REMINSCECEES

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AUTHOR'S NOTE

Reflecting back in the time-line, gives us the confidence that we had embarked upon the journey of scientific research in homoeopathy with the right vision. The quality of research papers published over two decades back, provide a good footing for continuing the research on the right path.

ABSTRACTS

Abstracts included in this section are of the papers read at the International Homoeopathic Medical Congress held at Rio De Janeiro from 8 to 12 September 1986. The abstracts were on Materia Medica, Provings and intoxications, Homoeopathic Diagnostic Approach, Therapeutics, Clinical Cases, Clinical Trials, Research, Preparation and Control of Medicines, Veterinary Therapy, Treatment of Vegetals, Homoeopathy Teaching in Brazil and Miscellaneous subjects.

HYPOGLYCAEMIC EFFECTS OF SOME LESSER KNOWN DRUGS

Dr. D. P. Rastogi

The study was undertaken to determine the hypoglycaemic activity of Abroma augusta Ø, Syzygium jambolanum Ø, Cephalandra indica Ø and Absinthium D1/Resina Laricis D3 (Weleda) in alloxan-induced diabetes in albino rats. The experiments were conducted at Drug Standardisation Unit of the Council.

Albino rats of either sex weighing 240 ± 12 g were selected after acclimatising for 15 days to standard laboratory conditions for 15 days. Water was allowed ad libitum. Photo period L/D was also maintained. The acclimatised animals were subjected to qualitative analysis of urine sugar with Benedict's solution and quantitative analysis of blood sugar with Folin Wu method by taking 0.05 ml blood from tail vein or through cardiac puncture.

Those animals whose urine sugar was nil and blood sugar level within the range of 80-120 mg were selected for inducing alloxan-treated diabetes experimentally. For inducing diabetes in albino rats intra-peritoneal injections of 10-12 mg/100 g body weight of alloxan dissolved in distilled water were administered in every animal having 12 hours fasting in order to avoid mortality. Qualitative and quantitative analysis of urine and blood sugar estimations were done to indicate the establishment of diabetes mellitus. The diabetic animals were divided into six groups for in vivo and in vitro studies with different drugs. The short-term experiment was performed with different doses, namely 25 μl, 50 μl, 75 μl, 0.1 ml, 02 ml/100 g. b.w. of Abroma augusta Ø, Syzygium jambolanum Ø, Cephalandra indica Ø and Absinthium D1/Resina Laricis D3. The route of administration of drugs were both oral/IP daily for 21 days. Vehicle fed control (% of alcohol is based on alcohol content of correspondent drug) and 0.9% physiological saline control were maintained to evaluate the drug efficacy with corresponding control and normal control groups.

Control Group 1,2,3 and 4 were administered 90%, 60%, 46% and 41% alcohol based upon the alcohol content of the drugs Syzygium Ø, Absinthium D1/Resina Laricis D3, Abroma augusta Ø and Cephalandra indica Ø, respectively. Normal control was administered 0.9% physiological saline.

The experimental studies revealed that regular administration of drug Cephalandra indica Ø and Absinthium D1/Resina Laricis D3 exhibited perceptible hypolycamaemic activity at a micro does level ranging from 25 to 75 μml/100 g. body weight through oral
I.P. route of administration. While the normal and corresponding alcohol fed controls exhibited no such activity, *Syzygium jambolanum* Ø has been found toxic at dose level of 50 μml/100 g. body weight similar to the corresponding control. *Abroma augusta* Ø although has mild hypoglycaemic effect in doses for 50 μml to 0.1 ml, yet it does not stabilise blood sugar level corresponding such activity.

This study was helpful in evaluating the hypoglycemic as well as toxic effects of homeopathic preparations in different doses in albino rats.

**BRONCHIAL ASTHMA, A STUDY WITH REFERENCE TO REPERTORY IN THE SELECTION OF DRUG (S)**

**R. P. Patel**

Bronchial asthma has been a strong area for homoeopaths to prove the efficacy of the homoeopathic system of medicine. The author has briefly mentioned the aetio-pathogenesis of bronchial asthma along with the homoeopathic perspective emphasising on the holistic approach. The author has rightly stated that “What qualifies common is uncommon”. He has differentiated the pre-asthmatic and asthmatic symptoms (rubrics from different repertories) into common/pathognomic/basic and uncommon/non-pathognomic/determinative symptoms. The compilation of rubrics on asthma alternating with different symptoms is very useful. He has also given the list of drugs coming out prominently from the study of COMMON and UNCOMMON rubrics. The notes on bronchial asthma reflect the practically verified symptoms as the author has treated nearly 2000 cases of asthma.

Medicines having aggravation between 1 a.m. and 4 a.m. (as per author’s clinical experience):
- **After Midnight**: ARS. ALB, Carb. Veg, Ferr. Met., Graphit., Lachesis., SAMBUCUS
- **2 A.M.**: ARS. ALB., KALI. BICH., KALI CARB., Rumex, NAT. SULPH
- **2 A.M. to 3 A.M.**: KALI ARS., KALI CARB
- **3 A.M.**: China, CUP. MET., KALI CARB., KALI NIT., NAT.SULPH., SAMB
- **4 A.M.**: NAT. SULPH.

