

## REMINISCENCES

# Revisiting the past: Review of Quarterly Bulletin Volume 12 (1–4), 1990

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Revisiting the past publications of the Council truly enhances our knowledge and gives us an insight into the contributions of our predecessors, who have tried to further establish Homoeopathy as a system of medicine with their progressive attitude and hard work as well as taught us to stay connected with our roots at the same time.

### DRUG PROVING

This issue of the Quarterly Bulletin of the Central Council for Research in Homoeopathy (CCRH) is the second 'Drug Proving Special', the first one being released in the year 1988 (Vol 9 (3 and 4)). It begins with the golden words of Late Dr. Diwan Harish Chand who briefly traces the history and evolution of 'proving' or 'human experimentation' in the past. He acknowledges the greatness of Master Hahnemann for his systematic and extensive human experimentation that could make the application of similia principle possible and demonstrate its effectiveness through a wide range of therapeutics. He further appreciates the efforts put by Hahnemann in the process of verification of findings of proving by other stalwarts. It is recommended by him that every homoeopath must participate in the process of proving to enrich the Materia Medica, to become a better observer and help in furtherance of our science.

In Part 3 and 4 of the issue, Dr. V.M. Nagpaul in his article on 'Drug Proving and CCRH' gives a detailed account of Historical development of the concept, dating from the contribution of Albrecht von Haller to the evolution of the process of laborious and painstaking human proving by Hahnemann. He expresses the necessity to perform provings of new/ lesser-known remedies to expand the therapeutic armamentarium. This is followed by a description

of the planning and protocol of drug proving in detail wherein information about the role of the personnels, investigators, subjects, selection of variables, rules for inclusion/exclusion, determination of dosage, administration of dose, need for controls, nature of trials, precautions, recording, ethical considerations, sources of error, data compilation is explained. A list of 28 drugs proved by the Council so far, along with the data of five drugs (*Abroma augusta*, *Kali muriaticum*, *Cassia sophera*, *Cynodon dactylon*, *Aegle folia*) obtained during drug proving as well as verified clinically is given for information.

The present issue gives the proving data of four drugs belonging to vegetable kingdom mainly of indigenous origin (*Aegle marmelos*, *Atista indica*, *Cassia fistula* and *Thea chinensis*) and two drugs (*Aranea scinencia* and *Tela aranea*) belonging to the spiders. The proving data of drugs gives the details of the place of proving and provers. The prominent sphere of action of respective drugs are given below:

- *Aegle marmelos*: Head, eyes, nose and skin
- *Atista indica*: Head, stomach, rectum, genitalia, chest, extremities and generalities
- *Cassia fistula*: Mind, eyes, nose, throat, abdomen, rectum and extremities
- *Thea chinensis*: Head, throat, stomach, abdomen, nose and skin
- *Tela aranea*: Head, eyes, nose, stomach, rectum, chest, extremities, fever and skin
- *Aranea scinencia*: Head.

### SYNOPTIC KEY OF THE MATERIA MEDICA

The work compiled by Dr. (Mrs.) Anita Sharma, is an attempt to reorganize and improvise the Synoptic Key of the Materia Medica: The work of our great stalwart CM Boger, wherein the reportorial part placed at the end of the book as supplemental

reference table is combined by her at one place in the beginning to make it more useful and convenient for the reader. The rubrics which can be placed under the chapter 'Mind' have been taken up from various references under other heads and placed together (along with the page number of the reference from where it is taken).

Late Dr. D.P Rastogi, Former Director, CCRH had very rightly said that 'Research is fruitful only when the findings obtained during the course of the study are made known'. The CCRH keeping in view this truth has always tried to utilize every opportunity to disseminate the knowledge of the research findings of the Council to the profession. The papers presented by the Council at a national conference in Hyderabad in 1991 were compiled and published in part 3 and 4 of this Quarterly Bulletin and have been discussed below.

### **AN OVERVIEW OF CENTRAL COUNCIL FOR RESEARCH IN HOMOEOPATHY**

Late Dr. D.P Rastogi gives us an overview of the CCRH with respect to its aim and objectives; its organization of 51 Institutes/Units all over the country; its management under the governing body, Standing Finance committee, Scientific advisory committee and other working groups/sections; strategies and approach; activities and achievements with respect to: Clinical research, Drug Proving, Clinical verification, Drug research and standardization, Literary research, Clinical research in epidemics, workshops/programmes, Documentation and publication, future projections and approaches.

### **CLINICAL VERIFICATION OF LESSER-KNOWN DRUGS**

The pathogenesis of any homoeopathic drug needs to be verified clinically in order to qualify as valid and reliable for subsequent therapeutic use. Clinical verification not only provides help in confirmation of available data but also enlarges the pathogenesis of the drug by the additional symptoms evolved during the course of intake of the drug, which will be included in the Materia Medica after subsequent verification of the same. Dr. Hari Singh gives an account of the Clinical verification programme of 58 drugs undertaken by the CCRH at its various Units in Ghaziabad, Vrindavan, Patna, Lucknow, Midnapore, Jaipur and New Delhi. These include indigenous drugs and the drugs proved under the aegis of the

CCRH itself. During the course, the symptoms of various drugs verified in large number of patients were picked up to indicate reliable indications of the drugs which helped in confirming the scanty and scattered symptom—complexes of the lesser known drugs. The additional symptoms obtained during the course (relieved in patients after intake) were also compiled and these may be added as 'clinical symptoms' to broaden the pathogenesis of these drugs. Certain surrogates among the indigenous drugs: *Abroma augusta* for *Bryonia alba*, *Cassia sophera* for *Rhustox*, *Aegle folia/marmelos* for *Nux vomica* were also identified.

