HOMOEOPATHY IN HISTORY OF MEDICINE

It is infalliable truth that, “Life of all great men remind us, we can make our lives sublime, and departing leave behind us footprints on the sands of time”.

On the 10th April millions of people assemble, throughout the world to pay their great tribute, to that great soul and to the great genius who is the meddical saviour of millions of frustrated and suffering humanity down from the revival period of medicine to the present era. He is none but Sameul Hahnemann, the founder of homopathy.

Impartially and sensibly if we want to visualise the place of Hahnemann in the medical history, the “Evolution of medicine chronologically has to be looked for, which can be discussed as follows :

Primitive Medicine :

Since antiquity, early men were believing on “supernatual theory” that means the disases are due to wrath of God, invasion of evil spirits and ineleyolent influence of stars and planers. As a logical sequence the medicine was practised, consisted in appeasing god by sacrifices and rituals, driving evils spirits from human body by noise or violence and using charms and amulets to protech himself against the influence of evil spirits.

Indian Medicine :

Its originis traced abck to the Vedic period about 5000 BC. During this period medical history was associated eith pathological figures. Mananware the Hindu’s god of medicine is said to have been orn as a result of churning the ..... between gods and demons. Indian medicine is based on “Tridosh Theory”. They are ‘Vayu”, “Ritta” and “Kapha”. Doctors of outstanding calibre were Atreya (1st doctor) Charaka (Physician) and Susruta Surgeon).

Chinese Medicine :

Its origin dates back to 2700 B C. Based on two principles, ‘yang and yin’. Aculunctures is the traditional chinese system and Chinese are pioneers of the immunization.

Egyptian Medicine :

It dates back to 2000 BC and this developed on the bank of river the Nile. Concept of Egyptian medicine was the diseases are due to absorption of harmful substances from intestine. Treatment was blood letting, cathartics, enema and wide range of durgs.

Greek Medicine :

It traces back to 1200 BC ‘Aesculapius’ is the early leader of the Greek medicine. His daughter Hygiesa was worshipped as goddess of health Greek people were great believer in the theory of Humours - blood, phlegrn, yellow bile and black bile.

Hippocrates was a shrewed clinician of Greek medicine. His famous oath the Hippocraticoath is the basis of medical ethis even today. We owe an enormous debt to Greeks for separating medicine from magic

and raising it to a status of scinece. The glory of Greek Faded away but not their contributions to science and arts.

Roman Medicine :

When the great days of the Greek ended, the centre of civilization shifted to Rome. The Romans borrowed their medicine largly from the ..... quered and added little to the medicine.

The medical men of outstanding, calibres were Celsus (25BC to 50AD) who gave the cardinal features of inflamation (callor, dolar, ruber and toumor) and Gallen (131 - 200AD) who observed the diseases are due to three factors. Predisposing factors, Exciting factors and Environmental factors.

Middle Age : Mediaeval period (600 - 1400AD). It is called as the dark age of medicine. The lack of scientific knowledge promoted superstition in medicine. The charge of treatment was taken over by saints and sages. In the Middle-East, Arab stole a march over rest of the civilization. They translated the work of Hippocrates and Galen and preserved much of Greeco-Roman wisdom.

Contribution of Arab is more to the knowledge of pharmacology. Drugs, alcohols, syrup are the terms still in use to-day. When Muslim invaded India they came with Greeco. Arabian system which is popularly known as “Unani system of Medicine”.

Revival of Medicine : Medicine which was long in the knowledge of superstition and speculation began to emerge as a true-science as new discoveries were made as human knowledge advanced. The following geniuses took birth. (a) Fracastorius (1483 - 1553) enunciated the theory of contagion “Father of epiaemiology”, (b) Paracelus (1490 - 1541) who publicly burnt the works of Gallen and attacked the cuperstition and dogrna toa medicine (c) Vosalius (1514 - 1564 did a lot of ..... on human body and founded anatomy, (d) ambroise pare (1517 - 1590) became the father of modern surgery.

