

## REMINISCENCES

### CCRH Quarterly Bulletin (1979-81)

V. P. Singh\*

#### Author's Note

A nostalgic trip back in time, say over three decades, sometimes pleases and sometimes hurts. In case of the latter you wonder as to why you came back in time that is a history. As such, I was hesitating to embark on a journey in time that is history now.

#### 1979, Vol.1, No.1

##### *Kali muriaticum* (A confirmatory proving)

The erstwhile Central Council for Research in Indian Medicine and Homoeopathy (CCRIMH), parent Organization of the Central Council for Research in Homoeopathy (CCRH) had carried out chemical study and proving of *Kali muriaticum*, a widely used medicine in Homoeopathy, in early seventies. The data obtained during these studies were published in form of a Monograph in 1974.

A re-proving of *Kali muriaticum* was undertaken by CCRIMH at its Drug Proving Research Unit at Midnapore, West Bengal (1972-74). The paper under reference is relative to that proving.

Heartening is the fact that about 90 % of the signs and symptoms obtained during the earlier proving by CCRIMH were confirmed (*in-spite of it being a double blind proving*).

The signs and symptoms confirmed during the re-proving are super-scribed with an\*. The data pertaining to repeat drug proving is published in the issue under reference and has stood good in my practice.

One thing may be mentioned that most homoeopaths the world over hold the view that Kali (Potassium) group of remedies should not be used in febrile conditions, but proving and re-proving of *Kali muriaticum* by CCRIMH suggest that it can safely be used in fever, particularly in intermittent fever as the reconfirmed symptom-fever with chill and sweat suggests.

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The inaugural issue also had few abstracts prepared from other miscellaneous publications, which had no direct bearing on Homoeopathy.

This being the inaugural issue of the Quarterly Bulletin which was produced for official circulation, the contents are based on individual efforts.

#### 1979, Vol.1, No. 2

This issue contains news related to Homoeopathy in general and the Council in particular. The news that were published are no more news.

It also contained abstracts of papers presented by the scientists at the All India Conference of scientists of CCRIMH. It is difficult to present summary of abstracts of papers copies of which, I am afraid, not available in the archives of the Council. But I am tempted to write about them because the first abstract places me company of the illustrious speakers/authors Dr. Jugal Kishore & Prof. S. K. Kecker, Prof. of Rhinology and later the Director of All India Institute of Medical Sciences (AIIMS). The presentation was on a "Comparative study of the efficacy of Homoeopathic and Allopathic medicines in Upper Respiratory Tract Infection." The paper was based on experiments we had conducted at AIIMS in 1975-1979. The therapeutic response obtained with two interventions were equally good. However, Homoeopathy scored over Allopathy because of absence of adverse side or after effects.

There were abstracts of other papers presented before the Conference under reference. These were *Cassia sophera*-an Indigenous drug and its clinical research on Bronchial Asthma; Indigenous Drugs known to have action on Respiratory diseases with indications of a few homoeo-indigenous drug/remedies; Role of *Arsenic album* in Bronchial asthma; The role of Homoeo Therapeutics in Rheumatic fever; Studies on Homoeopathic Antifertility Drugs; A proving of "Prostig-Min", and Standardisation Studies in respect of Female Plants of *Cannabis sativa* used in Homoeopathic Medicine. There were some abstracts of papers by the scientists linked to CCRH in one way or other. Few of the papers presented were on role and action of *Pulsatilla*, *Leutocyclin* and *Caulophyllum*.

I wonder if these papers or abstracts are available in the Library of the Council. As a Note at the end of

Abstracts informs- The abstracts as supplied by the authors have been published. Those interested in further details are requested to contact the author(s) directly.

### 1979, Vol.1, No.3

There is not much to write about the contents of this issue, except that it contained news on developments about Homoeopathy in India and abroad and also information about some drugs of Indian origin.

A noteworthy mention is about the second meeting of the Governing body of the Council held on July 9, 1979. It was in this meeting that an idea to bring out a Journal of Research in Homoeopathy was broached for the first time. The Journal could, however, be started only in 2008.

