

# THE HAHNEMANNIAN GLEANINGS

Vol. XLIV

SEPTEMBER 1977

No. 9

## EDITORIAL

### HOMOEOPATHIC EDUCATION IN THREE GRADES/STAGES

In a poor country like ours the question of economy as also of the territorial and demographic dimensions must always be kept into view in making any plan in any sphere of social life.

The problem of providing hygienic and medical aid to the unmanageably vast population of our country has been in the head of our authorities with ever-increasing seriousness since shortly after our independence from the foreign rulers. Various plans and schemes have been evolved by the various regimes since then, the latest having been those of the **barefooted doctors** proposed by the just previous regime. But none of them have yet been able to produce any tangible effect, owing to various factors, the main being defect in the schemes themselves.

The present regime, the Janata Government seem to be more sincere and serious about the problem. Very soon after coming to office they are trying to work out a plan more objectively suitable to this sphere in our vast country, basing the same on **community health workers** recruited locally, cooperated, supervised and guided by a hierarchy of physicians, in a serial order of proficiency in the various systems of indigenous medicine and Homoeopathy, dovetailing the same with the existing set up and other resources (to wit the medical institutions of various disciplines). But the proper execution of this scheme will necessitate a large number of physicians (not simple prescribers) of all the different systems of medicine, belonging to various grades of qualification, particularly the **basic physicians** who would belong to the lowest rung of the technical-professional hierarchy.

I. A **basic physician** must have the minimum required efficiency in the following three aspects:

(i) He must be able to diagnose the nature and present condition of particular cases of disease in hand and ascertain which case fall within the limit of his proficiency, which one is to be sent to an appropriate consultant or specialist, in due time.

(ii) He must be sufficiently proficient in prescribing appropriate medicine

and regimen and/or undertaking first aid measures for the case, as per the principles and discipline of his own system of medicine.

(iii) He must be able to play efficient role in the sphere of community medicine, health education and planning, family welfare education and planning.

II. **High rank physician** must not only be more efficient in the three aspects mentioned above, but must be able to actually guide and tackle all the spheres at least on the first hand level, and refer appropriate cases to higher level in proper time.

III. **The highest rank physicians** must not only have the maximum possible proficiency in all the spheres of rank I and II, but must be in a position to rationally justify the line of action proposed or taken by him as per his discipline vis-à-vis any other discipline of medicine, and advance the art and science of his discipline in all their aspects.

These general formulations apply to all systems of medicine. But let us, now, confine our attention to our school of medicine, viz. how Homoeopathy can be best fitted with the national scheme of health and medicine in the best interest of the service of the people simultaneously with the interests of development and extension of itself.

In this article we shall limit our consideration to the most vital aspect of the problem, viz. homoeopathic education.

Homoeopathy is a peculiar faculty characterised by the following uncommon features, viz:

(1) It has an art-cum-philosophy aspect and a science aspect, both of which exceed the conventional limits in depth and width. Its art-cum-philosophy starts its activity from the superficial phenomena level, extends its reach up to most deep and subtle, almost metaphysical entity, the life and spirit. The field of its science aspect is related with all the sciences like, physics, chemistry, biology, biophysics and biochemistry, anatomy, physiology, pathology, psychology, sociology, astronomy etc. and extends beyond them into fields of cybernetics and vital dynamics, which are still remaining unexplored in conventional sciences.

(2) Even then, its art aspect (concerning only therapeutics) apparently seems to be completely independent of its science aspect. Anybody with some intelligent and substantial grasp on only homoeopathic materia medica and some degree of power of observation of symptoms can turn into a corresponding level of successful *prescriber*, even without any idea about the objective nature of the case he is dealing with. It is for this latter reason that those successful prescribers cannot be taken as full-fledged physicians, able to undertake any amount of all round responsibility of the case.

(3) On the other hand, a good scientist with more or less acquaintance with all the sciences, including those of general medicine, but lacking in grasp on homoeopathic materia medica and power of eliciting and observing symptoms can never be a successful homoeopathic prescriber. So they also

cannot be taken as full-fledged homoeopathic physicians.