Seventeeth century was full of exiting discoveries in medicine, (a) Willium Harvey discovered circulation of blood (1575 - 1657), b) Leewenhock (1632 - 1723) a Dutch merchant made microscope, c) John Hunter (1728 - 1798) laid the foundation of surgical pathology, d) Edward Jenner (1796) discovered prevention of small pox, e) During this period Hahemann appeared in 1755 and discovered Homoeopathy in 1796.

Let us have a glmpse of the contemporary political situation of Germany where Homoeopathy had its birth in the middle of eighteenth century and the global political situation too. Germany consisted of 300 seperate territories. The King of Austria and Prusia, the elector of Hanover and Saxony, 9 spiritual lay princes, 103 counts, 40 prelotes 53 free towns. The most noteworthy feature of period i.e. 1755 the year of Samuel Hahnemann’s birth was that the whole Germany was completely exchausted as a result of 30 years war, a war of religion. The commerce, art, literature, education, in short, everything which constitute pride and heritage of country disappeared. Never was a country so devastated. The background of Samuel Hahnemann, the founder of Momoeopathy has been said to be a battle ground of wars and tremors of war : b) The war of Beverian Succession (1777), c) His second stay at ..... revolution, d) In his third stay at Leipzle, Nepoieon’s soldiers were actually fortifying the town. During this time, Dutch Spanish and Partuguese empires were broken due to internal revolutions and external conquest, America was fighting for Independence. Canada was under British dominion.

India was under British trading company there were some independent, ambitious, powerful priences like Tippo Sultan of Mysore and Maratha Chief in India. Let us consider the multi-faceted talents of that precious and gifted German boy. He was an intelligent and voracious reader, acquired proficiency in many languages and quickly grasped the medical knowledge available in his time and got his doctor degree.

During his life time he was engaged in translations (1784 - 1806) being disqusted with prevailing systems of treatment. He has translated fourteen books with three major materia medica. Total number of pages translated will be 6000. He was engaged in the field of research in chemistry from 1784 to 1789 and have 14 papers to his credit. In the field of medicine he has 36 publications between 1782 to 1831 comprising 6213 pages, By above number of original publications he could build a system of medicine which is called “Homoeopathy” today. The great savant of medicine had a wretched and miserable Jamily life and was moved from place to place being humilated and harassed and frustrated. But in fact, he has given birth to a science which has ultimately ..... suffering millions. Hahnemann died on the 2nd July 1843 at the age of 86 years, 2 months and 22 days.

Physicist, L. Galvani, G.V. Volta, chemist Laboister, Pristely and Botanist Linnee were the outstanding scientists in their field during Hahnemann time. We visualise the following outstanding, physcians surgeons of that time too Mackel who aiscovered Mackel’s diverticulum, Scarpa who discovered Scarpal traiangle, Bordie who discovered Brodie’s abscess, Dupuytrens who discovered Dupuytren’s contracture, Pott who discovered Pott’s disease. Haberdon who discovered Haberdon’s nodule, Thomas Addisions who discovered Addiston’s disease, thomas Hodgkin who discovered Hogkin’s disease, Thomas Hodgkin who discovered Hodgkin’s disease disease, Wolff who is a great embrylogist, Spallagani is a great physiologist, Frank is a great hygienist.

Attempts have been made to popularise the system of Homoeopathy by opening colleges to impart training, dispersaries to render medical services and research council to carry on research to standardise treatment. But unfortunately financial outlay is so merge, it is impossible to carry on the research on a largescale and to provide uniform standard of education. We are confident the present popular government will give more stress in this system of treatment to give millions of suffering poor cheap healthcare and treatment.

The author is head of department of reportory, Dr. ACH Medical college and Hospital, Bhubaneswar.

