successfully the balanced, integrated, evolutionary Hahnemannian totality reflected through standardized homoeopathic practice. That was at the 1st Symposium presented by the I. C. R., Bombay: Symposium Council. Four days in May 1978 made history: 47 papers, running into well over 1200 pages were thoroughly discussed by nearly 60 homoeopathic physicians. The I. C. R. *Symposium Volume on Hahnemannian Totality*, comprising these papers, has become a standard work on the subject—perhaps the only one of its kind in the English language.

Browsing through the massive area H of the *Symposium Volume*: The standardized homoeopathic physician—perceiving production; one is left with a deep awareness of the magnitude of the task that awaits us. That we are nowhere near an effective solution also becomes apparent. At the same time, we are left with a distinct impression that we are on the right road that leads us to our destination.

Hahnemann has lived with us one more year, accelerating our speed as well as the rate of change. Some, despairingly enough, are reminded of the famous Red Queen of Alice in her Wonderland and keep on wondering: Where are we? What are we doing? Where are we bound? How fast we change? Why are we not steady? and shake our heads, grown wise with age.

We are cautioned: We shall soon be sputniks!

We reply: An impossibility; for, we are securely grounded to homoeopathic practice and its demands of an uncompromising nature.

Since the I. C. R. relates to the law of similars and to the demands of homoeopathic practice and tries hard to be in tune with these, to the external observer it appears to be wonderfully uncompromising and poorly related to the world of practice: that of compromise, deferred difficulties and easy solutions to problems.

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Opium solves no problems!

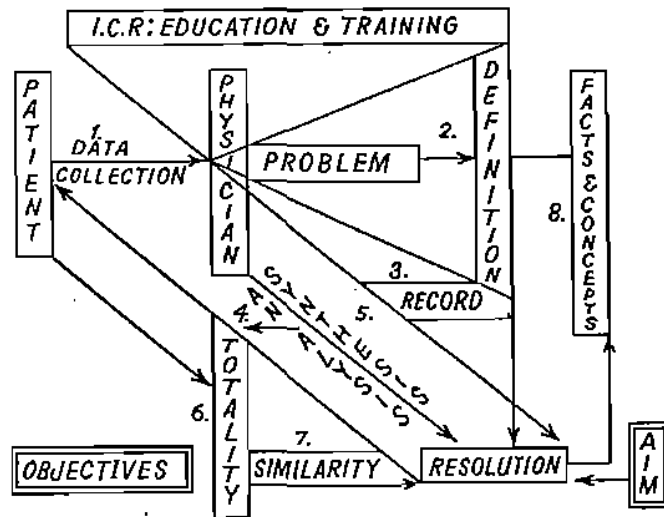
Let us examine what we found in 1978 and what we offer for the New Year.

PUNDITS CREATE PROBLEMS

We had surveyed the scene of homoeopathic practice to find it extremely chaotic. We wanted order out of chaos. We, therefore, emphasized *method* and *techniques*. It took us some time to find out that it is possible to create experts in methods and techniques but with poor judgment. Failures abound. The world, as well as we, demands results, appreciates them and life continues. Proficiency in explaining a poor result is the preserve of the pundit. We discovered in the nick of time our error and made amends.

We brought homoeopathic practice into the class-room. We defined our objectives in a precise manner and related them to our aim.

Now, we invite you to study carefully *Frame No. 1: I. C. R. Education and Training: Objectives*.



Frame No. 1

We have here eight objectives that enable us to achieve our aim: Resolution of the problem which our patient brings to us.

We cannot afford failure here.

'THUMBS' CREATE PROBLEMS

Results count. Results matter. Reason is a matter of opinion. Hence, it can be dismissed. Experienced and practical men we find everywhere and people run after them for tips!

Persons who know not how they obtained results are most vulnerable: they are hardly in a position to repeat them or to guide others. Further, they find themselves out of their depth very readily and find it difficult to right themselves. Another difficulty: our propensity to remember our successes and the failure of our failures to visit us! Ignorance is bliss.

Such persons pose a serious problem in the prosecution of any programme of education and training, especially if the same involves the establishment of the two-way relationship:

PHILOSOPHY \longleftrightarrow PRACTICE

They maintain an attitude of dichotomy, claiming that practice is very well possible without the embellishment of theory. These persons settle well for specifics and short-cuts and keep on demanding these to the detriment of scientific practice of Homoeopathy as well as that of education.