(4) Thus, we see that what is essentially required for turning into a full-fledged homoeopathic physician even of the lowest standard, is to have sufficient acquaintance with the essentials of the so-called medical subjects, viz. anatomy, physiology, dynamic pathology, clinical medicine, surgery, obstetrics, gynaecology, ophthalmology, otorhinolaryngology, orodontology etc. together with some amount of thorough comprehension of homoeopathic materia medica. And what is most essential is a thorough **synthesis** of all these knowledges in **theory and practice**.

(5) But this synthesis is not at all possible without developing, from the very outset, an essential and outstanding **mental outlook** of rationally considering every detail in inseparable dynamic correlation with all others, the total making a peculiar whole living individual, quite distinct from any other even of the same type. In this matter the learner will have to dispense with many of his traditional ideas, beliefs and prejudices and tendency to reckless and irrational generalizations.

This mental outlook can be developed only by thoroughly and consciously assimilating the teachings of the *Organon* by heart and spirit and verifying them in the actual field of practice.

Without developing this basic essential mental outlook all teaching and learning of Homoeopathy of any standard will be fruitless for the main purpose, *curing the sick and maintaining true health*, which are the sole aims of this art-cum-science.

Taking all these facts about Homoeopathy for granted, let us now come to the practical requirement of the country in the medical field as it stands today.

Carrying medical and health care to each villager at the remotest corner of our vast country through the locally recruited **community health workers** may be workable, and bear some fruits only for the time being, on the principle of 'something is better than nothing'. But this 'something' can never be accepted as a permanent arrangement to solve the problem. All efforts must be made most seriously, consistently and perpetually to replace by and by the 'something' by the 'full thing', that is to supply each village or at least *panchayat* a minimum required number of locally recruited qualified complete physicians, even if they be of the lowest grade. For this purpose the basic necessity is to establish the largest possible number of homoeopathic teaching institutions in the country, the target being at least one such institution for each district, recruiting students from the villages of the same district. There may be more than one such institution in each District (say, on subdivisional basis) depending on the population and economic strength of the area.

This type of institution should involve the *cheapest* possible cost, running the shortest possible course (say of 3 or 3½ years) for creation of sufficient number of really efficient *basic physicians* fit for taking the minimum

required responsibility of the patients as mentioned above. The course taught here may be called the **diploma course** with D.H.M.S. diploma. --

The word 'cheapest' requires some explanation here: It is generally thought and said that Homoeopathy is by far the cheapest of all systems of medicine. But, in this matter the following facts must be taken into consideration:

#### MANUFACTURE OF HOMOEOPATHIC MEDICINE

(i) The amount of materials required is by far the minimum so the cost under this head is almost insignificant.

(ii) But the labour, care and supervision required in preparation of dependable quality of homoeopathic medicines, particularly in potencies involve far more cost than any other system of medicine.

#### HOMOEOPATHIC INSTITUTION

(i) Building and space required cannot be any way smaller than those in any other system of medicine of equivalent grade.

(ii) The furniture, teaching equipments (including those of the various laboratories)—same.

(iii) Fully furnished and equipped indoor and outdoor hospitals—same.

(iv) Cost of General staff—same.

(v) Cost of teaching staff—same. Or rather more, if dependably efficient homoeopathic teachers are to be recruited.

(iv) Cost of the library: The library of a homoeopathic institution must contain all the essential books of the different subjects of general medicine in sufficient number, in addition to a far larger number books on the homoeopathic subjects. Thus the library of any homoeopathic teaching institution must be much bigger than that of the institutions for any other system of medicine of equal grade.

#### LEARNING AND PRACTICE OF HOMOEOPATHY

The labour, time, efforts and many other qualities required is incomparably much higher than in any other system of medicine. And these lowest grade teaching institutions, if they are to yield really efficient basic physicians, fit for taking first hand responsibility of patients, and cure a larger numbers cases of minor or moderate importance, must employ highly efficient teachers with their appropriate remuneration.