### 1979, Vol.1, No.4 & Vol. 2 No.1

Both these Issues were devoted exclusively to 'Additions to Kent's Repertory from William Boericke's Repertory. Additions to the Chapter on Mouth in Kent's Repertory were suggested in consultation with the following standard Materia Medicas:

1. A Dictionary of Practical Materia Medica by J. H. Clarke,
2. Encyclopedia of Pure Materia Medica by T. F. Allen, and
3. The Guiding Symptoms of our Materia Medica by C. Hering.

This manual compilation and addition of symptomatic data generated after J. T. Kent into his Repertory assumed importance in view of the fact that there was no extensive use of computers and non-availability of Repertory software in that era. Individual scientists (I was one of them) who painstakingly worked on searching and verifying additional signs and symptoms in reference books for inclusion in Kent's Repertory. The proposed additions were then discussed and approved by a Working Group before publication.

This monumental work continued until second half of 1990s. Following publications bear testimony to the patient and focused efforts put in by the Researchers engaged in literary research.

1. Additions from Boericke's Repertory to Kent's Repertory- Chapter 'Mouth'
2. Additions from Boericke's Repertory to Kent's Repertory- Chapter 'Eye & Vision'
3. Additions from Boericke's Repertory to Kent's Repertory- Chapter 'Ear and Hearing'
4. Additions from Boericke's Repertory to Kent's Repertory- Chapter 'Larynx & Trachea, Respiration, Cough, Expectorations and Chest'

5. Additions from Boericke's Repertory to Kent's Repertory- Chapter 'Nose'

### 1980, Vol. 2, No.2

Things started getting interesting in 1980, as far as the contents of the Quarterly Bulletin were concerned. News fillers were effectively replaced by proving reports, clinical research and literary activity.

Second proving report on *Cassia sophera* was included in this Issue. The proving was conducted on 30 (20 male) provers at Drug Proving Research Units at Bhagalpur (Bihar) and Midnapore (West Bengal) between 1974 and 1976.

The proving was conducted using double blind technique using Mother tincture, 30 and 200 CH potencies, first in descending followed by ascending order. One does not need to be reminded that *Cassia sophera* is a very valuable drug extensively used in Ayurveda in the management of bronchial asthma.

Although it is mainly used as an expectorant, it is also used for a number of skin diseases. The proving under reference also indicates its therapeutic utility as an expectorant and also in skin diseases such as multiple boils and generalised itching that is worse at night (a common complaint experienced by significant number of people, especially in cities, these days). The pathogenesis obtained by the Council suggest that it may also be used for pain in both upper and lower extremities possibly as seen in cervical and lumbar spondylosis and frozen shoulder.

The Council has initiated Randomised Controlled Trial to validate the results. We have tried standardize the quality, purity of *Pimenta officinalis* Lindl and it has been reflected in our article standardisation quality control of Homoeopathic Drug *Pimenta officinalis* Lindl. A substandard medicine will not produce desired results in a sick individual. The second article 'Problems of Quality Control in Homoeopathic Drugs' was by Dr. J. N. Tayal, the former Director of Central Indian Pharmacopoea Laboratory (CIPL). Dr. Tayal extensively quoted Dr. T. M. Cook from his talk on *Quality Control in Homoeopathic Drugs* at Royal Homoeopathic Hospital, London on October 14, 1978.

Various techniques, including Thin Layer Chromatography (TLC), Microcrystallography etc. have been discussed. Dr. Tayal expressed his own views on the subject. But the fact is that quality control of homoeopathic medicines used for therapeutic purposes continues to be a grey area as was before.

### 1980, Vol. 2, No.3

This issue had 'Additions to Kent's Repertory

in Chapter on Teeth'. The procedure adopted for proposing additions and significance of the research have already been explained above.

This Issue also has a drug proving research report on *Baryta iodata*. The proving was conducted on 14 (9 male) provers at Drug Proving Research Unit, Lucknow, UP during the years 1977-78.

Additions suggested are based on the symptomatic data included in monumental work of Allen, Hering and Clarke as mentioned above and wherever these were not confirmed, Boericke's authority was taken into account for inclusion in third grade.

The proving of *Baryta iodata* which never had a regular proving before CCRIMH conducted its proving at its research unit at Lucknow in 1977-78. The proving in this case was conducted with 6X, 30, 200, 1000 in ascending followed by descending order. The report informs that the proving was also conducted at research unit at Calcutta (now Kolkata) during the same period of time. The manuscript on that proving was under compilation at the time of publication of this report.

