

RESEARCH IN HOMOEOPATHY*—II

PRINCIPLES OF PLANNING AND ORGANIZATION

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INTRODUCTION

We have raised a number of questions in relation to the application of the philosophy of research to the discipline of Homoeopathy from the standpoint of clinical practice. A rational re-statement of the problem and its solution would be as under:

(1) *Research in Homoeopathy at the level of clinical practice would be possibly only if homoeopathic physicians with the potential of delivering a Hahnemannian cure participate in the project.*

(2) *The research centre has to establish facilities and a mode of working which will favour the translation of this potential into an actuality.*

(3) *The research centre has to establish a standardized recording system of data recording, analysis, synthesis and retrieval in a manner that will facilitate the correlation and co-ordination of clinical data and its utilization to draw valid conclusions.*

(4) *Homoeopathic practice at the research centre must be a consistent demonstration of the application of homoeopathic philosophy to practise so that the homoeopathicity of the drug as a remedial agent is established beyond any reasonable doubt to a competent clinical observer.*

(5) *The progress of the case while under homoeopathic treatment is observed and recorded in a precise manner so that definite conclusions in respect of the effects brought about can be drawn and presented to a critical audience competent to judge the issue.*

(6) *The 'exercises' carried out at the research centre should help to clarify the doubtful areas and help to solve problems which have defied solution for want of precise data. This, obviously, would demand a careful design of the experiment which should be undertaken with adequate care so that the fundamental principles of homoeopathic practice are not violated. We should not imitate blindly the prevailing practices with regard to the design of experiments in clinical research which have proved successful in different contexts.*

THE PRESENT SCENE

Most of the 'research' in Homoeopathy has been carried out under the auspices of the CCRIMH and CCRH (the successor) as the official agencies

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in charge of considerable funds to disburse. Hardly any research has been carried out outside the fold. We could, therefore, regard the practices of these organizations and the results produced by them as evidences of the prevailing standards.

The most favourable observer would hesitate to opine that the scene reveals the application and demonstration of the above six fundamental principles of research to clinical homoeopathic practice. We do show some progress in pharmaceutical/pharmacological research (though not much in drug provings). At the level of fundamental research, we hardly have any facilities worth mentioning.

From this, we are forced to conclude that there is something radically wrong either in our understanding of the problem and which, naturally, is reflected in the solution we commend, or in our policies in respect of the organizational base of research which we try to adapt to the solutions that we proffer. I suspect that we have bound ourselves to certain organizational patterns of behaviour which are seriously interfering with our adaptability to the realities of the situation presented by the homoeopathic profession and the prevailing 'practices' that obtain.

We should, therefore, first consider the organizational pattern before we consider the modifications that would be necessary in order to effect qualitative improvements in the practice of research in Homoeopathy.

ORGANIZATIONAL PATTERN

We have been following basically the pattern that is followed by the ICMR, forgetting that the ICMR operates in a field where some generally acceptable standards in respect of medical education obtain. Consequently, we have favoured:

(1) The institution of research projects at homoeopathic medical colleges without undertaking the responsibility of 'screening' the project officers in respect of their capacities, capabilities and integrity. Neither have we cared to examine with circumspection the institution, its facilities, mode of working and the relationship that obtains between the administration and the management. Large funds have been thus transferred to these institutions on capital as well as recurring aid account. Some evidence of work done has been presented as well as accepted by us and labelled as 'research'. Careful scrutiny fails to endorse this as work of quality.

(2) We then thought that things would improve were we to establish facilities under our full control. Central research centres and institutions were born thus. Full control implied full-time staff and a correspondingly higher budget. More expenditure was thought to produce more and better work. Our pay-scales were better than those afforded by our colleges. Over a period of time we did get class I officers. We could also have improved pay conditions, though not to the extent 'others' enjoyed. Our annual budget went on expanding and we delighted in reporting that our state is showing corres-

ponding improvement! Unfortunately, qualitative assessment was never attempted with the seriousness it deserved. Had it been undertaken, our weaknesses would have been known much earlier.

