

## Standing on the shoulders of giants: Review of CCRH Quarterly Bulletin 2004 (volume 26) and 2005 (volume 27)

Reminiscence is the process whereby an individual recalls the past, previous events, people, incidents. It can also be used to connect the present with the past, an event that brings to mind a similar, former event. It is a powerful tool that can be used to extract knowledge, skills and experiences held by our seniors, allowing them to share this with others, and make them feel valued. This could be of great benefit in the workplace and in other learning environments. Since 2004, a strategic change was made in the bulletin to incorporate at least one paper from all the sections viz., Drug standardization, Drug proving, Clinical research, clinical verification, fundamental research and drug research.

### DRUG STANDARDISATION

#### Standardisation of Homoeopathic Drug: “*Plumbago zeylanica* Linn.,” physicochemical perspective: (2004; 26 [1]: 3–9)

Subramanian P has discussed elaborately the standardisation of Homoeopathic drug *Plumbago zeylanica* Linn., its chemical perspective, chromatographic study, ultraviolet (UV) absorbance. This study was carried out in Homoeopathic Drug Research Institute, Lucknow, by Central Council for Research in Homoeopathy (CCRH).

#### Effect of *Momordica charantia* in alloxan diabetic rabbits: An endocrine approach (2004; 26 [2]: 3–7)

Sundaram EN gives details about the study undertaken at Homoeopathic Drug Research Institute, Lucknow with the mother tincture prepared from the fruit of *Momordica charantia* on blood sugar, serum growth hormone and prolactin level in alloxan induced hyperglycaemic rabbits. Mother tincture prepared from fruits of *Momordica charantia* was studied for its effects on blood sugar, serum growth hormone and prolactin level in alloxan-induced hyperglycaemic rabbits. Oral administration of *M. charantia* Q at a level of 0.2 ml/kg body weight for 30 days produced significant ( $P < 0.05$ ) fall in blood sugar level, whereas the growth hormone and prolactin were found to be raised when compared with the normal control and control groups. Therefore, it was suggested that the hypoglycaemic principles of this Q may exert a direct effect on the diabetic rabbits probably by a mechanism similar to insulin and also it may have an indirect action by increasing insulin secretion from viable cells.

#### *Acorus calamus* (2004; 26 [3]: 3–12)

This paper in detail discusses about the pharmacognostic, pharmacological action of the drug *Acorus calamus*. It has activities on system such as: cardiovascular and neurological system., anti pyretic, anti inflammatory, analgesic and

anticonvulsant properties. The description, parts used, distribution, macroscopical, microscopical, powdered drug, organoleptic characters of powder, substitutes and adulterants, chemical constituents, physicochemical standardisation, reported pharmacological and toxicological activities, pharmacological screening, toxicity study, cardiovascular activity, anti-pyretic activity, anti-inflammation activity, analgesic activity and anticonvulsant activity of the drug *Acorus calamus* had been discussed elaborately.

#### *Iberis amara* (2004; 26 [4]: 3–7)

Identification details, descriptions, macroscopical, microscopical, powdered drug material, raw drug and mother tincture standardisation, mother tincture preparation, chemical constituents, medicinal uses, its pharmacological effects and some experimental studies had been discussed.

#### Evaluation of antibacterial activity of some Homoeopathic medicines (2005; 27 [1]: 32–35)

Sundaram *et al.* have presented an article on evaluation of antibacterial activity of some Homoeopathic medicines. The mother tinctures of the *Alpinia galanga*, *Chenopodium ambrosioides*, *Eichhornia crassipes*, *Psidium guajava* and *Valeriana officinalis* were studied by agar diffusion method. *A. galanga* did not show any antibacterial activity; however, *P. guajava* mother tincture exhibited mild to moderate antibacterial activity against all the five strains of microbes tested while remaining four mother tinctures did not show any antibacterial activity against any of the five strains tested.

#### Physicochemical standardisation of *Chrysanthemum cinerariifolium* Trev. (2005; 27 [2]: 27–30)

D Ramesh *et al.* have presented a paper on physicochemical standardisation of raw drug as well as mother tincture, which was carried out to lay down pharmacopoeial standards as physicochemical standards are of great significance in assuring the quality and authenticity of the drug, which determines the efficacy of the drug.

