

**Medical Education System in Ayurveda and Homeopathy
in The State of Kerala With Special Reference
To Students and Patients**

Dissertation submitted to the Jawaharlal Nehru
University in partial fulfillment of the
requirements for the award of Degree of
Master of Philosophy

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CENTRE OF SOCIAL MEDICINE & COMMUNITY HEALTH
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CERTIFICATE

Certified that this dissertation entitled
MEDICAL EDUCATION SYSTEM IN AYURVEDA AND HOMOEOPATHY IN
THE STATE OF KERALA WITH SPECIAL REFERENCE TO STUDENTS
AND PATIENTS submitted by JOHN MATHAI is for the award
of Degree of Master of Philosophy of this University.

This dissertation is his original work and has
not been previously submitted for any other degree of
this or any other University.

We recommend that this dissertation may be
placed before the examiners for evaluation.

Prabha Ramalingaswami

Prof. PRABHA RAMALINGASWAMI
[Ass0] Supervisor

Dated:

CHAIRPERSON

Dated: 19.7.91

Preface

"It is easy to sneer at our ancestors but it is much more profitable to try to discover, why they, who were really not one whit less sensible persons than our excellent selves, should have been led to entertain views which strike us as absurd".

Thomas Henry Huxley, 1931¹

The word 'Ayurveda' is composed of two Sanskrit terms, viz., 'ayus' meaning life and 'veda' meaning the knowledge and taken together it means the 'science of life'. The following are the eight important branches of Ayurveda.

1. Kayachikitsa [internal medicine]
2. Salya tantra [Surgery]
3. Salakyatantra [Treatment of Head and Neck]
4. Agadatantra [Toxicology]
5. Bhuta vidya [Treatment of mental disorders]
6. Bala Tantra [Paediatrics]
7. Rasayanatantra [Geriatrics]
8. Vajikarana Tantra [Science of Aphrodisiacs]

During Buddhist era, surgery was discouraged since it was considered 'himsa' (injury)²

The human body is supposed by Ayurvedic Physicians to

have three marked states due to three different kinds of forces. They are called Bayu, Pitta, and Kafa. These, when disturbed cause diseases³

In ancient times the Rishis taught their students under the shade of trees. In the Univeristy of Takshasila (2nd Century BC) it was a subject of study. After 10th century AD it declined. Later it was in 1822 that the 'School of Native Doctors' was started at Calcutta. Lectures were given on modern medical subjects side by side with Ayurveda. Later after 1835, training in pure Ayurveda was transferred to various Sanskrit colleges. In the early years of this century, Ayurveda got separated from Sanskrit colleges and many independent teaching institutions were established.⁴

However, earnest attempts were made to resuscitate Ayurveda in the early part of this century; first the All India Ayurved Mahamandal, then the various resolutions of Indian National Congress on Ayurveda (1920-28) next, the Bengal Government Committees of 1921-22 and U.P. Committee of 1925. All these efforts, unfortunately, met only with a small measure of success and that too not a permanent one.⁴

Presently in India, there are 1,485 hospitals with a bed strength of 16,700. There are more than 12,000 dispensaries. Total number of practitioners who are registered is over 3 lakhs. There are 98 colleges imparting Ayurvedic medical education with an admission capacity of 3,857.⁵

Two centuries ago Dr. Hahnemann, a German professor of medicine reviewed the 'Law of Similars' which was first brought out by Hippocrates. Dr. Hahnemann coined the term 'Homoeopathy' from the Greek words -'homois' meaning 'similar' and 'pathos' meaning disease. According to Homoeopathy, there are no illness but only ill people. The remedy for any case of disease or illness is the substance which when administered systematically to a healthy person yields precisely the symptoms of the disease. Before any substance can be used as a Homoeopathic medicine, it must be administered to healthy persons i.e. Method of Proving. There are roughly 1500 odd remedies in 'Homoeopathic Materia Medica, the Constantine Hering's, for instance, comes to 10 volumes of 500 pages each.⁶

In 1810 a German Physician brought Homoeopathy to India, in Bengal.

Presently there are 163 Homoeopathic Hospitals with total Bed strength of nearly 4500. There are more than 5200 Dispensaries. Number of practitioners registered comes to nearly 1,50,000. There are 96 colleges imparting Homoeopathic Medical education with a total admission capacity of 5204.⁷

In the VII plan (1985-90) total amount proposed by States and Union Territories for ISM and Homoeopathy was 20, 860 lakhs of Rupees. Planning Commission recommended 8580

lakhs, i.e. slightly more than 41% of State proposal. This is 3% of total state sector outlay on Health for the VII Plan. Among the states, Kerala has the highest percentage, 12.18, whereas the other states average is 2.6.⁷

Total outlay provided by States and UTs for ISM [Indian Systems of Medicine] and Homoeopathy in the VII plan is 9801.8 lakhs.⁷

Despite the increasing popularity, most schools of 'alternative medicines' are not accepted by the dominating medical system. This lack of acceptance could be due to the fact that the 'alternative medicine' have never been rigourously evaluated. The dominating Allopathic medical system is based on the biochemical actiological model whereas the other systems use terms such as 'energy' 'holism' and 'harmony' etc. The general non acceptance of these systems of medicine by the so called scientific medicine may in fact be more due to differences in world views of these disciplines than inadequacy of education.⁸

I think it is appropriate to end this Preface with the words of Harris L Coulter, Ph.D.⁹

"For what can a scientific medicine be, other than a method for curing people".

"... Since we have come to the understanding that science is not a description of "reality" but a metaphorical ordering of experience, the new science does not impugn the old. It is not a question of which view is "true" in some ultimate sense. Rather, it is a matter of which picture is more useful in guiding human affairs."

Willis Harman¹⁰

ACKNOWLEDGEMENT

"A university stands for Humanism, for tolerance, for reason, for the adventure of ideas and for the search of truth". I pay tribute to the great ideal and the soul who said it.

I thank all who were genuinely behind the establishment and the development of such a Centre where the major thrust is "the development of concepts and programmes in the field of Community Health through training, research and consultation". It is thus qualitatively different from those of conventional departments of Preventive and Social Medicine and of Public Health institution.

Dr. Prabha Ramalingaswami, my supervisor, without the support and guidance of such a personality I would never have finished this dissertation for my M.Phil Degree. Should I say more? She always pointed what could be done and never mentioned what could not be done.

My teachers, Dr. D. Banerjee, Dr. Imrana Qadeer, Dr. S.K. Sahu, Dr. K.R. Nair and Dr. Mohan Rao; they always had a good word and were helpful. I thank them all.

Acknowledgements are due to the Principal, students and staff of all the four educational institution which are included in the study. I sincerely thank them all. A good number of patients responded to my request very earnestly, in all these institutions. I thank them.

I thank the staff of various departments of the Ministry of Health and Family Welfare of Govt. of India and the State of Kerala.

I was extended Library facilities at various colleges, I visited. Besides the University Library, I could make use of the National Medical Library, Delhi, National Institute of Health and Family Welfare Documentation Unit, Library at the Central Council of Research in Ayurveda, Delhi, Central Council of Research in Homoeopathy, Central Council of Indian Medicine and Central Council of Homoeopathy. I visited the WHO Library also. I thank the staff of each of these institutions.

The Documentation Officer of the Centre Mrs. M.D. Rastogi, so quick and prompt she was; I never faced any problem regarding any document kept under her supervision.

I thank my friends especially Mr. Jose Pettapuzha Augustine, Ekkanath Jayakrishnan Unni and Mr Pulimoottil Biju Paul Abraham who helped me in the manual work of tabulation as well as for a fool-proof proof reading.

Last, but not the least I thank Mr. Sunder Singh Bisht and Mr. Rajendra Singh who have undertaken the typing job of this dissertation. I see that they took personal interest in finishing the work neatly and punctually.

10th July, 1991



JOHN MATHAI

Dedicated
To
My Mother & My Father
For
The Universal Constant of Their Love and Care

CHAPTER I

INTRODUCTION

(Pages 1 to 4)

INTRODUCTION

The medical education system comprises formal and informal processes. This dissertation looks into the formal medical education process in the state.

When it is the question of education, the primary concern is what is being taught, by whom and who is being taught.

Of course, what is being taught is about health and illness and the methods to deal with particular conditions of health and illness according to techniques developed under the medical system.

A germ or a falling stone causes a disease basically, when it affects an individual to produce negative results. A person seeks the help of a medical system when he becomes a 'patient' or when he wants ways and means to preserve his health. But each system has its own methods of dealing with both. The particular kind of treatment or to say classification of disease is subject to social and other forces and no disease is out of bounds of any medical system so far as that system is concerned, and no patient or individual is out of bounds of a medical system, so far as that disease or that defined state of health, is concerned.

Thus, as discussed in the above paragraphs, we have, firstly the student, who is being educated, secondly, the patient or the individual who seeks the help of the medical system and thirdly, the disease conditions, the problem of classification of diseases etc.

The third question is not dealt with here, except for some general indications as to whether the disease is chronic or acute or which is the part affected or how.

The patient, who is part of the medical education system, is taken into consideration. Obviously, who is being excluded is the patient, who is part of the whole medical system. This assumption is centered around the value-position that it is the patient or the individual who seeks the help of the medical system is the educator, if education is learning, and any degree of medical education starts, basically from the individual who is affected by a disease.

Thus patient is someone more than a mere tool for educating the students. It is for and because of disease or ill health the whole medical system exists. And, the patient is one who is affected by a disease. And moreover, even though every medical system would have developed its own technique of dealing with every kind of ill health, it is ultimately, the person who is to seek the help of the medical system, who would best decide the system most suitable for him. A medical system does not exist in a vacuum, but there is a social

system and process of which it is a part.

So far as the Kerala state is concerned, a political dimension also is there, for an enquiry into the medical education process. There is an ongoing conflict between the power lobbies of these two systems on one side and the dominating Allopathic system on the other side. The conflict got into issues like the matter of giving surgery training to the former and the matter of giving seats in Allopathic colleges for graduates in Ayurveda and Homoeopathy. It is also linked with the ageold problem of an 'integrated medical system' and that of 'integrated doctors' most of whom reportedly ended up in prescribing only Allopathic drugs.

Moreover Kerala is a state where these two medical systems flourish, under state patronage as well.

"I declare, however that we ought not to reject the ancient art as non-existent, or on the ground that the method of enquiry is faulty, just because it has not attained exactness in every detail, but much rather, because it has been able by reasoning to rise from deep ignorance to approximate perfect accuracy. I think we ought to admire the discoveries as the work, not by chance, but of enquiry rightly and correctly conducted".

Hippocrates¹¹

CHAPTER II

REVIEW OF LITERATURE

(Pages 5 to 20)

REVIEW OF LITERATURE

This Review of Literature is meant to give an idea as to where this study stands so far as the nature of available source of information on the sociology of Ayurvedic and Homoeopathic Medical Systems is concerned.

The Literature available can be divided into three major groups.

- i) Some of the published works - in the form of books and articles - that deal partly or fully with sociological aspects of Ayurveda or Homoeopathy.
- ii) Report of various committees appointed by the Government of India, Ministry of Health, from time to time, which went into the current status of these systems and recommended various measures according to terms of references. Besides this there had been a number of committees appointed by various provincial governments as well as other bodies.
- iii) Certain books and articles which possess a totally different perspective, rather a kind of philosophical angle.

The following is a brief discussion of some of the works as mentioned in section (i) above:

A book was published as early as in 1919 by Nagendra Nath Sen Gupta, 'The Ayurvedic System of Medicine',¹², deals with the medical aspect of Ayurvedic System. It very briefly mentions the evolution of Ayurvedic System. Obviously, this book cannot be expected to deal with any aspect of the sociology of Ayurvedic Medicine.

'Ancient Indian Medicine',¹³, written by P. Katumbia is yet another book of the same kind which deals more with the medical aspects.

Another work by the same author 'Studies in Indian Medicine Historical, Comparative and Critical',¹⁴, deals with the growth of hospital system in India tracing it from the period of Buddha till the 1800s (Chap. I). Later he draws a historical relationship between Greek Arabic and Western Medicine. (Chap. II). His observation is that "Right through history, there have been two conceptions of medicine: in one conception, the emphasis was laid on diseases and its prevention, and in the other, the emphasis was laid on health and its preservation. In recent years, the emphasis has definitely been shifted from disease to health ... It is very refreshing therefore to find that Indian Medicine has all

along held this conception of Medicine" he concludes (p. 136).

Yet another example centered around Ayurvedic System is by Shiv Sharma. 'The System of Ayurveda'.¹⁵ He draws his view point to the contention that "A system which has thus survived through the centuries cannot be lightly condemned as being unscientific "...for the Hindu System of Medicine is still today a living science, and millions of people in India are at present time being treated according to this system"; he argues.

Fundamentals of Ayurvedic Medicine by Vaidya Bhagwan Dash¹⁶ while dealing with aspects the title says contains certain references to the social orientation of Ayurvedic Medicine. "The social medicine which is treated as a new concept in Modern System of Medicine is nothing but reminiscent of what has been preached and propounded in Ayurveda more than 1500 years ago".

'Promotion of "Health for All" by Ayurveda and Yoga',¹⁷ by K.N. Udupa deals with the origin and development of these systems, their major principles, and their role in rural health care with special reference to primary health care. It also briefly deals with the status of Indigenous Systems of Medicine in India (pp. 207-214). It contains few suggestions for a synthesis meaning the "utilization of remedies, cares

and methods of all systems of medicine in the interest of the patient" (p. 212).

A work which contained substantial observation on Homoeopathy as well, is Roger Jeffery's 'The Politics of Health in India'.¹⁸ He points out that very little material is available on the sociology of medicine in India for the period before mid nineteenth century. (p. 43). About Homoeopathy, he observes that the urban elite took it as yet another 'modern' system of medicine which did not demand a great break with traditional ideas as 'vital forces' and 'moral powers' (p. 45). There existed a kind of disunity among the practitioners of ISM as well as Homoeopathy. Ayurveda and Unani were separated by linguistic, theoretical and religious grounds and the Homoeopaths who were strong in Calcutta and the Bengal were uneasy allies. Moreover, there were ideological split between those who wanted integrated teaching of cosmopolitan science and indigenous therapeutics, and those who considered pure indigenous training sufficiently scientific (p. 57).

Jeffery has certain opinions regarding the politics of health as well. He says that health services are not central to class interests in India either as benefit to be fought over or as important elements in the reproduction of a class based social structure. Here, the politics is carried by various kinds of medical practitioners who fight over shares

of the cake rather than ideological issues. (pp. 167-175).

D. Banerji has expressed his views, opinions and findings in his various works and articles some of which are discussed later in this chapter. To cite an important study, : 'Poverty Class and Health Culture in India.'¹⁹ The 19 village study has some interesting findings. The response to major medical care problems was very much in favour of western medicine irrespective of social, economic and occupational considerations.

D.N. Kakar's 'Primary Health Care and Traditional Medical Practitioners'²⁰ is a survey and analysis of therapeutical role of traditional medical practitioners in a Community Development Block of rural Haryana. His recommendations include a need based training programme for practitioners (p. 175).

Debiprasad Chattopadhyaya's 'Science and Society in Ancient India'²¹ deals historically with the evolution of science and philosophy of medicine as well.