INFORMATION ABOUT THE INNOVATIVE REPRODUCTIVE & SEXUAL HEALTH ISSUES AROUND THE WORLD

From Fertility Regualtion to Reproductive and Sexual Health : The Message from Cairo and Beijing

Prof. (Dr.) Neeranjan Mohanty

Secretary, FPAI, Bhubaneswar Branch

Intrdouction :

Every minute of every day a women dies from causes related to pregnancy and childbirth, most of which are preventable. The vast majority - 99 percent of these 585,000 annual deaths which occur each

year take place in the developing world. For every woman who dies approximately 30 more incure injuries, infections or disabilities some of which have lifelong consequences. some three milion families endure the death of their new-born in the first week of their life. There are also, as a result of the 100 milion or so acts of sexual intercourse which take place each day, an estiamted 900,000 new cases of sexually transmitted diseases (WHO 1994/5) and 8,500 new HIV infections (UNAIDS 1996). Women are increasingly being affected by such infections.

These statistics show clearly that sexual activity and reproduction still pose considerable threats to women's health and well-being And there are other areas of concern such as violence. Sexual, psychological and physical forms of violence affect women's reproductive function in numerous ways. This is because such acts "occur in connection with pregnency and delivery, fidelity and sexuality and are clearly reproductive health issues (Glantz and Halperin, 1996). Activists agree that male violence is a major enemy of choice that is seldom reflected in official discussions on reproductive choice. the threat of violence or violent acts like "rape, sexual abuse, or battering affects women's ability to protect themselves from unwanted pregnancy and sexually transmitted diseases, including rape' (Heise, 1993). For example because reproductive decision - making occurs within a complex web of factors, women's fear of violence ultimately leads to a deference to male decision-making on sexual matters and on contraceptive use. Another form of violence, female genital mutilation (FGM), is inflicted on two million young girls annually.

Fortunately, sexual and reproductive health are now being recognised as issues needing urgent attention. A new emphasis has been reflected in the message from Cairo and Beijing. It has resulted in a move from an emphasis on demographic tragets and fertility regulation to an emphasis on reproductive and sexual health, and gender equity. This implies quality care to meet the needs of individuals a change from a "numbers-based' to a people based agenda."

The intergovernmental conferences produce consensus statements. Over 180 governments adopted Cairo's Programme of Action in Cairo in 1994, and the Platform for Action in Beijing in 1995. The messages from Cairo and Beijing included ways of taking the 'people-based' agenda forward, both through supporting sexual and reproductive health as a human right and through supporting. ..... that they could speak for themselves, rather than have male spokespersons as had happened previously.

l In Rio, women's groups criticiswd "top-down" population control programmes which they believed put an emphasis on demographic targets which too often lead to insensitive and coercive services. These groups called for women-centred, women-managed and women-controlled comprehensive reproductive health care... including safe and leagal voluntary contraceptives and abortion facilities. (Johnson, 1994). A concerted effort was made in the preparatory process to Cairo and Beijing to ensure that groups which were concerned with women's rights were heard in the Cairo discussions.

l In other areas of development views were expressed that top-down programmes were not effective and that the intended beneficiaries of programmes needed to be included in the development process for it to work. The Canadian International Development Agency (CIDA) reviewed its experience with

participatory development in Schneider 1995, and concluded that top-down approaches had limited ability to reach the neediest and generally produced only transient results.

I ..... southern activists. Additionally, southern women's groups had come to appreciate the usefulness of gender-based arguments. There as Kaijaga, a founding member of the tanzanian. AIDS service organisation called WAMATA stated. Initially we ignored gender issues or thought they were irrelevant. We thought it was Eurocentric to tackle them in Africa, because we thought our African culture was different and dealt with things in a different way. We had ignored the effect of inequitable gender relations on legal, educational and health problems, and suddenly we are dealing with these multiple issues, which people have not learned to analyse in a way that promotes equal sharing of both resources and power at all levels. In order to deal with AIDS, we have had to confront these (Berer 1993).

