

**INTERNATIONAL NETWORK FOR THE HISTORY OF  
HOMOEOPATHY (INHH)**

**(A Network under the auspices of the European Association of the History of Medicine  
and Health)**

**CALL FOR PAPERS**

**Medical Pluralism and Homoeopathy in India and Germany (1810-2010)  
Practices in a comparative perspective**

**Date of the conference:** 30<sup>th</sup> of June to 3<sup>rd</sup> of July, 2011 (arrival: Thursday, 30<sup>th</sup> of June, evening; departure: Sunday, 3<sup>rd</sup> of July, morning)

**Place:** Institut für Geschichte der Medizin der Robert Bosch Stiftung, Stuttgart, Federal Republic of Germany

**Organizer:** Institut für Geschichte der Medizin der Robert Bosch Stiftung, Stuttgart

**Responsible:** Prof. Dr. Martin Dinges, Phone: \*\*49 (0) 711/46084-167; Secr.: -172/171; Fax: -181; E-mail: martin.dinges@igm-bosch.de; Homepage: www.igm-bosch.de

**Venue:** Institut für Geschichte der Medizin der Robert Bosch Stiftung

Straussweg 17

D-70184 Stuttgart

FRG

**Conference language:** English

**Deadline for abstracts:** 14<sup>th</sup> of March, 2011

**Contact:** E-mail for abstracts: martin.dinges@igm-bosch.de

**Definitive invitation of speakers:** end of March

**Deadline for submission of papers:** 15<sup>th</sup> of June, 2011

**Precirculation** of all papers: 20<sup>th</sup> of June, 2011

**Medical Pluralism** is by now a reality in many countries. “Traditional” and non-academically trained care-givers continue to supply their therapies and even increase their share in the medical market in postindustrial societies. Public debate obliges the gate-keepers of health

care systems to define a position whether to refuse or to integrate these therapies. In any case, the times of a monopolistic position of academic trained physicians offering quite exclusively “biomedicine” seem to be over – if such a situation ever existed.

Patients’ demand for “Traditional Chinese Medicine”, Acupuncture and more recently Ayurveda is growing in most European states or in the Americas. The same is true for homoeopathy: During the last 30 years the development of homoeopathy is characterized by steady growth. Recently the Swiss people decided in a national referendum to write more support for alternative medicine in their constitution! In Asian countries “modern medicine” has a particular prestige. This fosters demand, but biomedicine also encounters specific barriers – mainly economic, cultural and social.

Asiatic countries have a more continuous tradition of medical pluralism, which is often an effect of their long history of various waves of immigration. The colonial period added “modern western medicine” to the already reigning traditional medical pluralism – mainly in the cities. “Scientific medicine” was appropriated in various ways by the people of the colonies. Given the particular fragmentation for example of the Indian society and its corresponding medical market with very uneven chances of access, medical pluralism continues to have a more important impact there than in postindustrial societies such as Germany.

The position of homoeopathy inside these recent developments is particular. This medical system had from its very beginnings around 1800 particular problems to be recognized by the “allopathic” physicians. The fact that it is mostly, but not exclusively provided by physicians, added to the difficulties and stabilized a certain marginal role of homoeopathy inside the medical system. Actually the debate on homoeopathy is again quite heated around the globe. This may be put into the context of raising patients’ demand in Europe, the Americas and several countries of Asia.

Aside from the particular success in the US, mainly during the 19<sup>th</sup> century, the position of homoeopathy was relatively favourable since its inception in Germany. Homoeopathy was recognized as specialization for physicians by the board of physicians in several steps in 1928, 1937 and 1956. It is also part of the national insurance scheme. During the last 30 years the development of homoeopathy is characterized by steady growth: Actually 3 % of the general

physicians are homoeopaths. In Germany an additional part of this growth is absorbed by the homoeopathic practitioners (“Heilpraktiker”) who are licensed health-care providers.

In India homoeopathy was well received as the “other modern medicine” since the 1830s. It attained the best state of recognition in India worldwide being institutionalized as an integral part of the national health system since 1973. Under the umbrella of the ministry of health and inside the administration of AYUSH (=Ayurveda, Yoga, Unani Sidda, Homoeopathy) the homoeopathic physicians keep their own register of physicians, accredit the nearly 200 colleges and organize research in 30 institutes nationwide. Nowadays nearly 14 % of all physicians in India are homoeopaths. Growth is still evident, but Ayurveda had a faster path during the last 30 years. In some Indian states the “cafeteria approach” allows the patient to choose his or her preferred medical system inside the primary health care units, where homoeopaths are present on the same level as allopaths and Ayurvedic physicians. Little is known about the continuing role of lay practitioners in health-care provision, particularly in slums and in the Indian countryside.

To compare these two very different countries and their institutional framework promises interesting insights into the functioning of medical pluralism in practice. The **aim of the conference** is to put these different institutional arrangements and practices of medical pluralism into actual and historical context.

\* Topics are the institutional framework and its developments inside the health care systems in India and Germany. How did the homoeopaths succeed to assure their position inside the medical system? What about political lobbying? Were lay healers particularly important at certain moments of history?

\* More important are the practices of health-care providers: how exclusive is their homoeopathic offer on the market – just homoeopathy or a bunch of “alternative medicines”? What are the practices of referral to physicians of other medical systems?

\* How are the patients’ demands expressed? Do they choose accordingly to their ailments different medical systems or tend to stick to one system in all illnesses? Are there any trends in the choices? What about patients’ associations?

\* Which role do the media play? Do they foster selfhelp, selfhealing and lay practices? Is there a specific “lay literature”?

\* What is the role of pharmaceutical companies and their publicity inside the developing medical pluralism?

Papers are invited on all these topics and closely linked issues.

### **HOW TO PROCEED?**

Please send an English-language abstract (one page-length) until **14<sup>th</sup> of March, 2011** to the following E-mail address: martin.dinges@igm-bosch.de; the abstract must contain name, title, position and institution of the author, E-mail address, and ordinary mail address.

You will be informed before the end of **March 2011**, whether your proposal has been accepted or not. The guidelines for the preparation and submission of papers will be sent together with the message of acceptance.

Papers will be precirculated, at last, ten days before the conference. This enables every participant to read the papers and to get a precise idea of the other contributions to the conference. During the conference the paper will only be summarized (seven minutes), followed by a comment and a discussion.

Participation is only guaranteed if the deadline for submission of papers is kept: **15<sup>th</sup> of June, 2011**. For papergivers, travel expenses, lodging and board during the conference will be paid for by the organizer.