Certain articles published in various periodicals are discussed next:

'Asian Medical Systems: A symposium on the role of comparative sociology in Improving Health Care' by Carl E. Taylor, Charles Leslie et al²² raises many relevant questions like whether we can do the best research by working outside or within the political structure of modern medical system. It makes some practical observations as "if you stay outside of the bureaucratic system of modern medicine, your research will not have much practical effect, and you will ask plaintively "why does not somebody use my wonderful findings". "In India particularly there is a political commitment to maintain at least a symbolic role for traditional medicine in the governmentally supported system of health services. This means that research on the history and social organisation of traditional medicine in its relationship with modern medical institutions will be considered relevant by policy makers." they observe.)

T.N. Madan in 'Who Chooses Modern Medicine and Why',²³ explains his study in Ghaziabad town near Delhi "to find out who are the people in a developing society who adopt modern medicine and what their reasons are for doing so". "The most common reason for whatever choice or combinations are made is the belief that the chosen course of treatment is going to be efficacious".

D. Banerji in though his article "Social Orientation of Medical Education"²⁴ goes into the fundamental problems of medical education in India." ...it was evolved to serve a very small previledged section of the society and alongwith the natural sciences essential it carried with it the cultural accretion of the west".

Dr. Banerji in 'Place of Indigenous and Western Systems of Medicine in Health Service System of India',²⁵ holds that aggression by the western medicine and increased neglect of ISMs resulted in the sharp deterioration on their bodies of knowledge, their institutions for training and research, their pharmacopoeias and drug industry and their corps of practitioners. Gradually the masses lost their interest in them.

Dr. Banerji again in 'Class Inequalities and Unequal Access to Health Services in India',²⁶ while discussing the historical perspective, reiterates that even though it is difficult to get a time perspective of the degree of access to different strata of the population, it can be safely asserted that during the feudal period of raj vaidyas and shahi hakims, they were accessible to only previledged classes.

Imrana Qadeer in 'Health Service System in India An Expression of Socio-Economic Inequalities',²⁷ opines that even

during the most glorious phase of Ayurveda, - the Vedic period - the major patrons were the courts and the urban elite.

Two WHO papers, namely 'Involvement of Practitioners of Traditional Medicine in Primary Health Care'²⁸, and 'The Promotion and Development of Traditional Medicine',²⁹ are worth mentioning here. While the former discusses ways and means of involving traditional medical practitioners in primary health care, the later recommends actions that could be taken at the national international and professional level to effect integration.

The above discussion gives an idea about the type of literature available so far as this subject area is concerned.

ii) Observations and recommendations made by various Committee Reports can be discussed as under:

As early as in 1920, the Nagpur session of the Indian National Congress adopted a resolution that "having regard to the widely prevalent and generally accepted utility of the Ayurvedic and Unani Systems of Medicines in India, earnest and definite efforts should be made by the people of this country to further popularize schools, colleges and hospitals for instructions and treatment in accordance with indigenous systems".³⁰ The working committee of INC in 1938 also

reiterated this.³¹

Health Survey and Development Committee (Bhore Committee) Report of 1943 actually attracted much criticism. In spite of the fact that the committee recognizes that indigenous system exercise influence both over illiterate masses and considerable sections of intelligentsia it is not in a position to "assess the real value of these systems". The Committee feels that it should be left to the provincial governments to decide what part if any the indigenous systems should play in the organisation of public health and medical relief.³²

The first Health Minister's Conference of 1946 passed resolutions regarding training and research in ISM.³³ It appointed the Committee on Indian Systems of Medicine (Chopra Committee 1946). Among other issues, the Committee recommended that curriculum should be made up so that the weakness in one system should be corrected with the help of other. It should be uniform all over the country. Unified text books should be made available and the teachers should be well paid; the Committee recommended.³⁴

Dr. C.G. Pandit Committee (1949) was appointed by the Government to follow up certain recommendations of the Chopra Committee which emphasised the need of uniform course of

training.³⁵

In 1955, the Government of India appointed a committee to report on the question of establishing uniform standards in respect of education and regulation of practice of Vaidyas, Hakims and Homoeopaths (Dave Committee). This Committee surveyed the existing facilities in teaching and recommended that refresher courses in these systems should be started in the institutions. It also commended on the need of standardisation of admission qualification.³⁶

The Government of India 'Committee to Assess and Evaluate the Present Status of Ayurvedic System of Medicine, 1958' (Udupa Committee) which observed that there is a great awakening in all the states regarding the resuscitation of Ayurveda. Students are extremely anxious to know what their future would be. They are worried about the attitude of Government towards them. The Committee observes that Kerala being the cradle of Ayurveda can very well pave a fertile field for the development of the science.³⁷

✓ The Mudaliar Committee on 1961 recommended to stop 'integrated' systems of training and to bring Shudha Ayurveda. The students trained in Ayurveda should be given opportunities to be trained in the modern system of medicine; the recommendation concluded.³⁸

Report of the Shudha Ayurvedic Education Committee of 1963 observes "... Central Government had unequivocally and consistently favoured what had come to be called the 'integrated,' 'concurrent' or mixed teaching of Ayurveda and Western Medicine together and it was for the first time in the history that the central Health Ministry had constituted a committee to prepare a curriculum ensuring intensive Ayurvedic training advocated by the believers in what has come to be called Shudha or the 'unmixed' Ayurveda.³⁹

Specially in the case of Homoeopathy the Homoeopathic Inquiry Committee in 1948 recommended for a Central Council. A Homoeopathic ad-hoc Committee appointed by the Union Health Minister worked between 1952 and 1954. Later the same committee was designated as Homoeopathic Advisory Committee whose recommendations were considered by the Special Panel of Planning Commission on Indian Systems of Medicine and Homoeopathy in 1952, 56 and 66.⁴⁰

It would be appropriate just to name the committees appointed by various provincial governments during the pre-independence era. (1) Madras Committee of Indian System of Medicine 1921 (2) Bengal Committee on Ayurvedic and Tibbi-Unani Systems of Medicine (1921-25), (3) United Province Ayurvedic and Unani Committee (1925-26), (4) Central Province and Berar Committee on Indian Systems of Medicine (1937-39),

(5) Punjab Committee on Indian Medicine (1938-48), (6) Mysore Committee on Indian System of Medicine (1942), (7) Orissa Utkal Ayurvedic Committee (1946-47), (8) Assam : Scheme Committee 1947 and (9) Bombay: Indian System of Medicine Enquiry Committee 1947.

It is also worth mentioning the name of Report of the Assessment Committee For Research and P.G. Studies, appointed by the Vice Chancellor, Gujarat Ayurvedic University, Jamnagar in 1969.

(iii) In this section of Literature Review, a few books would be discussed which came to the notice of the author. In no way are they directly related to the present study. Most of them published abroad contain a certain philosophical angle of approach to the problem of health and illness. Author considers it not inappropriate to mention these books since he thinks that it would be interesting for a person who seeks a philosophy of a social science research in health.

In 'Homoeopathic Science and Modern medicine'⁴¹, Harris L. Coulter asks "for what can be a scientific medicine be other than a method for curing people?" The book sets forth "...series of facts which will make homoeopathic theory and practice more accessible to the public ... since the present incomprehension of homoeopathy is rooted in ignorance of the

relevant facts..."

'An Introduction to the Principle and Practice of Homoeopathy' by Charles E. Wheeler and C.W. Daniel.⁴² In the introduction, the authors assert, "... dispassionate examination of Medical History reveals first that hardly any advance in the science and art of healing has escaped violent opposition; and second that very few of those who condemn homoeopathy have a knowledge even of its principles, to say nothing of its practice."

"Any view of health and illness that would elevate the role of mind and consciousness at the cost of devaluing the role of matter - or vice versa - is double flavoured. It is both bad science and bad humanism as well" says Larry Dossey in 'Beyond Illness. Discovering the Experience of Health.'⁴³ Through this book he challenges the current concepts about health and disease.

"The impressive number of medical schools that are represented at various holistic health meetings around the country confirms the fact that holistic health advocates have won their main objective which is to shift the emphasis from knowledge of the disease to knowledge of human beings in whom the disease exist" says Norman Cousins in 'Anatomy of Illness'⁴⁴. In 'Space, Time, and Medicine' Larry Dossey⁴⁵

reiterates while discussing the experience of a developed country like USA, "Despite a staggering increase in health cost over the past three decades and amid continuing claims of scientific and technological excellence by the Medical profession, the health of the population does not seem to have improved significantly". "Just as the navigators and cartographers of the 15 century found the earth to be spherical and thus a more complex structure than the plane, today we are forced to recognize that human health is more complex than can be accounted for by molecular behaviour."

Richard Gerber says in 'Vibrational Medicine'⁴⁶, "The Newtonian model of medicine does not account for, nor believe in, these other emerging systems. It is much easier to deny the effectiveness of alternative systems of healing because they do not make rational scientific sense, than it is to extent an outdated model of understanding, to incorporate higher energetic phenomena. The Einstenian model of matter as an energy field gives us a frame work in which we may realistically view and comprehend these subtle energy systems. Phenomena such as laying-on of a hand and homoeopathic medicine present science with repeatable observations that cannot entirely be explained away. These cannot all be hoax and delusion as the scientific critics would have us to believe."

'Homoeopathy, Medicine For the 21st Century' by Dana Ullman.⁴⁷ She concludes the introduction by saying "Perhaps the best way to predict the future of medicine is to practice it. Since homoeopathy will be an integral part of this future, utilizing homoeopathic medicine is one important step in bringing the future closer to the present".

A book of Indian origin that can be cited is 'Towards Holistic Health' by Dr. Bhaskar K. Vyas and Dr. Damodar V. Nene.⁴⁸ It contains chapters on various systems of medicine and it tries to bring out a comprehensive evaluation of health and healing.

This, the third section of Review of Literature only reflects the kind of thinking on the lines of a philosophy of health and illness. Rather than directly being related to this study, the above discussion would indicate the position of this study on philosophical(?) grounds; how far away or how close it stands.

Conclusion:

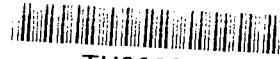
Rather than claiming how this work is going to fill the loop holes or how it is different from other works, this Review of Literature only indicates the position of this work so far as that part of body of knowledge of this subject area is concerned; both philosophical and otherwise.

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CHAPTER III

CONCEPTUALISATION AND DESIGN
(Pages 21 to 28)

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CONCEPTUALISATION

(The state of Kerala is a place where both Ayurvedic and Homoeopathic Medical systems flourish irrespective of the fact that Allopathic health services are developed in the state.) Both these systems enjoys state patronage since many years.

(In the state, the Ayurvedic medical system has developed with its own characteristics. It got transmitted from generation to generation through formal and informal system of education) attaining the kind of perfection the system enjoys now. The Ayurvedic medical education itself has been systematically organised in the beginning of 20th century. Soon, it began to enjoy state patronage. Presently there is a organization of Ayurvedic health services as well as medical education under separate departments. More than a 100 hospitals render valuable services to the population, where nearly 25,000 in-patients are treated in an year, besides treatment for out-patients⁴⁹. Nearly 200 Grant-in-aid 'Vaidyasalas' function in the State besides 500 dispensaries.⁵⁰ Medical Camps are also conducted at various places in the state. The total non-plan expenditure of ISM Department of the state comes to Rs. 7,06,83,860/- in the year 1989-90 and plan expenditure comes To Rs. 53,78,000/-.⁵¹ This ISM department mainly renders Ayurvedic health care to the population as mentioned earlier, various Ayurvedic Colleges

function as separate departments.

Today there are four Ayurvedic colleges, two in public sector and two in private sector. All these colleges are conducting 'BAMS' degree courses according to syllabus approved by the Central Council of Indian Medicine. There are facilities for 'MD(Ay)' course also. The education is systematized that there are seven departments in each college, each of which come under a Professor.

Two research institutions also function in the state. They are the Regional Research Institute and Panchakarma Institute which come directly under the control of Central Government.

So far as Homoeopathy is concerned it is in 1947 that the state government of Travancore recognized Homoeopathy. Government institutions came into existence in the late 50s. The government Homoeopathic institutions were under the control of the Director of Indigenous Medicine. In late 60s they were brought under the direct charge of an Asst. Director. This grew into a separate department in 1973. Presently there are half a dozen district offices, 24 hospitals and 255 dispensaries under the department. More than 25 lakh patients are treated in the Hospitals. Nearly 70 Lakh patients are treated in the dispensaries. Medical camps are

also being conducted. A cooperative Pharmacy is functioning. The total Plan and Non-Plan expenditure for the year 1987-88 comes to Rs 33,49,000/- and Rs. 1,80,00,000 respectively.⁵²

The growth of the medical system is borne by the fact that there are three degree colleges (2 Government and 1 private) and 3 diploma colleges (all private) imparting Homoeopathic medical education in the state; with a total intake of 220 and 150 in diploma and degree courses.

A minimum of 50 graduates and 100 diploma holders are coming out successfully every year.

Thus, a steady growth of Ayurvedic and Homoeopathic medical/health care systems can generally be observed in the state.

And an inevitable part of any system is the input. Here, the major one, the medical students can be found in the established educational institutions in these two systems. Thus primarily this study is centered around medical students.

So far as the students are concerned, the major point of enquiry is their social background. Another matter is the quality of the students in terms of their marks obtained in matriculation and pre-university examinations. The influence

behind them to join this course and their plan after the course also are studied. Their attitude towards their medical system as well as the health care system as a whole also are relevant matters of enquiry.

As a corollary to the above, the kind of patients who are part of the medical education system is a matter of interest.

OBJECTIVES OF THE STUDY

The objectives of the study can be discussed as under:-

1. ✓ The educational institutions of Ayurveda and Homoeopathy in the state of Kerala with special reference to
 - a) the quality of students
 - b) their general social and economic background
 - c) their attitude towards their medical system and the medical service system as a whole.

2. The kind of patients who visit the hospital attached to these institutions with special reference to
 - a) their general economic and educational background

- b) whether they seek the particular system permanently or selectively according to disease
- c) If they are benefitted so far as curing the disease is concerned.

METHODOLOGY

Methodology can be discussed under the following sections:

- a) selection of institutions
- b) selection of students and their questionnaire
- c) selection of patients and their schedule
- d) interview of faculty members
- e) relevant information and other documents
- f) data analysis.

a) Selection of Institutions

While selecting the educational institutions, the points kept in mind was one from each system should be the best institution run by government and one must be the best run by societies partly aided by the government. Thus four institutions were selected.

b) Selection of students and their questionnaire

Keeping in mind, the objectives, a questionnaire was prepared [appendix A]. The maximum number of students possible was targeted. Questions were left objective and at the same time open.

Questions on their social and economic background were asked. Then, besides the quality of the students, questions on their attitude towards their own medical system as well as health service system as a whole were asked. Another issue was their plan after the course. The influences for joining the course was also asked.

c) Selection of patients and their schedule

An interview schedule was prepared (appendix B). All the in-patients in the hospital are to be met. For out-patients, both new out-patients and old out-patients were to be considered separately. Every 20th patient for a number of days were interviewed. Besides their social and educational background, the questions enquired as to what made them to visit the institution. Whether they are benefitted medically was the other issue.

d) Interview of Faculty Members

A question format with space for answer was made for this purpose [Appendix C]. Maximum number of faculty members were to be met. This questionnaire was distributed among the faculty members. Whenever it was difficult to get the questionnaires back, separate interviews were conducted after fixing appointments with them.

e) Relevant Information and other Documents

Other information as much as possible, which are relevant for the study were collected from the various departments, and other sources as well as on the spot.

f) Data Analysis

Data collected is loaded on a Tabulation sheet. Since the analysis requires no sophisticated methods of statistics, it is done manually. The tabulated data is then converted into tables, which can be easily analysed.