DISCRIMINATION: A RARE BIRD

All the objectives (Frame 1) demand a good sense of discrimination. Establishment of similarity implies recognition of dis-similarity. Before we proceed with the process of recognizing differences, we need to establish the accuracy, adequacy and truthfulness of the data secured through careful observation. Data needs equal care in recording as well as in its subsequent processing. Our action of prescribing demands considerable discrimination, no doubt. We soon realize that far greater discrimination is demanded of us in the follow-up of a case after the remedy is administered. We thus find that every step in homoeopathic practice demands progressive discrimination of a high order.

Now, examine *Frame No. 2: Discrimination: Case Presentation*.

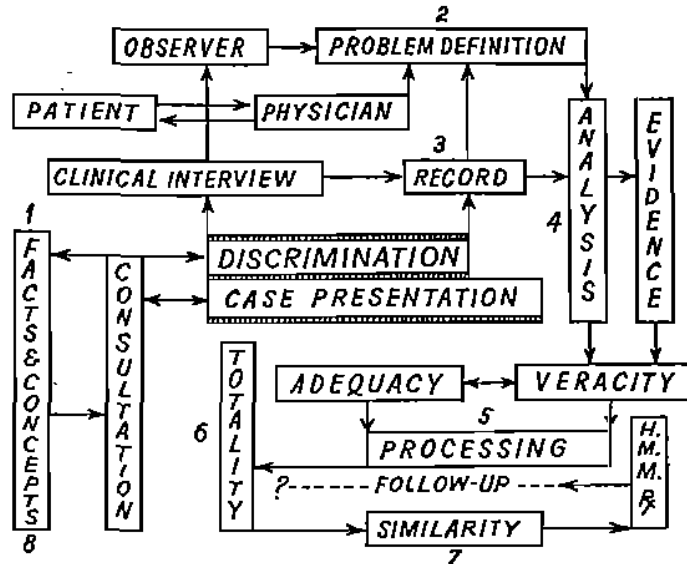
Case presentation to the learner, as well as by the learner, forms the educational practice of the I. C. R. Discrimination, effective from the standpoint of homoeopathic practice, can evolve in the learner only through this procedure.

THE ART : KNOWING THE PATIENT

Weighing the evidence demands discrimination. We have seen how we are able to produce discrimination. For that, we need data. Can art be taught? *Nothing* can be taught, *everything* can be learnt. This fundamental truth, we do not forget at the I. C. R.

We produce the field, the situation, that is specially designed to produce the qualities we desire in the learner. The learner observes and records the clinical interview. He participates as a physician in a simulated interview situation which is tape-recorded and played back, if found necessary. Immediate feed-back is also provided by the guide after listening to the tape, if found necessary. The learner reconstructs the interview situation to uncover the technique. This is also discussed with the guide. In the later phase of

training, the learner records a case, the observer being his peer. The guide, while going over the case demonstrates the adequacy of the procedure adopted. Art evolves thus, slowly.



Frame No. 2

As the learner learns to appreciate the chronological structure of the interview and relates to the logical structure as it becomes apparent from the completed record and the further conduct of the case, he is able to appreciate with total clarity the oft-repeated statement: problem definition and problem resolution in the clinical interview proceed concomitantly and not sequentially. The processes of analysis and synthesis of data also proceed simultaneously to determine the course of events that characterize the interview situation and which is aimed at assisting resolution through the selection and administration of the similar remedy.

Now, examine *Frame No. 3: Learning the Art: The Clinical Interview*. A Case, well-taken, is half-cured.

RECORDING: WORDS, THOUGHTS AND ACTIONS

Everything *is* beautiful till it is recorded. Beautifully vague loses its charm when reproduced accurately. It may still *appear* beautiful till it is evaluated. Records lose all meaning unless they are evaluated and utilised to effect improvements. We, at the I. C. R., refuse to be charmed by the nebulously vague and beautiful. Precision, accuracy and veracity do charm us. For, they promise us better results in practice.