**CONSTITUTIONAL MEDICINES (USED AS INTER-CURRENT IN A FEW CASES)**

*Medorrhinum, Psorinum, Leuticum, Bacillinum, Tuberculinum.*

Author has stated that most of the above medicines were used in 50 millesimal potencies, usually 0/3 and 0/6.

The write up is very well presented with clinical experience impregnated. It can be considered while planning a study on bronchial asthma in future.

**ANSWERS WITHOUT QUESTIONS IN ACUTE ASTHMATIC SITUATIONS**

**S. P. Koppikar**

This is a very interesting paper in which some postures or expressions of remedies, which are almost definite pictures of their respective patients with their basis of prescription are mentioned. We hardly need more than a few questions, except to confirm our prescriptions if we are keen in our observations. They are all acute or sub-acute sufferers of asthma or bronchitis. Some of them are as follows:

**Ambra grisea**
- Cannot take deep breath old people and children
- Asthma while attempting coition
- Cough worse while lifting heavy weight, aggravates in a meeting or class; when someone recognises him.

**Aurum metallicum**
- Cardiac asthma, excessive dyspnoea not relieved in any position
- Suffocative fits, constriction of chest; face bluish red (*Ferrum metallicum*); falls down unconscious
- Propped up in bed; violent palpitation.

**Berberis vulgaris**
- Obstructed breathing, aggravates ascending, raising arms
- Contraction in chest to abdomen, compels him to bend over.

**Lobelia inflata**
- Sensation of a foreign body in throat (*Belladonna*) impeding breathing, lump
- Impossibility of deep inspiration, extreme dyspnoea
- Short inhalation and long expiration
- Inclination to sigh, or to get a deep breath
- Short and slow inspiration, with desire to cough, aggravates going up or down the stairs, eating warm food
- Cough with sneezing, gasping and belching
- Pain in chest, while sitting after dinner, better walking about.
**Kalmia latifolia**

Oppressed short breathing; obliges him to breathe quickly, involuntarily
Pain as from a sprain in chest, pressure behind middle of sternum (*Borax*)
Palpitation with pulse irregular, sitting erect
Propped up in bed, with anxious expression of face, livid hue of countenance
Visible, tumultuous and very rapid action of heart (after acute rheumatism).

**Mephitis**

Asthma, as from inhaling vapour of *Sulphur*
Inhalation difficult, exhalation almost impossible or barking
When drinking or talking, inability to take foreign substance into throat (*Belladonna*)
Whooping cough, child must be raised, gets blue in face and cannot breathe out
Supports last rib when touching, when coughing or sneezing (*Borax*).

**Nux moschata**

Loss of breath when standing in water
Difficult inhalation, hysterical asthma
During pregnancy, weight in chest, constrictive feeling in muscles of chest, desire to expand, takes a long breath
Remarkable sleepiness with imperfect speech, as if it were difficult to move tongue
Weight, pressure on chest, on falling asleep at night or waking from a siesta.

**HOMEOPATHIC MEDICINAL FLORA-GHAZIABAD DISTRICT OF UTTAR PRADESH**

**H. C. Gupta**

A survey was conducted to explore the availability of homoeopathic medicinal plants, which are found either cultivated or naturalised in the Ghaziabad District of Uttar Pradesh. Three intensive explorations were made in different seasons in a year. Plants were identified on the basis of many standard flora, checked and sorted out on the basis of their use in Homoeopathy and around 54 plants were identified.

Such surveys are the integral part of homoeopathic system of medicine for the authentication of sources of drugs and should be taken up regularly.

**SULPHUR (REFERENCES OF IN KENT’S REPERTORY)**

**Vishal Chawla, V. P. Singh**

Hahnemann says “The homoeopathic physician (who alone acts in conformity with natural laws) will meet many important morbid states for which he will discover and may expect much assistance in the symptoms of *Sulphur* and *Hepar Sulphuris*”. Therefore, this study was undertaken to scan Kent’s Repertory and gather all the rubrics (symptoms), important or otherwise, represented by *Sulphur* and present them in one place in order to evolve a relatively complete drug picture.

The rubrics have been studied in their arranged sequence in respective chapters in the Repertory. The rubrical composition has not been altered in the least and the same arrangement of spacing, as provided in the repertory, with regard to the, sub-rubrics, etc., has been followed judiciously.

The sub-rubrics have been mentioned under main rubrics except in case where *Sulphur* was not indicated under the latter but was mentioned under the sub-rubric. In such cases main rubric has been clubbed with sub-rubric so that its meaning is not lost on the readers. For instance: ‘Jesting’ (Mind) is not represented by *Sulphur* but it is mentioned under its sub rubric ‘averse to’. These rubrics are therefore, clubbed together to convey correct meaning which provides a very interesting reading of *Sulphur* through its rubrics.

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