

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.

APPROACH TO HOMOEOPATHIC EDUCATION

DR. H. L. CHITKARA, New Delhi

All sciences have some of the art in them. All arts have some scientific basis. Homoeopathy is a science-art. In its ultimate endeavour, it is more of an art. The training for an art is different from the training for a science. Take the analogy of any art like music, painting, dancing, etc. More than the minimum academic qualification and the number of years to be put in, the important thing is the desire to learn art and hence the necessary dedication which goes along with it without any time limit, the aptitude for the particular art etc. Without these essential ingredients, the artist cannot come into being. For other specialist careers like the military and defence services, business executives, intelligence work etc., special aptitude tests have been designed and are operated for the selection of the would-be trainees. Why not for Homoeopathy? Another thing about art is that it has to be learnt and it cannot be merely taught. This is because arts generally are for performance and not a formula or bundle of facts to be conveyed through words. Let a person who has got an average intellect and other equipment and a desire to acquire art be in the constant company of an artist and in due course of time—in some cases more, in some cases less—he will become an artist. That is how the greatest artists in all fine arts learn and acquire art.

Why is it that a similar situation has never been conceived in respect of Homoeopathy? Supposing we allow a person of an average intelligence but with a keen desire to learn Homoeopathy to remain in attendance with a skilful homoeopath; don't you think that he would learn more of Homoeopathy in six months of this clinical apprenticeship without any formal lectures on the subjects than by hearing empty lectures from persons who are not known for their skill in prescribing, in an alien language which both the teacher and the taught can hardly claim to know fairly well?

Our usual guide-line while framing our curriculum and syllabus have been on the allopathic pattern for two reasons:

(1) That the over-riding authority according recognition to and extending patronage to Homoeopathy have been allopaths.

(2) Both Allopathy and Homoeopathy have been bracketed as systems of medicine, whereas Homoeopathy is a healing art and not just a system like allopathy. (a)

This nexus with Allopathy has been the root cause of many troubles in the proper development of Homoeopathy. The syllabus has been drafted on allopathic model on practically the same pattern—as regards entrance qualification, period of study, practical training etc. with a little trimming here and there and with a white-wash by a crude broom-stick of 'homoeopathic orientation' which has absolutely no meaning. (b) Learning of an art is

quite a different thing from the conveyance of facts and figures and concrete data as in Allopathy. It requires absolutely a different approach on a different plane. Hahnemann called the homoeopathic physician as a medical observer. A careful observer alone, he said, can become a true healer of diseases. In an essay 'Medical Observer' he has laid down certain principles and requirements which will go to make a good medical observer and true healer of diseases. Some of these observations suitably modified could very well have been adopted while laying down the minimum *qualifications* necessary for entering the profession. Other writers in India have also in one way or the other made original observations but it seems that in our zeal to propitiate the allopathic over-lords we are back to square one while laying down the entrance qualifications.

This is only a plea that we should again thoughtfully and critically look into the suggestions given by the learned thinkers and try to evolve a more suitable individualistic approach for this purpose, even though it may and would mean a complete break-away from the allopathic criteria. May be, we should have aptitude tests or we may insist on a pre-test in the principles of Homoeopathy. May be, the wards of practising homoeopaths may be found to be better prospective candidates. In any case, we must insist that there is an innate desire on the part of the candidates (and not merely on the part of the parents) to learn Homoeopathy. May be, for this purpose we may have to draw our would-be students from a higher age group when they are in a position to know their innate desires. May be, we should have some sort of pre-homoeopathic class like the pre-medical class in allopathy. Surely some searching and thinking should be made on these lines and I am sure something more fruitful will turn up which would be the *sine qua non* for turning out real homoeopathic physicians.

Along with it we should seriously think of proficiency in language. This is most essential where abstract ideas in general or words conveying subtle shades in mental, intellectual, emotional spheres have to be conveyed. Both the teachers and the taught should have good proficiency in the medium of instruction. This is unfortunately not so today because the medium of instruction generally adopted is English and proficiency in that language at the standards now prevailing (High School) is at its lowest ebb. It is pure moonshine to expect that the students who are not well-versed in their own language, what to speak of English, should receive anything worthwhile from the teachers who are particularly not well-known for their homoeopathic skill for one thing along with their own deficiency in the foreign language.