CHAPTER IV

RESULTS

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Abbreviations :

I.P.	:	In Patients
O.P. (New)	:	Out Patients New
O.P. (Old)	:	Out Patients Old

ABOUT AYURVEDA COLLEGE, THIRUVANANTHAPURAM

History

Searching for the history of the Ayurvedic College Thiruvananthapuram (Trivandrum) or the history of Ayurvedic education itself in the state of Kerala, it can be found that, about a century ago, an Ayurvedic school was started in Trivandrum by the then ruler of Travancore. It was meant for the members of ruling family. Later it was taken over by the state Government and was thrown open to all. The school had been upgraded as a college in 1918 and a five year course of study was introduced. The Director of ISM was the head of this Department till 1979, which included Ayurvedic Medical Education as well as ISM health services. In 1979 the Ayurveda Colleges got separated as a an independent department.

Ayurveda College, Trivandrum is one of the four Colleges for Ayurvedic education; it is one of the two Ayurveda Colleges managed by Govt. of Kerala.

The College is affiliated to the University of Kerala.

Thus, the college leaves a strong history behind it.

General Description

The Ayurveda College, Thiruvananthapuram is functioning as a separate department, the principal as the head of the department. The college conducts BAMS and M.D.(Ay) courses regularly. Training to Pharmacists and Nurses, and training in Visha Vaidya course are also imparted by the Department. The college offers education in Ayurveda in 12 departments; 8 undergraduate and 4 graduate. The following are the sections which work under the control of the Principal, Ayurveda College, Trivandrum.

- (1) Ayurveda College Library
- (2) Ayurveda College Hostels
- (3) Ayurveda College Pharmacy
- (4) Ayurveda College Hospital Trivandrum
- (5) Ayurveda College Maternity Hospital, Poojapura
- (6) Publication Division, Ayurveda College, Trivandrum and
- (7) Pharmacognosy Unit.

Thus, the functioning of the college is systematically organised.

Location, Ayurveda College, Trivandrum

The college is situated in the heart of Trivandrum city,

in the busy M.G. Road. All units except the Maternity Hospital function in this campus. [The Maternity Hospital is situated a few kilometres away from the college; easily approachable by city road traffic system.] The sound from the road generally does not disturb the patients since the wards are situated much inside the campus.

Students in Ayurveda College, Trivandrum

50 students are admitted each year to the BAMS Degree course which is of 5 yrs duration. The admission is through a Common Entrance Examination conducted by the Commissioner of Entrance Examinations, Government of Kerala; the basic qualification to appear for which is 50% marks in the Pre-Degree (+2) examination. (3yr long Post Graduate Course admits 24 students each year.)

The first and second year students are given training in the identification of drugs, herbs etc, in the botanical Garden and in the college museum. They are also given practical training in the preparation of various kinds of medicines, 'bhasmams and 'sindhoorams in the College Pharmacy and 'Rasatantrasala'.

The third fourth and fifth year BAMS students are given practical training in the various wards of the collegiate

hospital, except for 'Prasoothithantram' which is given in the Ayurveda College Maternity Hospital, Poojappura. Final year students and House Surgeons are given practical training in surgery in the Government General Hospital, Trivandrum.

There is an internship allowance of Rs.700 p.m. for BAMS students. The MD student receives a stipend of Rs.600 pm in the first year and Rs. 700 pm in the second and third years.

The college is having a college union in which all the students are members. Various associations viz. Arts, Literary, Athletic, Planning Forum, Magazine and N.S.S. are functioning satisfactorily under the college union and N.S.S. Programme Officer; says the Administrative Report of the College - 1988-89, the latest one available at the end of 90.

There are a total of 320 students including 72 MD students and 21 House Surgeons.

Library

The College Library has a collection of over 12,000 books with 405 reference volumes in stock and 51 periodicals. Total number of issues made in the year 1988-90 was 45,000.

The Library is spacious and well furnished.

Hostels

Two hostels, one for men and the other for women function. While the former is located less than a kilometer away from the college, the later is accommodated in the top of the three storey college building.

Few students find their own accommodation.

Pharmacy

In the Pharmacy there are 7 teaching staff including a Professor and over 50 other staff under different categories. Including three Medical officers and three tutors. Besides this an ISM Pharmacy [Indian System of Medicine Pharmacy] also works under the Professor of Pharmacology with a total staff strength of 11. [These are the total number of posts sanctioned].

It is equipped with the inventions of modern mechanics to traditional vessels to store medicines underground under special conditions.

The Hospital
Ayurveda College, Trivandrum

The total bed strength of the Hospital is 310. There is an additional capacity of 50%. Beds are accommodated in three different wards, namely 'kayachikitsa', 'salyasalakya' and 'visha' wards. The former two wards are divided into six units, with the aim to give maximum aid to the patients.

An X-ray unit functions with minimum facilities.

Nearly 80,000 outpatients are treated in an year. 4731 in-patients were treated in 1988-89.

Besides this a 'Panchakarma' Hospital, which was brought under the control of the superintendent, Ayurveda College Hospital, with 36 beds in General wards and 10 rooms in Paywards, treated 108 patients in the paywards during the year 1988-89.

The total staff strength of Ayurveda college Hospital is around 160 whereas that of 'Panchkarma' Hospital is 12.

The wards are very much crowded.

Maternity Hospital, Govt. Ayurveda College, Trivandrum

Out of the 100 beds available, in this hospital, 40 beds are allotted for the Allopathy unit. Another 40 beds go to the Ayurvedic section and 20 beds are reserved for Balachikitsa unit (Ayurvedic).

When a patient comes to this Hospital he/she gets registered at a counter irrespective of the unit which he/she intends to consult. The registration can be done by paying a charge of 25 ps. per ticket. Two days per week are specially reserved for maternity consultations.

As the administrative report of the college for the year 1988-89 says, the Allopathic unit treated 1146 in-patients in the year. About 500 were treated in the Ayurvedic sections. Labour cases tops the list in Allopathic section (786) followed by minor operations (Episiotomy and D&C) (671) and sterilisation operation (275) etc.

In the Ayurvedic section, 'Slishmiki' cases (226) tops the list. Anti Natal cases comes next (96) and 'Mahayoni' cases comes third (53).

The out-patient number in allopathic section came more than 25,000 whereas that of Ayurvedic section was nearly

15,000. Number of old cases had been 57,000 and 47,000 in Allopathic and Ayurvedic sections of the maternity Hospital.

General public is only happy that both systems are available under the same roof.

Publication Division, Ayurveda College, Trivandrum

The Publication Division mainly prepares text books for BAMS course according to the syllabus. They also collect and preserve manuscripts. It has a total staff strength of 11 including 4 with medical background.

This is a unique division of its kind in Ayurvedic Education.

Pharmacognosy Unit, Ayurveda College, Trivandrum

The Pharmacognosy unit works under a Review Committee. Various works including drawing of medicinal plants with their drug names and vernacular names are at different stages of completion. The Drug Standardisation unit, mainly teaches the MD students and guide and supervise the chemistry part of their thesis work. A Model Demonstration Garden also is established under this unit.

The work

Questionnaire to the Students in Trivandarum Aurveda College

Since there was no system of supplementary batches, and that students belonging to a particular year could be contacted at a single class, there was no need to run around the campus and hostels. The students were met at free time. They took an average of 15 to 25 minutes to fill up the questionnaire. Representatives of various classes also helped the author in this regard. They were contacted mainly in the afternoons. The House surgeons and MD students were the difficult group to catch.

Out of the 320 students, 255 could be reached; 80%

The work

Interview of Out-Patients in Trivandarum Ayurveda College

The out-patient consultation timing was from 8 A.M. to 1P.M. A major problem author had to face here was that when new patients registered at a counter, old-patient were not supposed to report at the counter, so that an exact sampling was not possible. A convenient place to stand was the space between the registration counter and the various departmental clinics. Whoever was not registered were counted as an old patient. But one difficult aspect was that while interviewing

them the author had to keep on counting. To keep the counting maximum correct, the author marked on a piece of paper when every such patient passed by. Thus four marks and a cross over formed five and 4 such fives formed 20 and the 21st patient was stopped and requested. To avoid anyone taking a door the otherside of the block, the author requested one of the security men to direct them to the main entrance. Thirty three old patients were interviewed.

Meeting new patients were comparatively easier since each of them had to obtain a ticket paying 25 ps. at the counter. To schedule them, the author stood beside the counter; and the clerks engaged in registration directed every 20th patient towards the author who interviewed them. A total of 92 new patients were met. Earlier, discussion with the doctors revealed that there is no fluctuation in the type of cases brought each day.

The work

Interview of In-patients in Trivandrum Ayurveda College

In-patients were admitted in three major wards. Interviews were comparatively time consuming but less tiring since the patients were always free at the hospital and there was no need to hurry up with interviews. They were contacted mainly in the evening especially since the author would have

finished the days work with students and out-patients and the wards would be free of doctors and other students. A total of 294 cases were reached.

The work

Questionnaire to Faculty members, Ayurveda College, Trivandrum

Unlike the authors expectation, the questionnaire method was a very difficult one because of the following reasons: firstly, the college establishment was comparatively larger and meeting everyone of them within a fixed period of time means running around the college always. Secondly, because of the size of establishment, probability of them seeing the author at some point in the college was comparatively less, the incidence of which itself could have been a good reminder for most of them to bring back questionnaires in time.

Later it was found that direct interviews would be more effective and quick whereas a request for 10mts had always been accepted; but each interviews could be extended for more than an hour!

Thus, at Trivandrum, communication with the faculty members were partly through questionnaire and partly by means of interview.

ABOUT AYURVEDA COLLEGE, KOTTAKKAL

General Description

The 'Vaidyaratnam P.S. Varier Ayurveda College', Kottakkal, Malappuram District, Kerala State is one of the four Colleges imparting Ayurvedic medical education in the state of Kerala. Unlike the other sample institution, namely Ayurveda College, Thiruvananthapuram, which is a 'department' under the government of Kerala with the Principal as the head of the department, the Kottakkal Ayurveda College is run by the 'Kerala Ayurvedic Studies and Research Society (KASRS), registered under the societies Registration Act in 1976. The 10 member Governing body of KASRS consists of 5 members from the Government of Kerala with the Health Minister as Chairperson and 5 nominees of the 'Arya Vaidya Sala'. The Executive Committee of the Society consists of 3 members from the Government, with Secretary to Government Health Department as Chairman, and 2 members of the Arya Vaidya Sala, Kottakkal. The Executive Director in the rank of under secretary in Kerala Government, appointed by the Government of Kerala, looks after the day to day affairs of the society.

History

The history of the college goes back to 1917 when the 'Aryavaidya Patasala' was started by Late Vaidyaratnam P.S.

Warrier who is the founder of Arya Vaidya Sala the supreme Ayurvedic Medical Institution in the country. The Patasala was run by the 'Arya Vaidya Samajam', and was being financed by the 'Arya Vaidya Sala'. A four year course leading to 'Arya Vaidyan' diploma was being conducted. This course was abolished in 1958, and 'Diploma in Ayurvedic Medicine' (D.A.M.) course was introduced. The Patasala had been shifted to Kottakkal in 1924 and the practical training to students were given at Arya Vaidya Sala Charitable Hospital, at Kottakkal.

In 1959 the 'Patasala' had been renamed 'Ayurveda College'.

The University of Calicut affiliated the college in 1972. a new course, Bachelor of Ayurvedic Medicine [B.A.M.] was introduced in the place of DAM. this course was of duration of 5 years followed by an intership of six months. The minimum qualification required for admission was a pass in pre-degree course with Physics, Chemistry and Biology as main subjects.

The BAMS [Bachelor of Ayurvedic Medicine and Surgery] course was introduced in the place of BAM; in the year 1979-80.

Presently there are 30 teaching and more than 40 non-

teaching staff.

The college is situated in the NH.47, 55 Kms South of Calicut city. It is easily approachable from nearby towns by public transport as well. The College and Hospital are accommodated in a newly built two storey building slightly off the highway. The first floor is for class rooms, various departments, Laboratories and the Principal's office and College office, Students Union office etc. The ground floor accommodates clinics the wards and Library. The Library holds a collection of more than 10,000 books. There is a separate building for the dispensary.

Ayurveda College, Kottakkal

Hospital

The out-patient department was started in the year 1980. About 60,000 patients are treated every year. Per day, around 160 new patients and about double the number old patients visit the hospital. Around 500 in-patients are treated in the 52 bed Hospital, which started functioning in June '90. A collegiate hospital building is yet to be built; for training of the students purposes 42 beds in the 'Arya Vaidya Sala Charitable Hospital' (1 KM) are available to the students. For practical training in Gynaecology and Surgery students go to the District Hospital at Mancherri. Internship, in Surgery,

Mental Health, and Gynaecology and Midwifery are done at Maneheri, Govt. Ayurvedic Mental Hospital, Kottakkal and Maternity Hospital (under Ayurvedic College, Trivandrum) respectively.

Ayurveda College, Kottakkal

Students

30 students are admitted in each batch. while 10% of the seats are reserved for the Arya Vaidya Sala, the admission to the rest of the seats is through Common Entrance Examination, conducted by the commissioner of Entrance Examinations, Government of Kerala.

A newly built Men's Hostel accommodates 56 students while 73 inmates are there in the Ladies Hostel. Men's Hostel is behind the College slightly off; Ladies hostel is in a different compound well protected. College buses carry students to different hospitals, hostel and the nearby Kottakkal town which is 2 Km South of the campus.

A very active students union exist in the college; it is learnt that elections to the union are unanimous; a fact which many students are proud of.

The work

Questionnaire to Students in Ayurveda College, Kottakkal

At this college, since intake per year is 30, the total students available except house surgeons, should have been 150 but since in one previous year admission was not done, the total strength came up to 120. The House surgeons were away from the college. While a good number of questionnaires were distributed in the classes, some of them were sent to the hostels. Here, 97 questionnaires were collected; ie; 80%. Some of the students also helped very much in distributing and collecting the questionnaires.

The work

Interview of out-patients in Ayurveda College, Kottakkal

Here also the most convenient place was somewhere near the registration counter. While new patients got registered at the counter, old patients came there just to show their number to receive their cards before going to consult the doctor. An average of 160 new patients and 230 old patients visited the hospital a day. The timing was 8-11 in the morning. According to author's request, the clerk registering cases sent every 20th New patient towards the Author's side. The author also

kept a watch by counting persons in the queue outside. So, far as the old patients were concerned, the author had to specially work for them alone. Since they only collected their cards and no entry was made in the counter, it was too much to ask the registration clerk to sent the random number towards me. So, it was necessary for the author to keep a watch. Here also the counting was not difficult since the registration clerks were very co-operative. Every 20th patient was taken. A total of 53 patients were interviewed.

The work

In-patients in Ayurveda College Kottakkal

A total of 51 inpatients were met in the college. They were contacted mainly in the afternoons. There were no need of explaining the matter to each one of them since the introduction given at the first few beds automatically were passed on to the other end by the time the author visited them the next day or after some time. Each one of them was only happy to talk as long as the author wanted them to.

The work

Interview of faculty members

The faculty members were met at their departments. Author did not fix any appointment; but just introduced himself and asked for a 15 mts interview which always extended more than that. Once they agreed to talk, they were very keen to clear each and every point. They were quite amiable and cordial.

