

# THE HAHNEMANNIAN GLEANINGS

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## EDITORIAL

### WHY THIS SECRECY?

It is a common experience that a homoeopath maintains an absolute secrecy over his prescriptions and does not wish to divulge it either to his patients or to his colleagues. However, he may do so reluctantly if pressed for. In fact this type of behaviour adds further mysticism to an already 'mystique' science. We have only senior and junior practitioners and not a class as consultants and general practitioners though many of us call ourselves consultant homoeopathic physicians. Every homoeopath feels that he knows better and rarely refers a case to his senior for consultation. In modern medicine diagnosis of disease plays a very important part for therapeutic measures to be adopted. In Homoeopathy, it is the 'case-taking' and right approach for its evaluation and matching the patient's image to the drug image. I know one senior homoeopathic physician who after hearing a case would pronounce 'Ganga 30' to his compounder. It was only his compounder who knew the meaning of this code. But the doctor who had accompanied the case would remain totally ignorant about it and the senior physician had no intention of telling him the name of the remedy. Yet another senior physician would not allow the attending doctor to be present in the chamber when the referred case was being taken by him. Why this secrecy?

In the name of propagation of Homoeopathy slogans like 'Homoeopathy is cheap', 'Homoeopathy is sweet and has no side-effects', and that 'Homoeopathy can be practised by reading a few books' were made popular. That has boomeranged on us today. There are more lay practitioners today than qualified ones. This has put in the minds of the public that the practice of Homoeopathy is very simple and harmless. One of the physicians with whom I was discussing this problem said that if the name of the remedy was told to the patient he would continue to take it without consulting the physician again or would read from the materia medica at home and often be surprised why the remedy was prescribed and then would not take it seriously. It only boils down to one thing that the homoeopathic patients need to be educated in this matter and must be told that the remedies if not taken under the supervision of a physician may harm him and indiscriminate

use of medicine will affect his health and chances of cure may become bleak or difficult.

Physicians should stick to a standard method of approach in case-taking and must learn to prescribe on totality which would be acceptable to all norms of practice of the art, science and philosophy of Homoeopathy. This change should now come in teaching institutions and vague answers like: 'intuitional prescription', 'take it and see the result' should not find place in its explanation.

Some years back, I.C.R., Bombay attempted to educate by preparing a standard case record form. It ran into pages. Any one who had understood the philosophy of Homoeopathy could see the wisdom of such a form. But many who saw only the number of pages quickly rejected it even before they opened the form book. They felt it was needless to fill in such a long case record form. Human nature is such that anything that does not conform to known norms is rejected. Many did not understand the meaning of *standardisation*. Those who accepted it are enjoying the good results obtained through it.

Possibly another reason for this secrecy is that what one preaches, one does not practise. On the platform one would vouch for single remedy but would prescribe multiple remedies. I know of many senior practitioners who prescribe multiple remedies during the course of the day but preach single remedy prescription. If the secrecy is not maintained then the game is up.

A change is seen in the younger generation. It is a very happy situation. We can rule out this secrecy and mysticism in Homoeopathy if this trend of approach to case-taking and programming of therapy is developed in day to day practice by keeping the fellow practitioners in confidence.

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