At the *specific level* we have: the patient reflected in

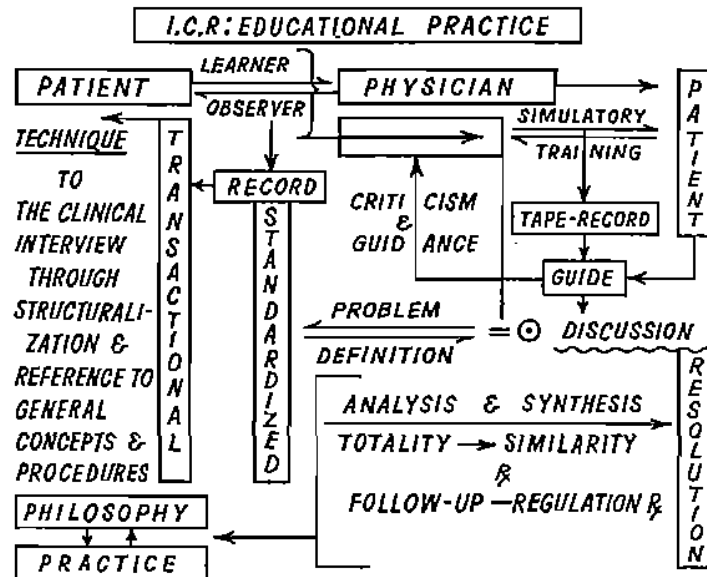
- (i) The transactional recording —> chronological and structural record.

(ii) Standardized case record (which also records the processing of the case).

Both these have been presented in the *Symposium Volume on Hahnemannian Totality*.

At the *general level* we have: the case → concept form demonstrated in the Summer School Curriculum 1978 and in the *Symposium Volume*.

We need to travel from the specific to the general and from the general to the specific in order to qualify for professional competence. The 'case—concept—exposition' paper permits this record of travel to be made and evaluated.



Frame No. 3

We also need to be severely analytical in our thinking process; we need to find correct reasons for every bit of action. For that we need the privilege of studying critically right action and compare with it the action proposed by self. We define for this purpose right action as the one that has demonstrated results regarded as right. We need to diagnose with precision the deviation made by us in respect of each bit and then examine the working of our mind to determine accurately the reasons for the deviation. Here, it is essential that we remain at the specific level of precision and not generalize. For: 'did not understand', 'lack of knowledge', etc., are far too general to be of any use to us for effecting correction in ourselves.

To promote this thinking, we have evolved the 'Standardized Paper in Homoeopathic Prescribing' (SPHP). This is answered in a standardized answer book. We reproduce this in the appendix to the paper.

From all this, it will be obvious that we not only insist that the patient is treated in full accord with homoeopathic philosophy, methods and techniques in a standardized manner, but, care is exercised in recording all the evidence in a manner which is susceptible to interpretation as well as evaluation so that all of us can learn efficiently.

Whether we, in fact, are efficient, it is important for us to know. We are engaged in standardizing evaluation procedures. We are still experimenting and out of this work, we have been able to evolve the CCE and SPHP papers which permit us to follow and influence thinking conducive to the perceiving of Hahnemannian totality in a more precise manner than hitherto. These, therefore, will be used as regular instruments of training for 1979.

THINKING: PRACTICAL

A practical person is one who has the capacity to deliver a good result with efficiency. Efficiency involves a consideration of costs. Costs cannot be brought down unless we acquire the capacity to repeat our results with a fair degree of consistency. This we can do only if we are able to analyse with total clarity the process of homoeopathic prescribing and break up the long chain into manageable small bits. Each bit must have clear identification. The link between the bits must be formed by reason derived from logic, acceptable to the principles of the scientific method.

A practical person, necessarily, must have the requisite skills to operate efficiently in the area. He, obviously, cannot acquire these except through an efficient training carried out in the area of practice.

Skills are easier to acquire than judgment. No professional education and training can ever claim competence without producing competency in respect of judgment in the area of practice.

The I. C. R. Programme for 1979 will be a big leap in the direction of acquiring professional judgment in the area of homoeopathic practice.

Efficiency in homoeopathic practice demands analytic as well as synthetic thinking and reasoning of both, inductive as well as deductive type. In order to learn this efficiently, we can get the best possible assistance by the simple expedient of trying to reason out backwards from the result to the data recorded in the case which has been treated successfully as per standards laid down in homoeopathic philosophy.

