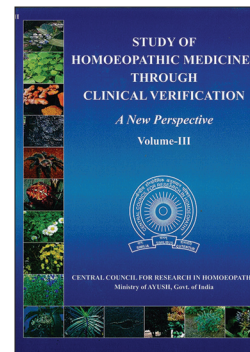


Book review: “Study of Homoeopathic Medicines through Clinical Verification” Volume III

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When I started studying Homoeopathy 37 years ago, I was amazed by the antiquity of knowledge about homoeopathic medicines, described in books published almost a century ago. This can, of course, be regarded as a good sign: This knowledge is timeless. On the other hand, such sources portray the homoeopathic professional society as a conservative group, not interested in new scientific developments. Would the authors of these old books agree with such an attitude? Probably not, Hahnemann was in many scientific respects ahead of his time, and if we read John Henry Clarke’s description of *Aconitum napellus*, we get the impression that he collected all knowledge available at that time. Clarke apparently did not know the chemical constituents of *Aconitum*, but did not ignore such knowledge, as we can see in the description of *Aceticum Acidum*.

For new Homoeopathy students (and, hopefully, also for seniors), it must be very reassuring that there is a new spirit in Homoeopathy as clearly shown by the clinical verifications of homoeopathic medicines as performed by the Central Council for Research in Homoeopathy (CCRH) in their series of books, now featuring the third volume.

When we start reading about *Acalypha indica* in this book, we immediately notice that how updated this information is. It starts with a precise description of how this homoeopathic medicine is manufactured, more precise than Clarke’s description of medicines. That confirms the latest standards in medical publishing: Everybody must be able to reproduce this medicine. Then, it summarizes what is known about this plant, in chemical and clinical respect, updated as Clarke and modern scientists would have done.

The next part, “Clinical verification,” is new. In the old books, we saw case descriptions and opinions of experts, also based on cases. There is hardly any quantitative information; how important are the respective symptoms actually for this medicine? The CCRH books offer a new perspective by giving

this quantitative information: We see how many patients received this medicine, how many showed the respective symptom, and in how many of them the symptom improved. The number of patients studied is impressive, with a mean 288 per medicine and a range between 41 and 702.

During the systematic evaluation, new information became apparent, not yet available from provings or text books. An example is the symptom vertigo for *A. indica*, present in 22 patients and improved in 17 cases. Another example is “Spermatorrhoea before urination,” a quite peculiar symptom, present in 13 of the 335 cases where *Aranea diadema* was prescribed and improved in ten of these patients.

After the quantitative enumeration of symptoms, we can read the guiding symptoms and the summary. This information can be checked and quantified as to relevance by the actual numbers, which is a great progress toward scientifically assessed Homoeopathy. The information about the medicine ends with a comparison with other medicines. I noticed in the comparison of *A. indica* that in vertigo, the comparison with *Bellis perennis*, described in the same book as related to vertigo, was missing. May be, the relationship between *B. perennis* and vertigo was even stronger than expected: Out of 335 patients, 49 (15%) had vertigo and in 45, this symptom improved. Compare this with *A. indica*: Out of 550 patients, 22 (4%) had vertigo and 17 improved. This is not meant as critique, but as an example of how much more information can be hidden in the data if we properly collect and quantify them.

Like all good researches, this research raises new questions because we now have “hard” data. In observational research, it is often hard to distinguish improvement due to a medicine or from spontaneous recovery. The amount of spontaneous recovery depends on the illness: Acute coryza; will mostly recover spontaneously in a few weeks, but 10 years of migraine will not subside spontaneously in a few months.

Moreover, is the coryza really an infectious disease or due to allergy? Then, there is pre-selection of medicines: *Lapis albus* is often prescribed for headache, but *Glycyrrhiza alba* never. Does this mean that *Glycyrrhiza alba* will not work for headache? This pre-selection of medicines is based on provings, but how reliable are provings in this respect? Are symptoms, such as irritability, perceived in some medicines (such as *Chromium kali sulphuratum* and *Alfalfa*) not present in various other medicines? For such questions, we need further research, but this future research is much easier; now, we have an infrastructure for clinical research and still more important, a group of practicing doctors committed to research.

With these books, the CCRH made a fresh start toward a scientific approach of Homoeopathy, with a scientific method that suits the personalized approach that characterizes Homoeopathy. With the large numbers of observations, the influence of statistical variation is diminished, and by actually counting cases, we can reliably compare medicines. Homoeopathy is based on experience in daily practice. Hitherto, an enormous amount of experience has been lost in the cabinets of individual doctors. Let us hope that these works

are studied by many and inspire all to be a part of gathering more practice experience in the future.

Lex Rutten

Homoeopathic Practitioner and Independent Researcher, Dutch Association of Homeopathic Physicians, Aard 10, 4813NN Breda, The Netherlands.
E-mail: praktijk@dokerrutten.nl

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