

Sources and Studies on the History of Homeopathic Medicine (Volume 13)

Samuel Vijaya Bhaskar Poldas, History of Homoeopathy in India. From its introduction up to the first official recognition in 1937

K.F. Haug Verlag: Stuttgart 2009.

ISBN 978-3-8304-7345-9

The Yunani came to India with the "sword and crescent" of the Muslims, allopathy with the trade and diplomacy of the Portuguese and British, but homoeopathy arrived "on tiptoe", without causing major waves. All the medical systems were given the chance to integrate themselves in India and, today, enjoy an official emancipation unique in the world. Homoeopathy was introduced to the subcontinent during British colonial rule in the first half of the 19th century, during the lifetime of the founder, Samuel Hahnemann. This was a milestone in the medical history of the country, as a fifth method of healing took root in India. Before this, there were Ayurveda, Siddha, Yunan-i-Tibb and allopathy. According to official records, homoeopathy entered India for the first time in 1839, coming via Lahore in today's Pakistan with Johann Martin Honigberger, a Saxon from Transylvania. However, as has been shown in this work, it was introduced by several individuals, working independently of one another, in several different parts of the country.

During the early phase (1839-1860), homoeopathy was practised by the European homoeopaths and lay healers of the ranks of British military officers, civil servants and missionaries. In the second half of the 19th century, known European homoeopaths, such as Honigberger, Tonnerre, Berigny and Salzer, practised in Kolkata. The first Indian lay healer, Rajendra Datta, "The Father of Homoeopathy in India", made a great contribution to the development of the healing method in India from approx. 1850 onwards and, from 1861, practised himself. The academic doctor Mahendra Lal Sircar, who appeared on the scene in 1867, also greatly helped the cause of homoeopathy. In response to his work, numerous local allopaths switched to Hahnemann's healing method during the 1880s. This gave a boost to the homoeopathic movement in India. That decade saw the first homoeopathic training centres opening in Kolkata, ensuring help for the growing number of new doctors. Hospitals were founded at regular intervals from 1845 onwards, thanks to contributions from benefactors. Local homoeopaths were able to assist in their foundation, with the help of patrons, consisting of Indian kings, some colonial officials and Indian citizens. A few homoeopathic periodicals began to appear, starting from 1868, literature was published in English from 1868 onwards and in Bengali from 1870, and the first manufacturers of homoeopathic remedies can be found from 1866. The translation of homoeopathic literature into local languages caused a steady rise in the number of lay healers, coupled with a rise in the number of trained homoeopaths due to the founding of teaching facilities. These two aspects were, as this work shows, of key importance for the wide spread of the healing method in India.

The demand for training caused a large increase in the appropriate institutions at the beginning of the 20th century, which brought more and more homoeopaths onto the market. The oversaturation of the local medical market forced doctors to move away to other parts of India outside Bengal. A negative consequence of the rapid formation of training facilities was the drop in educational standards. This meant that homoeopaths with insufficient or, in some cases, even no training entered the medical market. This development damaged the reputation of the healing method. The attempts of the homoeopaths in the 1920s and 1930s to restore their reputation were fruitless. However, their work meant that they were officially recognised on a national level in 1937. After further long attempts by the homoeopaths, the governments in the federal states passed measures to regulate homoeopathic training from 1943 onwards. Final regulation was not provided by the central government in New Delhi until 1974.

Since its introduction in the years up to 1867, there has been no public opposition by the academic medicine sector to Hahnemann's healing method in India. However, on 16th February 1867, when the allopath Dr Mahendra Lal Sircar gave a speech on homoeopathy to the British Medical Association (BMA) in Kolkata, and, as a result, was excluded from the society, the public became aware of this opposition. Up to that point, practitioners of academic medicine had considered homoeopathy to be irrational, did not predict any lasting success for the method and, as a result, paid no attention to it. However, when one of the best doctors from their own ranks switched to homoeopathy, they reacted by excluding him from the BMA, presumably in the hope that this drastic measure would move Sircar and his potential successors to reconsider and return to academic medicine. To their disappointment, Sircar stuck by his decision, although he lost his successful practice as a result. Further conversions followed. The growing recognition of homoeopathy and the ever-increasing number of patients preferring homoeopathic treatment were a source of concern to the academic physicians and brought forth a wave of resistance. As they were active in the colonial government, there was the hope of being able to make the government prevent the development of Hahnemann's teachings in India. The government, though, did not feel itself able to pass laws against homoeopathy, firstly, because it was flourishing in England and, secondly, because it was practiced and supported by British military officers, civil servants and missionaries. This reticence was beneficial to the development of the method in India from 1839 until about 1900. It was only in the first quarter of the 20th century that laws were passed, partially restricting homoeopathy. For example, the use of the title of doctor (Dr) was limited to specific medical qualifications. This made the registration of homoeopathic doctors more difficult, but did not impede the practicing of the healing method.