One of the suggestions is that the teaching of homoeopathic subjects should be done in the local language instead of English, the sooner the better. It would be good both for the teachers and the taught and for Homoeopathy. Fortunately, some good books have already been translated and written in some of the Indian languages. These can be utilised as text books to start

with and some machinery should be instituted to write more books, authentic and accurate. (c)

We find that the syllabus and curriculum so far formulated have steered clear of these two most essential requirements—the desire and aptitude for learning Homoeopathy and proficiency in language.

The views of Dr. Hahnemann regarding the cultivation of the faculty of observation through acquaintance with best classical literature, the art of drawing and painting and the knowledge of mathematics should be given due consideration, these are still as true today as in his time. The mere acquaintance with so-called science subjects of chemistry, physics, biology is a very poor substitute for the requirements he set forth.

The ill-starred nexus with Allopathy requires a separate consideration, because the bumps we get in the profession are directly related with it, although not well-understood.

A mere pass in High School is not sufficient to make a good homoeopath. A mere 4 or 5 years duration of a course again has no meaning. A student having more keenness with more hard work and better facilities for clinical training will become a better homoeopath in a lesser time whereas one not having these facilities may not become even an average homoeopath in ten years. There is nothing wrong in laying down a reasonable duration for the course as we have in schools of music, dancing, painting etc. But in the case of an art the duration should be flexible. For instance, a mature person having a fairly deep knowledge of Organon and materia medica which can be rounded off in a period of 3 to 6 months need not be forced to spend four years on learning these subjects. This sort of thing is not possible in Allopathy. Why not adopt a system of semesters and grades as in the U.S.A. so that every person is given due marks for the knowledge he already has in different subjects and is allowed to finish the remainder in varying spells of time? In this way, some of our self-studied and otherwise academically well-educated persons can be attracted to learn Homoeopathy in its complete syllabus and be made to take up this profession in earnest which they would love to do. The human material of quality in Homoeopathy as in all arts is very limited and should be husbanded diligently and preciously.

Because the homoeopathic qualification is a diploma, it has to be bracketed with a licentiate of Allopathy for the purpose of employment and remuneration.

Similarly, all jobs in the colleges and other health structure programmes have to be equated with Allopathy. The result is that the top-most posts either remain unfilled or the incumbents are much below the standards. Top in Homoeopathy means top-skill in homoeopathic practice and top-skill in homoeopathic practice is worth ten to hundred times more than the pay which is attached to these posts. For a comparative job in Allopathy, you can get the best people, because Rs. 2000 per month job carries princely privileges. A professor of medicine may command lakhs of rupees for research

and equipment. He may make trips round the world for attending conferences—all rightly and legitimately. The poor homoeopath will have $\frac{3}{4}$ th of his salary only, the rest going to income tax and other cuts. It is the old story—arts versus science. You can engage a music teacher with four years certificate or diploma, for teaching music in a primary school, but the director of a music academy of some importance is a different problem. He may earn in one concert ten times the amount which you would offer him as salary for six months. If we snap our ties with Allopathy in all these matters, and consider Homoeopathy as an art we will have different criteria of remuneration and perhaps will have better success. Honorary teachers, honorary directors, etc. may be available for short periods who may be able to achieve more than the present set-up of average whole time personnel. This is only possible if Homoeopathy is considered not a mere system of medicine but as a guild of artists.

Many other problems of research laboratories, institutions etc. which are facing rough weather from the very inception would have some chance of solution if we look at them from an angle which is not always an equation or paralalled with allopathic tiers.