### DRUG PROVING

#### Provings: Planning and protocol (2004; 26 [1]: 10–16)

This article is a reprint of the article published in British Homoeopathic Journal in 1987. Nagpaul VM says that proving provides the instruments that we, as Homoeopaths, use in combating human sickness. A vast amount of pre-planning and laying of protocols are necessary in conducting the proving for the purposes of achieving scientific validity of the work. Hence, the author has shown us the various stages of planning and protocols in a detail which is necessary

for conducting successful proving. This article serves as a pioneer and back-bone for the present-day scenario of drug proving as it has briefed all the minute details about aims and objectives, selection of variables, rules for inclusion and exclusion, test substance, determination of dosage, rhythm of administration of dose, time scale, nature of trials, number of required subjects, need of controls, location of experiment, precautions, legal requirements, ethical consideration, report forms, its recording, criteria for a thorough proving, sources of error, ways of minimising errors, system of data compilation and interpretation.

#### **Alfalfa: A proving report (2004; 26 [2]: [8–10])**

The proving of *Alfalfa* was carried out at the Drug Proving Research Unit (DPRU), Midnapore (West Bengal), and Homoeopathic Drug Research Institute (H), Lucknow (1998–1999), and had shown multiple spheres of action from mind to extremities, thus updating the past knowledge from textbooks. The Council has published a monograph on the this wherein information about drug standardization, drug proving and Clinical verification done by the Council. the data of drug proving in a monograph published in 2014.

#### **Bellis perennis: A proving report (2004; 26 [3]: [13–16])**

The proving of *Bellis perennis* was carried out at the DPRU (H), Midnapore, DPRU (H), Ghaziabad, and DPRU (H), Kolkata. The period of proving was 1999–2000 and 2001–2002. The potencies used were 6, 30C and 200C (in descending order) to come up with drug picture and compare with the previous proving. The results showed multiple spheres of action presenting 30 symptoms from head to foot and generalities (physical and mental), thus updating the past knowledge from textbooks.

#### **Calotropis gigantea: A proving report (2004; 26 [4]: [8–10])**

The proving of *Calotropis gigantea* was carried out at the DPRU (H), Midnapore, and DPRU (H), Kolkata (1998–1999). The potencies used were 6C, 30C and 200C (in descending order). A total of 32 proving symptoms covering different spheres of action from mind to general appeared in 15 provers.

#### **Ichthyolum: A proving report (2005; 27 [1]: [23–25])**

The proving of *Ichthyolum* was carried out at the DPRU (H), Midnapore, and DPRU (H), Ghaziabad (2000–2001). The potencies were used, i.e., 6, 30 and 200 (in descending order). The proving of the drug has shown multiple spheres of action from mind to sleep presenting 21 symptoms.

These symptoms were subsequently verified under the Clinical Verification Programme undertaken by the Council. The data have been published as ‘Clinical Verification of *Ichthyolum* - A multicentric observational study’ in the Indian Journal of Research in Homoeopathy in the year 2012; 6(4): 24–33.

#### **Pyrus americana: A proving report (2005; 27 [2]: [17–19])**

The proving of *Pyrus americana* was carried out at the DPRU (H), Ghaziabad, DPRU (H), Kolkata, and Regional

Research Institute (RRI) (2001–2002). The potencies were 6 and 30 (in descending order). The proving of the drug has shown multiple spheres of action from head to general presenting 37 symptoms, thus updating the past knowledge from textbooks.

#### **Tarentula hispanica: A reproving report (2005; 27 [3]: [19–29])**

Nagpaul *et al.* reproved the drug *Tarentula hispanica*. Tarantulas get their name from a large wolf spider found around Taranto in Southern Italy. It was once believed this spider’s bite caused a disease, tarantism. The victims supposedly leaped in the air and ran about making strange noises. According to superstition, the best cure was lively Italian folk dance that became known as tarantella. *Tarentula hispanica* belongs to the suborder *orthognatha*. It is a hunting spider which creeps up on its prey or lies in wait and pounces it. The reproving was carried out at the DPRU (H), Kolkata, and DPRU (H), Ghaziabad. The proving period was from December 1985 to February 1987. A detailed symptom of reproving from mind to generalities has been presented.