ABOUT GOVERNMENT HOMOEOPATHIC MEDICAL COLLEGE, CALICUT

General Description

The Government Homoeopathic College at Calicut [Kozhikode] in the Malabar region of Kerala is one of the three degree colleges in Homoeopathic Medical education in the State of Kerala. This is the first Homoeopathic College established by the Government of Kerala. It was established during the period 1975-76; the second being the Govt. Homoeopathic Medical College, Thiruvananthapuram [Trivandrum] which was started in the year 1981-83. The Calicut Homoeopathic College is the first of its kind in South India.

The College is situated slightly away from the heart of the city at an area called 'Karaparamba'. It is easily accessible by the city traffic system. The long double storey building built in two lines forms the new block of the college situated beside a 1 k.m. sub-road which connects 'Karaparamba' and the Kozhikode District Civil Station. This building accommodates offices, classes, laboratories, clinics, wards and various departments, while an old double storey building accomodates the Hospital office and two other departments.

History of Govt. Homoeopathic Medical College, Calicut

The College was under the control of Director of Homoeopathy Kerala state till 1980-81 since the establishment of the college in 1975. But as per a Government order, the Principal of the College has been conferred the status of a Head of Department and the College got bifurcated from the control of the Director of Homoeopathy. Thus the college, including the collegiate Hospital was brought under the direct control of the Principal, who is the 70th Head of Department in the State.

9 batches of Students consisting a total of 118 students graduated from this college which is provisionally affiliated to the University of Calicut.

A Nurse-cum-Pharmacist course with a duration of one year was also started in 1989 with an intake of 60 students.

Students in Govt. Hom. Medical College, Calicut

The intake in a batch is 50. Admission is through Common Entrance Examination conducted by the Commissioner of Entrance Examinations, Government of Kerala. There is a system of supplementary batches in each year for students who fail in the yearly examinations. In the study year student strength

comes to 324 including 34 House Surgeons.

Lady students are accommodated in different hostels which come under other administrations. Plan for a building for ladies hostel at a budget of 30 lakhs is being conceived. There is a Hostel for men situated in the city functioning in an old bungalow which once accommodated the District Homoeopathic Hospital. Students commute by college bus and public transport system.

Staff

In the College, there are 49 staff members, including 36 teaching staff. There are 31 staff in the collegiate Hospital. Out of the 12 departments only 4 departments are having Professors. This, reportedly, is due to bureaucratic delays for promotion and non-availability of persons with all the specified qualifications.

Hospital, Govt. Hom. Medical College, Calicut

In the year 1989-90, 569 patients were treated in the In-patient section. Roughly around 250 new cases and 500 old cases are treated per day in the Out-patient section. In 1989-90, 1,00,038 cases were treated in OP.

There are proposals to increase the bed strength from 50 to 100 to achieve the target of 500 beds in a phased programme.

The work at Calicut Government Homoeopathic Medical College

As explained in the Methodology, the Homoeopathic College Calicut is one of the two colleges, selected in the case of Homoeopathy.

This was the college the researcher visited first. Since no facility was available for stay as a guest, the student stayed at the city by himself and travelled by city bus service which took him to the spot in 20 mts. time. He did not face any problem in food and accommodation since, Kerala, especially the city eating places satiates gourmets at comparatively cheap rate with vegetarian as well as non-vegetarian stuff, the combinations of which are special to this region.

The researcher started the work by the half of October'90; to be precise, on 15th of October. With the introductory letter, he met the Principal first; who presented himself at exactly 10'0 clock; and got his permission in writing. Then he met the Hospital Superintendant and the Office Superintendant to collect the basic data so as to form an exact strategy for the work.

**Questionnaire to the Students in Govt. Hom. Medical College,
Calicut**

Once the matter is explained, getting the students to fill up questionnaires was easy. They were met at the class room during free time, in the canteen, in the hospital-wards etc. All the yearly admissions produced supplementary batches for those who fail in the examination and since their classes were not regular, it was difficult to meet them. Another difficult group was the House Surgeons who were very busy at wards from the moment they reported and the only possible time to catch them was 1'0 clock in the after-noon.

The researcher decided to visit all the hostels and other living places where the students can be approached. A friend of the researcher helped him to visit all the five hostels including the one which comes under the college. While in the Men's hostels researcher went directly into their rooms; at ladies hostels small groups were met at the Lounge or visitors room. One batch was met on the day of their examination. Each student was approached as soon as they came out of the examination hall. In spite of their tiredness, most of them agreed to fill it up right then while others had to be contacted at their hostels or through their friends.

Out of the total 324 students, 233 could be contacted; well over 70%.

Interview of Out-Patients in Govt. Hom. Med. College, Calicut

It was found from the registers maintained at the hospital office that the out-patient visit is to the tune of an average 500 patients as old patients and 250 as new patients.

The Registration of patients is open at 8 A.M. to 1 P.M. on all days. Both old and new patients came in the same queue; got registered at the single counter; they were entered in two separate registers.

The researcher could establish a rapport with the clerks in the counter so as to instruct them to direct every 20th new and old patient towards him. He stood beside the counter with the printed schedule at hand. Even though a chair was offered, the researcher opted not to sit since that could cost him the speed of his interview especially since the patients as well as the researcher himself never wanted another queue before him. In spite of this, he had to make one or two patients stand. So as not to break the chain of sample. He was alert to see that the speed of the work never affected the quality of interview.

A total of 172 patients; 55 new and 117 old patients were met.

And, before going into the details of how the interview was effected, it is essential to mention some more points about the location of interview i.e. the place near the registration counter.

Other points which could possibly be places at which interviews could be effected were:-

- (1) The single gate of the hospital through which patients walked in and out.
- (2) The queues before each department, where the patients waited, for meeting with doctor, after getting registered.
- (3) The Pharmacy counter.

Needless to say, no. (1) would not be a sensible point to be selected especially since it is the single entrance for whole of the hospital establishment, the college and various other functionaries. Even if the student were to be helped by others, explaining the matter itself would have cost him the better part of his time; besides ending up in a blurred random.

In the case of choice no. (2) besides losing clear

random, the process of applying the schedule would have disturbed the doctor as well as medical students and House surgeons; most important problem would be that the patient could be apprehensive when he is asked various questions at the vicinity of his/her physician.

And regarding choice (3), it goes without saying that all the patients may not come to the pharmacy or most of them may continue the same medicine left at their hand or stop the medicine for a few days or just report with the physician and go back. And whoever comes to the counter would be too busy to leave for his/her next destination especially since that would be the last point of his visit to the hospital; more over it would have cost enough time to explain the matter itself.

On the basis of the above discussion, it can be stated that the place near the registration counter was the best place to interview; the advantages of the same are explained below.

- (i) It is the first point of contact of the patient so far as the hospital system is concerned. He/she is less tired; more receptive and more responsive.
- (ii) Since the 'authority' at the counter directed him/her towards the researcher, there was no question of coercing him/her to give an interview.

(iii) Because of the above reason, the patient feels that the student is somebody of concern; moreover, somebody interested in them.

(iv) Many of them always found it good to meet somebody in between the busy counter and the doctor to clear doubts like which doctor to be met for a particular problem, whether a particular doctor is available etc. [ofcourse this is a matter which is observed only during interviewing the patients].

It goes without saying that it is impossible to explain to each one of them about the study or objective of the study so far as it does not affect the quality of work. In most of the cases it is believed that the patient himself assumed that it is a "survey"; and in the case of many others, it was a matter which troubled them least except for the fact that it would'nt cost his/her valuable time. Moreover, medical students taking cases is a common sight there since it is a medical college.

The student kept a number of ready-made answers to respond to their instant doubts. He took special care to dress as formal as possible because that itself could enhance the level of mutual respect, thereby resulting in a quick and effective schedule.

It would be interesting to explain how his philological knowledge of the different categories of people helped him to effect a quick response from the patient.

For example Malayalam [obviously, the language of schedule in 99.99 cases] spoken by people from northern Kerala, the Cannanore region considerably differed from that of, for examples certain Adivasis. If it is to ask "How long have you been suffering from this disease [question no. 12, schedule for patients, see Appendix B]. To the former it must be "koraē kaalāai" [very long?] in a much musical tone. Towards the later it must be "Ethra kaalamayyi" [How long] with much syllable stress. But most of them belonged to the dominant community in the area i.e. Islam, in which case the question could be "Ethraalāai" stressing the syllable 'th'.

To ask name, always it was "Pe(a)ru"? by the time he/she mentions his name the student could peep into his card and write down the number. Simultaneously when asking age, "Vayassu" he could write down the name, and alongwith asking about the disease, "Asugam" or "Sookkeaudu" or "Enthaasugam". he could write down the age. And at times when the patients related his/her age with some drought or flood, the researcher never attempted to go into the climatic history of the state, but just wrote down an approximate number.

Besides, the patient was much relieved and frank at the relatively soft and respectful treatment on the part of the researcher especially since the patient had already encountered the busy clerks at the counter.

Interview of In-patients at Calicut Govt. Hom. Med. College

The Calicut Homoeo Medical College has a 50 bedded ward.

The interview scheduling in the wards are done mainly in the afternoons. This is because, doctors and other students would have finished their rounds and the researcher would be free after meeting the out-patients. Special permission had been taken to see them at anytime, of course without disturbing them.

Here, the bed number was noted down as reference number. Relatively it took more time with the in-patients because all of them were free and only glad to indulge in long discussions with the researcher. Many of them explained to the author the need of such studies much to his astonishment. The talks went upto asking very personal questions to the author. At occasions when the patient is unable to talk, information was collected from one who attends him/her. It is noted down in the schedule paper. Author always stood beside the bed. Since most of the patients got up and sat in the bed - against the

authors request to keep on lying down - communication was easy. Even otherwise it was only a matter of leaning little forward. Comparatively the work was easier since the author could take rest as and when required. Especially since the wards were commendably neat, the patients were generally very much satisfied. They were also satisfied with the hospital diet which included bread, milk, eggs etc. for breakfast and 'kanji' [porridge] of rice and green gram etc. at noon and at night. All of them were very happy about the hospital staff.

Questionnaire to Faculty in Govt. Hom. Med. College, Calicut

Questionnaire to doctors [appendix C] were distributed at their staff rooms, and at times at the clinic. They were very much willing to fill up the 7 page questionnaire, once the matter was explained to them. All of them happily accepted the author's request. Most of them fixed a time for the author to contact them to collect it back; and all of them returned it promptly. In a single case the doctor declined to fill it up; but later an interview was conducted which extended for more than an hour. In a few other cases short interviews were conducted. Generally the author approached them after fixing an appointment. All of them were contacted at the college itself.

**ABOUT HOMOEOPATHIC MEDICAL COLLEGE, KOTTAYAM [The Athurasramam
N.S.S. Homoeopathic Medical Degree College, Sachivothamapuram
P.O.; Kottayam District, Kerala]**

General Description

The college is situated half an hour drive away from the Municipal town of Kottayam. It is easily approachable by Private Transport Vehicles, though they are not very frequent.

The beginning of the college goes back to the 1930s when Swami Athuradas established his treatment in Homoeopathy who believed that "Homoeopathy is the cheapest and safest medicine that can be made available to the people". The Degree College has been sanctioned by Government of Kerala in 1982-83.

Presently the College is administered by Nair Service Society, "the foremost private educational agency in India", which has to its credit 15 first grade Arts and Science Colleges, 3 Training Colleges, an Engineering College and many other institutions.

The total strength of a batch is 50. 50% seats are filled by general merit. 20% is reserved for the management and another 20% is reserved for members of Nair community.

The college, affiliated to the Mahatma Gandhi University of Kottayam conducts 4.5 yrs long degree course.

The college building is situated close to the well equipped Diploma College, the pioneer homoeopathic college in the state which is also managed by the N.S.S.

Clinical training is provided at a 100 bed District Homoeo Hospital and other hospitals under NSS management. An average of 350 out-patients visits this hospital per day.

The total staff strength comes around 40; half of which is teaching staff. The Governing Body consists of 10 members including a nominee by the Government of Kerala, namely, Under Secretary, Health Department.

A hostel for Ladies function under the college. Male students find their accommodation themselves while many lady students are accommodated in a Working Womens Hostel situated close-by.

Questionnaire to Students : Hom. Medical College, Kottayam

This was the last college to be visited and the author grew the most confident and that he could manage larger numbers in a single day. It happened like that, 5 groups

including two full classes could be managed in single day, even though that involved a little bit of running around between the classes, but the students were very co-operative, the single fact which helped him to finish the work quickly. Only in this college many of the students raised doubts about the exact meaning of some of the questions especially the last two questions. [appendix A Question No. XX, XXI]. Since already a short description was given, the author never attempted to go into the detail of the issue due to i) lack of time ii) the fact that it was not intent and iii) any explanation would be more likely to influence their opinion. In such cases author instructed them to simply write down that the "question is not clear" or simply leave them blank. A total of 181 students could be reached; over 70%.

Interview of out-patients at Kottayam Hom. Medical College

As stated earlier, the clinical training to students are partly done at the District Homoeo Hospital situated close by. A written permission was obtained from the superintendant to meet the patients in the Hospital.

Here, both in-patients and out-patients had to get registered at a counter. The most suitable place to interview the patient was to stand somewhere near the counter, outside it. The timing was from 8AM to 12 noon. Every 20th new and old

patient had been instructed by the Clerk at the registration counter to contact the researcher. A total of 28 new patients and 25 old patients were interviewed. Even though for the first two days only new patients were contacted, it was found that both can be managed simultaneously; so that from the third day onwards old patients also were interviewed.

Since no remarkable fluctuation in the type of cases was observed, any day of the week could be a good day for scheduling.

Interview of in-patient at Kottayam Homoeopathic College

All the in-patients available at the period were interviewed; a total of 29.

Interview of Faculty members in Hom. Medical College, Kottayam

In Kottayam Authurasramam NSS Homoeopathic Degree College, the author was fortunate to meet some of the senior most Professors in Homoeopathic medical education. They were met at the staff rooms. An average of 45 minutes were taken for an interview.

Table 1 : AGE GROUP

College	1 Total	2 17-18	3 19-20	4 21-23	5 24-26	6 27-30	7 30-
A. Ayurveda Govt.	255 (100%)	42 (16.5%)	77 (30%)	66 (26%)	46 (18%)	15 (5%)	9 (3%)
B. Ayurveda Non-Govt.	97 (100%)	15 (15.5%)	46 (47.5%)	32 (33%)	4 (4%)	0 (0%)	0 (0%)
AYURVEDA (A+B) TOTAL	352 (100%)	57 (16.1%)	123 (35%)	98 (27.8%)	50 (14.8%)	15 (4%)	9 (2%)
C. Homoeopathy (Govt.)	233 (100%)	39 (16.7%)	66 (28.3%)	66 (28.3%)	42 (18%)	12 (5%)	2 (0.8%)
D. Homoeopathy (Non-Govt.)	181 (100%)	30 (16.5%)	79 (43.6%)	57 (31%)	10 (5%)	0 (0%)	4 (2.2%)
HOMOEOPATHY (C+D) TOTAL	414 (100%)	69 (16.6%)	145 (35%)	123 (29.7%)	52 (12.5%)	12 (2.8%)	6 (1.4%)
GRAND TOTAL A+B+C+D	766 (100%)	126 (16.4%)	268 (34.5%)	221 (28.8%)	102 (13.3%)	27 (3.5%)	15 (1%)

Note : I Age group of the students is not expected to show any significant data. Here age group 19-20 showed the highest percentage in all colleges. Inspite of the fact that the next group contained three years i.e. 21-23., and the earlier group is 17-18 whereas the students normally join the college at the age of 17.