I In 1992 IPPF adopted a radically new strategic plan, Vision 2000, which gave a new mandate for its work, expanding beyond the provision of family planning to the wider concernsof sexual and reproductive health. This document , the result of a wide consensus- building exercise, prefigured many of the thems of Cairo and Beijing. the six Challenges of Vission 2000 : the umnmet need for family planning ; reformulated in such a way that the public area is expressed as a need for equitable devlopment , and the private is the right to sexual and reproductive health.

A defination of reproductive health was adopted in 1994 in Cairo at the International conference on Population and Development.

'Reproductive health is state of complete physical, mental and social welbeing and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its fucntions and processes reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance communities to achieve those rights. I would like to draw some conclusions on the value of the sexual and reproductive health approach in improving the health and well-being of women and men.

What led to an agreement on sexual and reproductive health at Cairo ?

I Women had been working an sexual and reproductive rights since the 1970s but the inclusion of women's groups and other NGOs in the preparation to the Earth Summit in Rio, and the Cairo and Beijing conferences meant that their concerns were highlighted. Women's presence at the conferences either on governmental teams or in the NGO for a meant that they could speak for themselves, rather than have male spokespersons as had happened previously.

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l The AIDS pandemic has given new importance to a frankness about sexual health that still respectscultural sensivites. Men's responsibility in sexual and reproductive health, and adolescents' needs have also been emphasised, partly as a result of HIV and AIDS.

l A North / South divide between northern feminists and southern women's groups (a criticism levelled at the Nairobi Women's conference of 1985) was avoided at the recent conferences, because of the intensive networking of many groups such as DAWN, the International Women's Health Coalition (IWHC) and others who had a wide base of northern and sounthern activists. Additionally, Southern women's Groups had come to appreciate the usefulness of gender- basd arguments. Theresa Kaijage, a fuunding member of the Tanzanian AIDS service organisation called WAMATA stated ' Inittally we ignored gender issues or thought they were irrelevant. We thought it was Eurocentric to tackle them in Africa, because we thought our African culture was different and dealt with things in a different way We had ignored the effect of inequitable gender relations on legal, educational and health problems, and suddenly we are dealing with these multiple issues, which people have not learned to analyse in a way that promotes equal sharing of both resources and power at all levels. In order to deal with AIDS, we have had to confront these (Berer, 1993)

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By the time of Cairo and Beijing, the issu 'that is intimately private- and yet inescapably public'(Mc Namara, in 1969) had been reformulated in such a way that the public area is expressed as a need for equitable devlopment, and the private is the right to sexual and reproductive health.

A definition of reproductive health was adopted in 1994 in Cairo at the International Conference on Population and Devlopment :

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Establishment of Mini-Reproductive Health Clinic with NGO Support :

The Branch in Collaboration with an NGO-Mousumi established a mini-reproductive heatlh clinic at Goda-Gopinath Prasad. The Municipality of Bhubaneswar provided free accommodation to run the clinic besides furnitures etc. The clinic was inaugurated by the Chief Executive Municipality Hospital in the presence of Professor B.B. Parida, Vice-President of the Branch and Mrs. S. Pattnaik Member State Social Welfare Board.

Special Meet for Adolescent Girls :

The MESU Unit of the Branch conducted a special meet for 11 adolescent girls in village Koradakanta where the girls were appraised about safer sex, AIDS, human reproductive system, planned parenthood and myths and mis-conception about sexuality.

reproductive & Child Health Check up Camp for Triabl People :

46 tribal women and 29 tribal children living in village chinkulisaura were diagnosed and dispensed medicines received from M/s. Chilika Pharmaceuticals, DIGANTA and NGO supported the Branch to organise the camp. Two Infertility women were diagnased and referred for treatment.