THE QUESTION OF PRACTICAL TRAINING

An art is learnt better nay only by constant attendance and company of an artist. One starts learning music on the very first day by actual hearing of the instrumental or vocal music. The theory just fills a small gap. Homoeopathy can best be learnt when the student on the very first day studies in the clinic and observes a skilful physician at work. It may be, he will learn some use of Arnica on the very first day. This would be a better learning than the recitation of symptoms by the teacher in the class room either from the book or by memory after mugging it the previous day; and because mostly he is not himself a skilful homoeopath, the quality of teaching is vastly diluted. Even if such a process goes on for ages, the net result would be at best below the average. Students should be made to go and study from the very first day of the college in the clinics of good homoeopathic practitioners and they should go with humility and with a desire to learn and not with a view to criticise and pick holes. (d) This process can go on by rotation throughout the college career. This is true for all homoeopathic subjects. In this way, they will learn case-taking better. They will get to remember symptoms more vividly and in a better way and they will learn to handle repertory for a longer time than in the present system of classroom lectures. This idea of learning in the clinic has now been endorsed in the case of Allopathy also in the recently released, summary published in the *Homoeopathic Sandesh*, January 1976 and August 1976 of Plan of action on the Report of Group Study of Medical Education and Support Man-power (Government of India). The other practical training after the completion of the course should be done by going into the midst of the community instead

of in the hospital as has again been recommended by the aforesaid Group Study.

SUMMARY AND SOME TENTATIVE SUGGESTIONS

(1) The present approach to homoeopathic education which has been tried for a number of years has not yielded good results. The new proposed syllabus with more or less similar approach is likely to meet the same fate. A fresh approach is necessary.

(2) The planning for homoeopathic education should be done as if Homoeopathy was an art. The requirements for the study of an art, an applied art at that, are different. An art is a life-long study. *An innate desire to learn or acquire an art and some aptitude for it are more essential requirements than the mere pass of an academic examination etc.* A process to evaluate the prospective candidates on these bases has to be worked out.

(3) Persons in higher age group who have acquired a love or fascination for Homoeopathy and have mature academic background such as graduates in arts and law, painters, mathematicians, etc. (not necessarily science graduates) should be encouraged to join the homoeopathic courses, allowing them due credit for the knowledge they already possess. They can round off the full syllabus in a legitimate shorter period of time. But they should be allowed to be registered only after completing the course and *on their deciding to take up Homoeopathy as their full-time job.* This will avoid the phenomenon of person having two professions, one of them or the lesser of them being Homoeopathy.

(4) The best place to learn the homoeopathic science is in the clinics of the practitioners in their own individual environments where they are in their best mood and efficiency. The class-room should serve as an ante-room, to round off certain topics and fill in small gaps here and there.

(5) The training of a student in the clinic of a private practitioner or a number of them by rotation should start on the first day of his admission to the college and continue for almost the whole duration of the course. The internship should mostly be in the heart of the community where he will come into contact with the actual environments and living conditions of the people at large with their natural symptoms, in contrast to the college O.P.D. of a city where a limited set of often properly diagnosed or over-drugged patients with distorted symptoms only will come in his way or in the hospital where cases with advanced pathology are generally met with.

(6) A homoeopathic college should be allowed to open in a place only where there are at least ten successful private practitioners willing to take up students as apprentice trainees. The other requisites of the building, equipment, etc. should have a secondary importance.

(7) In places where there are not enough or sufficiently competent private practitioners to take in the apprentice trainees, the authorities at all levels—the Central Government, State Government, college staff and management—

should give top priority to produce and arrange for the following:

(i) Tape records of lecturers of distinguished teachers and seminar discussions etc.

(ii) Audio-visual Aids: Slides, film strips and full length films on different clinical subjects. Other audio-visual aids like records of heart sounds in different cardiac conditions, different kinds of cough, etc.

(iii) Good homoeopathic physicians and teachers from other places should be invited on *holiday-cum-teaching* trips to the college where they can stay for short periods and give intensive courses preferably by practical demonstration of case-taking. Their stay in the college as *guests* varying from a week-end to a week or more will be more beneficial to the students than months of class-room lectures by below average lecturers. All that is required would be that the stay of such visiting physicians, perhaps along with their families, be made a sort of holiday trip for them by arranging good accommodation, good meals, short trips around beauty spots, etc. with payment of actual journey expenses only. This will not cost much.

(8) Arrangements should be made for preparing good text-books, preferably in regional languages, by specially commissioning panels of writers.

(9) The key point is that the students should be first thoroughly grounded in homoeopathic principles, not in the class-room but by actually seeing Homoeopathy at work, from *the very first day of their joining the college*. They can then safely absorb all other knowledge like anatomy, physiology, pathology properly and make the best use of it. Teaching of these subjects on a back-ground which is not initially infused with homoeopathic principles and then sprinkling of homoeopathic virtues on them will be like throwing seeds on rocky soil which has by experience proven barren and fruitless all these years, even if such a process is poetically called 'homoeopathic orientation'.

