

Souvenir 2011
List of Articles

1. On the Occasion of the Souvenir 2011 –

Mrs. Rohini M. Belsare
Co-ordinator, Souvenir Committee,
&
Advisor, Publication,
Dr. M.L.Dhawale Memorial Organizations

2. The Director, Corporate Events, Mldt, Reminises-

Dr. (Mrs.) Vishpala R. Parthasarathy
Director, Corporate Events,
Dr. M. L. Dhawale Memorial Organizations

3. Guru Shishya Parampara -

Dr. N. L. Tiwari
Founder Trustee, Dr. M.L. Dhawale Memorial Trust
&
Advisor, Dr. M.L. Dhawale Memorial Homeopathic Institute

4. Creating ‘Centres Of Excellence’ In Homeopathy -

Dr. K. M. Dhawale
Director, MLDMHI
Trustee, MLDT

**5. A HOLISTIC HEALING EXPERIENCE-TAKING THE RURAL
HOMEOPATHIC HOSPITAL FORWARDS-**

Dr. A. R. Kapse
Director, RHH, Palghar

6. STIRRING THE TRIBLE COMMUNITY TO HOLISTIC HEALTH -

Dr. Chandrashekhar Goda
Head, Community Services,
Bhopoli

**7. EDUCATING FOR EXCELLENCE: THE UNIQUE EXPERIMENT OF
INTEGRATED HOMEOPATHIC EDUCATION –**

Dr. Bipin Jain
Director Academic Services,

MLDMHI

8. BUILDING CLINICAL EXCELLENCE THROUGH REASERCH-

Dr. Prashant Tamboli
Co-ordinator, Research Committee,
MLD Memorial Organization

9. HOLISTIC DEVELOPMENT MODEL OF MLDT: ITS GENESIS AND PERSPECTIVE-

Dr. Ujjwala Pendse
Trustee, MLD Trus

10. MAKING HOMEOPATHY AN EVERYDAY WORD-

Dr. Manoj Patel
Director, Community Health Service MLD organization

11. MAKING ENDS MEET-

Dr. Anoop Nigwekar
Hon. Secretary, MLD Memorial Trust

12. HEALTHY MOTHER AND CHILD THROUGH HOMEOPAHTY AT BMC'S HOLISTIC MOTHER AND CARE HOSPITAL, DAHISAR EAAT-

Dr. Dinesh Rao
Head Clinical Services,
Dahisar & Malad Centers

13. DEALING WITH MALNOURISHMENT THROUGH HOMEOPATHY-

Dr. Yati Kokre
Coordinator, Rural Health Services,
Pune

14. IMPACTING HEALTH IN RURAL BANGALORE LEARNING FROM THE MLDT-

Dr. Savita Wani
Coordinator, Rural Health Services,
MLD Organizations, Bangalore

15. A DECADE OF BUILDING AND OPERATING 'ICR STUDY GROUPS' SHARING KNOWLEDGE- TRANSPLANTING VALUES – TRANSFORMATING INDIVIDUALS- BUILDING A TEAM –IMPACTING THE COMMUNITY-

Dr. Sunil Bhalinge
Director, Study Groups,
Dr. M.L.Dhawale Memorial Organizations

16. TRAINING IN STANDARDIZED HOMEOPATHY: THE STORY OF THE GUJRAT WORKSHOPS-

Dr. Hitesh Purohit
Academic Head & Hospital Superintendent
Smt. M.K.S. hospital & educational complex

17. HOLISTIC HEALTH CARE FOR THE URBAN UNDERPRIVILEGED-

Dr. Madhavi Tamboli
Coordinator, Urban Charitable Clinics

18. SUSTANABLE AGRICULTURE AND HOLISTIC HEALTH: MLD'S NEW THRUST AREA-

Mrs. Bhavana Apte,
Facilitator,
Farming Programme, MLD Trust
&
Dr. Ujwala Pendse
Facilitator,
Social Development Initiative, MLD Trust

Appendices

Appendix 1 – Governance Structure of the MLD Group of Organizations

Appendix 2 – Rural Homoeopathic Hospital – 2000 – 2010 – A Decade
Of Expanding Services

Appendix 3 – Rural Health Services, Bhopoli –
Patients Served in 2010

Appendix 4 – Rural Homoeopathic Hospital – Homoeopathic Services

On the Occasion of the Souvenir 2011

Mrs. Rohini M. Belsare
Co-ordinator, Souvenir Committee
&
Advisor, Publications,
Dr. M. L. Dhawale Memorial Organizations

The M. L. Dhawale Memorial Trust and its activities have grown much over the last few years, as the articles by my colleagues show. What allows hundreds of physicians and other professionals to give of themselves so generously to the cause of holistic health through Homoeopathy and life-style interventions? What allows the office staff and our tribal co-workers to work beyond the ordinary call of duty, so that the good work continues? One wonders and one searches. And then answers suggest themselves!

It all began with our teacher Dr. M. L. Dhawale, who imparted to us the values that sustain the Institute like strong glue. My colleague, Dr. N. L. Tiwari, in his article mentions an incident about a poor patient from the Jogeshwari slums. I remember him recounting another when Sir was the Principal of the Bombay Homoeopathic College and Dr. Tiwari a final year student. Their annual gathering was approaching and the group was rehearsing overnight for a play, in Sir's presence. A terminal patient in the hospital was in great pain. It was obvious that he will not see through the night. All through, Sir with his students visited him hourly. The patient passed away in the early morning, with peace visiting him and his relatives, since they felt cared for. Dr. Tiwari says it gave them a lasting lesson in the humane treatment of patients, looking on them not as a mere statistic but as another living being, with his own pleasure and pain. He taught us to go beyond ourselves and serve Humanity, to relieve persons in pain.

How far has this lesson percolated? One remembers here Dr. Chandrashekhar Goda (whose article also you will read) and the initial days of the Rural Homoeopathic Service. We were treating 9 Aanganwadis that the ASSP (Adivasi Sahaj Shikshan Parivar, Masvan, near Manor) was running for tribal children. Often, during monsoons, the roads got flooded and one walked precariously through knee-deep running waters, especially on a bridge over a river. All communication with the outside world ceased. The ASSP officials told me that they were extremely astonished to find Dr. Goda wading through the waters, holding his medical bag over his head. He simply told them that he had to reach since children are ill during the rains. One also recalls Mr. Naresh Dhanwa, a tribal, who joined us in 1995 as a 'learning driver' and so identified with the work that he has truly dedicated his life to the work of the Trust and is today Assistant Manager (RHS, Bhopoli). Also, one thinks of Dr. Sayyad, who made the Bhopoli hospital his home, with his family, so that the problem of medical services round the clock is solved. It is noteworthy that he took the decision after completing his M.D.(Hom.) with us.

What else did Sir teach us? He taught us to think holistically about any issue, taking into account all the factors involved. More important, he taught us to think at an abstract level, so that the relative importance of things was not clouded. Service does remain above our small Self. This keeps the Institute going, allowing persons to rise above the periodic tiffs, the rubbing the wrong way, the inevitable tiredness. He lighted lamps within our hearts, which keep burning, lighting the way all the way. You find the articles speaking of activities at Mumbai, at Pune, at Baroda, at Sumeru, at Kolhapur, at Bangalore wherever our students go, goes the urge of service –

of service and of learning – teaching ... wherever our students go, go our study groups, and our indefatigable faculty members, who act as mentors to the groups.

He thought of the Trinity – the Trinity of patient-care, of learner-care and of knowledge-care (research). You find articles on all these – all these are the activities that we are engaged in. And we are engaged in them whole-heartedly, in a scholarly way. Our students can practice pure Homoeopathy when they pass out of our post-graduate courses. This is saying a lot.

We are in the 25th year of our loss (Dr. M. L. Dhawale passed away on the 16th of January 1987) and still he lives in our hearts and acts through us.

May he light a lamp also in your hearts. And may the help that you have extended to us through this Fund-Raising Drive light the lamp of happiness in many poor and tribal lives.

THE DIRECTOR, CORPROTAE EVENTS, MLDT REMINISCES. . . .

Dr. Mrs. Vishpala R. Parthasarathy,
Director, Corporate Events,
Dr. M. L. Dhawale Memorial Organizations

This is our 4th fund-raisers in 10 years! Oops sorry 11 years!

Are we getting better each time?

Is the market better?

Are people more generous?

Is our approach getting more fine-tuned?

Is our approach getting more in sync with mindset of people?

Probably a combination of all these!!

Or am Homoeopathy just happy since I am close to reaching the target I set for myself and mostly quite painlessly, largely thanks to the philanthropic streak in my acquaintances!

Actually I must explain what I mean when I say painlessly. It means I sat and planned and worked. Mostly sat in front of my computer and worked endlessly. Then whoever I met Homoeopathy have talked endlessly. But I cut down on the personal visits. I urged my MLDT team to do the same: mainly because from the first planning meeting to fruition, we had 6 weeks only; secondly this is the high-tech era and no one has the time to meet in person. But yet all are accessible in the right frame and right mode. Using this to the hilt, I have done about 1000 e-mails most successfully, used my team (clinic, NJH, support staff) But the best working team ever. One person in charge, others faithfully following...

It has actually been the most difficult but the most successful fund raiser. Now people do know the MLDT and its work. But still this time, we must thank the detailed and graphic flyer, for showcasing our work and thus creating instant interest. Added to this, the country is recovering from economic depression and corporates have donated, I would say, generously. The love and appreciation of our work is palpable and the support is spontaneous and overwhelming! We can only bow our heads in humility and thank society at large and ILFS-family in particular for this kind of support and pray to the Gods to keep us humble and sincere –doggedly pursuing the goals set up by our founder and our teacher Dr M L Dhawale

The lessons to learn...

It is amazing that each fund raiser has been so different. Maybe because you just build on the experience of the previous ones.

But what is amazing is that there are some repeats too. Each time you will have someone who promises you the earth and then just disappears...won't take your calls etc. But God is there ... someone else takes their place... your new and even better bed-rock.

Homoeopathy was just reading my previous report and the person who helped me the most in 2006, did not give me one single rupee this time.

In 2011 too, right in the beginning there was one person who said he had done just such a fund-raiser and would get me 20 big donors and to just leave everything to him. Well, he did not disappear, infact he himself did prove to be a big Donor—but the other 20 never even materialized!

The idea that Homoeopathy am getting at, is that you can and should never be complacent. You never know how an event will unfold. You have to just flow with the tide and never ever get upset. You may pretend to be upset, I have even drafted the most sarcastic of letters--- but they are all to a purpose which mostly is achieved. This is called tactics.

I just toil with no expectation of results. E.g. I have spent hours distributing pamphlets to the 1000 odd morning Worli Walkers and probably not even converted 5%. But it does not matter. The idea is always to spread the good word of what MLDT is doing. I have sent 2000 flyers to my patients –new and old with little tangible results... but it saved my 4000 flyers from being wasted.

Waste Not, Want Not has been my life-long motto.

How do I start a fund raiser?

Apparently I am becoming an expert of sorts at fund raising! Someone from one of the world's largest fund collector called me and said she has to do a fund-raiser and can I please give her Ideas!

I first sit down and storm with my husband, the most reticent of all persons. Yet Homoeopathy hang on to the few dozen words Homoeopathy get out of him and then follow those to a 'T' and of course it reaps the maximum benefit. It is not for nothing that he is where he is today!!

Then my other 1-2 friends give me the 1-2 most brilliant ideas and then we just roll. Then the MLDT meet and 1 brilliant idea comes from that – this time it was the 1 lakh for 1 village... which caught everyone's imagination. Last time, it was ONE hostel room for 1 lac. The hostel is full of all my friends spouses and parents "in- Memorium"

All I say is Keep doing and working –with or without support. But what I learnt and would like to share is that the show is only about passion. Not who or how big a star you have performing. People come for the cause!

And the only adage which truly symbolizes the MLDT:

Hard work only pays.

