

REMINISCENCES

CCRH quarterly bulletin, Volume 9 (1-4), 1987

Access this article online

Website:

www.ijrh.org

DOI:

10.4103/0974-7168.129678

Quick Response Code:

AUTHOR'S NOTE

Two of the mainstay research programmes of the Council, drug proving and clinical verification, are the main contents of this issue. By now, 94 drugs have been proved and 98 drugs verified, 52 of which are published as *Materia Medica* and its inclusion in Repertory software is in process for optimum utilisation by the profession. Among other articles, a thought-provoking essay by Dr. K. N. Kasad, a renowned homoeopath from Mumbai on the enigmatic subject of scientific basis of Homoeopathy makes interesting reading.

EDITORIAL

The editorial of the issue focuses on the research areas of drug proving and clinical verification and informs that drug proving protocol is based on Drysdale's double-blind method and proving has been conducted at different centres to ensure authenticity and purity of obtained data. Proving data of some indigenous and spider group drugs are presented. The data of 54 lesser known drugs clinically verified at different centres have been published, urging the profession for feedback after use in practice.

VERIFICATION OF PATHOGENESIS OF SOME OF THE INDIGENOUS/PARTIALLY PROVED DRUGS

The article is regarding the clinical verification work and provides extensive data on 54 indigenous or partially proven drugs from *Materia Medica*. The investigators observed that when prescribed on available symptomatology to patients, these drugs relieved those complaints and some additional

symptoms were also relieved wholly or partially. *Abroma augusta folia*, *Kali muriaticum*, *Cassia sophera*, *Baryta iodata* and *Cynodon dactylon* when prescribed on the proving symptoms were found to relieve most of the cases, thus confirming proven data. *Abroma augusta folia* had similar modalities and affinity for serous and mucous membranes as *Bryonia alba*; *Aegle folia* was found to have same aggravation time as *Lycopodium*, that is 4-8 pm and *Cynodon dactylon* was effective where symptoms of *China*, *Podophyllum* and *Nux vomica* were mixed up.

MODERN PHYSICS AND HOMOEOPATHY

The paper, a reprint of an essay spread over three parts, relates to the sound philosophical and scientific basis of homoeopathy. Dr K. N. Kasad, the erudite scholar and author of this article, has vividly described various scientific laws, phenomena and evolution of concepts over time. The author travels over time discussing at length the history of Physics from the Newtonian–Cartesian Theory (16-17th century) to Einstein's Theory of Relativity (20th century), Quantum Theory of Max Planck, Particle Physics of Ernest Rutherford and Fritjof Capra as well as the concepts of both consciousness and matter and the relevance of modern physics to homoeopathic philosophy and practice.

The author explains that the Newtonian-Cartesian model of universe and man was mechanical, which considered space as three-dimensional, absolute, always at rest and unchangeable and time as absolute, moving in a linear sequence, both thus considered discontinuous and the giant cosmic machine seen as being completely causal and determinate. Einstein's model, in contrast, presented a unified view of the universe. The Relativity Theory considered 'time-space continuum', was not absolute, but relative to

the observer with correlation between time, space, matter and energy and the concept of 'empty space' losing its meaning.

The evolution of Atomic Physics, Quantum Theory and Principle of Probabilities revealed basic oneness of the universe. Atomic probing revealed nature as a complicated web of relations between various parts of the whole, a unified integrated network of processes and events. The observer, the observed and the process of observation become links in the phenomenon of observation.

The author then proceeds to connect these phenomena to homoeopathy by quoting Dr. Stuart Close, who explained the basis of homoeopathy on interpretations of laws of nature thus – 'Laws and ways of nature are uniform and harmonious; effects follow causes in unbroken succession; to every action there is equal and opposite reaction; actions and reactions are ceaseless, equivalent and reciprocal; motion is ceaseless and transformation continuous; matter is indestructible and infinitely divisible; force is persistent and indestructible and that the decisive amount necessary to effect any change in nature is always a minimum, an infinitesimal'. Vital force within the corporeal frame is dynamic, automatic, self-acting and immaterial life-energy/principle; its operation in health synchronous, symmetrical and rhythmic and reverse in disease. Without this vital force, there can be no life and death ensues as there is no static condition in nature. The nature of the drug and restoration of health through drugs selected on basis of 'Law of Similars' is also dynamic.

The author finally ends the discussion saying that laws that apply to mathematics apply to homoeopathy as both in its highest forms are the perception of balance in their highest degree and that homoeopathy is a multi-disciplinary approach, its foundation based on philosophy and science and its general principles held together by a framework of logic.

