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EDITORIAL

THE PROBLEM OF HOMOEOPATHIC EDUCATION AND TRAINING OF QUALIFIED ALLOPATHIC PRACTITIONERS AND SERVICE HOLDERS AND FRESH ALLOPATHIC GRADUATES

In our last Editorial we discussed the problem of homoeopathic education of general students and we suggested a three stage programme for tackling that problem. But another very welcome problem has lately come to the forefront in many of the States of India, demanding immediate attention. It is being noticed that more and more qualified allopathic practitioners are becoming interested or even enamoured of Homoeopathy. There may be various reasons for this, but the most vital, in our opinion, is the fast increasing problems of allopathic treatment together with the steadily augmenting popularity of Homoeopathy. Many of them, of course, become inspired about Homoeopathy actually witnessing the indubitable success of Homoeopathy in some cases baffling other systems of medicine. These factors are tending to relieve them more and more forcefully from their firmly engendered prējudices against Homoeopathy.

This spontaneous enthusiasm of our brethren of the other school should not be left uncared for, for many an obvious reason, the most important of which is this *motivation*. Motivation, we all agree, is one of the basic requirements for homoeopathic education, without which it is very difficult to induce the learner to undertake the intensive efforts for properly assimilating the principles and technology of Homoeopathy. Moreover, they being disillusioned about the irrational, mechanical materialistic approach to Health, Disease, Treatment and Cure are more prepared to assimilate the rational, synthetic approach more critically and deeply. Many of our colleagues may vehemently oppose this analysis of ours, only on the ground that the majority of converted homoeopaths practise Homoeopathy only half-heartedly or even conduct a combined practice of Allopathy and Homoeopathy together. This fact does not at all negate our analysis. The sole reason for this fact is that those poor converts did not get the opportunity to grasp the essence of homoeopathic principles and practice; their self-

study was superficial or even perverted. On the other hand, we are acquainted with a large number of original homoeopaths (i.e. non-converts) who have deeper respect for Allopathy than an Allopath, often an awe-mixed respect, many of whom suffer from a morbid inferiority complex with respect to Allopathy, only due to their ignorance about the drawbacks and hazards of Allopathy. Whenever in actual difficulty they surrender their case to an allopath rather than consulting a better-knowing homoeopath, leaving aside those non-converts who practise quackery with Allopathy without knowing anything about that system of medicine.

So the basic problem boils down to the question how to provide adequate scope to the homoeopathically motivated allopaths for thoroughly assimilating the essence of homoeopathic principles and practice. A number of other problems are intimately related with this basic question, some of which are mentioned below:

1. TIME AND OPPORTUNITY FACTOR

These prospective trainees are generally already deeply engaged in practice or any other vocation in the allopathic line like teaching, service etc. So they cannot afford to accommodate themselves with a programme of education, involving a long drawn continuous absence from their field of work, however much they wish.

2. PSYCHOLOGICAL FACTOR

The mental make-up already built up by their previous medical education and practice (with apparently good results in many cases) is grounded on an analytical approach on materially objective basis. It is very difficult for them to readjust their mind with the synthetic, holistic, individualistic, dynamistic approach of Homoeopathy with respect to Health, Disease, Treatment and Cure, unless they are demonstrated to be clearly related with their analytical objective findings.

3. PERSONALITY FACTOR

The mental maturity and academic and cultural level of these learners are generally of high order. It will be difficult for them to learn anything from a teacher who is not of at least equal order, if not higher, and not able to satisfy their bona-fide critical questions and problems and thoroughly convince them about incompetence and irrationality of their former grounding in the matter of real *Cure*.

Now let us try to suggest some ways of how to tackle these problems as best as possible in the prevailing perspective:

1. Time and Opportunity Factor

- (1) The total course should be limited within a maximum of two years.
- (2) Theoretical training mainly through correspondence should be

dovetailed with intensive practical clinical training at the Centre. The correspondence course must be not only *general*, most efficiently and appropriately covering the whole theoretical syllabus, but also *personal*, promptly and satisfactorily clarifying all the queries and doubts of the individual learners by the most proficient teacher, from time to time.

(3) Proper Study-leave with full pay should be arranged for the service-holders, for attending the training centres for the prescribed periods from time to time, and also suitable stipends should be provided to the most deserving ones amongst learners coming from private practice.

2. Psychological Factor

(A) GENERAL PRINCIPLES

Here we should remind ourselves clearly about certain basic general principles of pedagogy:

(1) The approach and method of teaching any subject should never be stereotyped and based exclusively on the personal choice and outlook of the teacher, but carefully adjusted and modulated as per the mental make up of the taught.