Some concluding thoughts:

How we have grown! The last time my target was 20 lacs and we far exceed it to collect 1 crore which helped us build the hostel. This time our need was so big that my personal target was 1.5 Cr and Homoeopathy am just close to achieving my personal and the groups target..... Amen

Guru Shishya Parampara

- **Dr. N. L. Tiwari**

Founder Trustee, Dr. M.L. Dhawale Memorial Trust
And
Advisor, Dr. M.L. Dhawale Memorial Homoeopathic Institute

The very birthday of my Guru Dr. Mitrachand Laxman Dhawale proclaims the importance of the day ‘Guru Purnima’. He carried of torch of the wisdom, knowledge, and concern, along with an original approach to Homoeopathic treatment research and learning. He inherited the love of Homoeopathy from his grandfather Shri. Diwakar, a lay practitioner. The head master of a school in a village; and from his father late Dr. Diwakar Dhawale, a clinician, a famous diagnostician and an honorary consulting physician in the K.E.M. Hospital. His teacher, Late Shri. Harivinayak Gurjar, ‘Master Saheb’., was, along with being a scholar of English and Sanskrit and a great reader of Indian philosophy, was also a lay practitioner of homoeopathy. Dr. M. L. Dhawale completed M.D. in 1952 under the renowned clinician Dr. Nathubhai Patel, a heart task master with, however, a habit of keeping up with the latest development in medicine. MLD valued these teachers and absorbed their teachings in his life. Never compromising on quality and standard, he treated all his patients, rich or poor, in the same way. Valuing his principles he never chose short cuts to success. Dr. MLD traveled through the path of excellence lead by his grandfather, father and teachers.

Along with his colleagues Dr. M. D. Phalnikar & Dr. K. N. Kasad in 1959 he revived the annual lectures series of the HPGA founded by Dr. L. D. Dhawale 1959. The course was reorganized along more logical lines and utilizing recent developments in modern medicine and pathology. This eventually led to the writing of The Principles and Practice of Homoeopathy – Part I – Homoeopathic Philosophy & Repertorization..

This was the beginning of a revolution in Homoeopathy. He was invited to be the principle of the Bombay Homoeopathy Medical College where he worked for 2 years (from 1968 to 1970) and worked out many of his innovative ideas about the appropriate curriculum and teaching methodology. He discovered that with early and correct introduction to the clinical setup, even the undergraduate students could master correct clinical procedures and spot the right remedy. Incidentally, it was my privilege to be his student and to experience the discipline of time introduced by hi, converting a then. part time college to a full time college that is 8 am to 5 pm. His own disciplined living allowed him to have a long day which started at 4 a.m. and ended at 11 p.m.

The experimentation with innovative educational methods continued further at his private clinics at Girgaon and Chembur. The Institute of Clinical research was established to carry forward work in Homoeopathic medical care, education and research, its first post-graduate course in Homoeopathy beginning in 1975. I joined ICR in 1976. The learners had clinical sessions and the experience was discussed threadbare in the group.

Sir took total care of learners, supporting them to complete his training programme. His support was not educational alone but extended to learner’s other problems like financial and family problems, becoming their friend, philosopher and guide. I was amongst the fortunate ones. He stopped receiving my fees after the first term. He also asked me to stop my mixopathy practice in the Jogeshwari slums, the only source of income of my family, and presented me with a cheque, calling it a learner’s stipend

which is a Parampara. He accepted as clinical assistants only those who had a sound knowledge of clinical medicine, psychology and basic Homoeopathic philosophy as well as a good command over the English language. To my surprise and that of others, he accepted me as a clinical assistant, leading to a long association from 1976 to 1986. I went to the ICR for a 1 year's course and it has become a way of life! With him I functioned in various capacities, from clinical assistant to independent consultant, to his partner, participating in all the educational activities as well.

He started an ICR clinic in the Jogeshwari slums in my place, caring only for patient welfare. Here he treated a 70-year old man with lung abscess, who had taken discharge from a hospital against medical advice. The attending physician examined the patient, who was X-rayed on Sir's advice, and was advised by the radiologist to go back to hospital. The patient came back with the x-ray and continued Homoeopathic treatment. Within 4 weeks the whole abscess resolved. The radiologist, surprised with the result, visited attending the physician at Jogeshwari clinic, promising to do free x-rays for under-privileged patients. This was the "return for Sir".

His untimely demise created a vacuum for the ICR. He lived by the saying of Dr. Hahnemann, "follow my method and report your failures", and the educational methodology evolved by him helped to fill up the vacuum. His work has been carried forward by his learners and his patients, who came together to form a trust under the name of their Guru - the 'Dr. M.L. Dhawale Memorial Trust', on the auspicious day of Guru Purnima in 1987. The Trust is fulfilling his vision and mission of serving the needy, and acting on his belief that excellent treatment is the right of every patient.

In 1989 a Homoeopathic clinic was started in the rural area of Palghar. Regularity, commitment, discipline and care by the attending Physicians impressed the patients and due to patient support the clinics went on increasing in places like Maswan, Manor, Kelve Mahim & Saphale. Day by day number of patients went on increasing and a need was experienced of developing a Rural Homoeopathic Hospital. It took shape in 2000 at Palghar, a joint effort of the community, the patients and the physicians. Gradually it also became the epicenter of integrated post-graduate Homoeopathic education. The support of the people of Palghar was immense and unconditional. The services rendered by the hospital have been acknowledged by the governmental agencies by calling it a 'Centre of Excellence'. This honour is for the man who lived his life in the light of the Geeta, whose motto was 'Yogah Karmasu Kaushalam', and who devoted his whole life to perfection.

Dr. M.L. Dhawale Memorial Trust has taken its activities to remote areas of the Vikramgarh taluka, establishing a 10 bedded rural hospital for mother and child care at Bhopoli. His followers beat every difficulty and remove every obstacle and reached needy patients. They are also acting as change agents for the basic problems of livelihood, social disparity and educational needs. Here I can not stop myself by referring other nation wide activities of ICR and MLD Trust. The ICR Pune branch was started by Sir. Further progress and expansion to Baroda, Bangalore, Kolhapur and Aurangabad was carried on by learners and faculty members. Sir's other dream of under graduate college also materialized at Sumeru "a holy place near Baroda" (Integrated education). MLD's favourite vision of 'Vasudhaiva Kutumbakam' (The whole world is my family) is being reciprocated by community and so on the journey is going on and Parampara of Guru Shishya will carry on forever.....

CREATING ‘CENTRES OF EXCELLENCE’ IN Homoeopathy

Dr. K. M. Dhawale

Director, MLDMHI

Trustee, MLDT

Introduction

Homoeopathy is an individualistic science and caters to the health needs of the individual patient. Over the last two hundred years it has had renowned practitioners, both here and abroad. They have left a mark with their extraordinary clinical and academic work, their books having gone through umpteen editions published in umpteen languages. One would have expected to see several likes of the ‘Mayo Institute’ in Homoeopathy flourishing all over the world! We do not! Why? Not because there is a dearth of practitioners of the discipline, nor because there is a lack of clientele for this mode of treatment. It has been difficult for Homoeopaths to evolve a uniform, standardized and comprehensive system of practice and training which is acceptable to all. It is only with these systems in place, have the Allopathic Health care Institutes blossomed into Centres of Excellence that ensure continuity of care through systematic education, training and research.

Foundation of the Centre of Excellence: Evolving Standardized Systems of Care

We were fortunate to have as our Founder Dr. M. L. Dhawale, a highly sensitive clinician who was a reflective practitioner of this healing art and science. His thorough clinical training under very competent clinicians including his father, Dr. L. D. Dhawale, led to a very systematic mind-set. When he joined the Bombay Homoeopathic College as the Principal, he felt the need to switch over Homoeopathic case recording from the traditional recording system of ‘one fresh line per new symptom’ to a more organized format. Through years of trial and error, Dr. M. L. Dhawale evolved a Standardized Case Record (SCR) which went through modifications through six editions over the next 15 years. This enabled the documentation and processing of clinical experience to be standardized – what, where and how. The next challenge was to teach the student the how and the why. Thus was born the SCR system and the training methods that went with it, detailed in ‘Educating for Excellence’. A pilot project where this system could be implemented in his absence was successfully done in the charitable clinic of the Institute as well as in the clinics of the past students committed to use the SCR. Clinical experiences recorded on the SCR were discussed threadbare in the numerous educational forums. It became clear to all associates that at long last the basic tool which can serve as the foundation for a Homoeopathic ‘Centre of Excellence’ was in place.

Heart of the Centre of Excellence: Human Resource Development

A Centre of Excellence is not merely a structure of brick and mortar. The concept of Excellence is an integral part of clinical functioning of the professionals who wish to be a part of this enterprise. The ‘software’ was given to us in the form of the SCR System. This enabled the analytical and synthetic faculties of the clinician to evolve. The ‘hardware’ in the form of people willing to commit their energies was (and still remains!) the main limiting factor. Modification and refinement of one’s sensitivity so that the care of the patient is paramount becomes one pole of the training. Being able to communicate effectively in a group setting and to work together in a team becomes the other pole. And lastly, resource building through help from others and being able to respond positively to the comments of others is the third pole. Tri-coordinate Care, popularized by the Founder, thus extends the commitment from the patient to the learner (and learning) and builds up the self (along with one’s Knowledge structures) so that one candle is able to light up the

other. Ten years went to build the core and another ten to discover, enlarge and empower the team through a series of workshops guided by experts in the field of HR. Human resources, the heart of any Institute, were at last in place to run the foundational SCR system. The mission statement reflects this commitment: “Excellence in Homoeopathic Care, Education and Research

Collecting Bricks for Centre of Excellence: Building the Infrastructure

An empowered and committed team with a record of selfless service appeals to society to be a partner in its aim of taking quality health care to those who are unreached. Trusts and foundations, individuals and corporates, governments and institutions respond with an astounding generosity. This is not a one-time phenomenon. Repeat appeals over five fund raising events have received a resounding response from far and near, home and abroad. Not all feel that they have the fortune to do good work themselves – but all feel they have an opportunity to partner with those who are toiling in the field. Over the last ten years, we were able to gradually build up / acquire Five Hospitals and numerous outlets for our clinical services in three States of the country. The Department of AYUSH, MoHFW, Govt. of Homoeopathy decided to chip in with a grant of Rs. 3 crores in 2010 thus granting us the official recognition as a ‘Centre of Excellence’ in Homoeopathy.

Service with Quality through Research: The raison-d être of the Centre of Excellence

We have come to be known in all locations as a Service Institution with a difference – an Institution that cares! We take special measures to ensure that none who needs health care goes away from the facility merely because he cannot afford to pay for the services. The Patient Care Committee and the numerous donors have and continue to make adequate provision for this.

However, Quality does not carry a price tag! The challenge is in providing affordable and quality health care which is our unique brand; in always wanting to do things better than before; in steadily pushing back the frontiers of knowledge of Homoeopathic health care bringing hitherto untreatable conditions into the fold of Homoeopathy.

Research is the acme of all professional endeavours since it attempts to provide an answer to the challenges posed above. After tackling four extra-mural research projects and many internal ones, the MLD Memorial Organizations are indeed poised for the ‘Great Leap Forwards!’

Affordable Quality Health Care: Maintaining the Brand

Centres of Excellence need fodder to grow and maintain themselves. Maintaining one’s Brand identity needs a consistency in the results. There has to be a magical effect in its use all the time. The tradition must thus pass on with the succeeding generations equally smitten with the bug of affordable, quality health care. The systems ensure that the road is built which affords access. Only when peopled with the right thinking-feeling ones can Centres of Excellence in Homoeopathy thrive. The Master’s blessings are always at hand.

A Holistic Healing Experience-
Taking The Rural Homoeopathic Hospital Forwards

Dr. A. R. Kapse
Director, RHH, Palghar

The Rural Homoeopathic Hospital (the RHH) celebrated 10 years of its service in 2010. The decennial celebrations received tremendous response from the people of Palghar as well as from our well wishers spread everywhere. A dream has come true. Fully functional, 50-bedded, multi-specialty, integrated Homoeopathic hospital & hostel have become a reality. Phase one of the project is complete.

The travel has not always been smooth. We had to negotiate many hurdles to actualize the dream of setting up an integrated Homoeopathic hospital in the rural area. Financial resources were always in short supply, but creation of infrastructure could progress steadily, thanks to our donors, contractors & well wishers. Getting all the necessary approvals & recognitions, too, passed through many difficulties. But the guidance & support of our patrons, goodness in the heart of authorities who went out of the way to help us & blessings of our Guru allowed us to sail through. Creating committed human resources is a far more demanding & critical task for an NGO like us which is trying to spread ICR methodology based on Dr. M. L. Dhawale's philosophy. Inculcating the spirit of service & the spirit of excellence in the team is the core of our activities. The most satisfying achievement of the decade is creation of a team of medical professionals & staff with these values. We no doubt passed through pains when some of the colleagues parted way, but a rock-solid team with a long-term commitment & competency is in place. To put it in a nutshell, the decade has been spent in laying down the foundations of an organization that can continue to expand & serve for at least a century.

The community has recognized these efforts through support; the patients are calling on the hospital in increasing numbers leading to a full utilization of existing facilities. The government of Homoeopathy has conferred the status of 'Center of Excellence in Homoeopathy' & a grant to expand the facilities in the fields of Psychiatry, respiratory medicine & research. We are approaching the community once again with the aim of completing phase 2, consisting of a 100-

bedded hospital with a dialysis center & the creation of 6 PG academic departments. I am sure that the donors will be generous enough to actualize this plan. What would be the thrust of the activities for the next decade?