(3) We did not locate any of our research work around homoeopathic physicians of proved merit. Most of them were too busy in running their large private practices. Few of them were interested in education; fewer were interested in research in the real sense of the word. These were the physicians with capacity to cure. It is obvious that without a cure, the question of research just does not arise! Very few of the full-time officers we appointed had any proved capacity in clinical medicine or adequate experience of homoeopathic prescribing of the accuracy one should expect of a research worker. We glossed over these serious defects; we assumed that the experience of work at our centres will cure these defects automatically. As our officers became senior, they got established in wrong practices: their susceptibility to cure correspondingly decreased.

(4) We went on filling up posts because we had posts to fill. We did not ensure that the persons selected had the right qualities and experience (it is even doubtful if the right persons were available). This, over a period of time, has created a first class administrative problem: we have given too long a time to a person to prove his incompetence: And, now, the world would look aghast at us were we to maintain that any of them are not competent for research!

During this period we did nothing that will ensure a right homoeopathic prescribing habit amongst our research staff. The centres never ran any standardized homoeopathic recording service related to homoeopathic philosophy, materia medica and repertory. We have more money to spend. We, therefore, plan newer centres on the established plan. Are we likely to succeed? Or, are we likely to establish our errors on a greater scale than ever? If previous experience is to serve as a reliable guide, I should opt for the latter answer.

* * *

We need to take a fresh look at our policies so far and take care not to repeat our earlier mistakes.

What we need to do is to locate reliable homoeopathic prescribers with adequate knowledge of clinical medicine and who are ready and willing to help us in our projects. We should be ready and willing to accept whatever help they are able to give us and not insist on any category of service. We should be free to accept them in any category (honorary, part-time, full-time) they want. We should give them the requisite facilities by way of space, equipment and personnel (junior) and a standardized recording system approved by the CCRH committee specially entrusted with the job of evolving such a system.

All patients that take treatment can be fully recorded and properly investigated and followed up over a period of time. This will give us the data

pool which can be studied retrospectively and various conclusions drawn. Since our therapy is not guided by diagnostic labels, little useful purpose is served by organizing our pattern on these lines determined by Western medicine.

Any centre that works in this fashion will be able to furnish us with unequivocal evidence of the homoeopathicity of the prescription: the basic requirement of research in Homoeopathy is thus satisfied.

THE NEW DEAL

I suppose sufficient evidence has by now accumulated to establish the absence of the state of health in our current research projects and institutions. The problem, as ever, has been our inability to accept the writing on the wall. Were we to get over this aversion of ours, I submit, we should do better than hitherto, especially if we were to accept as our working base the six fundamental operational principles that we have formulated right at the beginning while introducing this paper.

At the end of the previous section on organizational pattern, while examining the defects and deficiencies in the current operations, we have suggested certain logical improvements we could readily effect provided we are able to accept the reality of the homoeopathic scene of practice as it obtains to-day.

In other words, we will have to move out in search of suitable talent, examine what these persons are able to offer us and adapt our approach of assistance to suit *their* needs. We can no longer continue with the posture: the man who pays calls the tune! Money, no doubt, is important. It permits the establishment of facilities for investigation and research. I suspect we have been a little naïve in believing that money performs research by attracting research workers! The simple truth is: money makes possible research for a potential research worker: it helps to convert a potentiality into an actuality.

Far too many persons have been attracted to the field of research on account of either the money it has to offer or the status—the glamour—it affords. Very few persons have been attracted to the field by their desire to investigate, to learn, to know: so that better practice obtains. This has been the state in practically all branches: Homoeopathy has been no exception to the rule!