II The descending order of number of students in each age group is the following
[17-18 : 2, 19-20 : 3, 21-23 : 4, 24-26 : 5, 27-30 : 6, 30- : 7]

Ayurveda Govt.	3	4	5	2	6	7
Homoeo Govt.	3	4	5	2	6	7
Ayurveda Non-Govt.	3	4	2	5	0	0
Hom. Non-Govt.	3	4	2	5	7	6

III In each age group percentage of students in govt. colleges shows close figures., that in non-govt. colleges also shows near figures.

See : 2A and 2C, 3A and 3C, 4A and 4C, 5A and 5C, 6A and 6C,
2B and 2D, 3B and 3D, 4B and 4D, 5B and 5D, 6B and 6D.

This does not apply to age group 30- and above.

IV If the normal age of the degree students is taken as 18-23,

Govt. Colleges : Percentage of students who fall in the lower periphery of the normal age group is GREATER than the percentage of students who fall in the upper periphery of this normal age group.

This differences are 1.3 and 1.5% for Ayurveda and Homoeopathy.

Non-Govt. Colleges : Percentage of students who fall in the lower periphery of the normal age group is LESS than the percentage of students who fall in the upper periphery of this normal age group.

This difference are 11.5% for both Ayurveda and Homoeopathy.

V If 20.5 is taken as the average age,

Govt. percentage of those who above minus percentage of who below = 5.5 and 7.1 (Ayurveda and Homoeopathy).

Non-Govt. percentage of those who above minus percentage of those who below = 26 and 22 (Ayurveda and Homoeopathy).

This is when all the age groups are taken together.

Table 2 : BACKGROUND

Name of College	Total	Urban	Rural
A. Ayurveda - Govt. (Govt. Ayurveda College, Trivandrum)	255 (100%)	126 (49.4%)	129 (50.5%)
B. Ayurveda - Non Govt. (VPSV Ayurveda College, Kottakkal)	97 (100%)	59 (60.8%)	38 (39.1%)
AYURVEDA (A+B) TOTAL	352 (100%)	185 (52.5%)	167 (47.4%)
C. Homoeo. - Govt. Govt. Homoeopathic Medical College	233 (100%)	131 (56.2%)	102 (43.7%)
D. Homoeo. - Non-Govt. ANSS Homoeo Medical College, Kottayam	181 (100%)	112 (61.8%)	69 (38.1%)
HOMOEOPATHY (C+D) TOTAL	414 (100%)	243 (58.7%)	171 (41.3%)
GRAND TOTAL (A+B+C+D)	766 (100%)	428 (55.9%)	338 (44.1%)

NOTE : I Percentage of students from URBAN background is more than those from RURAL background in all the colleges except in Ayurveda, Trivandrum (where the difference in percentage is only 1.1).

II The difference in percentage in Govt. Colleges are minus 1.1 and 12.5 Ayurveda and Homoeopathy. Non-Govt. Colleges are 21.7 and 23.7 Ayurveda and Homoeopathy.

Table 3 : SEX

Name of College	Total	Male	Female
A. Ayurveda - Govt. (Govt. Ayurveda College, Trivandrum)	255 (100%)	112 (44%)	143 (56%)
B. Ayurveda - Non Govt. (VPSV Ayurveda College, Kottakkal)	97 (100%)	52 (54%)	45 (46%)
AYURVEDA (A+B) TOTAL	352 (100%)	164 (47%)	188 (53%)
C. Homoeo. - Govt. Govt. Homoeopathic Medical College	233 (100%)	89 (38%)	143 (61%)
D. Homoeo. - Non-Govt. ANSS Homoeo Medical College, Kottayam	181 (100%)	30 (17%)	150 (88%)
HOMOEOPATHY (C+D) TOTAL	414 (100%)	129 (31%)	293 (69%)
GRAND TOTAL (A+B+C+D)	776 (100%)	293 (37.7%)	481 (62%)

Note : I Colleges in both systems taken together separately, Female students are more than male.

II In all colleges except in Non-Govt. Ayurveda, at Kottakkal, percentage of Female is more than that of Male. [The difference is the least at Kottakkal (8%)].

III In the college where the admission is not through common entrance examination, but on the basis of marks obtained in the Pre Univ. Exam, (Hom. Non-Govt., Kottayam), percentage of female is considerably high (71%). It is generally observed that while in PDC exam girls perform better, it is boys who show good results in Objective Type common entrance examination.

Table 4 : SECONDARY SCHOOL MARKS %

Name of College	Total	42-49	50-59	60-79	80-	No Response
A. Ayurveda - Govt.	255 (100%)	2 (0.7%)	24 (9.4%)	96 (37.6%)	130 (51%)	3 (1.1%)
B. Ayurveda - Non Govt.	97 (100%)	3 (3%)	1 (1%)	47 (48.4%)	46 (47.4%)	0
AYURVEDA (A+B) TOTAL	352 (100%)	5 (1.4%)	25 (7.1%)	143 (40%)	176 (50%)	3 (0.8%)
C. Homoeo - Govt.	233 (100%)	6 (2.5%)	14 (6%)	95 (40.7%)	115 (49.3%)	3 (1.3%)
D. Homoeo - Non. Govt.	181 (100%)	3 (1.6%)	12 (6.6%)	84 (46%)	59 (32.5%)	23 (12.7%)
HOMOEOPATHY (C+D) TOTAL	414 (100%)	9 (2.1%)	26 (6.1%)	179 (42.2%)	174 (41%)	26 (6.1%)
GRAND TOTAL	766 (100%)	14 (1.8%)	51 (6.6%)	322 (42%)	350 (45.6%)	29 (3.7%)

Note : I All the colleges taken together, nearly 90% of the students obtained marks 60% and above in their Secondary School examinations.

II In the Government Colleges, the majority received 80-99%.
In the Non-Govt. Colleges, the majority received 60-79%. In Non-Govt. Ayurveda, 1% less of students received marks 80% and above.
In Non-Govt. Homoeopathy, 12.5% less received 80% and above.

III No Response cases higher in Homoeopathy (6.1%) than in Ayurveda (.8%).

Table 5 : MARKS % IN PRE-DEGREE [+2]

Name of College	Total	42-49	50-59	60-79	80-	No Response
A. Ayurveda - Govt.	255 (100%)	4 (1.5%)	40 (15.7%)	152 (59.6%)	56 (22%)	3 (1.1%)
B. Ayurveda - Non Govt.	97 (100%)	2 (2%)	15 (15.4%)	64 (65.9%)	16 (16.5%)	0
AYURVEDA (A+B) TOTAL	352 (100%)	6 (1.7%)	55 (15.6%)	216 (61.3%)	72 (20.5%)	3 (0.8%)
C. Homoeo - Govt.	233 (100%)	2 (0.4%)	25 (10.7%)	119 (51%)	87 (37.3%)	
D. Homoeo - Non-Govt.	181 (100%)	5 (2.7%)	34 (16.7%)	85 (47%)	54 (30%)	3 (1.6%)
HOMOEOPATHY (C+D) TOTAL	414 (100%)	7 (1.6%)	39 (14.2%)	204 (49.2%)	141 (34%)	3 (0.7%)
GRAND TOTAL	766 (100%)	13 (1.6%)	114 (14.8%)	420 (54.8%)	213 (27.8%)	6 (0.7%)

Note : I In terms of marks obtained in the pre university examination, majority, over 80% of the students obtained 60% and above.

II Highest percentage of students with 80% and above in Govt. and Non-Govt. Homoeo. (37.3 and 30%).

Table 6 : FATHER'S EDUCATION

Name of College	Total	0	10	+2	Deg.	PG.
A. Ayurveda - Govt.	255 (100%)	12 (4.7%)	40 (15.6%)	60 (23.5%)	94 (36.8%)	47 (18.4%)
B. Ayurveda - Non Govt.	97 (100%)	9 (9.2%)	39 (40.2%)	8 (8.2%)	38 (39.1%)	3 (3%)
AYURVEDA A+B TOTAL	352 (100%)	21 (6%)	79 (22.4%)	68 (19.3%)	132 (37.5%)	50 (14.2%)
C. Homoeo - Govt.	233 (100%)	16 (6.8%)	58 (24.9%)	59 (25.3%)	70 (30%)	26 (11.1%)
D. Homoeo - Non-Govt.	181 (100%)	8 (4.4%)	40 (22%)	42 (23.2%)	73 (40.3%)	18 (9.9%)
HOMOEOPATHY (C+D) TOTAL	414 (100%)	24 (5.7%)	98 (23.6%)	101 (24.3%)	143 (34.5%)	44 (10.6%)
GRAND TOTAL (A+B+C+D)	766 (100%)	45 (5.8%)	177 (23%)	169 (22%)	275 (36%)	94 (12.2%)

Note : All the colleges taken together, more than 70% of the fathers have education to the level of Pre Degree or above and more than 93% of the fathers have education to the level of 10th standard or above.

Table 7 : MOTHER'S EDUCATION

Name of College	Total	0	10	+2	Deg.	P.G.
A. Ayurveda - Govt.	255 (100%)	26 (10.1%)	95 (37.2%)	49 (15.4%)	70 (27.4%)	19 (7.4%)
B. Ayurveda - Non Govt.	97 (100%)	16 (16.4%)	43 (44.3%)	14 (14.4%)	24 (24.7%)	0
AYURVEDA (A+B) TOTAL	352 (100%)	42 (12%)	138 (39.2%)	53 (15%)	94 (26.7%)	19 (5.3%)
C. Homoeo - Govt.	233 (100%)	29 (12.4%)	98 (42%)	44 (18.8%)	54 (23.2%)	8 (3%)
D. Homoeo - Non-Govt.	181 (100%)	8 (4.4%)	61 (33.7%)	47 (26%)	57 (31.5%)	8 (4.4%)
HOMOEOPATHY C+D TOTAL	414 (100%)	37 (9%)	159 (38.4%)	91 (22%)	111 (26.8%)	16 (3.8%)
GRAND TOTAL (A+B+C+D)	766 (100%)	79 (10.3%)	297 (38.7%)	144 (18.8%)	205 (26.7%)	35 (4.5%)

Note : 89% have education to the level of 10th standard or above.

Table 8 : PARENT OCCUPATION

Name of College	Total	Teacher	Doctor
A. Ayurveda - Govt. (Govt. Ayurveda College, Trivandrum)	255 x 2	40	10
B. Ayurveda - Non Govt. (VPSV Ayurveda College, Kottakkal)	97 x 2	39	12
AYURVEDA (A+B) TOTAL	352 x 2	79	22
C. Homoeo. - Govt. Govt. Homoeopathic Medical College	233 x 2	100	15
D. Homoeo. - Non-Govt. ANSS Homoeo Medical College, Kottayam	181 x 2	70	14
HOMOEOPATHY C+D TOTAL	414 x 2	179	29
GRAND TOTAL (A+B+C+D)	766 x 2	258	51

Note : Occupation of Mother and Father taken separately and added together.
Taken into different groups, 'teachers' form the largest one; [majority of them are teacher-couples].
Position of doctors are much less comparatively. The rest belonged to various other groups.

Table 9 : ASSUMED ECONOMIC CLASS

Name of College	Total	Lower	Lower Middle	Middle	Upper Middle	Upper
A. Ayurveda - Govt. (Govt. Ayurveda College, Trivandrum)	255 (100%)	7	66	154	5	1
B. Ayurveda - Non Govt. (VPSV Ayurveda College, Kottakkal)	97 (100%)	1	16	78	2	0
AYURVEDA (A+B) TOTAL	352 (100%)	8	82	232	7	1
C. Homoeo. - Govt. Govt. Homoeopathic Medical College	233 (100%)	7	69	135	19	3
D. Homoeo. - Non Govt. ANSS Homoeo Medical College, Kottayam	181 (100%)	1	4	168	6	1
HOMOEOPATHY (C+D) TOTAL	414 (100%)	8	73	303	25	1
GRAND TOTAL (A+B+C+D)	766 (100%)	16 2.1%	155 20.2%	535 70%	32 4.2%	2 .2%

Note : Majority of students belong to Middle Class.
Second position to Lower-Middle Class.
Percentage of students in upper class negligible. [less than 1%].

Table 10 : WHY DID YOU JOIN THE COURSE?

College	Total	To be a Doctor	Since Selected	Family Influence	Like this Medical System	Service to the Society	No Response
A. Ayurveda (Govt.)	255 (100%)	140 (55%)	68 (26.6%)	27 (10.6%)	4 (1.5%)	6 (2.3%)	10 (4%)
B. Ayurveda (Non-Govt.)	97 (100%)	42 (43%)	34 (35%)	14 (14.4%)	2 (2%)	3 (3%)	2 (2%)
AY. TOTAL	352 (100%)	182 (51.7%)	102 (28.9%)	41 (11.7%)	6 (1.7%)	9 (2.5%)	12 (3.4%)
C. Homoeo (Govt.)	233 (100%)	104 (44.6%)	67 (28.7%)	22 (9.4%)	3 (1.2%)	17 (7.2%)	20 (8.5%)
D. Homoeo (Non-Govt.)	181 (100%)	126 (69.6%)	17 (9.3%)	17 (9.3%)	14 (7.7%)	6 (3.3%)	1 (0.5%)
HOM. TOTAL	414 (100%)	230 (55.5%)	84 (20.2%)	39 (9.4%)	17 (4.1%)	23 (5.5%)	21 (5%)
GRAND TOTAL	766 (100%)	412 (53.7%)	186 (24.2%)	80 (10.4%)	23 (3%)	32 (4.2%)	33 (4.2%)

Note : I In all the colleges the majority marked 'To be a Doctor' Second comes 'Since Selected'. The former is the reason rather for joining the Pre-Degree course itself in the Science group with Biology. Since they appeared in the entrance examination and got selected for this course; there is virtually no other option except to join.

II Non-Govt. Homoeo, Kottayam, where admission is on the basis of marks, holds the lowest percentage for 'Since Selected'. It has the highest percentage for 'To be a Doctor'.

III Family influence is higher in Ayurveda.

IV 'Like this Medical System' has the high percentage in Homoeopathy.

V 'Service to the Society' higher in Homoeopathy.

VI Other explanations and 'Philosophies' higher in Homoeopathy.

Table 11 : OPINION REGARDING FACILITIES

Name of College	Total	Good	Satisfied	Poor	Other Expln.
A. Ayurveda - Govt. (Govt. Ayurveda College, Trivandrum)	255 (100%)	38 (14.9%)	96 (37.6%)	100 (39.2%)	21 (8.2%)
B. Ayurveda (Non-Govt.) (VPSV Ayurveda College, Kottakkal)	97 (100%)	4 (4.1%)	26 (27%)	67 (68%)	0
AYURVEDA (A+B) TOTAL	352 (100%)	42 (12%)	122 (34.6%)	167 (47.4%)	21 (6%)
C. Homoeo. - Govt. (Govt. Homoeopathic Medical College)	233 (100%)	10 (4.2%)	52 (22.3%)	168 (72%)	3 (1.2%)
D. Homoeo. - Non Govt. ANSS Homoeo Medical College, Kottayam	181 (100%)	19 (10.4%)	94 (51%)	68 (37.6%)	0
HOMOEOPATHY (C+D) TOTAL	414 (100%)	29 (7%)	146 (35%)	239 (57%)	0
GRAND TOTAL (A+B+C+D)	766 (100%)	71 (9.2)	268 (35%)	406 (53%)	21 (2.7%)

Note : In all colleges except Non-Govt. Hom. Kottayam majority considers facilities as Poor.