The RHH is a powerhouse of MLD Group of organizations pursuing the trinity of charitable clinical services, PG education & Research. This decade would be the decade of reaching out to all the villages in Palghar taluka. We have established all the departments including 24 hr casualty, ICU & NICU. The need is to take these services to the poorest of the poor in remote villages & padas. Medicine, Paediatric & psychiatry departments are expected to play a key role in this. During the previous decade we developed the model of interventional homoeopathic IPD management including emergency management. Management of chronic diseases, especially psychosomatic & immunologically mediated diseases, is a strong forte of Homoeopathy. The additional beds & special rooms will allow us to explore this area further & also help us cater to patients outside the Palghar Taluka.

The MD training has already created a benchmark in the Homoeopathic academic circles. Unfortunately, the training in ICR methodology has taken a relatively back seat in the training program. This decade we would make all efforts to integrate the ICR methodology training with the MD training. We firmly believe that ICR methodologies would equip the students with necessary knowledge, skills & attitudes to become efficient Homoeopathic healers. Considering the growing population of Palghar taluka & Thane district it would be desirable to start under-graduate Homoeopathic education at Palghar. It is also possible to expand PG education by starting a PhD in Homoeopathy. We are successfully running Rugnasahayak course affiliated to YCMOU. Similar paramedical courses for training of Lab & X ray technicians can be started.

The medical informatics & research department would gain existence as a distinct entity & would be in a position to carry out clinical as well as fundamental research in Homoeopathy. It has a vital role in expanding the frontiers of Homoeopathy & in inculcating a scientific spirit in the minds of young students.

A lot has been achieved in the direction of the plan laid down by our Guru, the late Dr M L Dhawale, but there is much more still to be achieved. The services of the faculty which created this organization would be available for a decade or

two. The baton needs to be passed on to the next generation for pursuing the mission.

Stirring the Tribal Community to embrace Holistic Health

*Dr. Chandrasekhar Goda
Head, Community Services, Bhopoli*

The tough beginnings

Our journey with the tribal community began when we launched our first outreach health programme in 1989 by starting a Homoeopathic OPD at Khanpada, Palghar Taluka, in Thane District, Maharashtra State. 22 years of continuous and dedicated efforts have allowed us to touch the hearts of the self-respecting, underprivileged, poverty-stricken tribal community that is struggling to conserve its rich cultural heritage in an environment that is fast eroding many natural human values. If one is to ask, what we as an organization have achieved in all these years, then, we can positively state that, we have earned their FAITH!

Going down memory lane, we still remember our first encounter in the year 1990 with the community on a large scale, at a successfully organized and efficiently executed medical camp at Nandgaon village near Manor town. The village had rejected our efforts and questioned our intentions, by throwing away all the similar looking Homoeopathic medicine pills in a pit dug outside the village. Today the same community patiently waits for the Trust mobile van to reach its village once a week and approaches them for all their problems.

Feeling the pulse of the community

The mobile dispensary launched in 1995, allowed us to implement our Guru's, Dr. M. L. Dhawale's, advice: "GO WHERE NO ONE REACHES". It allowed us to experience the life and rigors of the tribal community from close quarters. It also gave us an opportunity to develop our community health perspective, through the experience of the village well (photo included). Here, the Homoeopathic physician, in his search for the "Root Cause" of the neck and back pain of the tribal women, (only temporarily relieved by Homoeopathic medicines) discovered the maintaining factor to be a well that went dry in summer needing long journeys to fetch potable water. 'Treatment' involved motivating and organizing the community to come up with the solution of jointly building a well that had water in summer as well. The experience allowed us to become a part of this community and encouraged the community to approach us with their next problem – the lack of a proper village school, being run since long on the "Verandah" of the houses. This experience saw the charitable side of the poor tribal. A tribal got motivated and was encouraged to donate a piece of his "heart" – his land and the rest volunteered free labour to build a Multi-purpose structure serving as a school, a community meeting hall, a marriage function hall and a dispensary. Thus it served their social, economic, cultural and medical needs.

Capturing the heart of the Community: Caring for the mother and the child

Providence smiled in the form of Dr. Bhadraben Shah of the Share and Care Foundation, USA paying a visit to this tribal heartland and taking up the project to set up a Community Health Centre and a Mother and Child Care (MCH) services in the community. A 10-bedded cottage hospital and a well-equipped Mobile van was the result. The Tata Social Welfare Trust chipped in to expand these services to reach 10 villages.

Visits by the Secretary of the Department of AYUSH, Govt. of Homoeopathy, provided the human and material means to expand the through the Homoeopathic postgraduate programme which was sanctioned and through which trained medical manpower was available in regions which had had no access to medical services.

Building the inroads into the community

We had the doctors but we needed to reach the community. We needed a member of the community who could communicate to them and yet would convey the perspective of the Concept and practice of Health, Hygiene and Homoeopathy – the three H's we were wedded to! There were no people available off the shelf! They would have to be created by us. Accordingly, villagers through a consensus select married semiliterate women, permanent residents of the village. We imparted them training through the 'Arogyamitra' programme of the State Open University and they became our Community Health Volunteers. They formed the bedrock of our efforts to take the community on the path of health. Under the supervision of Multi Purpose Workers (MPW) and a Medical Social Worker (MSW), we were able to form a Health care team.

Organizing the Community to care for itself

The population is now oriented to the MCH program and the related health issues through IEC group meetings (Information, Education and Communication) conducted at the pada level and attended by different groups. These groups have been formed:
Adolescent groups

- a) Pregnant women
- b) Decision makers of the village
- c) Child health committees (Baal Arogya Samitee)
- d) Male / Youth groups
- e) Self Help Groups
- f) Mahila Mandal

The care of the pregnant and to-be pregnant mother is achieved through

- Regular orientation programs on Homoeopathy and health issues;
- Weekly check-ups at the pada level
- Fortnightly check-ups at the Primary care center by a Gynaecologist
- Need-based Homoeopathic Treatment.
- Two 3-monthly check-ups for ANC profile with sonography
- SOS facility at the primary care center and referral hospital
- Handling of high risk pregnancy in a pro-active manner

National reach of the MCH Programme

This experience has been shared widely by the MLDT at the National Campaign on Homoeopathy for Mother and Child Care organized by Department of AYUSH and Central Council for Research in Homoeopathy in 2007. The outreach programme has been recognized by the Department of AYUSH at the National level as a model programme for providing Mother and Child health through Homoeopathy. As a result of the success of the project, the Department of AYUSH has accepted a proposal to upscale it to cover 50 villages in the Vikramgarh taluka effectively covering 50,000 people.

All this would not have been possible but for the active collaboration of the Urban and Rural Community development of the TISS and Dr. Amita Bhide. We owe tons of gratitude to her and the department for being with us through thick and thin.

EDUCATING FOR EXCELLENCE: THE UNIQUE EXPERIMENT OF INTEGRATED HOMOEOPATHIC EDUCATION

Dr Bipin Jain
MD (HOM)
Director Academic Services, MLDMHI

Introduction:

The health status of a nation is an important marker of its development. Education is the backbone of any nation, and health care education needs great attention and continuous upgradation in both the content and the methodology. Homoeopathy is an important health care modality at both the governmental and private level, especially after the realization of the limitations of the modern system of medicine.

Background:

Homoeopathic education and training has always followed the traditional teaching methods, which are quite inadequate. The Western medical educationists had started using innovative methodology since the last 40 years. Our Founder, Dr. M. L. Dhawale, could perceive their value in Homoeopathic medical education and initiated a change so as to achieve Excellence in education.

His first educational experiments were during his brief tenure in 1968-70 as the Principal of the Bombay Homoeopathic medical college. He introduced clinic-based teaching and a holistic approach to the patient from the first year. This led to new teaching methodologies since the beginning of the Institute of Clinical Research in 1975, especially group learning methods. He advocated the principle of Action Learning, that is, learning by doing, through direct exposure of the student to the patient from day one under supervision during clinical sessions. These experiences were then brought to the classroom in the form of group discussions to consolidate further learning. The insight and skills thus imparted prepared the students well to face the complex world of health care through Homoeopathy. Through this approach he was able to institute scientific, evidence-based practice and also ensure that the student develops a sensitive humanitarian approach. Similar innovations were tried in the Father Muller's Homoeopathic College, Mangalore, with promising results.

Applications:

The Institute continued to follow the path and the direction laid down by him through its various educational programmes – both in formal and non-formal medical education and in paramedical training programmes as well.

Today we have a variety of educational programmes for different target groups. These programmes are based on the basic philosophy of perceiving man in health at peace with his environment and discharging all his duties, ill-health Homoeopathy when this peace process breaks down. The approach aims at instilling in the student a greater mastery over scientific Homoeopathy through clinical exposure, free group discussions and presentations. Through this integrated approach the students grasp the principles of holistic Homoeopathic medicine and can practice it.

Our Educational Programmes

At the various centres of the Institute, we run courses for the graduate students of Homoeopathy, interns and foreign practitioners. There are various study groups all over Maharashtra and Gujarat which also follow the same educational methodology. These have had very encouraging results. We are now well recognized and a very rapidly growing institute in all spheres of Homoeopathic educational services.

Postgraduate programme

. Since 2002, we are implementing these methods in the postgraduate MD (Hom) training programme. The students receive training in all types of set-ups – tribal, rural, semi-rural, urban, hospital, nursing Units, mobile clinics and community centers. An integrated teaching programme is developed to facilitate holistic perceiving and treatment. Post-graduates thus trained have received appreciation from the homoeopathic world in all spheres of practice and education and have become popular teachers.

Undergraduate programme

The Institute is implementing the integrated approach in Karjan, Gujarat, in the Smt. MKS Homoeopathic College. While following the syllabus and the guidelines of Central Council of Homoeopathy, the specially designed curriculum allows the student to grasp the problem holistically, from all possible perspectives-clinical, social, economic and ethical. The preclinical, paraclinical and clinical subjects are integrated with the Homoeopathic subjects to display the relevance of all in the day to day clinical work. The students have improved in all their intellectual faculties. The teacher has become the facilitator in the joint journey of learning. We are on our way to create a difference in the educational methodology and be a pioneer in the field of Homoeopathic education and training.

Community health volunteer training programme:

The methodology of integration has been used in our community health volunteer (Ayush Swasthya Karyakar) training programme designed on the lines of the ASHA programme. The programme is operated at Bhopoli, Maharashtra, and in Karjan, Gujarat and has been replicated in our Bangalore rural health services. The programme prepares the Homoeopathic health volunteer to operate in areas where there is a paucity of medical facilities and personnel, to manage minor ailments with Homoeopathy, to recognize when a patient needs more urgent attention and make arrangements for the transfer to nearby higher medical centers. The health volunteers also participate in educating the community in undertaking preventive and promotive practices. One can see the difference in the knowledge, skills and attitudes of these volunteers, who are acting as ambassadors of the concepts of health and Homoeopathy into the interior and tribal areas. We are on our way to document these experiences and standardize them for the benefit of the larger population.

All these things become possible due to the commitment and dedication of all the personnel who work to spread Holistic Health through Homoeopathy.

Conclusion

Integrated teaching methodology has given encouraging results in non-formal as well as in formal education. The Institute is doing pioneering work in this direction. The way is long but the journey has already begun – as they say – a journey of 100 miles begins with the first step.

Building Clinical Excellence through Research

*Dr. Prashant Tamboli
Co-ordinator, Research Committee,
MLD Memorial Organizations*

Role of Homoeopathic Research

Constant evolution and change in clinical knowledge is the need of the hour and is proportional to the knowledge generated through research activities and innovations in that field. Good Clinical Research should not only be evidence-based but should also have an impact that is widespread and immediate. Many Action Research Programmes, implemented for the promotion of Health & Welfare of the community, ultimately help to develop an attitude of evidence-based practice in the clinicians. Homoeopathy is no exception to this. The main objective of Homoeopathic research activities is to evolve new, effective and reliable treatment strategies for different clinical conditions, thus benefiting the science and the community.

Research at the MLD Memorial Organizations

Considering the work done by the MLD Trust, the Department of AYUSH of the Ministry of Health & Family Welfare has accredited the Trust for undertaking research activities. The Department of AYUSH has supported us through 4 Extra-mural research projects. Three of them, i.e. Diabetes Mellitus in urban and rural populations and Scabies and Diarrhoea in tribal areas are complete and are being published in the reputed *Indian Journal of Research in Homoeopathy* published by CCRH, the apex body for Homoeopathic research in the country. The fourth one on Learning Disability is in the last stage of completion.