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The sexual and Reproductive Health Community Approach

While community participation is not a new idea, extending it to sexual and reproductive health and trusting people to find their solutions is a new development. This approach is a model in which both services and people take on equal and complementary roles to share responsibility for improving sexual and reproductive health. Care providers had realised that they were offering sexual/reproductive health information as a series of instructions People in communities were being told 'do this' or 'don't behave like this' in order to stay healthy and they felt powerless and helpless. If they did not get what they needed they became frustrated and angry, or they became frustrated and angry, or they accepted their problems, feeling there was nothing they could do. If they were asked for the reasons underlying their problems they explained the reasons were outside their control. They therefore expected people from outside the community to find the solutions. The sexual and reproductive health approach involves the community rather than individuals from the outset and motivates them to become active participants in bringing about

improvement in their sexual and reproductive health. Fundamenatla to this is reaching an understanding of what people mean when they use the terms sexual and reproductive health.

l Reproductive health is about people understanding how the reproductive parts of their body work, the choices they can make to keep themselves, their partners and families health, and the consequences of unhealthy reproductive health choices.

l Sexual Health is about relationship how people communicate their feeling and sexual needs and become comfortable with their own sexuality as well as respecting the sexual halth needs of others.

Conclusion :

'Years of organising and advocacy by women's health groups throughout the world have clearly had an important effect at the level of official rhetoric on intergorvernmental forums concerned with population issues as Correa (1994) states, but achieving the social and policy changes necessary to enable women and men to achieve sexual and reproductive health will entail another effort of co-operation between NGOs and governments.

Quality reproductive and sexual health services clearly responed more to people's needs than a service only offering fertility regulation, although that is also better than no service at all Social changes are necessary for those services to become a priority, and achieving those new prioritis of women's empowerment and equity in a climate of reduced funding calls for a respect for human rights, and for the wisdom of communities who are currently having to cope with these sexual and reporductive health needs bear and raise healthy children.

To a achive the above objectuves a reproductive health care programme would have to be a Comprehensive Providing :

- Education on Sexuality and hygiene
- Education, Screening and treatment of RTI and gynaecoligical problems resulting from sexuality, age, multiple births and birth trauma,
- Counselling about sexuality, Contraception, abortion, infertility, infection and disease.
- Choice among contraceptive methods
- Safe Menstrual Regulation and Abortion for contraceptive failure or non-use.
- Pre-natal, Supervised Delivery and post-partum care.

Reproductive Health is a vast area, but six main themes have been identified world wide now for attention and services. these are Maternal Health, Abortion, Reproductive Tract Infections, AIDS and HIV, Contraception.

Similarly the world today has concentrated on ensuring to provide sexual and reproductive rights to all human beings. International Planned Parenthood Federation (IPPF) has framed a 12 rights charter on Sexual Woman's life should be put at risk of endangered by reason of pregnancy.

Ø The right to liberty and security of the person which recognizes that all persons must be free to enjoy and control theri sexual and reproductive life and that no person should be subject to forced pregnancy, sterilization or abortion.

- Ø The right to equality and to be free from all forms of discrimination including in sexual and reproductive life.
- Ø The right to privacy meaning that all sexual and reproductive health care sercices should be confidential, and all women have the right to autonomous reproductive choices.
- Ø The right to freedom of thought which includes freedom from the restrictive interpretation of religious texts, beliefs, philosophies and customs as tools to curtail freedom of thought on sexual and reproductive health care and other issues.
- Ø The right to information and education as they relate to sexual and reproductive health and to ensure the health and .....
- Ø The right to choose whether or not to marry and to found and plan a family.
- Ø The right to decide whether or when to have children.
- Ø The right to health care and health protection which includes the rights of health care clients to information, access, choice, safety, privacy, confidentiality, dignity, comfort, continuity and opinion.
- Ø The right to the benefits of scientific progress which includes the recognition that all clients of sexual and reproductive health services have the right to access to new reproductive technologies which are sage and acceptable.
- Ø The right to freedom of assembly and political participation meaning, among other things, that all persons have the right to seek to influence governments to place a priority on sexual and reproductive health and rights.
- Ø The right to be free from forture and ill-treatment, including the rights of children to be protected from sexual exploitation and abuse, and the right of all people to protection from rape, sexual, ...