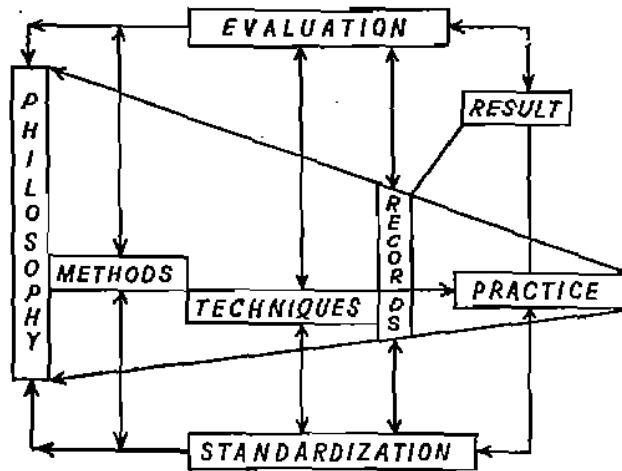
The I. C. R. stands for 'efficiency in action'. Its current research is in the reasonableness of action in the field of homoeopathic prescribing and whether we have the means to evolve it within ourselves first and then in the learners that come to us. Success in this task is vital. We are well aware that it visits us when we dare. Co-operation and good-will of all is essential here. We are grateful to our learners for permitting us this research. Without their willing co-operation, it would not have been possible for all of us to learn so much in such a short time and to effect rapid improvements in our training programme.

Now, we invite you to critically examine the following Frames:

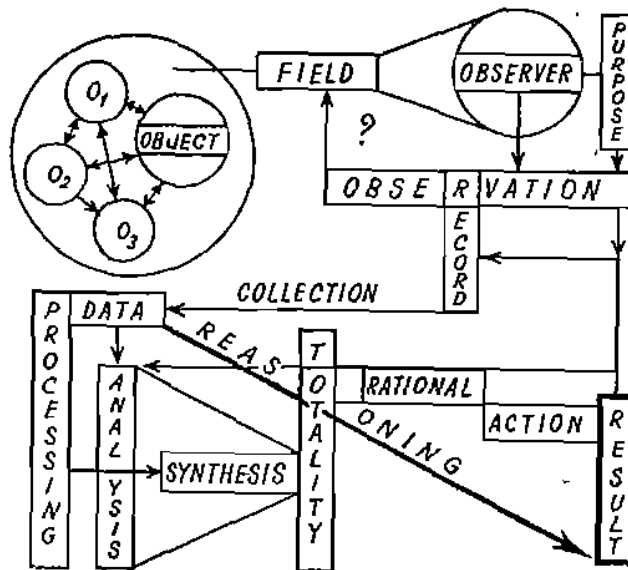
Frame No. 4 : Thinking: Specific \longleftrightarrow General

Frame No. 5 : Reasoning $\xrightarrow{\text{Right}}$ Result

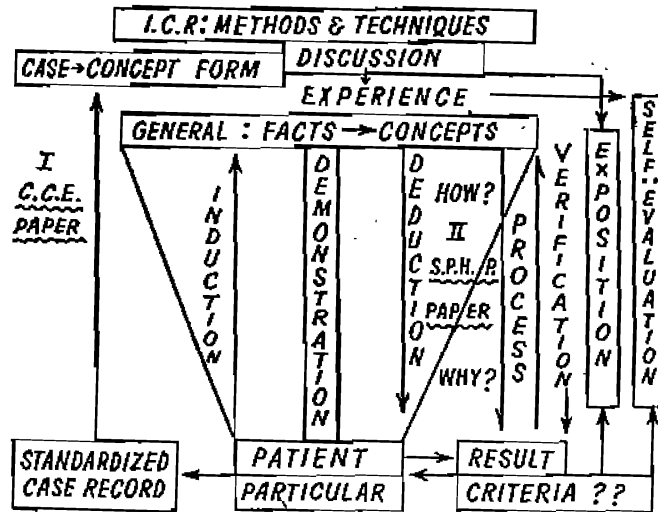
Frame No. 6 : Evaluation is Supreme



Frame No. 4



Frame No. 5



Frame No. 6

EVALUATION IS SUPREME

When we maintain we are right, *are we so?* When makes us *so* sure? Can we be mistaken? What is the result of our *errors* in this vital area of evaluation? What are the cumulative costs of these errors? What are the costs of refusing to evaluate our actions? Peace? Yes, but at what price?

Which is more costly: evaluation or non-evaluation? Which damages more? Is the faculty which refuses to evaluate its actions, safe? Is the future of the learners in the hands of such a faculty safe? Can the learners ever learn in the absence of standardized evaluation?

Evaluation procedures damage many: Learners as well as members of the Faculty. Why? How?

What makes one man thrive on evaluation, when the other cracks wide open, under its impact?

The I. C. R. is conducting research on these questions of great importance. We have not yet progressed to the extent of finding answers to these vexed issues.