### **CLINICAL VERIFICATION**

The Council has been conducting clinical verification programme since inception. Verification of drugs gives more reliability to the drugs and helps us creating an authentic Materia Medica. The identification details, description, history, source, period of study, potencies used, study conducted and clinically verified symptoms obtained during the study along with observations and drug picture have been discussed thoroughly; the clinical conditions where it has found to be very effective have also been given. The lists of clinically verified drugs are as follows:

#### **Juglans regia (2004; 26 [1]: [17–21])**

The clinical verification of the drug *Juglans regia* was carried out at seven centres of CCRH. The symptoms, which are given in the Homoeopathic literature, HPT on this drug is done HPT on this drug is done by the Council during the period of 2003–05. during the period of 2003–05. were clinically verified by the Council. The period of verification was from April 1984 to March 2003. The numbers of cases studied were 3484 and potencies used were 6C, 30C and 200C.

Later drug was incorporated in ‘Study of Homoeopathic medicines through clinical verification’ volume I (284–294) where the number of patients studied were 9207 and the potencies used were Q, 6C, 30C, 200C.

#### **Hygrophila spinosa (2004; 26 [2]: [11–13])**

The clinical verification of the drug *Hygrophila spinosa* was carried out at seven centres of CCRH. The symptoms, which are given in the Homoeopathic literature, were clinically verified by the Council. HPT on this drug is done by the Council during the period of 2010–11. The period of verification was from April 1984 to March 2003. The numbers of cases studied were 2396 and potencies used were 6, 30 and 200.

Later drug was incorporated in Clinical 'Study of Homoeopathic medicines through clinical verification' volume I (252–260) where the number of patients studied were 5044 and the potencies used were Q, 6C, 30C.

#### ***Achyranthes aspera* (2004; 26 [3]: [17–21])**

The clinically verification of the drug *Achyranthes aspera* was carried out at seven centres of CCRH. The symptoms, which are given in the Homoeopathic literature, were clinically verified by the Council. The period of verification was from April 1984 to March 2003. The numbers of cases studied were 3832 and potencies used were 6, 30 and 200.

Later drug was incorporated in 'Study of Homoeopathic medicines through clinical verification' volume I (21–31) where the number of patients studied were 11,923 and the potencies used were Q, 6C, 30C.

#### ***Embelia ribes* (2004; 26 [4]: [11–15])**

The clinical verification of the drug *Embelia ribes* was carried out at seven centres of CCRH. The symptoms given in Homoeopathic literature and symptoms appearing in proving were clinically verified by the Council. The Council undertook separate proving of *E. ribes* in the year 1994 at DPRU, Calcutta, and RRI, Delhi. The period of verification was from April 1984 to March 2003. The numbers of cases studied were 3019 and potencies used were Q, 6, 30 and 200.

Later drug was incorporated in 'Study of Homoeopathic medicines through clinical verification' volume I (181–188) where the number of patients studied were 9874 and the potencies used were Q, 6C and 30C.

#### ***Anthrakokali* (2005; 27 [1]: [26–31])**

The clinical verification of the drug *Anthrakokali* was carried out at seven centres of CCRH. The symptoms, which are given in the Homoeopathic literature, HPT on this drug is done by the Council during the period of 2014-15 were clinically verified by the Council. The period of verification was from April 1984 to March 2003. The numbers of cases studied were 5367 and potencies used were Q, 30 and 200.

Later drug was incorporated in 'Study of Homoeopathic medicines through clinical verification' volume II (15–27) where the numbers of patients studied were 15,410 and the potencies used were 6C, 30C and 200C.

#### ***Bacillinum* (2005; 27 [2]: [20–26])**

The clinical verification of the drug *Bacillinum* was carried out at seven centres of CCRH. The symptoms, which are given in the Homoeopathic literature, were clinically verified by the Council. The period of verification was from April 1984 to March 2003. The numbers of cases studied were 3464 and potencies used were 30 and 200 and 1M.

Later drug was incorporated in Clinical 'Study of Homoeopathic medicines through clinical verification' volume II (28–40) where the numbers of patients studied were 9,892 and the potencies used were 30C, 200C and 1M.

#### ***Aegle marmelos* (2005; 27 [3]: [30–35])**

The clinical verification of the drug *Aegle marmelos* was carried out at seven centres of CCRH. The Council undertook proving of *A. marmelos* in 1987–1988 at Central Research Institute, Kottayam, and DPRU, Ghaziabad. The symptoms given in Homoeopathic literature and symptoms appearing in proving were clinically verified by the Council. The period of study was from April 1984 to March 2003. The numbers of cases studied were 3709 and potencies used were Q, 6, 30 and 200. The same information has been published as monograph also in 1994 by the Council.