HOMOEOPATHIC APPROACH TO SKIN DISEASE

Dr. Kishore Mehta, a leading homoeopath from Mumbai lucidly describes the homoeopathic concept and approach to skin disease and the paper is replete with examples. He starts by classifying skin diseases and then proceeds to explain effects produced by different miasms, the origin of skin disease in psora, and that the

course of the skin disease depends upon the degree of activity of other miasms. The author further explains that skin disease is an expression of internal disharmony as per homoeopathic concept and inhibition of this expression leads to internalisation of the disease.

The paper describes in detail how to arrive at totality in both acute and chronic cases; management of these cases, follow-up with various interpretations, particularly exteriorisation or internalisation of disease, how miasms should be interpreted and dealt with and advises on diet and regimen in skin conditions. He narrates with numerous examples, use of deep-acting or acute medicines or constitutional treatment for conditions like psoriasis and atopic dermatitis and their acute exacerbations, skin trouble of diabetes mellitus, syphilitic conditions like gangrene or Raynaud's disease, injury, eruptive fevers, secondary infections or cases with strong emotional stress. The direction for potency and repetition includes conditions like sensitive or hypo- and hyper-pigmented skin, degenerative processes and skin complaints of infants and children.

The author ends with the note that skin diseases are constitutional disorders and must be treated as such and that homoeopathy offers a wide scope to treat and cure skin diseases of any type.

A REVIEW OF THE PATHOGENESIS OF CHLOROMYCETIN (CHLORAMPHENICOL)

Toxic effects of *Chloramphenicol* inducing collapse of the vasomotor system and suppression of the bone marrow are well known; hence, the authors Drs. P. C. Mal, B. K. Mondal and D. P. Rastogi undertook an analytical study of provings of *Chloramphenicol* conducted at Midnapore Homoeopathic College, West Bengal (1960-61) and by Dr. O. A. Julian (1970) and compiled toxic and proving symptoms from Julian's *Materia Medica of New Homoeopathic Remedies* and from provers' day-books of the Drug Proving Research Scheme, Midnapore.

In their work, the authors tabulated peculiar and principal symptoms emerging from both the provings. They found that attenuated form of *Chloramphenicol* produced many common symptoms of certain diseases as well as many uncommon

individualistic symptoms and observed that it might be useful in clinical conditions like typhoid fever, colitis, urticaria and arthritis, considering its pathognomonic symptoms.

The authors noted that *Arsenicum album*, *Veratrum album* and *Rhus toxicodendron* appear to have symptomatic relationship with *Chloramphenicol* and strongly suggest double-blind proving of this drug as well as verification of the available data of the drug, which appears to have deep and wide sphere of action.

SOME INTERESTING AND COMMON MEDICINAL PLANTS OF NILGIRI DISTRICT USED IN HOMOEOPATHY

The article is authored by M. S. Dawre, D. Suresh Baburaj, S. S. Nain and S. Rajan, from the work conducted at the Council's Survey of Medicinal Plants and Collection Unit, Udhagamandalam, Tamil Nadu. Nilgiri, a hilly district of Tamil Nadu is known for its rich fauna and flora and the paper describes 27 species of flowering plants in 23 genera and 20 families used in homoeopathy, 3 of which are weeds, 7, cash crops and 7, common garden plants. The authors have named each of the family, its species and the part of the plant used in homoeopathic preparation along with appropriate references in homoeopathy literature. The plants mentioned

are *Argemone mexicana*, *Brassica nigra*, *Capsella bursa-pastoris*, *Camellia sinensis*, *Sarothamnus scoparius*, *Trifolium pratense*, *Trifolium repens*, *Centella asiatica*, *Coffea arabica*, *Silybum marianum*, *Datura arborea*, *Datura metel*, *Solanum nigrum*, *Solanum tuberosum*, *Verbascum thapsus*, *Achyranthes aspera*, *Beta vulgaris*, *Santalum album*, *Allium cepa*, *Allium sativum*, *Iberis amara*, *Cinchona officinalis*, *Cinchona calisaya*, *Digitalis purpurea*, *Eucalyptus globulus*, *Senecio cineraria* and *Viola tricolor*.

DRUG PROVING

Drug proving special issue describes in detail the proving symptoms of *Aegle folia*, *Aranea diadema*, *Boerhaavia diffusa*, *Hydrocotyle asiatica*, *Mygale lasiodora*, *Tarentula cubensis* and *Tarentula hispanica*. These drugs were proved by the Council using Drysdale's double-blind technique.

Nirupama Mishra

Nirupama Mishra, Former Scientist, Central Council for Research in Homoeopathy, New Delhi -110 058, India.
E-mail: nirupama199@gmail.com

How to cite this article: Mishra N. CCRH quarterly bulletin, Volume 9 (1-4), 1987. Indian J Res Homoeopathy 2014;8:42-4.

Source of Support: Nil, **Conflict of Interest:** None declared.