Open access to scientific information was high on the agenda at the World Summit on the information society held in Geneva in December 2003. Delegates from 176 nations endorsed a declaration of principles that included a commitment to strive to promote universal access with equal opportunities for all to scientific knowledge and the creation and dissemination of scientific and technical information, including open access initiatives for scientific publishing. Open access helps in capacity-building of researchers as the visibility, usage and impact of researchers’ own findings increase with open access as does their power to find, access and use the findings of others.

We are proud to announce that from this issue, the Council is making IJRH an ‘open access online journal’ so that researchers the world over obtain access to homoeopathic research being published in India. The previous volumes of the journal have also been made available to readers at http://ccrhindia.org/old_ijrh.asp.

In addition a new section ‘Reminiscences’ has been introduced in this issue of the journal. The Council published its first Quarterly Bulletin in the year 1979, which continued till 2007. Though it was not peer reviewed publication, but can provide an insight into the research activities of the past that can be of use for the profession.

The abstracts of all the articles presented in this issue of the journal are also being published in Hindi which will motivate the researchers in the Hindi speaking belt of India and shall facilitate a wider readership.

This issue of the CCRH journal features a remarkable range of research studies from drug standardization, homoeopathic pathogenetic trial to clinical research. All the articles are peer reviewed and the results, if confirmed, have important clinical applications. Two of the papers depict the usefulness of homoeopathic medicines in benign prostatic hyperplasia (BPH). The first one is a multicentric observational study conducted by the Council on 231 patients. The study suggests a positive role of homoeopathic medicines like *Thuja*, *Sulphur*, *Pulsatilla* & *Lycopodium*, out of a group of 20 pre-defined medicines using the American Urological Association BPH Symptoms Score Index. A significant reduction in prostatic volume and PSA was also recorded. But no change was observed in the post-void residual urine and peak urine flow rates (Qmax and Qavg in ml/sec). The authors opine that further research in controlled setting is required to explore this area. Similar results have been reported in ‘Treatment Strategies for BPH’ carried out on 220 patients of BPH at the Dr. Abhin Chandra Homoeopathic Medical College and Hospital, Bhubaneswar, India. The study reflects the fact that combined homoeopathic constitutional and organopathic treatment has a greater beneficial effect on patients with BPH than either constitutional or organopathic treatment alone in terms of subjective parameters, residual volume and uroflowmetry, but not in terms of prostate weight. The patients were enrolled sequentially to three groups; constitutional, organopathic and combined constitutional and organopathic. Three groups were comparable at baseline but unobserved or unreported differences exist considering the limitations of these studies.

The Council has initiated a study “Homoeopathic Therapy for Lower Urinary Tract Symptoms in Men with Benign Prostatic Hyperplasia: An Open Randomized Multicentric Placebo Controlled Clinical Trial”, which is a three-armed study to be carried out on 252 patients at six centres. In this study, one group of patients shall be given constitutional medicine, the second group will receive constitutional along with organopathic medicine and the third group shall receive placebo in a randomized manner (CTRI No. CTRI/2012/05/002647 on 14.05.2012). The constitutional medicines have been used in combination with organopathic medicines like *Sabal serrulata* (Serenoa repens) by classical homoeopaths too, with good results. After going through the complete history, a few doses of constitutional medicine are prescribed in first twenty four hours followed by *Sabal serrulata* mother tincture in drop doses. Such an approach is consistent with the French homoeopathic methodology known as ‘drainage’. *Sabal serrulata*, which is one of the organopathic medicines shortlisted for the recently initiated trial, has been scientifically proved to be useful for BPH, as a meta analysis of this herb strongly suggests. A case report validating the usefulness of *Lycopodium* on the subjective and objective parameters of assessment in a patient with benign prostatic hyperplasia is also being presented here.

We present *Pimenta officinalis* Lindl., commonly called ‘Allspice’ with identification, authentication and to ensure the quality, purity and efficacy of the drug. *Pimenta officinalis* is among the lesser known drugs
used in homoeopathic practice but its drug standardisation aspect is not known in the Homoeopathic Pharmacopeia of India, which is being updated by the Council through its drug standardization programme in this issue.

*Buxus sempervirens* finds a mention in the essay by Dr. Hahnemann on a “New principle for ascertaining the curative powers of the drugs — with a few glances on those hither to employed”. A more recent study reports that *Buxus* acetonic extracts exhibit cytotoxic properties and induces cell cycle arrest, apoptosis and autophagy in breast cancer cells. In the multicentric double blind placebo-controlled randomized drug proving conducted by the Council, the drug produced 160 symptoms in the second and third phases and seems to affect almost all the organs of the body. The clinical verification of these symptoms is desirable on the part of the profession. “Homoeopathy emerging as Nanomedicine” is being reprinted here for Indian readers. This is a study conducted by the Council in collaboration with the Indian Institute of Technology, New Delhi.

References