Later drug was incorporated in 'Study of Homoeopathic medicines through clinical verification' volume I (51–66) where the number of patients studied was 14,526 and the potencies used were Q, 3X, 6C, 30C and 200C.

#### ***Aegle folia* (2005; 27 [4]: [12–19])**

The clinical verification of the drug *Aegle folia* was carried out at seven centres of CCRH. The symptoms given in Homoeopathic literature and symptoms appearing in proving were clinically verified by the Council. The Council undertook separate proving of *A. folia* in 1979–1980 at DPRU, Calcutta, and DPRU, Midnapore. The period of verification was from April 1984 to March 2003. The numbers of cases studied were 5,330 and potencies used were Q, 3X, 6, 30 and 200. The same information has been published as monograph also in 1994 by the Council.

Later drug was incorporated in 'Study of Homoeopathic medicines through clinical verification' volume I (32–50) where the numbers of patients studied were 15,771 and the potencies used were Q, 3X, 6C, 30C and 200C.

### **FUNDAMENTAL RESEARCH**

#### **Homoeopathy: Science on the brink of revolution (2004; 26[1]: [22–25])**

Saxena *et al.* have given their panoramic view about the science which is on the brink of revolution, i.e., Homoeopathy. They have emphasised on the need of research in Homoeopathy and how important it is, which is further magnify by a quote of Hippocrates saying 'In medicine one must pay attention not to plausible theorising but to experience and reason together' and a few good examples from the past. They have concluded with some important developments related to fundamental research in Homoeopathy.

#### **Modulation in low-frequency molecular vibrations as a possible signature of Homoeo medicines (2004; 26[2]: [14–18])**

Paranjpe AS proposes mechanism which can be responsible for the preservation of medicinal property beyond 12<sup>th</sup> potency by discussing the experimental Raman spectra of aqueous sucrose solution and also suggested some pictures for the potentised solvent.

### **A strategy for structural exploration of Homoeopathic medicines (2004; 26 [3]: [22–24])**

Upadhyay RK has thrown light on the strategy for structural exploration of Homoeopathic medicines. Higher potencies have always been controversial in Homoeopathy. To combat this physics is the only way to understand Homoeopathic medicines. To solve this scientific problem, the author has approached studying of medicines from different sources such as X-rays and magnetic fields along with study of *Causticum* and plant grown in different localities. The author has discussed each of these sources and has tried to explain factors responsible for medicinal action in these sources. Later, he has suggested that a series of potencies of such medicines is needed for statistical analysis and comparative studies to identify the common factor responsible for medicinal action.

### **Towards understanding molecular mechanisms of action of Homoeopathic drugs: An overview (2005; 27 [1]: 1–12)**

Khuda-Bukush AR in this communication presented some interesting works on Homoeopathy with due emphasis on the state of information currently available on several aspects of the molecular mechanism of action of the potentised Homoeopathic drugs. He has given an overview of some interesting research on Homoeopathy and some salient points regarding limitations and scope of studies towards understanding molecular mechanisms of action of the ultra-low doses of the Homoeopathic drugs, particularly the biological responses to the Homoeopathic drugs. However, he has also explained about an inter-disciplinary problem, concerning physics, biology and medicine which is essential to understand Homoeopathy.

### **Scientific investigations of Homoeo materials and potencies (2005; 27 [2]: 1–11)**

Paranjpe AS has discussed the scientific investigations of Homoeo materials and potencies where the glimpse of research avenues offered by Homoeopathy has been highlighted.

### **Altered solution structure of alcoholic medium of potentised *Nux vomica* underlies its anti-alcoholic effect (2005; 27 [3]: 1–5)**

Sukul *et al.* have used *Nux vomica* potencies 30c, 200c and 1000c in albino mice to show the anti-alcoholic effect of the drug.

### **The cytogenetic effects of repeated exposure to ultrasonic sound waves in mice and their alterations by a Homoeopathic drug, *Arnica montana* (2005; 27 [4]: 1–5)**

Biswas *et al.* presented a paper about assessing the extent of genotoxic effects of ultrasonication, if any, in the mammalian model *Mus musculus*, *in vivo*. The objective of the study was to examine if the potentised Homoeopathic drug *Arnica Montana* - 30C, which showed anti-genotoxic action against X-irradiation, could also favourably modify the harmful effects of sonication. The result of this investigation showed there is a reduction of genotoxic effects to a considerable extent, for

which its use may be recommended in patients who have to undergo repeated ultrasonographic tests, either for a diagnostic purpose or as a therapy.