(10) Our planners should have the courage to firmly break away with the allopathic over-lordship in the field of education.

—*Souvenir, Homoeopathic Study Circle, Nagpur 1977*

Editorial comments: (a) Homoeopathy, like any other system of medicine, is of course an art, but a *science-based art*. Without those scientific principles Homoeopathy ceases to have any existence.

It is also a *system of medicine* because, as a science as well as an art, its jurisdiction is not limited only to drug therapeutics rather, it comprises all the spheres of medicine with its own specific approach towards and purpose for each of them.

Hahnemann, purposely named his opus magnum not as 'Organon of Healing Art' but as '*Organon of Medicine*' as a whole.

(b) Homoeopathic orientation can never be compared with 'a crude broomstick'—this analogy crudely divulges misapprehension of the basic problem.

Really the problem is basically psychological or rather spiritual and far from material or mechanical. Mental sphere of the whole human society, including ourselves, the homoeopaths, are under the sway of many a traditional idea and belief in medicine (health, disease, treatment and cure). Releasing our mind from those millenniums—old traditional ideas and beliefs and reorienting it to the new rational approach of Homoeopathy requires prolonged persistent efforts.

(c) Translation of the classical books in Homoeopathy into vernacular languages is of course an urgent and indispensable necessity. But who will correct those vernacular translations? We find most of the vernacular translations full of gross errors, often leading to an alien meaning.

(d) Training under an efficient and dependable homoeopathic clinician is, of course, the most potent medium for infusing homoeopathic principles, methodology and orientation into the minds of the learners. But, very unfortunately such clinicians have become extremely scarce in the whole homoeopathic world, including our country, today.

Comments of Other Doctors

DR. P. SANKARAN, BOMBAY.

(1) I agree totally with Dr. Chitkara that the students recruited in homoeopathic colleges should have a desire and aptitude for learning Homoeopathy. But how this desire and aptitude are to be assessed is a problem. The students who seek admission in homoeopathic colleges are prepared to swear that they are most interested in Homoeopathy in order to get admission though they may have the least intention of learning Homoeopathy. It is a fact that a majority of the students who seek admission to homoeopathic colleges do so only taking this as a door for entering the medical profession. Later on they are prepared to practice any system of medicine that they like.

(2) I totally agree with Dr. Chitkara that by and by Homoeopathy should be taught in the local language. But here I envisage two difficulties:

(a) There must be available text-books and translation of original books which must be authentic;

(b) In course of time, the homoeopaths in different linguistic regions may become proficient in Homoeopathy but may be unable to communicate with each other because of language barrier so that the fruits of the labour in one linguistic area may not reach the other areas.

(3) I totally differ with Dr. Chitkara on the subject of getting homoeopathic students trained under leading individual homoeopaths. He also seems to be taking the science very much low down as compared with the art. The science sets forth a set of rules and basic principles to be followed. These rules and principles may be modified or even altered in actual practice but a knowledge of the basic rules, that is the science is a must. A knowledge of

theory is absolutely necessary on which the art can be built up; otherwise the art will have no foundation.

(4) As regards the posting of students under individual homoeopaths this will set a dangerous trend. I have personal knowledge of many so called leaders of the homoeopathic profession practising in contravention and even against the basic principles of Homoeopathy. I have known some of the leaders giving several drugs at the same time. I have also noticed that several leading homoeopaths in course of time develop their own pet fancies and methods. The student posted under such individuals will naturally learn only such methods and copy such prejudices as are possessed by their masters. I am therefore, of the opinion that theoretical and practical instructions must be given in a public institution.

(5) I do agree that practical training can be started much earlier than is done at present.

(6) I also think that a second class of practitioners can be created somewhat on the lines of the barefoot doctors of China to cater to the minimum needs of the large number of people who are having at present no kind of medical help whatsoever.

(7) Dr. Chitkara has rightly focussed attention on the fact that the present remuneration and conditions of services are so poor that it does not attract real leading homoeopaths to become teachers. A good homoeopath can earn much more from practice and that too remaining independent. Therefore, the terms and conditions of service should be improved.

