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EDITORIAL

IMPROVE THE STANDARD OF HOMOEOPATHS

The present governments of our country both at the centre as well as in various states seem to be sincere in fulfilling their election pledge of carrying efficient medical aid to the nooks and corners of the vast rural areas of our country.

In this most vital task of carrying efficient medical service to the rural people the large number of homoeopaths of our country can play the most effective role, if we consider only the numerical strength of this society. There are about 3 lakhs of homoeopathic practitioners in our country of which about 70,000 are registered and 55,000 enlisted, and more than 4000 diploma holders. And the numbers of all these categories are steadily increasing.

But we cannot but be utterly dismayed if we go to peep into the qualitative aspect of this vast society, in the matter of fulfilling its task with minimum necessary efficiency. Let us give here a sweeping survey of the situation as it prevails today, from the top to the bottom of our homoeopathic society, even of the qualified category.

(1) **Teachers:** Just recently we had an occasion to take classes in the organon in the Homoeopathic Teachers Orientation Training Course, organised by the Central Ministry of Health in the National Institute of Homoeopathy. Ten teachers of organon participated in that class.

What to speak of clearly defining health, disease and cure, only three or four of them could present the essence of the first three aphorisms, and one did not have any idea about the very contents of them.

Many of them while analysing the cases recorded by them could not describe the different causes of oedema of feet, some of them could not at all define oedema, only few could give any idea about differential features of solid oedema and pitting oedema, one of them named all swellings (even distension of urinary bladder) as 'inflammation'.

Most of them could not differentiate between exudation and transudation.

Many of them had no idea about osmosis (although some of them had science in their H.S.)

Many of them had no idea about the difference between anuria, suppression and retention of urine.

Only three or four of them were fairly up to the standard.

If this be the quality of our teachers, the producers of qualified homoeopathic physicians, what can be expected of their products?

(2) **Qualified Homoeopathic Physicians:** *In the field of consultation* with DMS/DHMS and even with university qualified GHMS doctors, we have the following types of experiences:

Many of them have been found to be completely innocent about what is a serous membrane, what are its nature and function and in what parts of the body it exists. This uncanny fact was revealed while pointing out a remedy, which has a special predilection for serous membrane. Similar experience happened too often while taking classes in materia medica or clinical medicine in the senior course, with students who had passed Intermediate D.M.S., often with credit, after going through a two-years course in anatomy.

What to speak of such a petty technical knowledge, many of them are completely ignorant of the location (surface-marking) of any of the important organs like heart, lungs, liver, gall bladder, urinary bladder, kidney etc. Some of them even name the whole upper extremity as 'hand' and lower extremity or feet as 'leg'.

Most of them demand suggestion of a remedy for a nosological condition like asthma, migraine, cataract, peptic ulcer, appendicitis, typhoid, pneumonia and so on and so forth, without any idea of the pathological background of any of them, and without any idea about the requirements of a homoeopathic case-taking even in acute cases what to speak of in chronic cases (which entails some grasp on aphorism 5 with aphorisms 83—104 of the *Organon*).

Most of them have no idea about the difference among palliation, suppression and cure, what to speak of any idea about following up a case for observing the progress of cure as per Hering's laws, or otherwise.

Most of them have little idea about the definition of a homoeopathic remedy.

Very few have any idea of what harm is caused by administering multiple medicines at a time or even using allopathic remedies with homoeopathic remedies. And so on.

The same picture is obtained *while training qualified doctors in our clinic*.

In the meantime, we had an occasion to take part in an *interview conducted by the Public Service Commission (W.B. State Govt.)* as an advisory member. There also we obtained the same picture. One of the candidates (a teacher of anatomy in a top-ranking homoeopathic college of Calcutta)

could not explain the anatomical background of pain in liver referred to right shoulders or scapula.

Of course the efficiency standard of the qualified physicians of the various indigenous systems of medicine may not be any way better than those of our society; we are quite aware of that. But that is no consolation for us. If we at all want to be sincere to our responsibility to the people and fully avail ourselves of the opportunity that has been offered by the present situation in our country, we must take all measures to improve the educational and professional standard of the whole homoeopathic society of our country, from top to bottom, irrespective of institutionally trained or self-taught category of homoeopaths. If we fail in this urgent task, Homoeopathy is sure to be discarded in no time, both by the people as well as by the government, as a useless hoax.

Actually, this problem concerns not only the so-called institutionally qualified but equally to the vast masses of self-taught homoeopaths, with absolutely no institutional training. If the slightest attention is paid to the few typical examples given above, it will be obvious to anybody that there is no substantial difference between the two categories of homoeopaths, either on the score of knowledge in general medicine or on the score of proficiency in homoeopathic principles and practice. We know of a large number of autodidactic homoeopaths who can easily compete with the best of the institutionally trained ones, on the score of proficiency both in general medicine and Homoeopathy, and their proportionate number is not at all less than the latter. Still, only on statutory yard stick the institutionally trained ones, whatever may be their intrinsic quality, are enjoying superior status over the other category.

We are pressing long for raising the statutory status of the 'B' grade (self taught) efficient homoeopaths to that of the 'A' grade through a prescribed examination. This question has become very urgent today with a view to supply the adequate number of efficient personnel for putting to effect the Rural Health Scheme of our governments with sufficient speed.

This task of elevating educational and technical standard of all homoeopaths of our country can be best achieved by regular refresher courses, symposia etc. at all levels. This responsibility can be most effectively taken up only by the national organisation of Indian homoeopaths, *The Homoeopathic Medical Association of India*. This organisation must start this work immediately through all its branches at all levels, from the urban areas to the remotest rural areas.