(2) The aim of teaching any subject is far from stuffing the brain of the learners with a number of facts and information about the same, but only to rouse the interest of the inquisitive mind of the learners and showing the most dependable path, following which they can themselves extend their learning to the limitless expansion of the subject, related with whole universe, which can never be covered by any course of teaching.

(3) Any pedagogy to be effective should follow the *horizontal method*, rather than the *vertical method*, that is, there should be a 'give and take' relation between the teacher and taught on a horizontal level, rather than the teacher loading the mind of the learner with some-facts, exhortations and dogmas imposed from a higher level. By the former (horizontal) method, the level of the mental accomplishment of the learner will ever go on rising higher and higher, whereas, by the latter method, the materials taught will be likely to always remain as foreign bodies in their mind rather than turning into their own conception and conviction; they will ever go on quoting authorities, rather than speaking and acting on the basis of their own ideas.

(B) PHILOSOPHICAL ATTITUDE

The revolutionary concepts and principles with respect of the art and science of medicine as presented by Hahnemann in his *ORGANON OF MEDICINE* depicts a philosophy which is gradually going to be adopted in all fields of knowledge nearly about one and a half century after his death. This philosophy considers matter and energy, analysis and synthesis, science and philosophy as the different aspects of study of the same object or field, each pair of the apparently opposing aspects is in reality an inseparable unity. But for people of ordinary intellectual calibre like ourselves, it is

very difficult to thoroughly appreciate this philosophy of Hahnemann without proper guidance of efficient teachers. Now, it is quite natural that, our most effective and dependable teachers in this line are divided into two apparently different groups as per their personal mental orientation. One group starts from their objective materialistic clinical point of view and arrives at the holistic gestalt stand point. The outstanding teachers of this group are Boenninghausen, Dunham, Boger, Roberts etc. The other group starts from spiritual (energetic and mental) stand point and arrives at the same gestalt point of Hahnemann. This latter group is led by Kent. Stuart Close may be taken as a bridge between these two groups.

Now, if our learners coming from the allopathic school with an analytical materialistic mental orientation, are first met with a Kentian approach, all the teachings are very likely to go over their heads, and their real interests about the essence of Homoeopathy may become evaporated.

So, we think, it will be wiser to bring the analytically oriented mind of this type of learners first in touch with analytical approach of Boenninghausen School, and thus clear their minds from the logical discordance of their old school and steadily bring them to the gestalt comprehension of man in inseparable relation with the whole universe. If Kent's teachings are brought to them at this stage, they will be easily acceptable and effectively assimilable for them.

Thus, our suggested books for these trainees should be in the following order—Boenninghausen's *Therapeutic Pocket Book* (as introduced by H. A. Roberts), Boger's Preface to *Boenninghausen's Characteristics and Repertory*, Dunham's *Science of Therapeutics*, Roberts' *Principles and Art of Cure by Homoeopathy*, Close's *Genius of Homoeopathy*, Kent's *Philosophy of Homoeopathy*. And also Hahnemann's *Chronic Diseases*, J. H. Allen's *Chronic Miasms*, Chapters on Chronic Miasms in Kent's and Robert's books mentioned above.

All these teachings particularly those on the Organon, should be presented, as far as possible, in up-to-date scientific terminology which are far more easily comprehended by them.

(C) APPROACH TO MATERIA MEDICA

Books of Kent, Nash, Allen, should not, in our opinion, be the first books presented to their analytical-clinical-oriented mind. Rather the following books will be easily acceptable to them...Farrington's *Clinical Materia Medica*, Hughes' *Pharmacodynamics*, Dunham's *Materia Medica* etc. After these, of course, the books of Kent, Allen and others mentioned above will be easily acceptable and highly useful to them.

Their teaching of materia medica or rather clinical materia medica should be from the very beginning repertory oriented with especial emphasis on comparisons so that the spirit of individualisation in different clinical

conditions so long completely foreign to them becomes steadily and firmly instilled into their mind.

(D) PRACTICAL CLINICAL TRAINING

This is the most important aspect of teaching. Obviously this cannot be prosecuted from a distance, except only repertorization which are based on written case records.

The learners must thoroughly comprehend the radical qualitative difference of homoeopathic clinical approach from their erstwhile approach in all its aspects. This is most important and must be fully ingrained in their mind from the very outset; otherwise they will ever go on doing hotch-potch in their future life of homoeopathic practice.