(8) In many colleges, the authorities insist that the teacher should be a full-time person and should not engage in private practice. I think this is a very wrong step. A person who teaches merely the theory and does not engage in practice and therefore gains no practical experience will always remain a theoretician and he cannot at all inspire the students. My own idea of Aconite and Arsenic etc. as I had studied in the books is somewhat different now after I have practised. Therefore, I think the institution should insist that every teacher should engage in practice also. I am aware that by such an arrangement the teacher may gain more practice and then leave the job. But what is a slight loss to the institution is a gain to the public. And again we recruit another person in his place.

(9) I very much like the idea of having guest lecturers of leading homoeopaths. But there again some practical difficulties arise. The guest lecturer during the short period can only give a glimpse of the beauty of Homoeopathy as he cannot systematically teach step by step. Alternately, we should see whether these guest lecturers can teach the teachers because ultimately it is the teachers who are going to deliver the goods.

DR. PRAKASH VAKIL, BOMBAY

My views on this particular subject are as under:

Your views on the subject of Approach to Homoeopathic Education

are quite interesting. However, I differ from you on some points. Our country is poor, and there are many poor people in villages who are required to be attended to. The idea of training persons like engineers, teachers, and other professionals with some knowledge of Homoeopathy is quite good. In fact sometime back such a scheme had appeared in the newspapers. Government wanted to implement the same. But, the subject requires to be given a careful scrutiny before it is implemented. First of all, whether these persons will be called homoeopathic physicians or their status would be something like that of midwives? If it is the latter, I fully agree with you. If it is the first, I have my own reservations.

Biochemic medicines in low potency are home medicines. Some of the injury drugs and first aid drugs can also be used safely by lay people. So if you have an idea of equipping these people with knowledge of Biochemic drugs and some injury drugs, it is alright.

Further you have described the practice of Homoeopathy as an art and have compared the same with learning music, painting and dancing. It seems that the most important thing that has escaped your attention is that Dr. Hahnemann has talked of practising homoeopathic art by scientific people. Musicians or painters are not required to deal with human life. A person who tries to learn music and does not become a successful musician, nothing goes wrong, but a person who acquires half knowledge and experiments with human life is no less than a criminal. A few lay persons may have become good homoeopathic prescribers, but all the lay persons should not be judged by the same art. It is these quack homoeopaths who spoil the good image of Homoeopathy. Knowledge of anatomy, physiology, pathology, medicines, diagnosis and prognosis is the most fundamental requirement of a successful homoeopathic physician.

A person trained as per your recommendations if he tries to treat a septic condition with Silicea in high potency in a patient not knowing and not having examined the patient to rule out active pulmonary tuberculosis is likely to do a great harm to the patient. Sincerely such trained persons not knowing that the patient has had an attack of coronary thrombosis, if he prescribes Mag. phos. without advising the patient to take complete rest in bed, is equally guilty. —

Further when we are talking about training for Homoeopathy why not talk of training allopathic physicians. A number of compounders have turned out to be successful general practitioners.

I agree with you that aptitude test to select students for homoeopathic training is a must. If a student is not a good observer, he is not likely to be a good homoeopathic physician. The master has told us, that negligence in learning cannot be tolerated.

Dr. Chitkara's Reply

Re.: Dr. Kanjilal's Remarks :

(1) An art is alluring to the art-inclined in its first glimpse. It evokes fascination, a sense of dedication, steadfast loyalty, and life-long search from the votary. It is in this sense, that I call Homoeopathy as if it were an art. The warning words of H. A. Roberts about entry into Homoeopathy may be better understood in this light. Of course, to the extent that it is required to be taught or learnt and practised according to well-defined principles, it is a science and a system. The over-riding point which is emphasised is that we will be achieving our objective better, if Homoeopathy were deemed as if it were an art. Then the whole attitude and planning regarding the type of students, teaching procedure, kind of teachers etc. will approximate more to our ideals.