- ❖ Panchayati Raj Department of the West Bengal Govt. commissioned the MLD Organizations to recommend changes in the functioning of the Homoeopathic dispensaries in the state of West Bengal in order to improve its services
- ❖ Three ROTP programmes in Research Methodology sponsored by Dept. of AYUSH, Govt. of Homoeopathy, were held – 65 doctors have received training in these
- ❖ Two Research seminars for PG Homoeopathic students and teachers were held, benefiting 350 students and teachers
- ❖ 5 faculty members have presented scientific papers in International Conferences.
- ❖ Eight in-house projects on various clinical conditions have been taken up in the 4 hospitals
- ❖ 2 community based survey projects are on

Regular screening activity is going on for diagnosing diabetes and educational and behavioural difficulties in a number of schools

Learning through research projects

The Research process helps in improving and updating clinical knowledge. Many times its very need is questioned. The answer really is – research is a systematic activity which explores questions which may not seem relevant till they influence regular clinical activity. The following small example will clarify the importance of research in achieving clinical excellence.

The MLD Trust has taken up a project on the role of Homoeopathy in the management of Learning Disabilities. Most of the research activity in this subject has been conducted in western countries and in our country with children studying in the English medium. The MLD Trust has deliberately selected vernacular medium schools

from the underprivileged sections of society for this project. Most of the children in our country study in the vernacular medium and hence the results of the project can be fruitfully and widely applied. Work in Learning Disability in children in the vernacular medium is a totally new venture requiring a lot of systemic effort right from identifying the types of problems to devising management strategies. We did primary screening of more than 3000 students to identify the type of difficulties faced by them, their parents and the teachers. More than 1000 out of these were further evaluated to diagnose the affected children. Finally, around 200 children were taken up for treatment. This being a research project, a lot of documentation was needed to establish clearly the clinical diagnosis and the management strategies. Research helped the process of diagnosing this disorder with a minimum amount of psychological testing. This is important as in many parts of the country such facilities are not available. The process of diagnosis has become so standardized that the MLD trust has been invited to do screening of children for educational & behavioral problems in many other schools.

Similar results could be seen in the earlier three completed research projects. The management strategies developed in the diabetes & diarrhea projects are being used for better clinical management. There is a great demand for the homoeopathic management of Scabies in many Ashram schools.

Learning by integrating clinical information

Another road to clinical excellence is the pooling of all experiences under one roof. The Trust has started this activity for the past one year. Currently we are in the process of compiling all clinical information from our 4 hospitals & 12 urban clinics of Pune & Mumbai. The analysis of this huge information is expected to yield a lot of learning insights in terms of diagnosis and management of specific clinical conditions.

The Trust is also in the process of customization of a 'Hospital Management Information System' software. This will eventually help in receiving expert opinion for a patient from the rural & interior parts of the area served by the Trust. Ultimately, each section of the community will get access to expert management. The first phase of this activity will be launched on the 1st of Homoeopathy 2011.

Getting deeply connected to Research

We have also started networking with other like minded institutes like the Deenanath Mangeshkar Hospital, Pune. The first joint research project was undertaken in 2009. Two more research projects are in the process of starting. These projects aim at establishing the scientific aspect of Homoeopathy.

The MLD Trust has always felt that while satisfying the commonly accepted scientific criteria, it should provide answers to the crying needs of a developing country like ours. Such researches are possible when the clinician enters the life of the Community incorporating its members in the research design. The more rural and backward the community, the better! Such researches become possible when young enthusiastic research-oriented homoeopaths are trained in basic research methodology. Young homoeopaths have shown an inclination to undertake such an activity. Six Post-Graduate students have selected Research training as a learning option so that they can serve the science & the community through devoting themselves to research.

The confidence of the Organization & the budding researcher will increase when the community will also extend a supporting hand for such an activity. The growth of the community and of homoeopathic research will always be parallel.

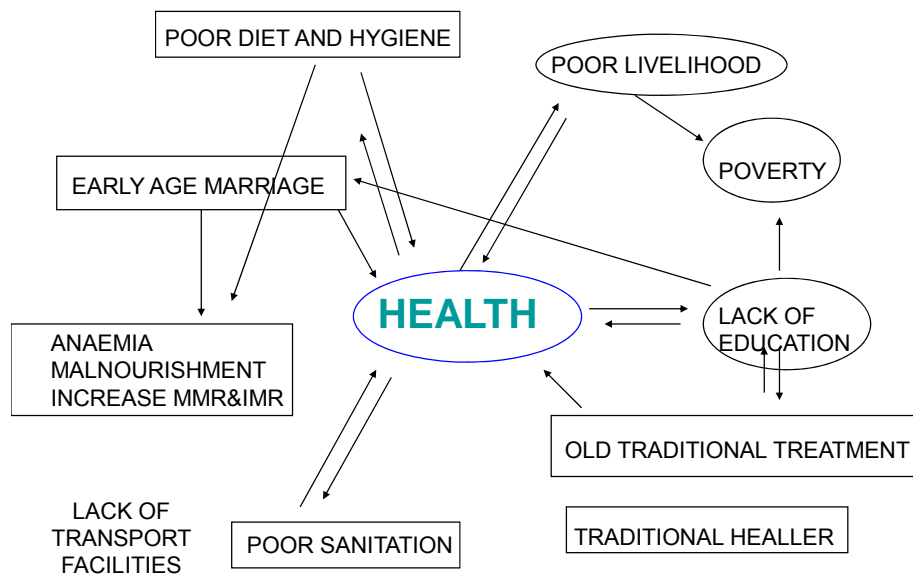
Holistic Development Model of the MLDT: Its Genesis and Perspective

*Dr. Ujjwala Pendse
Trustee, MLD Trust*

The MLD Trust has been operating in the rural areas since 1989, when the first Homoeopathic Clinic was opened at Palghar. Since then, over the last 20 years, the Trust's MLDT's operations in rural areas have undergone two significant transformations, providing a new dimension to the Trust activities.

The **first transformation** occurred when its clinical services moved into the community through the mobile vans (the first Mobile Clinic started in 1995). This afforded deep insights into the challenges of rural societies as well as lives of communities, deeply influencing the sensitivities of all those engaged with them.

These experiences opened the flood gates and we were in danger of getting entangled into the Socio-cultural-Economic-Political-Religious problems of the tribal community. We were not equipped to handle these. Our association with Drs. Janaki Andharia and Amita Bhide of the erstwhile Department of Urban and Rural community development, Tata Institute of Social Sciences, helped us to understand and represent the problems in the following diagram and significantly enabled us to respond to this transition.



The on-going support of the TISS faculty helped develop the sensitivities of our team, systematic tools helped define the scope of our work and their probing questions often helped to clarify our stances and the models we wished to implement. Women empowerment and building grass-root institutions through self-help groups opened an entirely new area of work.

We began to glimpse the concept of positive health as obtained in WHO Alma Ata declaration -----

“Primary health care involves, in addition to the health sector, all related sectors and aspects of national and community development, in particular

agriculture, animal husbandry, food, industry, education, housing, public works, communications and other sectors; and demands the coordinated efforts of all those sectors” – Alma Ata Declaration

This gave impetus to the **second transformation** – movement from the narrowly defined community health model to a holistic community development model encompassing health – preventive, promotive & curative, education and sustainable livelihoods.

The shift from intent to concrete ground level initiatives was possible when we came in contact with a Visionary and alternative technologist, the late K. R. Datye who, amidst a dismal rural and agricultural scenario, dared to outline his vision of a thriving regenerative agro economy. We could sense the untapped potential of natural resources, their linkages with food security, nutrition and livelihoods. We could also appreciate the need to conserve, augment and develop natural resources and leverage their diversified utility. He was the prime mover in pioneering the use of renewable materials technology in infrastructure and Vilas Gore with his team played a key role in actualizing this resulting in the construction of a bamboo Ground + 1 office cum meeting hall structure.

This exciting journey saw the contribution of several practitioners – outstanding organic farmers – Bhaskar Saveji, Raosaheb Dagadkar, Subhash Sharma, Tarak Kate and the team at Dharamitra, Balasaheb Renkeji, and resource persons / organizations – Pradip Nikam, Ulhas Gore, Sandhya Edlabadkar, Vandana Datye, Ajit Gokhale, BAIF team especially Girish Sohoni, Sanjay Patil, members of the KRD vision network, MOFCA, Prof. Anjali Kanitkar Aroehan .

While we initiated this work we realized that without intervention in education and capacity building our progress would be limited. Each One Teach One (EOTO) from Mumbai working with Municipal schools played a vital role in partnering with us and TISS student team helped isolate entry point into the school system. Over the years EOTO under able and compassionate leadership of Mrs. Jyoti Tanna and team – Anagha, Deepak, Anitha to name a few has generously supported tribal schools in many of their basic needs – uniforms, note books, work books, supported events to unlock childrens’ potential – sports meet, cultural meet, exposure tour and promoted higher education through scholarship scheme. Another very useful contribution has been through the mobile library which EOTO helped set up making it possible for children of all age groups to enter the magical world of books and cultivate reading habits. Vigyan Ashram has been another supportive partner through helping us introduce the Introduction to basic technology (IBT) course in one of the schools. As we moved deeper into academic excellence and strengthening the foundation of children in key areas, the services of Rajiv Vartak, Centre for Science Education and his team proved invaluable to chart a different course in teaching pedagogy and engagement of children through the project “DISCOVER”.

A new Vision started getting formed

“Co-create rural communities which are

- **Self Reliant,**
 - **Sustainable and**
 - **Ecologically healthy**
- nurtured by a spirit of collaboration and progressive grassroots leadership.”**

Within this system, livelihood security and stability covering basic needs of food, water, health and shelter exists for all; at the same time it seeks to create opportunities for persons to express and develop their potentials to enhance their quality of life and strive for all round development.

At the heart lies the central focus – *nurturing and building human capabilities at multiple levels* – leadership being one of the critical areas. Unleashing the energy, initiative and capabilities of people forms one of the vital forces for sustainability and also the most challenging since no blue print exists which guarantees to make people come alive and take charge.

Our experience shows that, holistic health development through Homoeopathy helps this very process in individuals and the Trust is working to utilize these energies to impart a thrust in the social and developmental sectors. The initial success has bolstered up the confidence to scale up its operations on a wider scale.

Establishing linkages with other related disciplines, partnering to result in synergy and embracing a multidisciplinary approach – these insights became possible through the rich sharing and supportive networking with all of the above.

We remain ever grateful to all our partners who have contributed in so many varied ways in our evolutionary journey.

Making Homoeopathy An Everyday Word

It is said that the consumer is King and I say 'yes!'...Homoeopathy is a solid example of this fact. This science of rational medicine has traversed the world for 250 years., starting in Germany & spreading through the globe with huge popularity & recognition as the second-most sought-after medical science. Like the Ganges it has organized through downs & rough terrain, yet emerged as a more powerful force, only due to its efficacy as experienced by its consumer. Whoever experiences its magical healing, not only falls in love with it, but persuades people around to turn to it at least once. Many amongst these individuals have taken up the study of this magical science; Teachers, retired officers, scientists, businessmen, political leaders, film artists & many medical practitioners from modern medicine. Some of them have made the spread of Homoeopathy the mission of their lives. Thus the spread of Homoeopathy has occurred on the solid base of the experience of healing in a rapid gentle & permanent way.

In our urban practice we have seen families managing their primary health needs through Homoeopathy. Homoeopathy is cost-effective, with no apparent side effects. It can be taken even as preventive, it is easy to consume, simple & easy to carry. All this makes it a perfect choice for Primary Health Care. Typical Homoeopathic doctors are like a 'friend, philosopher & guide'. They take pains to study all that bothers you, from your mind others around you, from food to environment, from genetics to spirituality. This makes a Homoeopathy the right choice as a family physician. He becomes almost a part of the family, someone to whom hearts can be opened by all, and confidentiality will be maintained.

This work of Homoeopathy as primary health care system is one way in which it is an everyday word.

Homoeopathy is also effective in preventing major disease outbreaks & its popularity reached a peak for the knowledgeable in the recent outbreak of swine flu. It has also proved its ability to help absorption of nutrients, thus helping in speedy recovery from illnesses, and, in normality, in children grow well in all aspects – physical, mental and emotional. Realising this potential Government of Homoeopathy's department of AYUSH has entrusted Homoeopathic organizations with most crucial responsibility of mother & child health care.