In Non-Govt. Hom. Kottayam, majority satisfied with facilities.

'Good' highest marked at Ay. Govt. Trivandrum (14.9%) - then Hom. Non-Govt. Kottayam (10.4%)

Table 12 : PLAN AFTER THIS

Name of College	Total	Study	Job	Other Expln.
A. Ayurveda - Govt. (Govt. Ayurveda College, Trivandrum)	255 (100%)	141	84	28
B. Ayurveda (Non-Govt.) (VPSV Ayurveda College, Kottakkal)	97 (100%)	44	43	11
AYURVEDA (A+B) TOTAL	352 (100%)	185 (52%)	127 (36%)	39 (11%)
C. Homoeo. - Govt. (Govt. Homoeopathic Medical College)	233 (100%)	103	132	22
D. Homoeo. - Non Govt. ANSS Homoeo Medical College, Kottayam	181 (100%)	80	98	8
HOMOEOPATHY (C+D) TOTAL	414 (100%)	183 (44.2%)	230 (55.5%)	30 (7.2%)
GRAND TOTAL (A+B+C+D)	766 (100%)	368 (48%)	357 (46.6%)	69 (9%)

Note : In Ayurveda plan for Higher Study is more than Finding Job (16%).

In Homoeopathy plan for Higher Study is less than Finding Job (11.3%).

[Facility for higher studies is available in Ayurveda.]

Table 13 : HOW DO YOU LIKE THIS SYSTEM

Name of College	Total	As a Profession	Income Security	Status it Offers	Other Expln.
A. Ayurveda - Govt. (Govt. Ayurveda College, Trivandrum)	255 (100%)	187	16	18	29
B. Ayurveda (Non-Govt.) (VPSV Ayurveda College, Kottakkal)	97 (100%)	72	7	4	6
AYURVEDA (A+B) TOTAL	352 (100%)	259 (73.5%)	23 (6.5%)	22 (6.25%)	35 (10%)
C. Homoeo. - Govt. (Govt. Homoeopathic Medical College)	233 (100%)	173	14	19	25
D. Homoeo. - Non Govt. ANSS Homoeo Medical College, Kottayam	181 (100%)	119	2	17	36
HOMOEOPATHY (C+D) TOTAL	414 (100%)	292 (70%)	16 (3.8%)	36 (8.6%)	61 (14.7%)
GRAND TOTAL (A+B+C+D)	766 (100%)	551 (72%)	39 (5%)	58 (7.6%)	96 (12.5%)

Note : Majority of both Ayurveda and Homoeopathy students 'like this as a profession' (over 70%).

Other responses comes only around 10%.

In Ayurveda almost equal % is satisfied with income or status.

In Homoeopathy; 5% more student like this because of status than income.

Table 14 : YOUR SYSTEM IN COMPARISON WITH ALLOPATHY

Name of College	Total	Superior	Inferior	Neither Sup. Nor Inf.	No Response
A. Ayurveda - Govt. (Govt. Ayurveda College, Trivandrum)	255 (100%)	106	11	130	18
B. Ayurveda (Non-Govt.) (VPSV Ayurveda College, Kottakkal)	97 (100%)	27	8	53	9
AYURVEDA (A+B) TOTAL	352 (100%)	133 (37.8%)	19 (5.4%)	183 (52%)	17 (4.8%)
C. Homoeo. - Govt. (Govt. Homoeopathic Medical College)	233 (100%)	92	18	123	0
D. Homoeo. - Non-Govt. ANNSS Homoeo Medical College, Kottayam	181 (100%)	96	4	81	0
HOMOEOPATHY (C+D) TOTAL	414 (100%)	188 (45.4%)	22 (5.3%)	204 (49.2%)	0
GRAND TOTAL (A+B+C+D)	766 (100%)	321 (42%)	41 (5.3%)	387 (50.5%)	17 (2.2%)

Note : In both Ayurveda and Homoeopathy, highest response in 'Neither Superior or Inferior';

then comes 'Superior'.

Response 'Inferior' has been equally responded in both; 5.3%.

No Response 4.8% (in Ayurveda only).

Table 15 : HOW SUPERIOR IS YOUR SYSTEM

College	Total	Cheaper	Quick relief	For Certain Diseases	No Side Effect	Other
A. Ayurveda (Govt.)	255 (100%)	5	3	118	130	35
B. Ayurveda (Non-Govt.)	97 (100%)	1	0	49	26	23
AY. TOTAL	352 (100%)	6 (1.7%)	3 (0.8%)	167 (47.4%)	156 (44.3%)	58 (16.5%)
C. Homoeo. (Govt.)	233 (100%)	107	63	134	120	63
D. Homoeo. (Non-Govt.)	181 (100%)	28	11	64	114	54
HOM. TOTAL	414 (100%)	135 (32.6%)	74 (17.8%)	198 (47.8%)	234 (56.5%)	117 (28.2%)
GRAND TOTAL	766 (100%)	141 (18.4%)	77 (10%)	365 (47.6%)	390 (50%)	175 (22.8%)

Note : In this question students could offer more than one choice

In Ayurveda, 'Good For Certain Diseases' was selected by majority. Then comes 'No Side Effect' and then other philosophies, opinion etc.

In Homoeopathy 'No Side Effect' comes first. Then 'Certain Diseases' 'Cheaper', 'other opinion', and lastly 'Quick Relief'.

In Ayurveda selection for 'Cheaper' and 'Quick Relief' is negligible.

Taken together, 'No Side Effect' and 'For Certain Diseases' comes first and second.

Table 16 : OPINION REGARDING SURGERY TRAINING

Name of College	Total	Necessary	Not Necessary	Help Diagnosis	Other
A. Ayurveda - Govt. (Govt. Ayurveda College, Trivandrum)	255 (100%)	141	596	96	21
B. Ayurveda (Non-Govt.) (VPSV Ayurveda College, Kottakkal)	97 (100%)	60	1	33	9
AYURVEDA (A+B) TOTAL	352 (100%)	201 (57.1%)	6 (1.7%)	129 (36.7%)	30 (8.5%)
C. Homoeo. - Govt. (Govt. Homoeopathic Medical College)	233 (100%)	148	11	102	17
D. Homoeo. - Non-Govt. ANSS Homoeo Medical College, Kottayam	181 (100%)	100	2	77	11
HOMOEOPATHY (C+D) TOTAL	414 (100%)	248 (60%)	13 (3.1%)	179 (43.2%)	28 (6.7%)
GRAND TOTAL	766 (100%)	449 (58.6%)	19 (2.4%)	308 (40.2%)	58 (7.5%)

Note : In this question more than one choice could be offered.

'Not Necessary' received least response; higher in Homoeopathy than Ayurveda.

'Necessary' comes first followed by 'Help Diagnosis'; higher in Homoeopathy.

'Other Reasons' higher in Ayurveda than Homoeopathy.

Table 17 : OPINION REGARDING INTEGRATED MEDICAL SYSTEM

Name of College	Total	Revelution	No Meaning	Expln	No Response
A. Ayurveda - Govt. (Govt. Ayurveda College, Trivandrum)	255 (100%)	165 (64.7%)	23 (9%)	42 (16.4%)	67 (26.2%)
B. Ayurveda (Non-Govt.) (VPSV Ayurveda College, Kottakkal)	97 (100%)	70 (72.1%)	6 (6.1%)	19 (19.5%)	21 (21.6%)
AYURVEDA (A+B) TOTAL	352 (100%)	235 (66.7%)	29 (8.2%)	51 (14.4%)	88 (25%)
C. Homoeo. - Govt. (Govt. Homoeopathic Medical College)	233 (100%)	152 (65.2%)	49 (21%)	50 (21.5%)	32 (13.7%)
D. Homoeo. - Non-Govt. ANSS Homoeo Medical College, Kottayam	181 (100%)	100 (55.2%)	72 (39.7%)	12 (6.6%)	9 (5%)
HOMOEOPATHY (C+D) TOTAL	414 (100%)	252 (60.8%)	121 (29.2%)	62 (24.6%)	41 (9.9%)
GRAND TOTAL	766 (100%)	487 (63.5%)	150 (19.6%)	113 (14.7%)	129 (16.8%)

Note : The highest percentage of response is for that the 'Integrated Medical System' i.e. "a mixture of 'Good Qualities' of all systems" would revolutionize medical system.

Ayurvedic colleges is the lower in saying that it has no meaning.

Explanations were given more by Homoeopathy.

And higher percentage of 'No Response' in Ayurveda

Highest percentage of No Response among all the questions. This question apparently confused many.

Table 18 : INTEGRATED MEDICAL SERVICE

Name of College	Total	Good	Not Good	No Response
A. Ayurveda - Govt. (Govt. Ayurveda College, Trivandrum)	255 (100%)	207 (81%)	98 (38.4%)	0
B. Ayurveda (Non-Govt.) (VPSV Ayurveda College, Kottakkal)	97 (100%)	87 (89%)	8 (8.2%)	2 (2%)
AYURVEDA (A+B) TOTAL	352 (100%)	294 (83.5%)	106 (30%)	2 (.5%)
C. Homoeo. - Govt. (Govt. Homoeopathic Medical College)	233 (100%)	194 (83%)	20 (8.5%)	19 (8.1%)
D. Homoeo. - Non-Govt. ANSS Homoeo Medical College, Kottayam	181 (100%)	161 (88%)	12 (6.6%)	8 (4.4%)
HOMOEOPATHY (C+D) TOTAL	414 (100%)	355 (85%)	32 (7.7%)	27 (6.5%)
GRAND TOTAL	766 (100%)	649 (84.7%)	138 (18%)	29 (3.4%)

Note : In this, so many overlapping occur; the same student explained reasons both for 'Good' and 'Not Good'.

Majority explanations for it being good.

INTERVIEW OF PATIENTS - RESULTS

SEX

AYURVEDA

GOVT.

	MALE	FEMALE
I.P.	170	124
O.P. (New)	46	47
O.P. (Old)	9	22

Table 19

NON-GOVT.

	MALE	FEMALE
I.P.	39	12
O.P. (New)	8	20
O.P. (Old)	10	15

Table 20

Note : On the whole, Male more in Ayurveda.
One interpretation could be that it is the Male who could choose to spend more time and effort for relatively longer Ayurveda treatment.

HOMOEOPATHY

SEX

GOVT.

	MALE	FEMALE
I.P.	25	42
O.P. (New)	30	25
O.P. (Old)	39	78

Table 21

NON-GOVT.

	MALE	FEMALE
I.P.	13	16
O.P. (New)	10	18
O.P. (Old)	16	19

Table 22

Note : Female more in Homoeopathy.

One interpretation could be that it is Female who want to make use of comparatively cheaper Homoeopathic Medicine.

AYURVEDA

AGE

GOVT.

	INFANT	CHILDREN	TEENS	YOUNG	MID. AGE	AGED
I.P.	1	6	10	83	73	121
O.P.(New)	2	11	11	26	26	17
O.P.(Old)	0	2	3	3	8	15

Table 23

NON-GOVT.

	INFANT	CHILDREN	TEENS	YOUNG	MID. AGE	AGED
I.P.	1	4	0	10	12	24
O.P.(New)	1	12	1	4	3	7
O.P.(Old)	1	4	0	7	8	5

Table 24

Note : Above middle age majority in all.

HOMOEOPATHY

AGE

GOVT.

	INFANT	CHILDREN	TEENS	YOUNG	MID. AGE	AGED
I.P.	0	0	4	9	11	43
O.P. (New)	3	15	3	14	10	9
O.P. (Old)	4	25	8	26	30	24

Table 25

NON-GOVT.

	INFANT	CHILDREN	TEENS	YOUNG	MID. AGE	AGED
I.P.	5	4	0	3	6	12
O.P. (New)	12	5	5	2	5	1
O.P. (Old)	3	6	10	7	5	4

Table 26

Note : No specific majority age groups.

EDUCATION

AYURVEDA

GOVT.

	NILL	I-IV	V-X	H.SEC.	DEGREE
I.P.	74	114	92	13	1
O.P.(New)	14	33	36	10	0
O.P.(Old)	10	11	7	3	0

Table 27

NON-GOVT.

	NILL	I-IV	V-X	H.SEC.	DEGREE
I.P.	18	20	10	3	0
O.P.(New)	9	11	6	2	0
O.P.(Old)	6	9	9	1	0

Table 28

Note : Majority group Fall in I-IV education.

EDUCATION

HOMOEOPATHY

GOVT.

	NILL	I-IV	V-X	H.SEC.	DEGREE
I.P.	21	31	14	1	0
O.P.(New)	4	23	23	5	0
O.P.(Old)	15	28	61	12	3

Table 29

NON-GOVT.

	NILL	I-IV	V-X	H.SEC.	DEGREE
I.P.	9	8	12	0	0
O.P.(New)	1	7	21	0	1
O.P.(Old)	2	4	24	2	3

Table 30

Note : Majority Fall in V-X Education group.

OCCUPATION

AYURVEDA

Govt.

	NILL	HOUSE HOLD	COOLI	LOW INCOME	MID. INCOME
I.P.	77	54	114	34	15
O.P.(New)	28	27	23	8	7
O.P.(Old)	9	3	13	2	4

Table 31

Non-Govt.

	NILL	HOUSE HOLD	COOLI	LOW INCOME	MID. INCOME
I.P.	12	4	22	11	2
O.P.(New)	7	5	9	4	3
O.P.(Old)	5	2	10	7	1

Table 32

Note : Majority fall in 'Coolie' or other low income occupation.

OCCUPATION
HOMOEOPATHY

Govt.

	NILL	HOUSE HOLD	COOLI	LOW INCOME	MID. INCOME
I.P.	17	10	25	13	2
O.P.(New)	20	8	16	8	2
O.P.(Old)	36	18	33	20	10

Table 33

Non-Govt.

	NILL	HOUSE HOLD	COOLI	LOW INCOME	MID. INCOME
I.P.	10	0	16	3	0
O.P.(New)	5	1	15	8	2
O.P.(Old)	2	0	14	15	2

Table 34

Note : Majority fall in 'Coolie' or other low income occupation.

HOME DISTANCE IN KMS.

AYURVEDA

Govt.

	0-3	4-8	9-15	16-25	26-
I.P.	40	26	59	43	126
O.P. (New)	18	49	11	7	8
O.P. (Old)	10	15	4	2	0

Table 35

Non-Govt.

	0-3	4-8	9-15	16-25	26-
I.P.	12	6	10	5	18
O.P. (New)	14	7	3	1	3
O.P. (Old)	5	9	9	0	2

Table 36

Note : In-patients majority from more than 26 Kms. away.

HOME DISTANCE IN KMS.

HOMOEOPATHY

GOVT.

	0-3	4-8	9-15	16-25	26-
I.P.	15	27	9	10	6
O.P.(New)	29	16	5	4	1
O.P.(Old)	77	26	8	5	1

Table 37

NON-GOVT.

	0-3	4-8	9-15	16-25	26-
I.P.	14	3	1	3	8
O.P.(New)	21	3	2	3	1
O.P.(Old)	32	2	0	1	0

Table 38

Note : Majority I.P. from 4-8 Kms. or less than that.
O.P. majority from 0-3 Kms.

WHAT IS THE DISEASE

AYURVEDA

GOVT.