## **CLINICAL RESEARCH**

### **Effect of Homoeopathic treatment on filariasis (2004; 26 [2]: 19–22)**

Kumar *et al.* conducted a Single blind study in an endemic village in Orissa, India to assess the effect homoeopathic treatment on microfilarial clearance and frequency of filarial fevers. The study was conducted during February/March 1986 wherein 383 persons were examined. the outcome of the study showed an effective reduction in the frequency of filarial fevers by 20% ( $P < 0.05$ ) among amicrofilaraemic cases, with reduction in cases with genital involvement (36%) and mastitis (57%), and in asymptomatic microfilaraemia cases, the frequency of filarial fever (attack) had doubled ( $P < 0.05$ ) following treatment. There was no additional effect on microfilaria clearance in asymptomatic carriers.

### **Iron deficiency anaemia: Study conducted by Central Council for Research in Homoeopathy (2004; 26 [3]: 25–35)**

A study was conducted by CCRH on iron deficiency anaemia. It is one of the most common causes of anaemia, especially in areas where hookworm infestation is endemic. Homoeopathic medicines such as *Calcarea carbonica*, *Ferrum phosphoricum*, *Gelsemium*, *Kalium carbonicum*, *Natrum muriaticum*, *Pulsatilla* and *Phosphorus* have improved absorption of iron taken as supplement or from the food rich in iron. The study was conducted at Regional Institute for Homoeopathy, New Delhi, for 5 years, in which 223 cases were studied. Presently Council is undertaking a clinical study on Iron deficiency anemia with two drugs i.e. *Ferrum met* and *Ferrum phos*.

### **Effect of *similimum* in acute mania (2004; 26 [3]: 19–26)**

Gopinadhan *et al.* have illustrated a study about the effect of *similimum* in acute mania at Clinical Research Unit, Kottayam. Eighty cases of acute mania consisting of 48 males and 32 females were randomly selected. Out 80 patients, 74 had marked to moderate improvement and out of which 54 improved markedly within 2 weeks of time. Individualised treatment was given. The most frequently prescribed medicines were *Belladonna*, *Ignatia*, *Phosphorus* and *Nux vomica*. The centre is renamed as National Homoeopathy Research Institute for Mental Health (NHRIMH), Kottayam.

### **Lipoproteinaemia (2005; 27 [4]: 13–22)**

The study was conducted at RRI (Homoeopathy), New Delhi, from April 1992–March 2003. The aim of the study was to clinically evaluate the efficacy of Homoeopathic medicines in lipoproteinaemia; 322 cases were studied. Parameters used are when patient is asymptomatic and lipid profile touched normal level, and there is no recurrence for 3 years. Homoeopathic medicines were selected after proper evaluation of cases and improvement was found

in 290 cases. Results obtained were encouraging and confirms the usefulness of Homoeopathic medicines, i.e., *Lycopodium*, *Rhus tox*, *Sulphur*, *Calcarea carbonica*, *Lachesis*, *Pulsatilla*, *Bryonia alba*, *Nux vomica*, *Abroma augustum*, *Gelsemium* and *Rauwolfia serpentina*. Presently the Council is undertaking a study on randomized controlled trial dyslipidaemia.

### Evaluation of efficacy of Homoeopathic medicines in sickle cell anaemia (2005; 27 [2]: 12–16)

The study was conducted at CRU, Sambalpur, from 1988 to 2003 in 500 clinically diagnosed cases, out of which, 98 cases were markedly improved. They also helped in the reduction of frequency, intensity of the acute attack besides alleviating sign and symptoms such as joint pains, fever, headache and pallor. It was concluded that homoeopathic medicines: *Lycopodium*, *Natrum muriaticum*, *Phosphorus*, *Rhus tox*, *Bryonia*, *Arsenicum album*, *Kalmegh*, *Chelidonium*, *Ceanothus* and *Vanadium* were found useful in sickle cell anaemia.