The greatest challenge faced by Homoeopathy today is reaching up to people and educating people to choose Homoeopathy as a primary means to health. This needs a massive cooperative movement involving various government & likeminded non government organizations, various philanthropists & leaders of society who have experienced the good that Homoeopathy does, and imparting to the key people in the community the right knowledge of health and Homoeopathy. For this we need to handle effectively all means of mass communication like writing articles in the popular press, making knowledge of Homoeopathy available on the website, etc.

We at the MLD Trust have done some experiments in reaching the unreached sections of society, by creating models of health through Homoeopathy, with the idea that if Homoeopathy can make a difference to them & then this model can be duplicated in any part of Homoeopathy. In the early 1990-s we started working in the rural region of Thane district, in the Manor-Maswan belt. The TISS (The Tata Institute of Social Sciences) came forward to help us with its expertise in reaching unreached section of society, they shared technology of skills of communication & team building in

community. We have created 25 leaders from the community who are primarily trained in to community health & are working as change agents. Mostly they are women from the community with one child, preferably qualified up to the tenth standard. The team of health workers is built by rigorous training. Today we take pride in managing even Govt responsibilities with the help of this team.

We have gone through various models of working groups in the process. We have discussed this process elsewhere in the Souvenir. The. First successful model took 5 years & in another 5 years we have spread to Gujarat where we are looking after a whole block (1 Taluka) covering 93 villages, in Pune covering 10 villages in Bangalore covering 25 villages, collectively covering 2 lakh populations. Health workers are having Homoeopathic kit with empowerment to understand primery health needs, doctor and hospital set up is available when necessary..

This successes has given us confidence of building the Homoeopathic system through women empowerment. It's the beginning of a mass movement based on people's experience. The cost of such care comes to only Rs. 250/- per head for the entire year, and you can save millions of rupees by giving such preventive care, thereby avoiding costly medicines for secondary care and some of the surgeries .

The time has come that like-minded people, Institutions and organized organizations come together to give Homoeopathy its due position in health care so that standardized care, dreamt by our teacher Dr. M. L. Dhawale can reach to all and Homoeopathy can become everyday word in its true sense.

Dr. Manoj Patel MD (Hom.)

Director, Community Health service MLD organization

**MAKING ENDS MEET –
Evolving Systems for Resource Generation & Resource Utilization
within the Orientation of Service**

*Dr. Anoop Nigwekar,
Hon Secretary, MLD Memorial Trust*

Every man lives trying to make the two ends of demand and supply meet. At the personal level it is called – ‘sansaar’ in marathi and at the community level it is called ‘seva’ by the world. Making ends meet normally means earning enough money to survive within our current means. For us this was never a criterion. We continued creating services for the community and the community came forth to support us as a “catalyst” interested in changing the health-care scenario of Homoeopathy through Homoeopathy.

The organization has by now moved from one man (our teacher, Dr. M. L. Dhawale) to an organized organization that has 5 hospitals, hundreds of doctors who serve lacs of people in Homoeopathy. The journey has been a process of learning in many ways for all of us who have been associated directly or indirectly with the growth of the MLD group of Organisations.

Resources – monetary ones – could be generated. But human resources have to be searched, nurtured and organized effectively. The latest international case study – ‘*DR. M. L. DHAWALE TRUST HOSPITAL – TOWARDS SUSTAINABILITY*’ –by S. P. Jain Institute of Management sends a message on sustainability of NGOs like us. We are a prototype who can be studied.

Our Resources are from the following 5 categories –

- a. Our patients
- b. Our students
- c. Our quest for knowledge
- d. Our community
- e. Our partners

Our Patients

They are the reason of our existence since they have developed trust in us to keep them healthy. They teach us – excuse our errors. They supported us when we were creating this organization, they accept our absence from our clinics due to pressing demands of running the organized organization. They reschedule their appointments to suit our timings. We appreciate this and go beyond the typical definition of doctor-patient relationship. In our personal clinics, collectively, we see more than a few thousands. Through the MLD group clinics and hospitals, we collectively see more than few lakhs.

Our Students

We were students of our teacher and try to transfer the same values that we learnt. We try to create a mind that is unique so that the community organized the difference. We were managing an informal course and since 2002 have moved to teaching formal courses, MD (Homoeopathy) at Palghar, and BMHS course at our Karjan college near Vadadora. We created the infrastructures with the help of the community. In return we

create a mind-set in our students which is sensitive to that community of patients which lacks the resources to maintain their own health.

Our Quest for Knowledge

Known as the 'Institute of Clinical Research', we organized capturing knowledge that we received from treating patients and teaching students. We developed protocols of research and by now have successfully completed three research projects with comprehensive documentation, perhaps the first time in Homoeopathy. We are sharing our knowledge by training of Homoeopathic teachers across Homoeopathy – one way of changing the mind-set of teachers who will make the students confident in Homoeopathic practice. The scientific papers will put to rest the idea that Homoeopathy is quackery!!

Our Community: We have three sets of communities:

The first community – **the unreachable** – they are also citizens of our country. We want not only to help them become healthy but also contribute in educating them, helping develop their crops in a better way, help them earn a living.

The second community – **our donors** – who simply believe in us – our intentions- and contribute what they can! We try to do what they wished they could have done. We are a medium and a catalyst for change. They have never let us down. 'Money is not the critical component for people who want to serve' is their single line message.

The third community – **the policy makers of health services in Homoeopathy**. We are encouraged by this community, represented by two Secretaries from Delhi, one of whom converted our model of health care service into a national campaign –“Happy mother Healthy child” – and requested us to train specified states to implement the model. We try to do our best to justify the confidence bestowed on us.

Our Partners

Not alone, but when complemented by others do we achieve in life. Even as an organized organization! We have been supported by organizations like – Tata Institute of Social Science (TISS), Concern Homoeopathy Foundation (CIF), Each One teach One (EOTO), Volkart Foundation, Share and Care Foundation-USA, National Institute of Homoeopathy (NIH), Kolkatta, Ajay Piramal Group Trust (AGPT), Maharaja Sayajirao University (MSU), Vadodara, Deenanth Mangeshkar Hospital (DMH), Pune, S. P. Jain Institute of Management and Research (SPJIMR), Mumbai.

They all want to partner with us in bringing about change.

We have also received support in two major areas. In Human Resources, from Dr. S. R. Ganesh, Dr. Varda Pendse, Dr. Pratima Havaldar, Dr. Balaji Chetlur, Dr. Ajay Parasrampur and Dr. Nirja & Prof. Rukaiya from the S.P.Jain Institute of Management. In the field of financial sustainability we have been supported by Mr. Sumesh Gandhi, Prof. Vasant Sivaraman, Dr. Manish Srikant and Ms. Aruna Soman.

All of these together make “our sansar” and hence making ends meet with all its ups and downs has been a journey that has been lived once and God willing, I do not mind a repeat second opportunity in my next life!!!!

**HEALTHY MOTHER AND HAPPY CHILD THROUGH Homoeopathy
AT
BMC'S HOLISTIC MOTHER AND CARE HOSPITAL, DAHISAR EAST**

*Dr. Dinesh Rao,
Head Clinical Services,
Dahisar & Malad Centres*

Homoeopathic Mother and Child Care through Public-Private Partnership

Dr. M. L. Dhawale Memorial Trust (MLDT) has been working in Mother and Child Care through Homoeopathy since 2002. In October 2005, the MLDT commenced Mother and Child services at Dahisar (East) in a 30-bedded Maternity home handed over by the Municipal Corporation of Greater Mumbai (MCGM) under the Public-Private Partnership programme. The Trust was to provide quality medical services to the Mother and Child segment to the BPL population at rates on par with Municipal Hospitals. Thus all Orange and Yellow ration card holders and Below Poverty Line patients were to receive Mother and Child services at BMC rates as under:

- OPD paper Rs 10/ wk, which is usable for 2 wks
- 25% beds (7 beds) reserved for BPL Patients who will receive the following facilities
 - First delivery free
 - Second delivery Rs 250 and third if pt opts for Family planning Rs 750.
 - All minor operations i.e. D&C, MTPs at Rs 250.
 - All major surgeries (Caesareans Section, Hysterectomy) at Rs 500.
 - All specified Investigations and medicines free.
- For the child i.e. OPD charge – same as above.
- NICU facility free

Concept of Holistic Mother and Child Care

The “**Integrated, Holistic**” concept of health care is unique. All Clinical activities are connected in some way to Mother and Child health. E.g. Physiotherapy caters to Pregnant and Post delivery women and various Paediatric OPDs having congenital deformities, Cerebral Palsies etc. Dental OPD caters to and orients mothers-to-be of the importance of dental health in pregnancy and the effect of gum diseases on the foetus – LBW (Low Birth Weight) and the course of pregnancy – Preterm deliveries etc.

Another important aspect is the integration of the Homoeopathic system of medicine in the care of the Mother and Child. A mother-to-be thus gets the best clinical assessment and care from an Obstetrician and is referred to the Homoeopathic section for medicines to tackle a wide variety of clinical issues. Homoeopathy increases the immunity of the consumers and hence pregnant mothers under homoeopathic treatment experience minimum problems during the ante-partum period and labour. Homoeopathic In-Patient Care (IPD) is also operational and Homoeopathy is being used quite regularly in IPD management and cases of labour with very good results. A lot of this work is being carried out in association with the Department of AYUSH, MoHFW, GOI, New Delhi. Thus we see the concept of PREVENTIVE, PROMOTIVE and CURATIVE mode of treatment being implemented through a **Holistic** and **Integrated** model of health care.

Services at the BMC's Holistic Mother and Child Care Hospital:

The MLDT has fully equipped the Centre at a cost of around 15 lakhs. It has a well-equipped OPD, an IPD as well as Operation Theatres and Labour room. The following services are being offered to the Mother and Child segment:

- Obstetrics (ANC / PNC OPD)
- Gynaecology
- Paediatrics
- Neonatology
- Well baby Clinic
- Baby Friendly Hospital for promoting breast feeding practices
- Infertility Clinic
- Gen. Medicine and Surgery
- Sonography
- Pathology and Radiology (Out – sourced)
- Dental
- Physiotherapy
- Homoeopathy
- Child & Adolescent Guidance Clinic (with MUSKAAN – a Child and Adolescent unit of the TISS, Mumbai).
- Homoeopathy
- Community Based Services

As a policy, the MLDT runs the general services (for all patients outside the BMC purview) at 40 to 50 % lower than the existing rates in private hospitals and nursing homes in the Dahisar – Borivali belt. The Trust raises funds for the establishment and running of these services through donations and project grants.

Community Coverage of Mother and Child Care services in the area

The endeavour of the Trust in the last 3 years has been to take the above services to the women and children of the area around the hospital. There are 13 padas (large cluster of urban slums) around the hospitals. The total population in these padas that come under the direct influence of our hospital is about 3.70 to 4 lakhs. Of this, the female population is around 44% and children below 6 years are 9.84%.

To achieve these objectives the Trust has started Community-based Services. It aims at educating and orienting the families to undertake primary prevention in health care. This involves regular community visits by our Sr. Health visitor, Medical Social Worker and resident doctors where there is a house-to-house people contact. We have covered more than 30,000 houses in these padas. There are 11 Municipal schools in the area of 1 km. We have been conducting camps in these schools and anganwadis. We have examined more than 5000 children in the last 1 yr. The Trust has tied up with 'MUSKAAN', the Child and Adolescent Unit of TISS, Mumbai, to provide Child Mental Health services to the children of the Municipal and Private schools. Efforts are on to reach out to the schools and identify children with scholastic and behavioural problems early and help the children, teachers & parents to accept and deal with these difficulties with expert intervention.

A variety of outreach programmes have been organized in the widespread slum areas of this suburb. These include In-house health camps, health care orientation of the community, educational activities like life-skill programmes for adolescent girls, series of lectures for sexually active age group on HIV, AIDS, reproductive health etc.

Beneficiaries of the activities of the Health Centre and the future

In the last 2 years we have attended to more than 55,000 patients. Out of these BMC category patients constituted 40 % i.e. around 22,000 patients. Our future plan is to open up peripheral community OPDs and /or have mobile services reach out to the nooks & corners of each pada. Our community and school activities have made the people aware of the available health facilities. Now we expect the flow of patients especially the BPL and BMC patients to increase, fructifying the objective of this Public-Private partnership.

Dealing with Malnourishment through Homoeopathy

Dr. Yati Kokre,
Coordinator, Rural Health Services, Pune

“How sad that Homoeopathy makes the front page of The New York Times because 45% of our children are malnourished”
- Tavleen Singh in Sunday Times.

In July 2009 we took up a free treatment camp for Lower Respiratory Tract infections (LRTI) in children and came across Gaurav Hulavle, malnourished like most other children. Most of the Anganwadi tais did not look perturbed, malnourishment being a routine of the region, not in Melghat or Gadchiroli but in Mulshi taluka, barely 35 km from Pune, the second largest city in Maharashtra. The registers showed that half the children here are malnourished, a handful chronically so, with most of government authorities denying the same.