But, our learners have taught us an important lesson: standardized, accurate, comprehensive and prompt evaluation service is essential for progressive improvement in learning and the evolution of judgment in the learner as well as in the Faculty. We have also learnt that we have acquired a sensitization response to evaluation and many of us tend to hyper-react to the practice of evaluation: our self-esteem gets damaged and we move rapidly towards loss of confidence in our good selves. Chronic anxiety syndrome often overtakes us: the intensity is directly proportional to our sensitivity in general and anticipatory anxiety in particular.

All of us, especially the Faculty, have to accept evaluation procedures if progressively effective learning is to be assured.

Efficient outcome of correct practice of evaluation is: accuracy in self-evaluation that assures continued professional education in the learner—maximization of learning through experience!

The I. C. R. takes its stand irrevocably here.

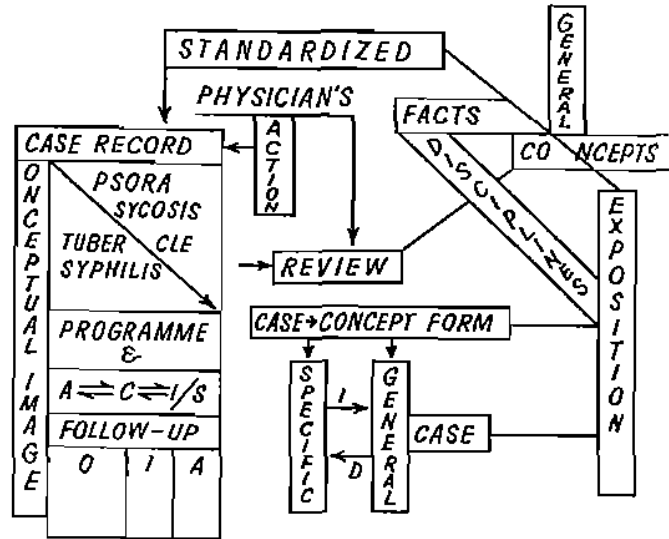
REASONABLENESS OF REASON

Man is rational. For, he advances reasons for his actions! Most of us remain happily here. Our results do not have the capacity to move us from the position we fix ourselves in.

Professional education can succeed to the extent we succeed in restoring our susceptibility to the results of our action. Current educational practice teaches us well the art of rationalization: the fine art of self-justification.

We have succeeded in forging two instruments of immense power:

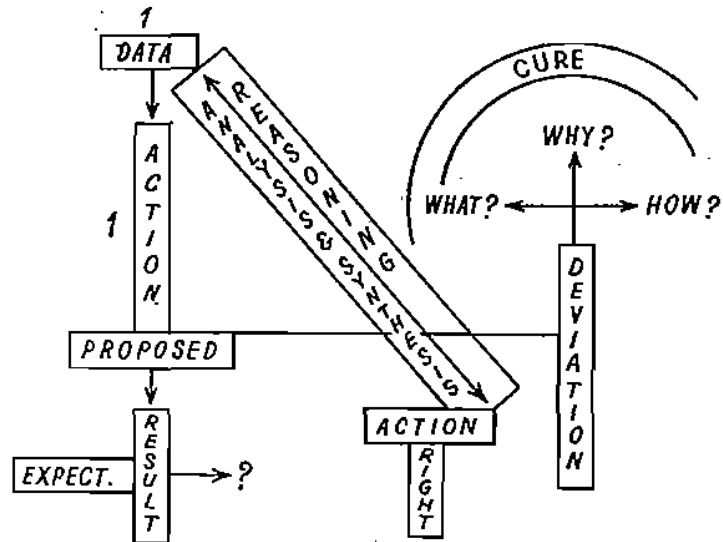
1. *The Case* → *Concept* → *Exposition paper* (Frame No. 7).
2. *Standardized Paper in Homoeopathic Prescribing* (Frame No. 8).



Frame No. 7

Their coercive power of promoting logical thinking through rigid self-analysis and evaluation is considerably enhanced in group discussion conducted by a well-informed and resourceful guide. Intense awareness of error, its etiology and the immense possibilities of committing errors in practice can produce deep emotive disturbances in learners. These need to be tackled in a sensible manner that takes care of the enhanced sensitivities and susceptibilities.

Training procedures involving a regular use of these two instruments we propose in the I. C. R. Training Programme for 1979-80. The short experience with the current group indicates salutary effects of such sessions in promoting right perceiving.