### **CLINICAL VERIFICATION OF HYPOGLYCAEMIC EFFECT OF CEPHALANDRA INDICA IN PATIENTS OF DIABETES MELLITUS**

The hypoglycemic activity of *Cephalandra indica* observed during earlier *in vitro* trials conducted on albino rats by CCRH was put to clinical verification in a study on 146 non-insulin dependent diabetes mellitus (NIDDM) patients. *Cephalandra indica* mother tincture given in doses of 1drop/kg body weight, per day (in divided doses) along with diet precautions and regular exercise routine showed reduction/stabilization in the sugar levels of large number of patients when followed over for a period of minimum 6 months–3 years. Out of 80 cases who were followed up (46 dropped out), 64 cases showed improvement (marked improvement in 35 cases; moderate improvement in 24 cases; mild improvement in 5 cases.) Fundoscopy in one patient revealed disappearance of grade I retinopathic changes in 4 months! The study shows promising results and encourages the profession to undertake more research studies in future.

### **EVALUATION OF HOMOEOPATHIC DRUGS IN PSORIASIS**

Psoriasis is a very common skin disorder that a homoeopathic physician comes across in his practice over the years and thus in depth knowledge about the disease seems imperative. The authors Dr. Hari Singh, Dr. Raj K. Manchanda and Dr. Subash Arora in their research work aim to evolve a group of most efficacious drugs for the treatment of Psoriasis with their reliable indications, most useful potencies, repetition of doses, reportorial indices and drug relationships. The study was carried

out on 203 cases which were evaluated as per standard homoeopathic case taking guidelines for disease diagnosis, patient diagnosis, miasmatic predominance and precipitating factors. One hundred and ninety cases were found to suffer with Psoriasis vulgaris, confirming its prevalence as the commonest type. Medicines were prescribed on reportorial totality in 104 cases, on the basis of presenting complaints in 45 cases, mental generals in 31 cases and miasmatic evaluation in 23 cases. The study was a good attempt which revealed interesting results about the inheritance pattern of the disease, seasonal predominance of the disease in winters, psoric and sycotic miasmatic predominance of disease. *Arsenicum album*, *Hydrocotyle*, *Ignatia* and *Tuberculinum* were found effective in more than 75% of cases. The reliable indications of these drugs/reportorial indices validate our materia medica and enhance our confidence yet again!

### ACQUIRED IMMUNE DEFICIENCY SYNDROME AND HOMOEOPATHY

Various aspects of acquired immune deficiency syndrome (AIDS) beginning with definition, biology of AIDS virus, pathogenesis, mode of transmission, spectrum of clinical presentation, diagnosis have been detailed. Author Dr. Anil Khurana, throws light upon the homoeopathic approach in AIDS and also states how a combination of approaches: preventive, therapeutic and supportive are required for effective management of such cases. He further identifies the areas where and how homoeopathic medicines can be given to such cases; the related rubrics from Kent's repertory and medicines for asymptomatic carriers and Human Immunodeficiency Virus (HIV) infection from our literature.

### LITERARY RESEARCH AND CENTRAL COUNCIL FOR RESEARCH IN HOMOEOPATHY

The study of literature and its revival is an important component for scientific research programme. Going back to our roots always enhances our wisdom manifolds yet at the same time its revision and updation is also essential for its timely utilization. The scattered data in various literatures if compiled after careful scanning can be made useful to the profession. The author, Dr. V.M. Nagpaul, through his paper puts forward such an attempt by the team

at CCRH to incorporate additions from Boericke's Repertory and Boger Boenninghausen's Repertory to Kent's repertory to improve and enlarge the scope of the monumental work.

### HOMOEOPATHIC AGGRAVATION—A MYTH OR A FACT?

The authors Dr. Hari Singh, Dr. Raj K. Manchanda and Dr. Subash Arora address the most common question faced by almost every homoeopathic doctor in his/her profession and try to bring clarity to our mind about this myth of homoeopathic aggravation. The paper aims to highlight the difference between 'Disease aggravation' and 'Homoeopathic aggravation' in specific dermatological disease conditions, solely upon proper assessment of the cases in the skin Outpatient Department (OPD) coupled with knowledge about disease diagnosis and natural history of disease. The information in the paper can help us develop a better understanding about these concepts which shall enable us to judiciously manage the patient, his doubts as well as his course of treatment with confidence.

### A REPORT ON MOSCOW HOMOEOPATHIC CONFERENCE

The bulletin ends with a brief report by Dr. Devendra Mohan on the Soviet Homeopathic conference which was attended by delegates worldwide. It is very encouraging to know about the recognition of Homoeopathy as a system of medicine in Russia, its available infrastructure, manpower and its acceptance in the society as a whole which he details very precisely. Various papers giving documentary and illustrative evidence were presented in the conference which highlighted the different aspects in Homoeopathy like wholistic concept, role of physician in the management of the sick, finding cause of the illness (physical/emotional) for treatment of chronic disease.

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