Gurav: A Case Study-

A detailed case study indicated –

- a. The mother lacked knowledge about child health and nutrition.
- b. Family dynamics- Dominating granny and overburdened mother who felt exploited.
- c. The Mother vented her frustration on the child, dumping him with the granny
- d. The mother lacked resources to nurture the child.

During the treatment the mother was educated. The granny got interested in giving the right food. Gaurav was put on supplements and Homoeopathic treatment but with very tardy progress. Only when the emotional state of the mother was dealt with through Homoeopathy and counseling that the mother's attitude changed from indifference to caring for him. Gaurav's nutritional state improved rapidly and he began talking and walking. His anemia improved, normal black hair appeared and he now smiles and is active.

Thus the problem was not just because of poor nutrition, as also evident from observations about other children. Poor nutritional status was just the tip of the iceberg. The true problem was a complex combination of environmental, physical, mental and socio-cultural-economic issues.

Current status of Malnourishment in Homoeopathy

Homoeopathy has almost the highest prevalence of malnourishment in children (47%), next to Bangladesh (48%) & almost double that of Sub-Saharan Africa (24%) The prevalence is higher in rural areas (50%) than in urban areas (38%); higher among girls (48.9%) than in boys (45.5%). Approximately 60 million children, i.e. almost 3 /4 Indian children are malnourished!

Malnutrition in Homoeopathy is multi-factorial. The common factors are:

Biological: Poor nutrition, lesser birth spacing & improper weaning habits, poor water, sanitation and hygienic practices

Psychological –Parental and familial discords, poor Mother Child bond, inadequate caring, poor awareness about right food, neglecting children and compensating with junk food.

Socio-economic –Poverty, working parents, migration, lack of income generation skills, traditional beliefs and taboos about diet, early marriages and gender discrimination.

The immediate causes are poor food intake and infections – a vicious cycle. Recurrent episodes of infection without sufficient food or inadequate recovery time are a primary cause of poor growth.

Thus an effective strategy to deal with Malnutrition in children is to prevent infections, improve their intake and the absorption of the nutrients consumed.

Experience during Lower Respiratory Tract Infection Camp

The Government of Maharashtra had undertaken VCDC, a drive against malnutrition as a part of ICDS, around the same period as our LRTI camp. During the VCDC programme children gained weight, only to lose it after the supplements were stopped; infections were treated with antibiotics, only to relapse after the course was over. Poor appetite persisted and many children suffered from loose stools due to the additional dietary intake.

Remarkably, children on Homoeopathy gained weight significantly and did not lose weight after the dietary support was stopped. But what was more striking was that children not on any dietary supplements also showed significant weight gain under Homoeopathic treatment. Their incidence of infections of LRTI and diarrhea reduced and their appetite increased. This experience helped us win the trust and confidence of the Aanganwadi tias and ICDS department who started referring cases for treatment of malnourishment.

Role of Homoeopathy

Homoeopathic case study identifies the imbalance within the individual and with his environment. The evolutionary study of the child begins from the womb and covers the interaction with family, school and society. The dynamic remedial force helps to restore balance in a rapid gentle and permanent manner.

Based on the art & science of Homoeopathy we at MLDT have made a paradigm shift in the approach towards Malnutrition. The strategy is of an integrated approach in dealing with biological (recurrent infections), psychological (inappropriate caring practices) and social (poor infant feeding practices) factors and not just to replenish food to the deprived child. Our Homoeopathic physicians have acted as change agents with the family, the teacher and the community. This model is replicable due to the standardized approach to the case.

The restoration of health involves dealing with these factors leading to harmony with self and one's environment by creating balance within and without. Restoration of this balance will lead to a naturally healthy citizen & nation.

Aanganwadi Adoption

The Trust has taken upon itself to adopt one Aanganwadi on a pilot basis as part of the bid to eradicate malnutrition. The effort is to deal with malnutrition and also the issues relevant to it, leading to a happy and healthy child.

We began with participatory rural appraisal, defining the roles of the villagers, ICDS and MLDT, followed by home visits and identification of the volunteers. Later, groups were formed to implement the various diet plans. The whole idea was to create local leadership. Through interactions with the villagers we have delivered the message that their health is their own responsibility.

It is a two-year programme – In the first year we correct the nutritional status with Homoeopathy and supplements provided by the trust. The second year is for maintenance and observation. Simultaneously, education & orientation of teachers and parents will be done and children will be taught hygiene and cleanliness. In this effort the guidelines formulated by the ICDS will be implemented by the teachers and their supervisors in order to make the Aanganwadi a model one.

In the year 2009-2010 we have given Free Homoeopathic treatment to 954 malnourished children

Impacting Health in Rural Bangalore --- Learning from the MLDT

*Dr. Savitha Wani
Coordinator, Rural Health Services,
MLD Organizations, Bangalore*

How we entered the field of Community Health

We at the Institute of Advanced Study in Homoeopathy (IASH) are a recent addition to the MLD Community health services wing – as recent as 2003. Our mentors from the MLDT, involved with our academic programmes, recounted their clinical / community experiences with passion, fervor and happiness. To us collectively it was a dream story of perseverance, of conviction, and of success. “Crossing the river to treat one patient, a dying alcoholic recovers with Homoeopathy, treating patients under a tree, -----→ to a full fledged rural homeopathic hospital with all modern amenities”!!!!

We simply adopted the motto of the MLDT “*To Reach Where No Doctor Reaches, To Provide Quality Health Care to the Common Man at a Minimum Cost*”. Thus started our journey – with the objective of positioning Homoeopathy as a viable therapeutic option in the domain of community health care amongst the rural population of Bangalore.

How we progressed

I.- 2003 saw the opening of the 1st charitable unit at the Ram Ram Ashram, an orphanage, which houses about 30 children and is located on a hillock beyond Ravagudlu Village. The inmates of this ashram are under our care since then. We are immensely grateful to the management of the Ram Ram Ashram for being our stepping stone in the field of community health services.

II. Seeing the dedication with which the doctors used to reach these children through rough terrains, and the improvement in health of these children, the prominent local people of Ravagudlu village, through which we had to pass, invited us to start a unit in the village. 2006 saw the opening of the 1st charitable clinic – “Dr. M. L. Dhawale Memorial Institute’s Standardized Homoeopathic Clinic”– at the Ravagudulu village, Somanahalli panchayat, Kankapura taluk. The Ravagudlu village is situated about 32 kms from Bangalore on the Kanakapura road. This Panchayat has 12 villages; each village has a population of 800 – 1000. The Ravagudlu village does not have a primary health care centre and has no medical facilities. The Milk producers cooperative society of the Ravugudlu village has supported us by providing clinic space and sharing their good will. Here we operate a base clinic to reach out to 9 villages.

III. 2007– The Mary McBride Health Centre in association with Dr. M. L. Dhawale Memorial Institute started a collaborative activity at the Fireflies Ashram- Dinnepalya village, Kaglipura panchayat, Bangalore south taluk. The geographical area served through this unit is the population of Kagalipura, and Thalagatpura. The total population served is about 30,000. The only district hospital is 15 kms away. Fireflies Ashram, an international training and cultural centre, is working in areas of Social Development, Health Care, Women’s Empowerment and Environmental and Ecological Awareness. The man behind all this is Mr. Siddaratha who needs a special mention for opening up a two-storey eco- friendly building to reach out to the suffering humanity and also for making us feel welcome by his warm approach and hospitality.

IV-A Mobile unit was a foregone conclusion as it allowed us to cater to 19 villages (on local invitation) Sponsored by the Manjarika Trust, the van is equipped with basic health care equipment and medicines. The team of doctors, compounders and health workers do rounds of the villages to address the needs of those that find it difficult to reach our base clinics, including the elderly and the population of villages that are so far inaccessible. Shri Nagarajan S. of Manjarika trust is a soul dedicated to the cause of Homoeopathy. But for him the suffering humanity in rural Bangalore would not have had Homeopathic health care delivered at their door step.

V –Homoeopathy in the Industrial unit – in association with the TVS factory, Hosur is managed by a medical officer of IASH / MLDMHI. The workers of the Factory are the beneficiaries of our services. We appreciate the support of the Management of TVS in this undertaking.

VI-Slow Learners Project–Through Homeopathic therapeutic interventions we are working towards aiding these first generation learners to improve their learning abilities and ensuring a better academic performance. Through this project we have collaborated with SHIKSHANA- a community based organization. They are a group of software engineers committed to improving the academic performance of the 110 Government school children along the Bangalore – Kanakapura Road. This association has led us into the third quadrant of the triangle. We hope to consolidate the outcome of the pilot project into community based research studies.

VII- Regular Camps have been successfully conducted in association with different organizations, institutions – medical and non-medical. Some of the camps successfully conducted were the Cardiac camp in association with Narayana Hrudayalaya, the Diabetes detection camp in association with central labs, the Ophthalmology camp in association with Nethra Dhama, Prophylactic camps for chikunguniya, swine flu and dengue preventive camps with support of elected bodies like Gram panchayat officials Etc. The patients who are screened at the camps are put on homoeopathic treatment and followed up at our clinics.

VIII-Community health worker project- as at all centers of MLDT we also realized we needed a ‘bridge’ between the target community and our health services. So started our CHW training programme in July 2010 and completed in Feb 2011. Group of 1st batch of 10 CHWs are trained in the basics of preventive and Promotive health care. Their on-field training continues and all 10 are on payroll. They are trained according to the guidelines of the Parent organization.

Where do we stand today?

19 villages – 6 days a week and address the need of about 600- 700 patients per month. The expansion from 1 hamlet to 19 villages, 1 day per week to 6days per week and a work force of 20 people happened easily due to extraordinary individuals like Shri Ananth Kadur of Superpacks who have stood by us. We thank them immensely for valuing our work.

Venturing into community health has expanded our horizons as also our reach to the target community. The individuals, groups, organizations, institutions who have stood by us believe we are making a difference in a cause they care about. They value the work and want to support us in making the world a better place to live.

A DECADE OF BUILDING AND OPERATING ‘ICR STUDY GROUPS’
SHARING KNOWLEDGE→TRANSPLANTING VALUES – TRANSFORMING
INDIVIDUALS→BUILDING A TEAM – IMPACTING THE COMMUNITY

*Dr. Sunil Bhalinge,
Director, Study Groups,*

Dr. M. L. Dhawale Memorial Organizations

Need for Professional hand-holding in Homoeopathy

Graduation is a vital milestone in the life of a doctor. In this era of globalization young Homeopathic graduates, after spending 5½ valuable years in medical colleges, are facing problems selecting Homoeopathy as the first choice of their career since they are ill-equipped with the requisite knowledge, methods, skills and confidence necessary to develop a successful private Homoeopathic practice. The few who have been touched by some aspect of their experience in Homeopathy or of their teachers retain the hope that somewhere someday they will come back to the fold and they hope to discover a mentor or a guide.

Dr. M. L. Dhawale Memorial Homoeopathic Institute, Mumbai, a pioneering educational and research centre in the domain of Homoeopathy, has a vision to spread the scientific practice of Homoeopathy as developed by Dr. M.L. Dhawale at the Institute of Clinical Research. The triangle of Patient care, Learner care and Knowledge care is the format on which all the activities are based. Training is imparted through the practice of Action-Learning. The Institute been working with the mission: *“To achieve excellence in ‘Integrated Homoeopathic Medical Care, Education and Research’ in order to promote ‘Positive Health’ in a cost-effective manner*

Study groups in Kolhapur and Bangalore

Dr Pravin Vadgave, a passionate young man smitten by the ICR Philosophy, and his team of students organised a seminar in Kolhapur on ICR Methodology which was a part of ICR SILVER JUBILEE celebrations. The ICR Methodology was showcased to a vast audience of 400 students, Homoeopathic practitioners and teachers. As a result, tremendous interest was aroused and a group of enthusiastic doctors commenced an ICR STUDY GROUP with the objective of imparting Standardized Homoeopathic care in the Art & Science of Homoeopathy as developed at the ICR. With a singular purpose of bettering their professional competence, the group members subscribed to this philosophy and were willing to follow the methodology.

Around the same time, a group of practitioners in Bangalore under the banner of Institute for Advanced Studies in Homoeopathy (IASH) were conducting regular CME programmes guided by the ICR Faculty. In 2006, IASH Bangalore collaborated with Dr M.L Dhawale Memorial Homoeopathic Institute to further its vision of forming a Centre for the study of Standardized Homoeopathy in Bangalore and neighboring rural areas.