The quiet appearance of homoeopathy, without the support of the colonial rulers, was the first reason for its acceptance in India. The societal change prior to its introduction, particularly in Bengal, also had an effect on its acceptance. The British government in India needed a go-between between itself and the Indian people, in order to rule the country. This situation created a new middle class with a knowledge of English. At the beginning of its dealings with the British, it was a beneficiary and was thrilled by everything Western. It accepted everything without question and imitated the colonial rulers. However, over time, it noticed that not everything from the West was worth imitating, because such actions endangered its own cultural identity. This new class learned to regard things from the West critically and only accepted that considered useful in their opinion. This was compounded by the discriminatory attitude of the British to the local people, which gave rise to the national consciousness of the Indians. This change in Indian society was a key aspect which aided the spread of homoeopathy. For the new middle class, Hahnemann's methods were regarded as interesting, as they were at odds with colonial academic medicine, which considered itself modern, as it was from the West. The members of this middle class, who first accepted homoeopathy and worked to propagate it, were those people who founded the homoeopathic training facilities, dispensaries, hospitals and pharmaceutical companies, who published the corresponding literature, translated key homoeopathic works into the national languages and who also practised the healing method themselves with great conviction. Those citizens who left Bengal and travelled to other parts of the country, along with the students from

various regions, who returned home after their training in the homoeopathic schools and colleges in Kolkata, ensured that homoeopathy spread across India.

As a new kind of medical system, in opposition to the established academic medical approaches, homoeopathy represented a wonder, which could heal illnesses with "diluted" agents. This new, seemingly irrational method of homoeopathy, which still actually worked, gave cause for amazement. The contradictions of the new system – the increase in the therapeutic effects of a medicament through systematic "dilution" (potentisation) – fascinated people and aroused their curiosity, making them want to learn and practise it. This is shown by the large numbers of lay healers. This strong growth can be traced back to the fact that it was easy and cheap to learn and that homoeopathy was accessible to the public.

Due to the forced introduction of sanitary measures and vaccinations by the colonial rulers, the population became sceptical of allopathy and the government. Religious and philosophical aspects also fed the aversion to academic medicine. By contrast, the Indians were very much open to the caring, caritative approach of the homoeopaths. These aspects placed the homoeopaths in a strong position, guaranteeing lasting success. The greater success rates of homoeopathic remedies during the countless epidemics, particularly during the cholera epidemic, and its successes in cases given up as hopeless by academic medicine made it well-known and helped to establish it on the marketplace. The remainder was achieved through the economic and other benefits Hahnemann's method offered compared to allopathy, along with the insufficient medical coverage of the population.

Towards the end of the 19th century, allopathy and homoeopathy were about equal in terms of their representation on the medical market in India. Despite its early aversion, the populace then showed greater acceptance towards academic medicine than towards homoeopathy. This is shown by the fact that allopathy currently enjoys a market share of over 70 % in India. At the beginning, homoeopathy profited from the aversion to academic medicine, although the lack of support from the government meant that it was unable to develop as quickly as its effectiveness would have required. By contrast, allopathy was able to develop, despite the deep-rooted aversion amongst the population, on account of major support from the state and soon overtook all the other systems of medical care. Academic medicine had been continually supported in India from the 18th century onwards, first by the British EIC, then by the British government and, after India's independence, by the Indian government. By contrast, homoeopathy only started receiving regular financial support from the state from the 1950s.

Currently, it is the alternative systems of medicine which, as throughout the world, are gaining in importance in India. This development could well help the market position of homoeopathy there in the years to come.