(2) The phrase "crude broomstick of Homoeopathic orientation" was not perhaps a very happy one. It only expressed a disgust for some of the existing efforts made in teaching Homoeopathy and was made sarcastically. To my mind, the word 'orientation' is not sufficiently expressive. It merely means a slight tilt or re-direction. What is desired is complete restructuring of the mental attitude and outlook.

(3) Translation of books from English into Indian languages is absolutely no problem. Look at it from another point. A good homoeopathic physician cannot be successful unless he thoroughly understands the English language (in which he is taught) and the language of the patients with whom he has to deal with throughout his working day. Thus the knowledge of two languages is an absolute necessity and the better knowledge he has of each, the better physician he is to that extent, in part at least. And this helps in translation. In fact, considerable spade work has already been done. For instance, a number of books of fairly good standard exist in the Bengali language. I know personally that in Urdu, even 50 years ago a complete and standard materia-medica in 3 volumes which is a slightly *improved version* of Clarke's *Dictionary* came out and is still popular both in Pakistan and in the Urdu circles of India. Similarly, in a few other languages. We can start by screening the existing works for accuracy and better expression. More works can be specially commissioned.

(4) The dearth of good pure homoeopathic physicians is an old eternal question of quality *versus* quantity. This is true of Gandhian *versus* so-called Congressmen, of high class musicians *versus* so-called singers, of classical dancers *versus* entertainers. The point is to make a start with the few we have. If there are five, let us aim at producing five more, and thus go on multiplying slowly. This category will always remain limited, but these would hold the torch for the future. The rest, of which we have a large number at present, will always form the bulk.

Re : Dr. Sankaran's Remarks :

(1) For the selection of (at least a certain percentage of) good students, we have to ensure that they have the aptitude as well as an innate desire to learn Homoeopathy. As suggested, the present age-level of entrance to homoeopathic colleges is such that we may find it very difficult to discern any definite aptitude or any innate desire at all. That is why it is necessary that the desirability of recruiting students from higher age-group with better academic and other accomplishments with the corresponding necessity of restructuring the educational pattern may be considered. We find that many people, although pursuing different careers (which perhaps are mostly of not their choice or liking, because of the present socio-economic conditions) have become great enthusiasts for learning and propagating Homoeopathy. Some of them have become good prescribers also. Others have donated huge amounts for the propagation of Homoeopathy. A few of them had a good academic background, and could have learnt the whole science of Homoeopathy, if they were not required to slog in a college sitting with kids of their children's age. There are many more who have shied away, because of lack of encouragement or antagonistic attitude from the profession. The point is whether it is possible to make the conditions of training more flexible (by having a system of credits, semesters, evening courses etc.) so that the best of these enthusiasts may decide to undergo complete systematic training, with a definite decision on their part to become wholetime homoeopathic practitioners. The idea is not at all the same as that of evening colleges for those persons, who just want to have another qualification with a view to practise Homoeopathy after retirement or as a side-business. Nor is it advocated that their curricula be diluted in any way. It only means a cutting-short of the period of training to a realistic extent. For instance, many of them may have learnt by self study the principles of Homoeopathy and the bulk of materia medica quite thoroughly, and they can, by a very short training or otherwise, easily pass the requisite examination in these subjects. Similarly, another person who has studied some other subjects like anatomy and physiology in some other connection can cut short the period of his tenure in the college, by skipping these classes. Again, for almost all specialised training in any field, a number of tests of a psychological and objective nature have been devised, to test the suitability and the aptitude. Some similar procedure can be evolved for admission to Homoeopathy also.

(2)(a) The question of text-books in Indian languages has already been dealt with above.

(b) The subjects like organon and materia medica etc., which deal with ideas and concepts of psycho-social life should be learnt in the Indian languages, but other subjects especially the so-called allopathic ones dealing with factual data will have to be learnt in the English language. In other words, the student will have to be bilingual. English will remain one of his languages

as long as it is there in the allopathic colleges. The eventuality feared by Dr. Sankaran would not arise.

(3) As stated earlier, scrapping or dilution or reduction of theory is not advocated. Let it be there in its fullest extent. But my view is that the basic approach to the science-art of Homoeopathy is not through the basic sciences of physics, chemistry etc. which are dead facts. The basic training for a Homoeopath is through the proper soil of his attitude judged by his aptitude and innate desire, and from thereon to the development of his powers of clinical observation by close contact with a practitioner, as postulated by Hahnemann who considered that a mathematician, a painting artist and one read in classics was better suited to become a homoeopathic physician. Let the student be instructed in as much of the basic sciences, whatever sort is the fashion, to your heart's content. Let him become a good or better diagnostician in his own right.