Functioning of the Study Groups

Both these collaborations have been functioning in Learner Care & Knowledge Care through educational activities like weekly group discussions and bimonthly workshops conducted by the faculty from MLDMHI. These are designed to develop standardized problem solving methodologies in Homoeopathic clinical practice for the members and developing the concept and practice of Tri-co-ordinate care of the patient, knowledge and the learner

This collaboration has allowed the group to evolve their professional competence in Homoeopathic clinical practice by developing essentials of unprejudiced observation, standardized case recording processing – analysis and synthesis – by integrating the teachings of the masters.

Outreach activities of the Study Groups

These groups of professionals further imbibed the processes experienced in personal growth to form a team of dedicated professionals sensitive to community needs and they widened their concept of care to establish various service outlets with the motto *“We Reach Where No Doctor Reaches, We Provide Quality Health Care to Common Man at Minimum Costs”*

A Community based clinical care center runs in the Kuditre Village, 14 km from Kolhapur, while 3 centres are being run in Bangalore Rural about 20-25 Km from the heart of Bangalore. The group of physicians gives a day or two from their professional practice to this community trying to apply what they have learnt in the study groups to the field. The experience they bring back into the study groups where they share their successes and failures and thus learn from each other.

They have also successfully conducted Community Out-reach programmes like camps and pilot projects in Nephrolithiasis, Diabetes detection, Anemia detection, Ophthalmology, De-addiction, slow learners project and prophylactic camps for Chikunguniya and Swine flu during the epidemics. These community outreach projects open up immense potentials to demonstrate efficacy of Homoeopathy in community health care and provide immense opportunity to take up research projects in collaboration with Govt. and Private funding agencies.

The IASH faculty also had conducted a successful interns training programme for the Govt. Homoeopathic College and the Bhagwan Buddha Homoeopathic College in Bangalore. Similar opportunities are awaiting in Kolhapur. Recently M.D students who have graduated from MLDMHI have formed a Study group on similar foundations and vision for the future.

Transfer of Values -> Transformation of People

Our experience of transplanting classical Homeopathic practice from a clinic-based operation to the community-based experimentation is a unique feature that has emerged for all the stakeholders of Homeopathic education, research and practice. This can take place when the underlying values are sound and reflect what Hahnemann, our Founder, said in his very first aphorism of Organon of Medicine: “the one and only mission of a physician is to cure.” Developing professional competence to deliver Preventive, Curative, Promotive Care through Homoeopathy is possible when purity of intention is joined to scientific methods and a refined sensitivity. The end of ICR Study Groups is achieving this.

TRAINING IN STANDARDIZED Homoeopathy: THE STORY OF THE GUJARAT WORKSHOPS

Dr. Hitesh Purohit
M.D. (Hom)
Academic Head & Hospital Superintendent
Smt. M.K.S. hospital & educational Complex

“My heart leaps up when I behold
A rainbow in the sky
So it was my life began I
So it's now I am a man.....
The child is father of the man”

- William Wordsworth

From a small beginning in 1996 under the Homoeopathic Education & Charitable Trust, we have become an educational HUB for formal & non-formal Homoeopathic medical education in Gujarat.

We have put the words of Swami Vivekananda, “Education is the manifestation of perfection resident in the individual”, into action through dedicated hard work, team spirit & love for spreading standardized Homoeopathy in Gujarat.

We are striving to spread standardized Homoeopathic education, as per the guidelines laid down by our Founder Dr. Hahnemann & then elaborated on by Dr. M. L. Dhawale. We have received the status of a branch of the ICR in 2002.

We began our journey from a heterogeneous group of 30 to 40 doctors who represented a wide range of serious students of Homoeopathy. The group included neophytes receiving regular training in the Institute at Mumbai, Vadodara and Pune, past students established in practice, teachers & principals of various colleges from different parts of Gujarat.

Right from 1995 theme-based workshops have been our tool of education. Rich case material was sent in advance so that participants could come prepared. Discussion method was chosen, with the junior-most participant feeling free to express himself and even to question the senior-most participant. The discussion covered the entire gamut of human experience.

The topics taken ranged from systemic disorders like G. I. Disorders, Hepato-Biliary Disorders and Respiratory Disorders to metabolic diseases like Diabetes and Thyroid Disorders, to syndromes like degenerative diseases and sexual disorders. They also covered Homoeopathic topics like Boger's Approach and study of remedies like Staphysagria and Ferrum. Sometimes mixed presentations like 'difficult clinical conditions' and Fevers were handled. The mind and the mental state, and mental illnesses, came in for a special focus of study. The Standardized Case Record System, the backbone of our practice, was often focussed upon.

We were blessed with the artistic faculty of Dr. Tiwari & Dr. Manoj Patel in raising & handling emotions & prejudices. They have helped many participants to experience the aphorisms 1 to 6. Dr. Kumar & Dr. Bipin Jain guided us actively in developing sharp analytical & concept-based thinking process. They have helped us to understand the SCR system in a most scientific way.

Dr. Hema Parikh has remained the backbone for these workshops.

The theme-based workshops have helped participants to explore various concepts. This has helped all participants to handle even difficult clinical conditions with confidence in their private practice.

In July 2010 we organized a symposium on “*DIFFERENTIAL MATERIA MEDICA OF REMEDIES INDICATED FOR COMMON NEUROPSYCHIATRIC DISORDERS IN CHILDREN*”. More than 250 participants from all over Homoeopathy attended it. We could develop a map of holistic management strategies in such disorders – the final aim of a Hahnemannian Homoeopathy – through integrating with other related disciplines like clinical psychology & special education.

We have held from 2005 to 2009 a ‘fresher course’ – a full day seminar – every month, attended by about 50 students – our educational programme for helping college students & interns to understand Hahnemannian Homoeopathy. The topics cover various aspects of Homoeopathy, from case taking to handling follow-ups.

Continuous medical education through workshops has helped the Vadodara faculty group to evolve. As the Vadodara group has stabilized they have gone on spreading standardized practice of Homoeopathy in Gujarat. They have also found that those who were involved & attended the workshops regularly were eager to start educational & clinical activity on their own initiative as well.

The Bhavnagar group can be seen as an example. With active support from the teaching faculty members of Vadodara & Mumbai, the Bhavnagar group has been regularly arranging educational programmes, which include public awareness programmes, seminars and workshops. The topics range widely, from critical care to training of the observer (a very important factor in Homoeopathic practice) to imparting awareness of Homoeopathy .

The Bhavnagar group has evolved gradually with various clinical & educational activities. College students have benefited hugely since the college authorities have taken active steps to introduce ICR methodology

Surat, Rajkot, and Porbandar are following group discussions & seminars for their further growth.

This continued Homoeopathic medical education has helped not only individual members and groups but also Homoeopathic science & the community at large in Vibrant Gujarat.

HOLISTIC HEALTH CARE FOR THE URBAN UNDERPRIVILEGED

*Dr. Madhavi Tamboli
Coordinator, Urban Charitable clinics*

“The thing that lies at the foundation of a positive change, is the service to a fellow human being.”

..... Lee Iacocca

Standardized Homoeopathic Care to the Underprivileged

This is indeed a very apt saying for a Trust that has been in Community service for well over three decades! Our founder, Dr M. L. Dhawale, brought revolutionary changes in the practice of Homoeopathy through the concepts of Standardization of Individualization and Tri-coordinate care. He had immense faith in the system and visualized effective and all-round Health care through Homoeopathy. It was his prime concern to reach Homoeopathy to the masses, to those under-privileged and deprived sections of the society where health care was still not accessible. With this mission in mind, in 1984, the Trust established its first Charitable Clinic in the slums of Jogeshwari – in Janata colony, a thickly populated Muslim area and the second largest slum in Asia – a place where Homoeopathy as a system of medicine was not even known to anyone.

Objectives of the Urban Clinical Service of the MLDT

The motto of our Trust, ‘Quality assurance in a cost effective way’ is the objective of the urban clinics. This is not only to provide charitable services to the community but also to provide Quality services to the urban population. This has been attained with the help of doctors trained in Standardized Homoeopathic Practice in ICR who offer their expertise in the clinics. The wide range of clinical material available here opens up new aspects of education and research in Homoeopathy, thus benefiting the system at large.

All health care and welfare schemes are dependent on community acceptance and active participation for a successful outcome. Networking with the Funding organizations has always been fruitful. As early as in 1991 did the BPCL come forward with an invitation to help them in providing health care in their backyard - Mahul village which houses their main refinery. Being satisfied with the quality of service, they very quickly offered to fund a school clinic in Deonar, again abutting on a slum area. Subsidized Standardized Homoeopathic services were available to the population @ Re. 1/- per week!

Urban clinical Services of the MLDT

Till date we have established Charitable Homoeopathic Clinics in Mumbai, New Mumbai, Pune and Rural Kolhapur. They cater to a very varied population - urban slums, fisher-folk, industrial workers, school children, mathadi workers, etc.

Organizing Camps, participating in local social functions and addressing to the needs of the local population have been the methods of gaining acceptance of the population.

For example, apart from physical health, many times the physician has to address to the mental health of the students who often succumb to exam pressures. In the past we have conducted a study of the students having addiction and followed this up by orientation for the teachers about the same. In 2008 we have started a project to understand the scope of Homoeopathy in Learning Disabilities, which is sponsored by the Govt. of India. We have screened, evaluated and diagnosed Learning Disability in this school and currently 60

children are benefiting from Homoeopathy and remediation. This has been a landmark in the treatment of Learning Disabilities, as no work with vernacular medium has been done so far.

The Charitable clinic at Kuditre near Kolhapur organized a camp for renal stones since this was widely prevalent in the area. Sponsorship for these events are sought and given readily e.g. the local sugar factory supported the renal stone camp by subsidizing investigations.

The Clinic at Apte Phata is surrounded by an industrial centre. At the same time, there is a large amount of tribal population living at below subsistence levels – a poor level of mother and child care is common. A sustained campaign with the help of the local volunteer women can do wonders to the self-confidence of these unfortunate people.

Our Partner Organizations:

- ◆ Bharat Petroleum Corporation Limited
- ◆ Nirmaladevi Charitable Trust
- ◆ Sawan Kripal Ruhani Mission
- ◆ Shri Dwarkadheesh Charities
- ◆ Chaturshrungi Temple Trust
- ◆ Diabetic Association of India, Pune Branch

Future Vision:

Future plans include

- ◆ Creating awareness in the community towards Homoeopathy through orientation programmes.
- ◆ Taking up School Health Projects for the child's mental as well as physical health
- ◆ Undertaking research projects for the betterment of the community and the science of Homoeopathy.
- ◆ To start a special OPD in the clinics as per the need of that community.

Sustainable Agriculture and Holistic Health: MLDT's New Thrust Area

*Mrs. Bhavana Apte, Facilitator, Sustainable Farming Programme, MLD Trust
&
Dr. Ujjwala Pendse
Facilitator, Social Development Initiative, MLD Trust*

Limitations in the current efforts of MLDT in Holistic health

The MLDT has, over the years, been striving to realize its goal of positive health in the tribal community within Vikramgad. One insight gained is that health-care efforts alone, though necessary and critical, cannot make people healthy. The extreme poverty, depleted natural resources, lack of household food security, high incidence of malnutrition and anemia, poor sanitation and hygiene, large-scale migration of able-bodied men and women leaving the old and the young to fend for themselves, and a poor local leadership – all of these prevent the community from effectively availing of and benefiting from health services.

The relation of health with nutrition and economic state were too strong to ignore. This realization led the Community Services group into the field of agriculture – a source of nutrition as well as of livelihood for the large majority.

Current agricultural status of the community

1. Largely rain-fed agriculture with paddy as the main crop with poor yields; most farmlands left barren after the paddy harvest and exposed to uncontrolled grazing, affecting soil fertility
2. Low incidence of 2nd crop – traditionally pulses, an important source of proteins and in addition nourishing the soil
3. Low land holdings – average 1.5 acres per household
4. Growing use of external inputs – hybrid seeds, chemical based fertilizers, chemical pesticides which pollute potable and ground water resources
5. Inadequate attention to soil fertility
6. Low profitability in agriculture through high input costs and low yields

Towards Sustainable agriculture

The thrust of the programme is towards making agriculture sustainable and promoting the nutritional needs of families. The twin priorities are:

- Promotion of organic cultivation practices which help to nurture the soil and provide nutritious produce free from chemical residues
- Promotion of diversified agriculture – cereals, pulses, oil seeds, vegetables, fruits, multi purpose trees to meet needs of food security, balanced diet, needs of fuel, fodder and cash through sale to meet other needs

Programmes and activities towards sustainable agriculture

With the above in view the programmes undertaken are:

1. Evolving a set of practices aimed at increasing yields of paddy in a few pilot plots – from an average taluka level yield of 700 – 900kgs/acre we went to around 1600kgs/acre in a few plots; this needs to be consistently demonstrated. In other plots, however, due to poor

soil conditions the yield is yet less. Here we are testing out various low cost and low input soil improvement techniques. Organic single polish rice has a good value in market. Thus farmers will benefit from higher returns for their organic produce compared to local market rates and in addition consume rice with a higher nutritive value and zero chemical residues from pesticides and chemical fertilizers.