### Drug-oriented clinical research on amoebic dysentery (2005; 27 [3]: 6–9)

The study on drug-oriented clinical research on amoebic dysentery was undertaken at six centres from 1985 to 2003. The objective was to evaluate the efficacy of a group of partially proved drugs/or lesser known drugs. The assessment criteria were based on reduction of frequency of stools, improvement in pain and tenesmus in abdomen, disappearance of blood and mucus in stool and relief in pyrexia, if present or no improvement in these symptoms after taking medicine for 4–7 days.

A total of 6179 cases were studied, out of 2197 were found improved. The drugs found most effective were *Alstonia constricta*, *Alstonia indica*, *Cynodon dactylon*, *Emetine*, *Ficus-indica*, *Holarrhena antidysenterica*, *Leptandra*, *Raphanus* and *Trombidium*.

### Drug oriented clinical research on diabetes mellitus (2005; 27 [3]: 8–11)

Drugs such as *Chimaphila* and *Thyroidinum* suggested a good response and *lactic acid* showed good response in type 2 diabetes mellitus. *Syzygium jambolanum*, *Cephalandra indica*, *A. augustam*, *Insulinum*, *Lac defloratum* were helpful in ameliorating certain symptoms of diabetes mellitus.

## CASE REPORTS

### A case of hyperprolactinaemia (2004; 26 [1]: 26)

Gupta G. has described about a 40 years old quadriparous female suffering from hyperprolactinaemia since 6 months and presented with pain in both the breasts which aggravated before menses. Had dark coloured discharge from both nipples and had vaginal discharge. After taking further detailed case history, she was given *Pulsatilla* 1000 single dose on the first visit and the same was repeated after 3 months; the pain was subsided and prolactin level fell from 33.7 ng/ml to 10.42 ng/ml after 1 month of the second prescription. Thereafter, patient

was on placebo, and after 6 months, test was again repeated and prolactin level further decreased to 10.30 ng/ml.

### A case of differentiated adenocarcinoma: (2004; 26 [2]: 23–25)

Quusim Md. described about a 79 year old male who presented with presented with jaundice for 2 weeks with no appetite, stool – constipated, urine – dark yellow and skin pale yellow, and after taking further detailed case history, *Pulsatilla* 200/1 dose, *Chelidonium Q*, *Cardus MQ*, 5 dps each for 7 days were prescribed. The author has reported that during the course of treatment for the original complaint of jaundice which was diagnosed as adenocarcinoma, there has been overall significant improvement including blood examination and ultrasonographic investigations.

### Diabetic foot (2004; 26 [3]: 36–37)

Ali MS presented a case of A case of 53-year-old male presented with complaints of ulcer in the left foot, drawing pain calves > pressure < morning and ambulating. After thorough case history, *Sulphur* 30 in frequent doses with increase in the potency in further follow-ups and regular wound dressing was done with *Calendula*. The patient was kept on oral hypoglycaemic drugs. The ulcer was healed.

### Case of HIV/AIDS at Regional Research Institute (Homoeopathy), Mumbai (2004; 26 [4]: 27–28)

A 23-year-old female presented at RRI (H), Mumbai, with presenting complaints of recurrent fever for the past 2 months associated with loss of weight from 50 kg to 44 kg and weakness. After taking complete history, *Nux vomica* 30 was prescribed. On further follow-ups, prescription was changed to *Pulsatilla* (30 and 200) and *Tuberculinum* (1M). There was improvement and the patient was asymptomatic.

### A case of cervical erosion presented (2005; 27 [1]: 36–37)

Sharma B presented the case of a 21 year old female married for 8 years having two children presented with complaints of leucorrhoea, menses, pain abdomen, bearing down sensation, pruritus vulva from 2 months. After detailed case history, *Ambra grisea* 30 TDS for 7 days at first visit was prescribed. On the second visit, complaints were better, so placebo was prescribed; on the third visit, the same dose was repeated; as the patient started having some complaints after that till 6<sup>th</sup> follow-ups, she was on placebo as on the 7<sup>th</sup> visit. *Pulsatilla* 1M one dose was prescribed after taking her symptoms, and on the 11<sup>th</sup> visit, the medicine was changed to *Nitric acid* 200 one dose, and on examination by a gynaecologist, cervix and vagina were reported healthy, and erosion had disappeared completely.

### A case of hepatitis: B (2005; 27 [2]: 31–32)

Gopinadhan S described a female aged 50 years presented with complaints of loss of appetite, nausea, vomiting, low grade fever, general weakness and yellow discolouration of urine, skin and sclera; further completing the whole case history, *Chelidonium* 30/3 doses six hourly/day was prescribed and later change to *Lycopodium* 30, 200 and 1M on further follow-ups after taking the symptoms.