	FALL/ SPINAL	RHEUMA- TIC	EYE	SKIN	BODY/ JOINTS	PARA- LYSIS	RESPI- RATORY	STO- MACH	OTHER
I.P.	73	78	9	26	50	57	2	1	24
O.P.(New)	16	18	17	12	18	3	5	1	6
O.P.(Old)	5	6	3	4	9	1	1	0	2

Table 39

NON-GOVT.

	FALL/ SPINAL	RHEUMA- TIC	EYE	SKIN	BODY/ JOINTS	PARA- LYSIS	RESPI- RATORY	STO- MACH	OTHER
I.P.	7	8	10	3	9	15	1	1	7
O.P.(New)	2	3	2	12	3	1	3	0	3
O.P.(Old)	2	5	5	4	5	1	2	1	1

Table 40

Note : Major complaints are Rheumatism, Body/Joints Pain, Spinal Injuries, Paralysis, Skin diseases etc.

WHAT IS THE DISEASE

HOMOEOPATHY

GOVT

	FALL/ SPINAL	RHEUMA- TIC	EYE	SKIN	BODY/ JOINTS	PARA- LYSIS	RESPI- RATORY	STO- MACH	OTHER
I.P.	2	4	3	7	6	3	19	5	23
O.P.(New)	0	0	0	8	13	0	12	5	19
O.P.(Old)	1	1	2	28	17	1	25	14	37

Table 41

NON-GOVT.

	FALL/ SPINAL	RHEUMA- TIC	EYE	SKIN	BODY/ JOINTS	PARA- LYSIS	RESPI- RATORY	STO- MACH	OTHER
I.P.	2	6	0	5	1	1	2	4	14
O.P.(New)	1	1	4	3	1	0	3	3	14
O.P.(Old)	1	1	0	10	1	0	1	9	16

Table 42

Note : Major complaints are Respiratory Troubles, Skin complaints, Body/Joint Pain, Stomach Trouble etc.

HOW LONG HAVE YOU BEEN SUFFERING FROM THIS?

AYURVEDA

GOVT.

	IMMEDIATE	1-2 months	3-6 months	6-12 months	1-2 years	3-5 years	5 years
I.P.	24	26	45	32	65	34	168
O.P.(New)	24	17	17	10	12	8	5
O.P.(Old)	5	3	3	2	8	3	6

Table 43

NON-GOVT.

	IMMEDIATE	1-2 months	3-6 months	6-12 months	1-2 years	3-5 years	5 years
I.P.	3	8	8	11	3	8	10
O.P.(New)	9	6	4	0	1	1	7
O.P.(Old)	3	4	1	1	7	4	5

Table 44

Note : I.P. majority more than 5 years. Then comes Old and then New patients.

HOW LONG HAVE YOU BEEN SUFFERING FROM THIS?

HOMOEOPATHY

GOVT.

	IMMEDIATE	1-2 months	3-6 months	6-12 months	1-2 years	3-5 years	5 years
I.P.	1	5	8	3	15	5	29
O.P. (New)	15	5	6	8	10	2	9
O.P. (Old)	18	16	10	15	16	14	28

Table 45

NON-GOVT.

	IMMEDIATE	1-2 months	3-6 months	6-12 months	1-2 years	3-5 years	5 years
I.P.	4	6	3	1	5	4	5
O.P. (New)	17	4	2	1	0	2	4
O.P. (Old)	12	6	1	3	7	3	3

Table 46

Note : Majority suffering for more than 6 months.

BEFORE THIS ANY OTHER TREATMENT?

AYURVEDA

GOVT.

	ALLOPATHY	AYURVEDA	HOMOEOPATHY	FOLK
I.P.	205	20	2	20
O.P.(Old)	33	1	0	0
O.P.(New)	18	1	0	0

Table 47

NON-GOVT.

	ALLOPATHY	AYURVEDA	HOMOEOPATHY	FOLK
I.P.	39	2	1	1
O.P.(Old)	15	2	1	0
O.P.(New)	14	0	0	0

Table 48

Note : Majority tried Allopathy before this.

BEFORE THIS ANY OTHER TREATMENT?

HOMOEOPATHY

GOVT.

	ALLOPATHY	AYURVEDA	HOMOEOPATHY	FOLK
I.P.	57	11	0	1
O.P.(Old)	21	2	0	2
O.P.(New)	15	2	1	12

Table 49

NON-GOVT.

	ALLOPATHY	AYURVEDA	HOMOEOPATHY	FOLK
I.P.	24	2	0	4
O.P.(Old)	7	1	0	0
O.P.(New)	12	1	0	1

Table 50

Note : Majority tried Allopathy before coming for this.

WHY DID YOU STOP THAT SYSTEM

AYURVEDA

GOVT.

	NO CURE	NO PERMANENT CURE	EXPENSE	INCONVE- NIENCE
I.P.	116	90	1	2
O.P.(New)	14	15	2	1
O.P.(Old)	6	12	0	1

Table 51

NON-GOVT.

	NO CURE	NO PERMANENT CURE	EXPENSE	INCONVE- NIENCE
I.P.	18	24	1	3
O.P.(New)	7	6	0	2
O.P.(Old)	3	8	2	1

Table 52

Note : Previous system stopped by majority because of no cure or no permanent care.

WHY DID YOU STOP THAT SYSTEM

HOMOEOPATHY

GOVT.

	NO CURE	NO PERMANENT CURE	EXPENSE	INCONVE- NIENCE
I.P.	29	29	5	6
O.P.(New)	12	9	2	1
O.P.(Old)	32	38	5	9

Table 53

NON-GOVT.

	NO CURE	NO PERMANENT CURE	EXPENSE	INCONVE- NIENCE
I.P.	14	8	7	2
O.P.(New)	2	3	0	2
O.P.(Old)	1	12	0	0

Table 54

Note : Previous system stopped because of no cure or no permanent care.

HOW OFTEN DO YOU SELECT THIS SYSTEM?

AYURVEDA

GOVT.

	PERMANENTLY	SELECTION
I.P.	14	74
O.P.(New)	15	44
O.P.(Old)	1	10

Table 55

NON-GOVT.

	PERMANENTLY	SELECTION
I.P.	2	7
O.P.(New)	2	10
O.P.(Old)	3	7

Table 56

Note : This question is put to those who come directly to Ayurveda.

In Ayurveda majority select this system according to disease.

HOW OFTEN DO YOU SELECT THIS SYSTEM?

HOMOEOPATHY

GOVT.

	PERMANENTLY	SELECTION
I.P.	11	0
O.P.(New)	18	14
O.P.(Old)	28	10

Table 57

NON-GOVT.

	PERMANENTLY	SECLECTION
I.P.	2	3
O.P.(New)	16	6
O.P.(Old)	17	3

Table 58

Note : This question is put to those who come directly to Homoeopathy.

Majority permanently seeks this system.

HOW LONG HAVE YOU BEEN TREATING?

AYURVEDA

GOVT.

	0-5 days	6-15 days	16-30 days	1-2 mths	3-5 mths	6 mths above
I.P.	39	65	110	73	6	1
O.P.(Old)	3	10	5	2	3	8

Table 59

NON-GOVT.

	0-5 days	6-15 days	16-30 days	1-2 mths	3-5 mths	6 mths above
I.P.	7	12	22	6	2	2
O.P.(Old)	8	4	8	1	2	2

Table 60

HOW LONG HAVE YOU BEEN TREATING?

HOMOEOPATHY

GOVT.

	0-5 days	6-15 days	16-30 days	1-2 mths	3-5 mths	6 mths above
I.P.	7	12	21	14	3	9
O.P. (Old)	27	18	12	19	13	28

Table 61

NON-GOVT.

	0-5 days	6-15 days	16-30 days	1-2 mths	3-5 mths	6 mths above
I.P.	9	9	5	3	1	2
O.P. (Old)	17	7	3	3	2	3

Table 62

HOW ARE YOU FEELING NOW

AYURVEDA

GOVT.

	BETTER	WORSE	NO CHANGE
I.P.	197	6	91
O.P.(Old)	26	0	5

Table 63

NON-GOVT.

	BETTER	WORSE	NO CHANGE
I.P.	31	0	20
O.P.(Old)	11	0	10

Table 64

HOW ARE YOU FEELING NOW

HOMOEOPATHY

GOVT.

	BETTER	WORSE	NO CHANGE
I.P.	60	0	7
O.P.(Old)	97	0	20

Table 65

NON-GOVT.

	BETTER	WORSE	NO CHANGE
I.P.	31	0	8
O.P.(Old)	27	0	8

Table 66

EXPENSE WHEN COMPARED WITH ALLOPATHY?

AYURVEDA

GOVT.

	LOWER	HIGHER	EQUAL
I.P.	189	28	46
O.P.(Old)	17	0	3

Table 67

NON-GOVT.

	LOWER	HIGHER	EQUAL
I.P.	22	2	19
O.P.(Old)	3	0	1

Table 68

EXPENSE WHEN COMPARED WITH ALLOPATHY?

HOMOEOPATHY

GOVT.

	LOWER	HIGHER	EQUAL
I.P.	61	0	6
O.P.(Old)	105	0	0

Table 69

NON-GOVT.

	LOWER	HIGHER	EQUAL
I.P.	25	0	0
O.P.(Old)	15	0	0

Table 70

MATERNITY HOSPITAL, (Trivandrum Ayurveda College)

IN PATIENTS

HOSPITAL	TOTAL	Gynaecologic Cases	Cases Other than Gynaecologic
AYURVEDA WARD	24	8	16
ALLOPATHY WARD	20	18	2

Table 71

NEW PATIENTS

Treatment Opted For	TOTAL	Suffering Immediately	Suffering for Long
ALLOPATHY	12	12	0
AYURVEDA	13	0	13

Table 72

Note : Maternity Hospital Trivandrum is a hospital where the patients could choose the system they like. While most of the In-patients is Ayurvedic section is for the treatment of cases other than Gynaecologic. (16 out of 24), in the In-patient section which provides Allopathic treatment, only 2 out of 20 found to be cases other than Gynaecological.

All of them knew that the other Medical system is available in the same Hospital.

All the delivery cases in the Allopathic section prefers to do some 'Prasava raksha' after giving birth, for that they need not consult an Ayurvedic physician or Vaidyan.

In the O.P., 12 out of 25 New Patients and 8 out of 31 Old Patients opted for Allopathic medicine.

CHAPTER V

DISCUSSION AND CONCLUSION

(Pages 110 to 124)

	PAGES
Description of Result of Questionnaire to Students	111
Description of result of interview of Patients	114
Description of result of interview of faculty members	116
Conclusion	119

The following is a short highlight on Tables 1-18 (see pages 64 to 82) which are made out of the Questionnaire to Students (see appendix-A).

1. In the case of pattern of distribution of students in different age groups, both the Govt. and Non-Govt. Colleges taken separately show similarities.
2. More students come from Urban background. The difference between those from Urban background and Rural background is comparatively very high in Non-Govt. Colleges.
3. More Female students join these courses. Where the criteria of admission is marks obtained in the Pre-Degree examination, percentage of girls is very high, when compared with the colleges where admission is on the basis of Objective Type Common Entrance Examination.
4. 90% of the students obtained marks above 60% in Secondary School Level. In the case of Pre-Degree Marks, 80% obtained marks above First Class.
5. 93% of Fathers and 83% of Mothers have education above the Level of 10th Standard.

6. If Parent's Occupation is classified, the majority group is 'Teachers'. Percentage of 'Doctors' is comparatively much less.
7. Majority joined 'To be a Doctor'. This is rather the reason for joining for the Biology group in Pre-Degree itself.

Second comes 'Joined Since Selected' Of course they had virtually no other choice other than to join after they were selected in the common entrance examination.

Family Influence is higher in Ayurveda. Other explanations and Philosophies are higher in Homoeopathy.

8. In all colleges, except Non-Govt. Homoeopathy, majority considers facilities as poor. In this college, the Majority is satisfied with the facilities. The choice 'Good Facilities has the highest number of selection in Ayurveda Govt. Trivandrum (14.9) followed by Homoeo Non-Govt. Kottayam (10.4).
9. In Homoeopathy, plan for higher studies is less than 'Finding Job' after the course. This is otherwise in Ayurveda. Actually, there is virtually no opportunity for higher studies in Homoeopathy in the state after the degree course.

10. Both students like this 'As a Profession' (over 70%) In Ayurveda, almost equal percentage satisfied with 'Income and Status'. In Homoeopathy 5% more students like this because of Status than Income.
11. Majority says their system is neither Inferior nor Superior in comparison with Allopathy. More than 40% considers it superior. Slightly more than 5% said it is Inferior.
12. In Ayurveda 'Good for Certain Diseases' comes first. In Homoeopathy No Side Effect comes first. In Ayurveda, 'Cheaper' and 'Quick Relief' is negligible. Taken together, 'No Side Effect' and 'For Certain Diseases' comes first and second.
13. Naturally, in the case of opinion regarding Surgery Training, 'Not Necessary' received the least response. 'Necessary' and 'Help Diagnosis' comes first. 'Other Reasons' higher in Ayurveda than in Homoeopathy.
14. Integrated Medical System : Ayurveda Higher in saying it has some meaning and good. Integrated Medical Service : Majority responses explains it as good.

The following is a description of interview of patients in the hospitals (Tables : 19-72; pp.80-106).

- On the whole Male patients are more in Ayurveda (Tab. 19-20). One interpretation could be that it is the male who could choose to spend more time and effort for relatively longer Ayurvedic treatment.
- On the whole Female patients are more in Homoeopathy (Tab. 21-22). One interpretation could be that relatively it is females who want to make use of comparatively cheaper Homoeopathic Medicine.
- Age distribution : Patients above middle age are more in Ayurveda while there is no specific majority age group in Homoeopathy (Tab. 23-26).
- Education : In Ayurveda majority group fall in standard I-IV education; while it is V-X in Homoeopathy (Tab. 27-30).
- Occupation : Majority are 'Coolies' or other low income occupation (Tab. 31-34).
- Distance from Hospital : Ayurvedic patients are from distance more than that of Homoeopathy (Tab. 35-38).

- Disease pattern : Both systems show specific disease patterns (Tab. 39-42).
- Period of Disease : In Ayurveda, generally the patients had been suffering for more than that in Homoeopathy (Tab. 43-46).
- Majority tried Allopathy before coming for the system (Tab. 47-50).
- The majority stopped the previous system because of no cure or no permanent cure (Tab. 51-54).
- In the case of those who came directly to the system, in Ayurveda, for the majority, it is the disease which decides the system while in Homoeopathy majority permanently seeks the system (Tab. 55-58).
- Treatment found to be longer in Ayurveda than in Homoeopathy (Tab. 59-62).
- Majority find their condition better (Tab. 63-66).
- Majority feels their expense is lesser in comparison with Allopathy (Tab. 67-70).

- In Maternity Hospital which comes under Govt. Ayurveda College, Thiruvananthapuram, where both Allopathic and Ayurvedic Treatments are available, more maternity cases are found in Allopathy. Chronic diseases more in Ayurveda (Tab. 71-72).

The following is a description of the result of interviews and questionnaire for the faculty members in the colleges.

In all the colleges the faculty members generally felt that they are not discriminated against in the various policies of the government. The major complaint is on the matter of financial allocation. Equalisation of pay scales with those belonging to Allopathic medical system is another issue. Quality of medicine is another matter. Especially in Ayurveda, the 'patent' drugs are abusing the whole principle of Ayurvedic System itself. In Homoeopathy, quality of the medicine is especially important. The faculty also said there is a misconception among the public regarding the type of diseases for which treatment can be sought in the system. A solution is to give more 'publicity'.