2. Encouraging cultivation of pulses as a second crop – last year 25 farmers cultivated pulses through cooperative protection against uncontrolled cattle grazing. This enhanced the nutritive value of their diet and gave them money.
3. Promotion of nutritional gardens in their backyards – last year 250 women cultivated gardens with seeds covering 12 varieties of vegetables given by MLDT. This year almost 375 women grew these gardens of which 25 women got prizes.
4. Promotion of local seed varieties and exchanges amongst farmers to promote self reliance, preserve traditional know how and reduce input costs
5. Organic vegetable cultivation and their marketing through a newly formed association – Mumbai Organic Farmers and Consumers Association (MOFCA). MOFCA has sourced vegetables from 10 farmers within our area on a weekly basis and sold it to consumers in Mumbai eliminating middle men and ensuring uniform all round prices to farmers as well as fair and transparent practices of weighing and quality control. This initiative commenced mid December on a very small scale and close to 1000 kgs of organic vegetables have been supplied over the last 3 months. The initiative has significant growth potential at individual farmer level as well as expanding farmer network. For this purpose we aim to introduce the Participatory Guarantee System (PGS), a certification process by farmers and consumers which is more transparent and inclusive.
6. Floriculture – 17 farmers have planted jasmine (mogra) saplings, the marketing of which is through a farmers' cooperative. Mogra cultivation is possible in soils that are not very fertile, can be grown on slopes, require less land and fetch short term cash returns
7. Awareness camps with farmers – Close to 100 farmer camps have been convened to dialogue with them about their current farming experiences, identify successes as well as issues and share rationale and value of organic method of cultivation
8. Capacity building workshops – Around 50 farmers have been trained in various facets of organic cultivation to include seeds processing, organic inputs production, organic paddy cultivation and vegetable cultivation practices
9. Encouraging and inducting schools into organic farming practices – Worked with class 7th of 2 residential tribal schools to teach children various facets of organic farming like vegetable cultivation, compost preparation, tree plantation. The vegetables harvested were used in their meals. Children were greatly encouraged to see healthy vegetables growing through their efforts.
10. Working on 2 farm models – 1.5 acres and 5 acres based on diversified farming and integrating with livestock to assess the potential for revenue generation along with fulfillment of household food needs with balanced diet, fodder, fuel wood.

The multiple initiatives commenced as above will get tested and subsequently scaled up to cover a larger number of farmers over the next 3 – 5 years. In the next phase our efforts would be to explore value added processing of agricultural produce – food products as well as wood bamboo for infrastructure needs.

Our aim is to enable farmers to have sustainable livelihood and to enjoy good quality life. We view sustainable farming as one of the critical factors to help reach that goal.

GOVERNANCE STRUCTURE OF THE MLD GROUP OF ORGANIZATIONS

BOARD OF DIRECTORS, MLDMHI

Shri Kishorebhai Sanghvi
Shri Kamlesh Shah
Shri Umesh Sanghvi

Dr. Kumar Dhawale
Dr. Nityanand Tiwari
Dr. Shirish Phansalkar

BOARD OF TRUSTEES, DR. M. L. DHAWALE MEMORIAL TRUST

Dr. Kumar Dhawale
Dr. Praful Barvalia

Dr. Shirish Phansalkar
Dr. Ujjwala Pendse

GOVERNING COUNCIL

Dr. Kumar Dhawale-Hon. Director and Chairman

DIRECTORS

CLINICAL GROUP

Dr. Shirish Phansalkar

RURAL HOMOEOPATHIC HOSPITAL AND ACADEMIC SERVICES, PALGHAR

Dr. Anand Kapse

ACADEMIC GROUP

Dr. Bipin Jain

STUDY GROUPS

Dr. Sunil Bhalinge

COMMUNITY GROUP

Dr. Manoj Patel

PROJECTS

Dr. Anoop Nigwekar

CORPORATE RELATIONS

Dr. Vishpala Parthasarathy

FACILITATOR COMMUNITY DEVELOPMENT PROGRAMME

Dr. Ujjwala Pendse

RESEARCH COORDINATOR

Dr. Prashant Tamboli

ADVISORS

Dr. N. L. Tiwari (*Academics*)

Smt. Rohini Belsare (*Publications*)

Dr. S. R. Ganesh

(*Management & Institution Building*)

Shri Subodh Shah (*Funding*)

Dr. Mukund Bhole (*Yoga and Research*)

Dr. Anil Navale

(*Education, Social Development and HR,*

Karjan)

Shri Ashok Pathak (HR, Karjan)

BHOPOLI

Head, Community Services and AYUSH Project Manager

Dr. Chandrasekhar Goda

MALAD AND DAHISAR

Head, Hospital Services, Malad and Dahisar

Dr. Dinesh Rao

Coordinator, OPD Services, Malad

Dr. Gandhali Kothare

PUNE

Head, Academic Services

Dr. Prakash Chareja

GUJARAT

Principal, MKS Homoeopathic College,

Karjan

Dr. Mihir Parikh

Head, Academic services, MKS Hom College, Karjan

Dr. Hitesh Purohit

Academic Services, Vadodara division

Dr. Hema Parikh

Hospital Services, MKSH, Karjan

Dr. Akshay Patel

KOLHAPUR

Co-ordinator

Dr. Pravin Vadgave

BANGALORE

Co-ordinator

Dr. A Ramdas

Dr. M. L. Dhawale Memorial Trust's

Rural Homoeopathic Hospital

2000 - 2010 - A Decade of Expanding Services

We give below some landmarks in the growth of the Hospital, indicating what facility was inaugurated, when, and by whom

16th January 2000	Hospital Inauguration, Homoeopathic OPD, IPD, Lab, Radiology, Gynaecology & obstetrics	Shri Vilasrao Deshmukh Chief Minister, Maharashtra
10th February 2002	K K Modi Charitable Trust Research department	Dr Sharad Shah
11th August 2002	50 bedded In Patient Department on the 1st floor	Shri Shatrughna Sinha, Health Minister, Govt of India
11th August 2002	Smt Janaki Bachu Dube Homoeopathic Hospital, Bhopoli	Shri Ram Naik, Petroleum Minister, Govt of India
17th January 2003	Dr M. L. Dhawale Memorial Homoeopathic Institute (M.D. courses in Homoeopathy)	Dr Arun Nigwekar Chairman, UGC & Dr SPS Bakshi President, Central Council of Homoeopathy
10 February 2003	2 Ambulances & a generator Petroleum Minister, Govt. of India	Shri Ram Naik,
19th January 04	Ophthalmology Physiotherapy Alcoholics Anonymous Vice Chancellor,	Dr Snehlata Deshmukh Ex. Mumbai University
2004	Shri Gordhandas P. Bharwani Computer Center	Navnitbhai Shah
24th June 2007	Shri Pandurang Raghunath Mhaiskar Hostel Shri. Mahesh Vadilal Gandhi Department of Community Medicine Smt. Rashmi Mahesh Gandhi Department of Occupational Therapy NICU donated by I-Flex Solutions Ltd. Lift in memory of Late Shri. Ganesh Neelkanth Dandekar	Smt. Anita Das, Secretary Dept. of AYUSH, Ministry of Health & Family, Welfare Government of India Presided by Justice Chandrashekhar Dharmadhikari
16th March 2008	Unveiling the Bust of our teacher, the late Dr. M.L. Dhawale Head of the Shri Ramkrishna	His Holiness Swami Poornakamanandaji, Math, Mangalore
15th March 2009	Canteen Donated in memory of Shri Premnarayen Indranarayan Parking shed	Shri Kishen Premnarayen Shri Devchandbhai S. Shah
4th July 2010	Sundaram ICU	Shri Amrutbhai P. Shah
26th January 2011	Digital X Ray	Dr Nimjibhai Gangar

RURAL HEALTH SERVICES, BHOPOLI
PATIENTS SERVED IN 2010 THROUGH
THE HOSPITAL SERVICES

OPD Patients

MONTH	TOTAL O.P.D. PATIENTS
Jan- 10	676
Feb- 10	608
Mar -10	631
Apr - 10	651
May-10	613
Jun-10	676
July-10	819
Aug-10	955
Sep-10	939
Oct-10	862
Nov-10	722
Dec-10	760
Total	8912

Hospital Admissions

MONTH	TOTAL HOSPITAL ADMISSIONS
Jan- 10	10
Feb - 10	06
March -10	12
Apr- 10	13
May-10	26
Jun-10	22
July-10	48
Aug-10	52
Sep-10	34
Oct-10	31
Nov-10	35
Dec-10	23
Total	312

Delivery Patients

MONTH	TOTAL DELIVERIES. CONDUCTED
Jan- 10	00
Feb- 10	01
Mar -10	01
Apr - 10	01
May-10	06
Jun-10	07
July-10	07
Aug-10	09
Sep-10	06
Oct-10	12
Nov-10	15
Dec-10	11
Total	76

Casualty Patients

MONTH	TOTAL HOSPITAL ADMISSIONS
Jan- 10	10
Feb - 10	47
March -10	60
Apr- 10	56
May-10	60
Jun-10	45
July-10	78
Aug-10	93
Sep-10	49
Oct-10	44
Nov-10	60
Dec-10	56
Total	702

INFORMATION REGARDING MOBILE CLINICS AND PADA HEALTH CENTRES

(Population Served through MLDT Mobile, MCH and IEC Services)

Pada-s served – Karsod + Ghanede; Vilshet + Kondgaon; Chinchghar + Chari Br;
Kev; Talavali + Veghe; Ghaneghar + Bangerchole; Dolhari Br; Bandhan;
Hatne Dherje; Appti; Sawara Belt; Satkor Uprale

Days of attendance – Monday to Thursday

Mobile Statisti Jan 2010 To Dec 2010

Name of The Month	New Child Patient		Follow-up Child Patient		New Adult Patient		Follow-up Adult Patient		Total Patient
	M	F	M	F	M	F	M	F	
Jan	57	23	31	58	15	36	15	115	350
Feb	66	76	53	78	39	207	25	203	747
Mar	66	63	90	121	52	113	72	277	854
Apr	48	51	54	73	34	129	62	266	717
May	21	19	52	26	19	67	50	188	442
June	49	22	74	50	26	54	46	227	548
July	80	81	113	105	33	79	67	212	770
Aug	88	74	79	85	50	169	66	307	918
Sep	58	65	79	76	24	92	59	366	819
Oct	49	38	97	93	20	63	53	344	757
Nov	50	56	105	72	28	145	69	331	856
Dec	33	41	82	134	27	128	55	360	860
Total	665	609	909	971	367	1282	639	3196	8638

**DR. ML. DHAWALE MEMORIAL TRUST
RURAL HOMOEOPATHIC HOSPITAL, PALGHAR**

Opp. S.T. Workshop, Palghr-Boisar Road, Palghar 401 404.
Phone No. 256932, 256933

☞ **Our 50 bedded hospital offers following Homoeopathic services**

- | | |
|-----------------------------------|-----------------|
| 1) General Homoeopathic OPD & IPD | 2) Paediatrics |
| 3) Psychiatry | 4) Rheumatology |
| 5) Endocrinology | 6) Diabetes |
| 7) Hypertension | 7) Tuberculosis |
| 9) Respiratory | 10) Dermatology |

☞ **Surgical Departments**

- | | |
|-----------------------------|------------------|
| 1) Gynaecology & Obstetrics | 2) Orthopaedics |
| 3) Surgery | 4) Ophthalmology |
| 5) Dentistry | |

☞ **24 hours Emergency services**

Casualty, ICU & NICU, Ambulance

☞ **Investigation facilities**

Pathological lab, Digital X-Ray, Sonography, Color Doppler, ECG, EEG

☞ **Other Tests**

Gastroscopy, Colonoscopy, Pulmonary Function Tests

☞ **Ancillary Services:** Physiotherapy, Occupational Therapy, Dietitian

☞ **Community Initiatives:** Vishal Alcoholic Anonymous Group, School Mental Health program, Diabetes Club

☞ **Community Care Committee :** Financial assistance to poor patients & organization of various camps

☞ **Free cataract surgeries :** In association with Impact India Foundation & Rotary Club of Palghar, Rotary Club of Thane downtown etc.