In recent times, with the availability of large funds from public agencies and tax concessions afforded by the government, organized research has taken on the characteristics of an industry but, often enough, without the benefits of cost and quality control which we normally expect with any well-run industry. Research is at the apex of the pyramid of education and dictates to the base. Consequently, all at the base get aspirated to the top in response to the fundamental urges of human nature. Nature abhors vacuum. There is always room at the top for few can remain there long in a dynamic situa-

tion. The glittering letters: RESEARCH: remain the only constant factor with power to entice us all, to embroil us in the game of musical chairs: one chair is always less than the number of participants to add to the fun of it all.

The 'x' factor has been evident everywhere: resulting in power dynamics. Stabilization in research can never become possible with so many changes occurring so fast.

We need to scrutinise research projects more carefully in the light of the six principles and only those that pass muster should be examined further from the standpoint of the facilities needed. And whatever is needed by way of equipment, staff and contingency should be granted over a period of time considered reasonable for the specific project. We have been, often enough, functioning as a disbursing agency for largesse: public funds must be expended on the public—has been our guiding principle! So, we try to be fair to all; all must receive a fair share of the burden of the research grant. The small cake shared by many soon gets finished: the mice still remain famished and emaciated! Well, that has been the fate of many research projects started under false premises, assumptions and objects. The objectives can never be achieved under such working conditions.

We need to improve on all this.

Re-organization of research in Homoeopathy on the strict acceptance and implementation of the six fundamental operational principles should go a long way in improving the 'over-all state of health: the incurables will be sorted out first; the 'operation cure' can then follow in accord with the law of direction, only the curable participating, so that the prolonged aggravation followed by decline (Kent) does not take place.

This is possible only when the direction changes in respect of the organizational pattern of research, the policies in respect of the staffing pattern and the manner of providing assistance to non-official agencies and individuals participating in the approved research projects.

The research project itself should lead to the collection of reliable data in multiple fields so that maximum benefits are ensured from an exhaustive as well as intensive study of any single patient at the research centre. Such data can form a good base for a multiphasic retrospective study *provided* care is exercised in adequate indexing of data to permit quick retrieval in response to the demands of the project. These have to be clearly anticipated before the work is undertaken.

The following papers in the *I.C.R. Symposium Volume on Hahnemannian Totality* should be especially studied from the standpoint of formulating in a clear manner the operational part of research projects:

Area B: Perceiving the Mental State (Papers B.1, B.2, B.3).

Area C: Disease (Natural and Drug): A Phenomenological Approach (Paper C.1).

Area D: Perceiving Scientific Method (Papers D.2, D.4, D.5).

Area E: Hahnemannian Drug-Proving: An Overview (Paper E.3).

Area F: Artificial Drug-Disease: Perceiving (Papers F.1-12)..

Area G: Perceiving Practice: Standardization of Individualization (Papers G.1-4).

Area H: The Standardized Homoeopathic Physician: Perceiving Production (Papers H.4, H.5, H.9, H.14).

A research worker needs to clearly know what work has been already put in by other workers in the field so that he can build on a sound foundation.

COURAGE

We have examined squarely the various issues involved in the planning and programming of research in Homoeopathy. We have enunciated six fundamental operational principles for the conduct of *homoeopathic* practice. Without the homoeopathicity, there is no Homoeopathy. We tend to forget this small point. And plan and talk in a big way. That is our fundamental fault.

Till we correct ourselves at this fundamental level of philosophy and integrity, there can be no research: no search for truth.

We need a suitable structure so that the function can be performed efficiently. The two together can claim a number of Forms external.

We need physical resources to put up a physical organization. More important: we need a matching mind.

We have the resources. Have we the COURAGE to utilize them efficiently? I wonder: for that would involve stepping on too many toes and the curtailment of 'aspirations'.

This is our problem: the cultivation of a mind that can get off the well-worn groove into the unknown, but knowable with the help of intelligence, courage and fortitude.

CONCLUSION

Planning and programming of research demands a keen mind, fully integrated and operating with integrity, courage, fortitude and physical resources to match these. Physical resources make things possible: in that, they can convert a potentiality into an actuality.

We have: the MIND. We have: the PHYSICAL RESOURCES.

Our Problem is: MIS-MATCH. Solution: COURAGE!