The doctors are very confident about the capabilities of their system. But none of them thinks that it is the 'Super

Healer'. The general knowledge of the capabilities of the other systems could be made use of, by referring such cases to the other system, which would save considerable hardship for the patient as well. But there is a 'professional jealousy' from the part of the Allopaths. They are at defensive while Allopaths are at offensive.

Virtually none of the Ayurvedic physicians preferred 'Shudha Ayurveda'. They suggested that Modern Anatomy, Physiology etc. should be made use of. They mentioned that Scientific equipments are not born in any particular system and that it is the overall attitude towards health and illness which matters.

Regarding syllabus, the Homoeopaths generally felt that the syllabus should always be up to date which would include new 'symptoms' emerging as well as those special to regions. Medical research particularly applicable to the country is important.

About the quality of the students, since the introduction of the common entrance examination, the quality of the students are especially increasing. Once they grasp the basic principles, it is easy for them to pick up.

None of them favour an 'Integrated System' - A mixture of all the systems. But if services of the various systems can be made available equally, at a health service institution, it is good. They feel that it would only help development of their system.

A knowledge about surgery would only help diagnosis of surgical cases. It is not to perform surgery.

CONCLUSION

Ayurvedic and Homoeopathic Medical systems are expanding the horizons of their systems. Undoubtedly, the educational institutions in these systems hold the forefront and major role in this regard. Neither system is patronized by any particular class, i.e. any religion, by missionaries, or by foreign forces. The entire sociology of these systems have taken such a turn. (The formal education process does not differ in its nature from that in the dominant Allopathic system. The teachers, students, as well as patients are very much in favour of inclusion of modern technological developments to help improve the system. Especially in Ayurveda, they want to learn the modern knowledge in various fields including surgery.) It certainly is not to attempt an integration with Allopathy or any other system which is different from it in its principles or methods of treatment. Since modern technological development or the modern system of education is not born in any particular medical system, making use of the scientific developments or educational methods suitable to the times would only make the particular medical system more scientific and thereby foolproof.

As a matter of fact, it is not the love of Ayurveda or Homoeopathy which prompted the majority to join the course. In the state, students passing 10th standard with high marks join

either the Mathematics group or Biology group for Pre-Degree. They appear in the Entrance Examination. Of course, they can give a choice from a number of courses which include MBBS, BDS, BSC Agriculture etc. This study shows that family/friends influencing their joining the course is much less. But the majority joined 'To become a doctor' or 'since selected'. It would have been demoralising to ask them the 1st choice they have given in the entrance examination and it can be assumed that all those who have given 'wanted to become a doctor' would have given as their first choice nothing less than MBBS because there is that much of a difference between the status of MBBS and other medical systems in the state. And those who have joined 'since selected' would have joined the MBBS certainly had they been selected for that.

No medical system is a 'Super Healer' or a fool-proof method, when the kinds of disease the people facing are taken into consideration. It is ultimately the person who decides which he should seek for the treatment of a particular disease. It is interesting to highlight one of the findings of this study that majority of the patients tried the Allopathic system before going for Ayurveda or Homoeopathy. This factor should never boost the confidence of Ayurvedics or Homoeopaths to an immature level. Because, both Ayurveda and Homoeopathy have shown a pattern of diseases for which treatment is mostly sought for. They are treated, and almost cent percent of them

claim an improvement in the state of their health.

The above mentioned fact is especially indicative in the case of the Maternity Hospital which comes under the Ayurvedic College, Trivandrum where, under the superintendantship of an Ayurvedic doctor, an Allopathic wing also function. Here it is for the people who visit, to decide which treatment shall he/she select, and delivery and pregnancy cases go more to Allopathy.

It is also found that the quality of those who seek to learn these medical systems have improved. Which would certainly increase the quality of the system as a whole. But it is a disputable fact whether that would in any way make them more meaningful to the majority of the people.

Majority of the patients in both the systems considered that the expense is less when compared with Allopathy. But this does not lead to any definite conclusion since most of the medicines are provided free of cost from the hospital. Those who can afford, always buy medicine from outside; those medicines which are not available in the hospital. They need not wait in the queue for the various expensive course of treatment which are especially there in Ayurveda. In Homoeopathy, the medicines are cheap.



It is a matter of existence for everybody irrespective of his system and it is those who belong to the Allopathic system who are more preivilaged than Ayurvedic and Homoeopathic doctors, in terms of status, economic and social at least, if not in terms of opportunities available. The interviews with physicians shows that they are more or less satisfied with the government policies towards them. But they are very sorry at the kind of reaction they receive at any instance of a pro-Ayurveda-Homoeopathy government policy, when they faced much opposition from Allopaths. It was for the Ayurvedics or Homoeopaths to defend themselves, whether it was in the case of decision for equalisation of salaries or in the case of giving surgery training to Ayurvedic and Homoeopathic students. So that it could be stated that they do not appear to be 'professionally jealous' towards the allopaths, most probably because they are on the defensive.

Opportunities of higher studies made a difference in their pattern of plans after course. In Ayurveda there are opportunities for post graduate studies and may be because of that percentage of students who opted higher studies for the question 'plans after course' is high in Ayurveda.

It is the poorest class who visit these hospitals. There are a number of students who explicitly wanted to give answers like 'service to the society' etc. in their explanations to various questions even though their percentage is very low.

Students generally are not satisfied with the facilities they receive. Many of them pointed out the need for more practical training than theoretical part. It is more practical training than theory which would help them to practice medicine appropriately.

The patient who approaches them, obviously, is not bothered much about the greatness about the philosophy behind the medical system. He wants to get cured even though there are other beliefs about the quickness of action, reaction etc. which would influence his choice.

Quality of the students is good; most of them are above average. Whether it is entrance exam or pre-degree marks which determined the admission, most of the students are above average. The only difference is the sex ratio; in the college where admission is on pre-degree marks, the percentage of females is higher.

Before concluding this part it would be appropriate to quote the following from the Bhoré committee report:

If the physician of the future should be an even more highly cultured individual than his predecessors, and that he should have to a great extent that wider out look which will enable him to interpret, health and disease in relation to the social background of the life of a community. (Emphasis added)

At least in their social orientation they are very much on par with their counterpart in the Allopathic system. In spite of the philosophical (and scientific) background these two systems possess, there is a lacunae in the social orientation of the student. This observation does not lead from any unrealistic imagination that one can make all the horses drink water, by force. But at least one can show where the water is, how it looks like and how it tastes.

To make these systems more meaningful, the students must be introduced to the extent of current health problems in the country in its space and time dimensions as well as the social aspects of health and illness. It is important to make him realistic about the capabilities and weaknesses of his system, in dealing with the state of disease and illness, of course from a medical angle, and certainly otherwise too.

If health is a political issue as well, it would be better, if he/she has an understanding of that larger politics besides the inevitable involvement in the politics of existence or politics of defence in which he is, and fights for his very legitimate share of the cake.

CHAPTER VI

SUMMARY

(Pages 125 to 131)

SUMMARY

Both Ayurvedic and Homoeopathic Medical Systems are flourishing in the state of Kerala under state patronage as well.

Very few are the studies on the sociology of these medical systems.

The Objectives of the present study are:-

A. Students

1. The general social and economic background of the students.
2. Quality of the students.
3. Their attitude towards their medical systems, and other issues

B. Patients

1. Their general social and economic background.
2. What made them to come for the system.
3. Whether they are benefitted by making their health condition better.

Methodology (pp.21-28)

In both Ayurveda and Homoeopathy, the best government

college and the best non-government college is selected. Thus a total of four colleges.

A questionnaire is prepared for the students (Appendix A - pp. xix-xx). Maximum number of students possible is targetted.

A Schedule was prepared for the patients (Appendix B - p. xxi). While all the in-patients are targetted, in the case of out-patients, every 20th patient is to be interviewed. Old and New Patients are taken separately.

Besides the collection of the above quantitative data, a number of interviews with the faculty members are fixed (Appendix C - p. xxii).

Results

In Ayurveda, Colleges selected were :

1. Govt. Ayurveda College, Thiruvananthapuram. (see pp.29-37).
2. VPSV Ayurveda College, Kottakkal, Malappuram District. (pp. 41-44)

In Homoeopathy, Colleges selected were :

1. Govt. Homoeopathic Medical College, (Calicut). (pp.48-51).
2. A.N.S.S. Homoeopathic Medical College, Kottayam. (pp.62-63).

A total of 766 students are met. This is well over 70% (Table 1 to 18 - pp. 64-82 & Description: p.111).

A total of 922 patients are contacted (Table 19-72 - pp.83-109 & Description: p.114).

52 faculty members are interviewed. (p. 116-17).

Students (Table 1-18 - pp.64-82)

Non-Governmental colleges show greater disparity in the age of students. More students belong to urban background. The difference between the number of students from urban and rural background is very high in non-Governmental Colleges. Female students are more than Male. Majority students are above average. They belong to middle class families. Majority parents belonged to teaching profession. As answer to the question, "Why did you join the course?" majority answered "since selected" or "To be a doctor". Whereas "Family influence" is higher in Ayurveda. Students generally are not satisfied with the facilities. But the highest percentage of answer 'good facilities' received at Trivandrum Ayurveda College, which comparatively provides good facilities. In the prestigious Homoeo Medical College, Kotayam, the majority answered 'satisfied'.

In Ayurveda, where facilities and course for higher studies are available, plan for "higher studies" is more than "Finding Job". But in Homoeopathy it is just the opposite.

10% students like this as a "Profession".

In comparison with Allopathy, majority students consider their system "neither superior nor inferior". Around 5% in both Ayurveda and Homoeopathy responded as their system "inferior" to Allopathy. As answer to the question, "How superior is your Medical System?", in Ayurveda "Good for certain Diseases" came first. "No side effect came first in Homoeopathy.

Most students consider surgery as "Necessary" and which would "help diagnosis".

Opinion regarding "Integrated Medical System" [A mixture of 'good qualities' of all systems] as good, high in Ayurveda. Number of students who said it has "no meaning" high in Homoeopathy. Explanations were given more by Homoeopathic students.

Majority [84.7%] students consider 'integrated services' as good. [A service system in which all medical systems have equal status with the other].

Patients (Table 19-72 - pp.83-109)

More male patients are found in Ayurveda whereas in Homoeopathy, female patients are more. In Ayurveda more patients are above middle age; in Homoeopathy there is no specific age group but still aged ones are more in In-patient section. In Ayurveda, majority fall in I-IV standard education. In Homoeopathy it is V-X. In both majority patients are 'coolies' or other very low income groups. In Ayurveda, patients are from distance more than that of Homoeopathy. Both systems show different pattern of chronic diseases. Majority tried Allopathy before coming for the system. They stopped Allopathy because of "no cure" or "no permanent care". In the case of those who came directly to this system, it is the disease which decided the system in the case of Ayurveda and in Homoeopathy, majority of them seek the system rather permanently. In Ayurveda majority are treated for 16-30 days. It is less in Homoeopathy. Majority said their condition is better. Answer 'worse' is nearly zero. Regarding their feeling about expenses, majority said it is lower than Allopathy. A small percentage in Ayurveda opined that expense is higher than that of Allopathy.

While the faculty members as well as students are generally happy with the policies of governments, they are sad at the "professional jealousy" they find in Allopaths. For, they say, allopaths were there to oppose any policy decision

which would help development of their system. They are at defence while Allopaths are at offensive.

Faculty members are happy with the quality of students. But they feel that there is a certain level of misconception among the public about the capabilities of their system. While quality medicine is a must in both the systems, the 'patent drugs' are abusing the whole principle of Ayurveda itself.

It is a matter of existence and well-being for everybody. An average student is satisfied with what he could achieve after the Common Entrance Examination. The teachers have got to protect their legitimate interests. And the patient, he wants to get cured. The more learned and qualified and serving the doctor is the more happy he is. But qualifications, years of service or experience do not always make a good doctor. There is the question of social orientation of a physician. That is, at least he/she can be introduced to the extent of social aspects of disease and illness, the majority of the population faces now, both in its time and space dimension and to make him understand, how capable, or otherwise, his medical system, is, in dealing with the state of disease and illness, ofcourse, from a medical angle, and certainly otherwise too. That is to say, if health is a political issue as well, it would be better, if he has an understanding of that larger politics, than the politics of existence or politics of defence in which, he fights for his legitimate share of the cake.

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APPENDIX-A

Questionnaire

- | | | |
|--|--|--|
| I. Institution | II. Name | III. Sex |
| IV. Class | V. Age Group | 17-18 19-20 21-23
24-26 27-30 30- |
| VI. Place of Permanent Residence | _____ Rural/Urban | |
| VII. Marks in S.S.L.C.(%) | : 40-49 50-59 60-79 80-99 | |
| VIII. Marks in +2 (%) | : 40-49 50-59 60-79 80-99 | |
| IX. Father Education | : 0/10/+2/Degree/P.G./other | |
| X. Mother Education | : 0/10/+2/Degree/P.G. | |
| XI. Parents Occupation | : _____ | |
| XII. Economic Class | : Lower/Lower Middle/Middle/
Upper Middle/Upper | |
| XIII. Why did you join
the course? | | To become a doctor.
Since selected.
Family background/
influence.
Other. |
| XIV. Your opinion regarding
facilities that you are
getting here | | Good
Satisfied
Poor
Explanation |
| XV. What is your plan for
after course | | Studies
Job
Other |
| XVI. How do you like this
system | | As a Profession
Income Security
Status it offers
Explanation |

- XVII. In comparison with Allopathic system your system is
- Inferior
Superior
Explanation
- XVIII. Opinion Regarding Surgery Training
- Necessary
Not Necessary
Help Diagnosis
Other/Explanation
- XIX. In what way is your system advantageous?
- Cheaper
Quick Relief
For Certain Kind of Diseases
No Side Effect
Explanation/other
- XX. Opinion Regarding an Integrated Medical System [A 'mixture' of Good qualities of all Medical Systems like Allopathy, Ayurveda, Homoeopathy etc.]
- Good
Not Good
Other/Explanation
- XXI. Opinion Regarding Integrated Medical Services [All systems are equally available; the patients gets the treatment which is most suited to him].
- Good
Not Good
Other/Explanation

APPENDIX B

Schedule for Patients

1. Hospital
 2. Out patient or in patient
 3. Reference Number
 4. Time
 5. Name
 6. Sex
 7. Age
 8. Education
 9. Occupation
 10. Homoeo Distance (in Kms)
 11. What disease
 12. How long have you been suffering from this
 13. Any other system before this
 14. Why did you stop that system
 15. You seek this system; Permanently or Selectively
-

[To Old out Patients
and in Patients only.
New out patients excluded]

16. Treating for How long
17. How are your feeling now
18. Expense in comparision with allopathy

APPENDIX C

Question Format For Collecting Information from Faculty

1. The advantage of your medical sytem over other systems as a means for enhancing community health.
2. What are the diseases for which treatment is mostly sought for?
3. Are you satisfied with the quality and performance of the students?
4. What is your opinion regarding syllabus prescribed for them?
5. Society is becoming more and more aware about the efficiency of this medical system. In your opinion what are the steps that should be taken to strengthen the system?
6. What is your opinion regarding inclusion of modern technological developments to help improve the medical system?
7. Do you think that a physician in your system should perform surgery? What are the problems likely to be faced by an Ayurvedic/Homoeopath should he/she perform surgery?



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