Frame No. 8

Capacity to deal with facts and concepts in a specified field and presenting them either through simple deduction or through a sophisticated technique of evolving a final deductive frame through a steady inductive evolution can best be learnt through the practice of the art of lecturing in a scientific manner. This also we propose to practise more systematically in 1979-80. Members of the group will be encouraged to receive adequate training in these methods. The best encouragement, of course, is to prescribe the final evaluation for determining professional competence on these lines. This, we have done.

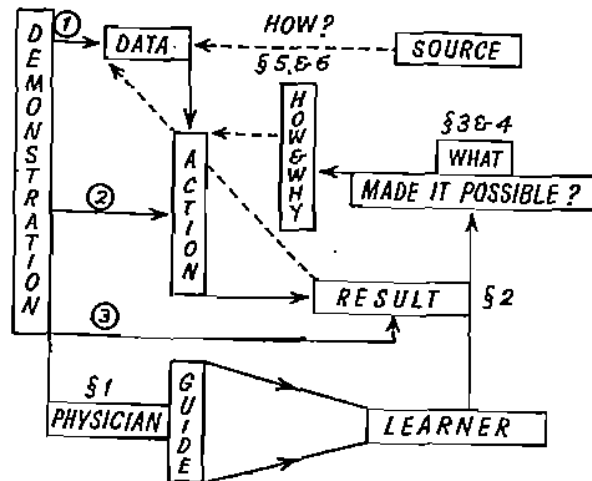
Conducting a group discussion forces sharpness of thinking in relation to facts and concepts presented over a wide and, at times, unexpected range. Agility of the mind and adequacy of expression as well as tact in handling difficult situations gets promoted through this method. The new group in 1979-80 will receive the benefits of this innovation also.

Except for the extensive essay paper of 4 hours on topics that demonstrate fully the integrated approach to clinical medicine and homoeopathic management, we have done away with essay type papers that formed the basis of the earlier final evaluation (written).

THE I.C.R. LIVES WITH HAHNEMANN

Study carefully *Frame No. 9: I. C. R. Homoeopathic Medical Education and Training* ← *Organon*, aphorisms 1-6. Now, read again the aphorisms from the *Organon* and examine the relationship that obtains between the I. C. R. educational practice as presented by us with the recommendations made by Hahnemann about what a physician should know, what he should aim at and how he can best achieve his purpose.

Till we learn to live with Hahnemann, Homoeopathy cannot be with us.



Frame No. 9

THE TOTALITY: EDUCATION, TRAINING AND RESEARCH

The I. C. R. stand on research has been fully stated in the *Symposium Volume on Hahnemannian Totality* and has been further clarified in the papers published in *THE HAENEMANNIAN GLEANINGS*^{2,3,4}.

Examine *Frame No. 10: Education, Training and Research: A Totality: Perceiving* in the light of these Papers.

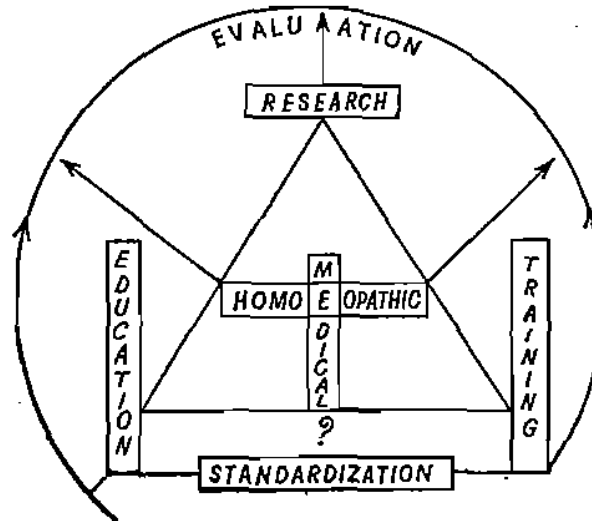
Careful work can never begin on the foundations of carefree or careless work. Foundations of research are laid down fairly early in an educational set-up. The entire institutional working must demonstrate to the learner the sacredness of the learning situation, the objectives and the aim. The institution has to live the life it preaches. It cannot do so unless the persons who make the institution do so.

We try our best to inculcate these values in all of us. Time alone can judge to what extent we prove a success in this adventure.

SUMMARY AND CONCLUSION

The saint has declared: Salute the man whose actions are in full alignment with his words.