### **A HIV-infected carrier under Homoeopathic treatment: (2005; 27 [3]: 45–46)**

Dey SK presented a case of a male having HIV antibody reactive repeatedly (three times) was presented with complaints of enlarged bilateral cervical lymph glands, no history of weight loss; however there was chronic diarrhoea, chronic cough and recurrent arising from any opportunistic infections. Further after completing the case, *Phosphorus* 200 was prescribed at first visit, and later 1M, a few medicines such as *Hepar sulphur* 30, *Mercurius solubilis* 30 and *Nitric acid* 200 were given and at last *Sulphur* 200 was prescribed for reappearance of genital eruptions. There was marked improvement in the CD4 and CD8 counts along with weight gain of the patient.

### **A case of multiple fibroid uterus (2005; 27 [4]: 29–30)**

Gopinadhan S. presented a case of multiple fibroid uterus suffered by a married female of aged 49 years presented with complaints of menorrhagia for the last 2 months, palpitation, dizziness and irregular menses for 2 years. After completing the case, *Calcarea carbonica* 30/3 doses 6 hourly per day was prescribed. *Belladonna* 200 was prescribed as intercurrent medicine. In 10<sup>th</sup> follow-up, USG showed no mass in pelvis and no focal myometric lesion.

### **GENERAL ARTICLE (2005; 27 [3]: 10–18)**

In this issue the author, Nayak C published a rejoinder/response, "Homoeopathy will not end by pseudoanalysis" to the article published against homoeopathy in the Journal Lancet in the month of August, year 2005 titled as "Are the clinical effects of homoeopathy placebo effects? Comparative study of placebo-controlled trials of homoeopathy and allopathy" by Sang *et al.* In the said article the author hinges on the fact that the studies chosen are representative of homoeopathy in practice and therefore externally valid. However response shows that, none of the studies assessed individualised classic homoeopathy. But there were unmatched numbers and selection of trials were biased. Dr. Nayak C. in his discussion compiled evidences in favour of Homoeopathy. He debated on various aspects such as whether RCTs are applicable to Homoeopathy, why incomparable are compared, ignorance of the results of first comparative prospective study, doubts on the circumstances on the trials included, classical nature of homeopathic trials. He cited various studies which proved homeopathy is not a placebo/unspecific placebo or context effects. The author has raised queries against why comparisons have been done with allopathy and studies favoring Homoeopathy ignored. He also points out that the trials for both the systems were not comparable and only 18 classical trials on Homoeopathy which is true homoeopathy were included in the analysis. He argues that by comparing the 'incomparables' the research scholars have derived a wrong conclusion that Homoeopathy is a 'placebo effect'. The author opines that highly qualified experts in their respective disciplines, using so called modern research techniques and statistical jargons have gone beyond

the jurisdiction of their expertise to assail Homoeopathy about which they know little. Further he insisted that they should come forward to undo the damage they have done to this gentle healing science i.e. Homoeopathy.

### **DRUG RESEARCH**

#### **Pharmacognostic and physicochemical evaluation of *Alpinia galanga* Sw. in (2005; 27 [3]: 36–44)**

Rao PR *et al.* conducted pharmacognostic and physicochemical evaluation of *Alpinia galanga*, a drug which that the drug was already been used by Ayurveda and Unani Systems, but there is no work done in Homoeopathy on this drug. Hence, the work presented involves the pharmacognosy and physicochemical parameters, along with UV, high performance liquid chromatography and high performance thin layer chromatography profiles of the mother tinctures. The conclusion obtained after the study was these parameters are useful as standards for both raw as well as finished product.

#### **Economically viable medicinal plants useful in the Homoeopathic system of medicine (2005; 27 [4]: 20–28)**

Baburaj DS presented a paper on the medicinal plants which are useful in Homoeopathy, are high in demand and can be profitably cultivated by progressive farmers. The author has presented list of 86 plants with their different names, parts used and its Homoeopathic uses along with names of plants not found in India and are exclusively imported.

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#### **Conflicts of interest**

None declared.

**Shashi Giri**

Research Associate (H), Central Council for Research in Homoeopathy, Janakpuri, New Delhi, India  
E-mail: shashi462@gmail.com

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