Thus, it is clear that Homoeopathy is not so cheap as is usually advocated. Even then, in view of the extremely low cost of the small amounts of materials required in the preparation of homoeopathic medicine, the total cost in this system becomes much less than any other system. This is particularly so in comparison with allopathic medicine which has to waste a formidable amount of money in the name of research for finding out a new drug to replace the one which is most popular today, but shall have to be

discarded in a matter of few years, due to accumulation of information of the dangerous 'side effects' of the same or development of drug-resistance against it.

Taking all these factors into due consideration we should try to increase the number of these diploma-course institutions as much as possible.

But one note of caution in this matter is highly necessary. None of these institutions must be allowed to run, without strict statutory supervision, control and compensatory subsidy, so that any commercial or political interests cannot, by any means, take undue advantage of this plan.

#### MINIMUM QUALIFICATION NECESSARY FOR ADMISSION INTO THESE DIPLOMA-COURSE INSTITUTIONS

A serious controversy has arisen recently on this point. A large number of homoeopathic leaders of our country today are of the firm view that the minimum qualification of admission even into the diploma course must be of I.Sc. standard. In a symposium of principals, directors and experts of Homoeopathy, organised by the Ministry of Health, Government of India, at Vigyan Bhavan, New Delhi, practically all the participants most seriously insisted on this view. Their main grounds were as follows:

(1) Homoeopathy is the most difficult of all systems of Medicine, it essentially requires some maturity in age to assimilate its subtle and unconventional revolutionary principles and methodology.

(2) Homoeopathy is an out and out science-based art; so some minimum grounding in the science subjects is essential for properly acquiring sufficient knowledge in it.

(3) Knowledge in Homoeopathy has immense scope of extension in all aspects. Those learners who are devoid of initial grounding in the science subjects will be deprived of that scope. So the further development of these learners will remain barred for ever.

(4) Scope for appointment of homoeopaths in services (governmental or otherwise) in various fields of medicine and health as well as research and education, are opening up recently in leaps and bounds. The appointers will always prefer those candidates who had initial grounding upto I.Sc. standard, to those who were only ordinary matriculates.

(5) It is on the last two grounds that the students of a large number of homoeopathic institutions (even of the States where homoeopathic education is still remaining far backward) are inexorably demanding for making I.Sc. the minimum admission qualification; in some places going so far as to stage general strikes. Conduction of activities of those colleges will be impossible if this demand is not acceded to.

Our contentions in favour of keeping the minimum qualification for admission at Matric standard (School Final or equivalent) with opted 'general sciences', are given below:

(1) If we are at all serious in fulfilling the long neglected urgent demand

of our country, viz. catering qualified (even if minimum) medical and health service to the vast masses of our rural areas (more than 80% of the total population) we must once for all reverse our attitude of looking from the top to bottom, rather we must base our activities at the bottom and steadily advance towards top.

We must base the lowest rung of homoeopathic education for creation of sufficient number of **basic physicians** with only diploma (D.H.M.S.) mainly in the rural areas, so that a natural lively relation between the institutions with their products, the basic physicians and the villages can be fully utilised in the interests of rural people, and villages do not require to be served by doctors imported, from urban areas with various forms of difficulties.

In the condition of economic standard and educational arrangement as they prevail in our rural areas today, if we insist on I.Sc. as the minimum qualification for admission it will be difficult, if not impossible to get sufficient number of candidates for these rural institutions.

This arrangement will create no bar against the promotion of these basic physicians to the higher rungs of homoeopathic education and higher ranks in the field of homoeopathic service. The students showing greater aptitude and proficiency at this lowest level can be provided with adequate stipends for taking their I.Sc. course and condensed degree course in due time. The additional expenses incurred on this score will be over-compensated by more solidly grounded and more effectively qualified homoeopathic physicians to work in the fields of education, research and genuine homoeopathic medical and health services. This arrangement is expected to yield better results on the following grounds:

(i) The process will start with well-screened really promising candidates with better aptitude, better and more solid grounding in homoeopathic philosophy and practice, for higher levels of education and work, *pari passu* with their age-maturity and ripened comprehension.