(4) The practical learning from successful homoeopathic practitioners is not likely to do any harm, if we remember that the student is already imbued with the correct homoeopathic outlook. He will learn to recognise the false as false by his own observation which is no mean achievement and at the same time will also learn other good points say, the sweet attitude of the physician or direct way of eliciting the symptoms, quickness of observation etc. It is only the raw non-homoeopathically minded student who is likely to be swayed by the kind of practitioners which Dr. Sankaran has in view. Even in the present arrangement, some of the brilliant students are quick to find out what is wrong in the preaching of the teacher or practice of a physician.

(5) An obvious point is that in a practical art, the training or learning should start with proximity to the practitioner during his practice, from the first day. He has to learn the 'art in action', not empty words, taste it, not hear its description.

(6) The suggestions made now for the homoeopathic education are relevant to the creation of first class practitioners. The second class of practitioner who will be slightly above the class of 'bare-foot doctors' are already being created in the homoeopathic colleges.

(7) The class of practitioners envisaged above, will command remuneration at their will. They will never be attracted by the conditions of service which can never be better than the allopathic counterparts. But they will be glad to share their knowledge, given due regard and respect on honorary basis.

(8) Dr. Sankaran says that the colleges should insist that every teacher should engage in practice also. My point is to reverse the statement. Only a good practitioner should be considered for being a teacher, whether he is available once in a fortnight, or one fortnight a year, it does not matter much.

(9) Dr. Sankaran says that the guest lecturer during the short period can only give a glimpse of the beauty of Homoeopathy. My point is that nothing better need or can be done. If the aptitude and the desire to learn

and *maturity* etc. are there, the student will do the rest. He will then learn Homoeopathy even from quacks by discriminating the false from the true. Theoretical lectures cannot produce homoeopathic teachers. Only a good practitioner can induce a suitable person to become another good practitioner, though both may be quite different in the actual mode of working. It is like a magnet inducing magnetism in a piece of iron, even if the two are of different shapes. We cannot turn a stone into a magnet, even if we rub the magnet on the stone for hours or years, and the stone be of exactly the same shape and colour as of the magnet.

Re: Dr. Prakash Vakil's Remarks:

Most of the remarks by Dr. Vakil have been dealt with above. The so-called allopathic part in the training of Homoeopathy is neither denied nor deprecated. I go further. The training of allopathic physicians themselves to-day is also not of the highest quality. Some of the cases diagnosed by allopathic physicians coming to Homoeopathy are found to be ridiculously mis-diagnosed and hence wrongly treated according to their own principles. The homoeopathic physician should be a better diagnostician than his allopathic counterpart. For that purpose, besides the initial learning, he will have to keep in touch with the progress in Allopathy from their periodicals from time to time. In fact, one can go still further. Homoeopathy is not the only system which has a holistic approach to health and disease. Two other systems at least, namely, Ayurved and Acupuncture also claim to have holistic approach. It will do the homoeopathic student no harm if he acquaints himself with the principles of these two sciences, and possibly he might get a tip or two, may be for diagnosis, prognosis, accessory measures etc. from these. We have to remember, that a person who is firmly established in one good faith with complete reason and satisfaction, need have no fear if he also goes through the scriptures of other faiths. In fact, his own faith will be further strengthened by discovering similar truths in other faiths. It may be of interest to know that to-day the study, research and practice of Ayurveda has been taken up very seriously and with great thoroughness by teams of allopathic physicians in Germany, U.S.A. and England. And about Acupuncture, we know about its wide popularity in the U.S.A. through newspaper reports.

Editorial comment on the reply to Dr. Vakil

We fail to appreciate the analogy to Ayurveda and Acupuncture in this context.

The holism of Homoeopathy is radically different from that of Ayurveda or Acupuncture and it has nothing to imbibe from the latter to strengthen itself; rather, the reverse may be true and would be more useful to them.

(Continued on page 392)