(1) CASE-TAKING: In their older school, the only and sole purpose of case taking was to be able to make a definite nosological diagnosis. All his duties with respect to the case were dependent wholly on that. Now he must be made to clearly comprehend the multiple aims and purposes of *Case taking* in this school which are as follows:

(i) *Nosological Diagnosis*—made by proper collation of all the morbid structural and functional changes. This is practically the same as in their former school.

(ii) *Personality Diagnosis*—likings, aversions, agreements, disagreements with respect to various items of diet, atmospheric conditions etc., relation with and reactions created by various environmental factors—domestic, social, economic etc. All these are required not only for a rational and salubrious regimen, but also for the correct selection of the curative remedy.

(iii) *Etiological Diagnosis*—For ascertaining the exciting and maintaining causes, very essential both for selection of the curative remedy as well as the proper regimen.

(iv) *Miasmatic Diagnosis*—For ascertaining the fundamental causes and constitution of the patient, and thus arriving at the all-comprehensive totality of symptoms.

(v) *Therapeutic Diagnosis*—which involves evaluation of the data so far obtained under the above four items, analysing and synthesising them to form a holistic individualistic "Totality of Symptoms" as accurately as possible and then an intelligent repertorization and consultation of the *materia medica*.

(2) FOLLOWING UP THE CASE—This involves attention not only to the movement of the Pathological conditions (as done in their former School), but proper critical assessment of movement of all the symptoms of the case, with a view to ascertain whether the case is moving towards palliation or suppression or towards the path of cure as per Hering's Laws. They must be made thoroughly acquainted with the difference among *Suppression*, *Palliation*, and *Cure* with their respective implications, and also how real

cure is possible only by strictly following the homoeopathic principles and methods, mainly by practical clinical experience.

(3) ASCERTAIN THE PROGNOSIS OF THE CASE on the basis of the 12 Observations of Kent.

(4) THE NEXT PRESCRIPTION—This involves the question not only whether the same remedy is to be repeated or a new one is to be selected after a fresh 'case taking' with its appropriate potency; but also, and that is most important, *the optimum time for the administration of the next remedy*. The learners must be made thoroughly aware as to how a curable case may turn incurable by an irrationally and prematurely prescribed subsequent remedy, without proper discrimination about the optimum time for its administration, and thus interfering in the action of the previous remedy.

(5) RATIONAL AND APPROPRIATE USE OF VARIOUS AUXILIARY MEASURES INCLUDING SURGERY.—They must be made thoroughly convinced as to how many of the diseases which they considered so long as "Surgical", can far better be tackled by homoeopathic therapeutics, and also about the irrationality and harmful consequences of radical Surgery in cases of peptic ulcer, haemorrhoids, anorectal fistula etc. etc.

(6) REGIMEN: They must be made thoroughly acquainted with the distinctive peculiarities of Homoeopathic Regimen as compared with that in which they were accustomed so long, and also be clearly convinced about the outstanding rationality and scientificity of the homoeopathic approach in this field.

The learners must have thorough physical participation in all these clinical works under the guidance of an efficient teacher so that he may have intimate personal familiarity with the practical application of the theoretical knowledge he is acquiring, and all his previous irrational outlooks and habits are radically remodulated on logical objective ground.

3. Personality Factor

As stated above the teachers for this type of trainees must have higher level of accomplishment in all the spheres concerned—academic, scientific and practical; and above all must have sufficiently strong personality enlivened by conviction in practice and not be merely a bookish pandit (plenty of which are available in our country). Such teachers in the different subjects cannot be obtained in sufficient number, in any particular homoeopathic college existing today in our country. So the teaching of this section of learners must be specially organised at the central level with sufficient number of teachers recruited from all over India. These teachers may work part-time or for prescribed periods in a session. The National Institute of Homoeopathy may serve as a centre for this purpose at least for the present.

Thus, it is clear that homoeopathic education and training of allopathic practitioners is not a simple matter and needs special attention. This can

never be accomplished in the way some of State Homoeopathic Councils have already started doing.

All these suggestions apply equally to the fresh graduates from the allopathic colleges; the only difference being that (1) their ideas* have not yet got sufficient scope for being consolidated by practice and (2) they are in a position to spare more time for continuous education and training at the centre.

We appeal to all the members of the Central Council of Homoeopathy, the architects of Courses, Curricula and Syllabi of homoeopathic education, and supreme guides and controllers of such education in our country, to pay due attention to the suggestions given in this article and also to the highly prudent proposal on this matter submitted by Dr. M. L. Dhawale. As a matter of fact, in preparing this article many hints have been obtained from that proposal of Dr. Dhawale.

'THE COMOROSAN EFFECT' AND INFORMATION TRANSFER IN DILUTE SOLUTIONS

(Continued from page 448)

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