(ii) Difficulties of importing urban-minded homoeopaths to rural areas will be removed for good and ultimately the villages will be provided with highly qualified homoeopathic physicians born and habitually living in their own areas.

(2) The questions of aptitude versus age-maturity and scientific grounding: From our experience in teaching various subjects in homoeopathic institutions continuously for more than twenty years we are thoroughly convinced that aptitude in acquiring homoeopathic spirit and learning Homoeopathy in theory and practice does not depend much on age-group or scientific grounding. We have seen plenty of students who were only matriculates with age 16 or 17 years acquiring these things far more easily and quickly than many a B.Sc. or M.Sc. passed student of higher age group. This matter has been proved to depend upon a different type of mental attitude and faculty, which we shall discuss in a separate article.

(3) We should not base our decision and plan simply on the demands of the students on the following grounds:

(i) They are not expected to be much concerned with the economic aspects of the plan; it is their guardians who are primarily concerned in this matter.

(ii) They are not mature enough to assess the implications of their demands, against their own future life, as evidenced by the following features:

(a) They are very often found to fight for softening down the examinations or even making them free from all vigilance.

(b) They are very often found to get involved in unproductive or even destructive general politics under influence of opportunist political leaders and completely shatter their own academic career at serious immediate cost of their guardian and total diaster of their own future socio-economic life.

(c) They are occasionally found to demand even conversion of their institutions into allopathic colleges for M.B.B.S. degree.

So instead of docilely acceding to their irrational and uncongenial demands, the leaders and principals should exert all efforts to guide them with parently sympathy, solid logic and rock-like personality and integrity, in the proper fruitful line.

So, we urge upon all honest and intelligent homoeopathic leaders of our country to do away with idealistic views and pious wishes and remodulate their ideas in accordance with objective reality and requirements of the medical problems of our country in the present phase of its development. We earnestly suggest the following lines for their unbiased consideration:

I. Open up as many full-fledged **diploma-course homoeopathic institutions** in the rural areas as possible, say, at least one for each district with following essential qualities:

(1) Fully equipped and sufficiently spacious class rooms and laboratories.

(2) Fully furnished and equipped Indoor and Outdoor hospital with departments for different branches of medicine and with bed number proportionate to the number of students admitted.

(3) Sufficient general staff and really efficient teaching staff.

(4) Minimum admission qualifications:

(i) School final passed in the 1st or 2nd division with science subjects.

(ii) Aptitude test:

(a) Linguistic.

(b) I. Q.

(c) Rational bent of mind.

(iii) Motivation test:

(a) Reasons for coming to the homoeopathic line.

(b) Whether ready to undertake the disproportionately intense

efforts involved in learning and practice of Homoeopathy in comparison with monetary remuneration.

**II. Degree course homoeopathic colleges:** At least one for each division with all the qualities and requirements of No. I in more intense degree.

Minimum Admission qualification: I.Sc. or equivalent, passed in 1st or 2nd division with special proficiency in science subjects including biology, biophysics and biochemistry.

All other tests same as in the case No. I.

**III. Post-graduate course homoeopathic colleges:** At least one for each State.

With all the qualities of No. I and II.

Minimum admission qualification as all required in No. I and No. II. In addition must have obtained at least 60% marks in theory and practice of *homoeopathic subjects* in the previous examinations.

All these institutions of all the three grades must be made to run under government control, supervision and subsidy, with a view to save them from various forms of commercial or political interests.

---

### APPROACH TO THE HOMOEOPATHIC EDUCATION

(Continued from page 405)

The allopathic physicians in Germany, U.S.A. and England are getting interested about Ayurveda, due to their frustration at the plight of their own system of therapeutics, but the same does not apply to Homoeopathy. Homoeopathic therapeutics does not at all require any booster from any other system of medicine.

Then again, there is a very dangerous side of this sort of liberal game. The big homoeopathic institutions of the U.S.A. have one and all been completely usurped by Allopathy only as a penalty for going to make friendship with them. The students of the ayurvedic and yunani colleges of our country have already started to make mass demands for turning their institutions into M.B.B.S. colleges, only due to the policy of teaching them general medicine in the allopathic line.

We close this topic here.

---