We are not saints. But, we believe that Hahnemann was a great seer who could *perceive the truth*. We like to follow him, not to the letter (for he, himself, has been changing frequently!), but in spirit. We make an attempt to re-interpret Hahnemann in terms of the current facts, concepts and knowledge in all related fields and to evolve an integrated conceptual frame that permits us to have a right look at the world that matters to the homoeopathic physician set on a Hahnemannian cure as determined further by Hering.



Frame No. 10

Experience teaches that compromise solves no problems. Problems arise through compromise, especially at the level of principles. Right comprehension of philosophy alone is not enough to deliver practice of the right order. For that we need, in addition, the evolution of right methods and techniques.

All this, we incorporate in all our actions: the I. C. R. programmes of homoeopathic medical education, training and research: a totality to be perceived through practice.

REFERENCES

1. (a) Dhawale, M. L.: 'Post-Graduate Certification Programme 1978-79', *THE HAHNEMANNIAN GLEANINGS*, June 1978, p. 274.
- (b) Dhawale, M. L.: 'I. C. R. Self-Study Programme: Correspondence Guidance System', *THE HAHNEMANNIAN GLEANINGS*, Nov. 1978, p. 512.
2. Dhawale, M. L.: 'Training of a Homoeopathic Physician', *THE HAHNEMANNIAN GLEANINGS*, October 1971, pp. 445-458.
3. Dhawale, M. L.: 'Research in Homoeopathy—I', *THE HAHNEMANNIAN GLEANINGS*, May, 1979, p. 208.
4. Dhawale, M. L.: 'Research in Homoeopathy—II: Principles of Planning and Organization', *THE HAHNEMANNIAN GLEANINGS*, May 1979, p. 212.

C. C. E. PAPER FORM

Roll No. _____
 Learning session record: Case → concept Ref. No. _____
 Patient's Name _____ Reg. No. _____
 Date _____
 Clinical Diagnosis _____ Physician: _____
 Remedy: 1. Acute _____
 2. Chronic _____ 3. Intercurrent _____

A. PROBLEM : DEFINITION

1. Interview technique	2. Clinical record

B. CORRELATIONS

3. Symptomatic: Classification & Evaluation	4. Clinico-pathological	5. Psychological

6. Hahnemannian miasmatic pathology → current interpretations

C. ANALYSIS & SYNTHESIS : TOTALITY

7. Acute totalities	8. Chronic totalities	9. Intercurrent totalities

10. Sequential totalities	11. Split totalities	12. Related totalities

13. Techniques : repertorial
Boeninghausen's: T.P.B.

B.B.

Boger's: B.B.

B.S.K.

G.A.

Cards

Kent's

Mixed

Reference (Confirmation)

Reference (Differentiation)

14. Techniques: Non-repertorial

D. PROBLEM : STRUCTURALIZATION

E. PROBLEM : RESOLUTION

15. Management
: general
environment

16. Management
: general
individual

17. Management
: general
—replacement

18. Management: mechanical measures & ancillary measures

19. Management : specific—homoeopathic : planning & programming

Remedy-selection

Potency-selection

Repetition schedule

Placebo-administration

Remedy-response

Remedy-regulation

Palliation

Cure

Suppression

Hering's law of direction of cure _____

20. Prognosis _____

F. EDUCATION AND TRAINING

Observer's suggestions	Guide's notes

STANDARDIZED PAPER IN HOMOEOPATHIC PRESCRIBING

Explanation and Directions to the Candidates for
answering in the Standardized Answer-Book

1. The paper is in *two* parts. Part *one* delivers to you *all* the data that is available to the clinician who treated the case effectively. So, you can do likewise. *Do not waste your time and energy in respect of data you want, but which is just not there in the case.*

Part *two* of the paper will be delivered to you *after* you have completed your answers in the 1st two columns of the answer-book that is supplied to you. It will give you *all* the data in respect of the action taken and the response obtained by the Clinician. *Nothing is kept back.*

You have, now, to study part two in relation to part one and fill up methodically columns 3 and 4 of the *same* answer-book.

After you have carried out the procedure in respect of columns 1 to 4, you are to fill up the final column 5. That completes your answer in respect of the case. *You have not to write anything on the last page of the answer-book which is marked Evaluator's Report.*

You have to *repeat* the same Procedure in respect of each case in part I. Please note that all cases have to be completed *first* in respect of part I and the answer-books handed over to the supervisor. He will return the same back to you when you take the part II of the paper.

2. The test has been specifically designed to evaluate the quality (adequacy as well as accuracy) of reasoning that you have evolved in order to arrive at effective judgment under conditions that obtain in homoeopathic practice. Judgment is tested out through a critical examination of the action that is proposed and the reasoning on which such action is based and the expectations that are entertained by the person responsible for action.

3. Reasoning can be tested only when it is formulated and expressed in words. The test, therefore, puts considerable emphasis on your ability to employ minimal words to express your action as well as your reasons for the action you propose. *The space provided in the answer-book is quite adequate for the job on hand.*

4. The test determines: (i) your capacity of taking action and finding out the reasons for the same; (ii) your capacity of judging an action which has been proved right in practice; (iii) your capacity of evaluating yourself in the presence of a right solution.

The answer-book has been designed to permit an accurate evaluation of all these points.

5. The evaluator's report records his observations about your performance which will be made available to you for your subsequent guidance.

(Continued on page 404)

DEFECTIVE ILLNESSES

(Continued from page 423)

It also has an eruption with gnawing pain after scratching.

Like Paris quadrifolia, it has the *feeling that the eyes are pulled back into the head.*

It is a vesicular remedy; eczematous and herpetic lesions. All the eruptions of Oleander are *prurient and bleed and suppurate on scratching.*

It has a very particular pulse, which I have already spoken about: an *arrhythmic and myurous pulse* (like a rat's tail!).

Extreme weakness of the digestive tract. (To be continued)

—Homeotherapy, April 1976

STANDARDIZED PAPER IN HOMOEOPATHIC PRESCRIBING: ANSWER BOOK

Paper No. Case No. Date: Roll No.

ITEM	PROPOSITION (PART I)		ACTUALITY (PART II)		DEVIATION: REASONS
	ACTION	REASONS	ACTION	REASONS	
I CLINICAL DIAGNOSIS					
II PERCEIVING THE TOTALITY					
1. ACUTE					
(a) Fixed					
General					
Totality					
(b) Sector					
Totality					
2. CHRONIC					
(a) Dominant					
Miasm					
(b) Acute					
Exacerbation					
(c) Periodic					
Expression					
(d) One-sided					
Expression					

ITEM	PROPOSITION (PART I)		ACTUALITY (PART II)		DEVIATION: REASONS
	ACTION	REASONS	ACTION	REASONS	
(e) Suppression					
(f) Mixed Miasms					
(g) Sequence					
(h) Drug effects —Miasm					
(i) Cause —Fundamental —Precipitating					
(j) Aggravations					
(k) Ameliorations					
(l) Generals —Physical —Pathological —Mental					
(m) Characteristic Particulars					

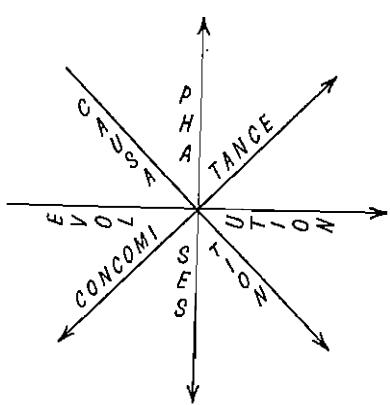
ITEM	PROPOSITION (PART I)		ACTUALITY (PART II)		DEVIATION: REASONS
	ACTION	REASONS	ACTION	REASONS	
III REPERTORIAL APPROACH					
1. Boenninghausen					
2. Kent					
3. Boger					
4. Mixed					
5. Repertory : Structure Rubrics					
6. Reading the Analysis: Potential Differential Field Reference to the Hom. Mat. Medica					

ITEM	PROPOSITION (PART I)		ACTUALITY (PART II)		DEVIATION: REASONS
	ACTION	REASONS	ACTION	REASONS	
IV NON- REPERTORIAL APPROACH					
1. Structuralization					
2. Key-Notes					
V PLANNING & PROGRAMMING : THERAPY					
1. Acute B					
Potency					
Repetition					
2. Chronic B					
Potency					
Repetition					
3. Intercurrent B					
Potency					
Repetition					
4. Placebo					
VI REMEDY- RESPONSE					
1 Interpretation					

ITEM	PROPOSITION (PART I)		ACTUALITY (PART II)		DEVIATION: REASONS
	ACTION	REASONS	ACTION	REASONS	
2. Action					
3. Purpose : Reasoning - Expectations					
VII GENERAL COMMENTS					

(6)
EVALUATOR'S REPORT

Name of the Evaluator :



Practice-Deficient

BLOCKS	SUGGESTIONS
PERCEIVING	
FACTS ↔ CONCEPTS	
JUDGEMENT	