The proving at Lucknow was conducted on fourteen provers (including nine male) Five of these developed abnormal signs and symptoms, but all the symptoms were developed by one prover at any given time. Whereas most signs and symptoms were elicited under 1000 potencies followed by 30 potency, none was observed under the influence of 6X potency suggesting that its therapeutic properties get progressively developed as one raises potencies. Higher one goes, higher the therapeutic properties.

It would be interesting to see whether the proving of *Baryta iodata* which was conducted at about the same time throw up the similar signs/symptoms or climatic and eating habits modify them.

#### 1980, Vol. 2, No. 4

Additions to chapter on Teeth in Kent's Repertory were continued from the last Issue.

#### ***Cynodon dactylon*- Drug Proving Report**

Even though the omnipresent humble grass (Durva or Dub in Hindi) gets trampled by most of us every day, yet its benevolence is ever lasting.

The proving report quotes 'The Drugs of Hindoostan' wherein Dr. S.C. Ghose, the author has stated that many Homoeopaths used its mother tincture, but without any significant results. Dr. Jugal Kishore conducted a short proving on three provers and published the result along

with his personal experience in his clinic. CCRIMH conducted its proving at its research unit at Lucknow.

The proving conducted by the Council on 15 (10 male) provers is almost in conformity with the pathogenesis obtained by Dr. Jugal Kishore during the short proving that he had conducted. This proving, unlike other provings, was conducted first in descending order i.e. 200, 30 and mother tincture and then in ascending order.

This number also had some abstract of papers of varied interest. One was 'preliminary clinical trial with two preparations of *Fagopyrum aesculantum* Linn. with relation to hypertension' by Dr. R. Shaw and Dr. K. P. Muzumdar which was published in Hahnemannian Gleanings, Vol.XLV(9) 1978. Fifteen (10 male) provers participated in the proving. This proving, unlike others, was conducted first in descending order i.e. 200, 30 and mother tincture and then in ascending order.

The signs and symptoms developed by the participants during the proving covered every part of the body viz. Head, eyes, nose, mouth, throat, stomach, abdomen, rectum, anus, chest, back, extremities etc., but most symptoms related to head. Pain in different parts of head and of different types from bursting to throbbing along with heaviness of head was the hallmark of the pathogenesis. Another prominent symptom observed was the dryness of mouth and throat. Of course, flatulence, distension of abdomen, pain in abdomen, constipation and diarrhoea, as manifested by different provers were on expected line in view of *Cynodon*'s reported primary role on gastrointestinal tract.

Considering vast array of symptoms it produced during this and subsequent proving, I feel that *Cynodon* should be used more frequently than it is used now.

#### **Abstracts**

This issue also included some abstract of papers of varied interest. Most have lost value now. But one 'preliminary clinical trial with two preparations of *Fagopyrum aesculantum* Linn. with relation to hypertension' by Dr. R. Shaw and Dr. K. P. Muzumdar (*both the scientists were associated with CCRH*) which was published in Hahnemannian Gleanings, Vol.XLV(9) 1978. It highlights some symptoms observed by the authors during the trial, which were not ascribed to *Fagopyrum* in the available homoeopathic Materia medica. The following symptoms were confirmed during the clinical trial.

1. General and easy flushing;
2. Sensation of falling down while walking or looking downwards from a height;
3. Empty feeling in head;

4. Frequent urination at night;
5. Left side chest pain, stitching and radiating to the left arm;
6. Appetite-wanting, and
7. Sleep disturbed due to anxiety, delayed sleep, un-refreshed feeling on getting up, and sleeplessness by evening (*contradictory to sleepy feeling by evening-proving symptom*).

Stitching pain on the left side of chest radiating to left arm could possibly be due to cervical spondylosis. The chance of it being angina is remote as it is usually accompanied by cold sweat which the authors have not mentioned.

#### 1981, Vol. 3, No.1

##### **Effect of 1000 & 10000 Potencies of *Pulsatilla* (A Homoeopathic Drug) on ovaries, Uterii and Arcuate Neurons in Albino Rats**

The study was carried out at Grant-in-Aid Unit of CCRIMH located at Surgical Research Laboratory, Institute of Medical Sciences, Banaras Hindu University, Varanasi and was presented during the Seminar on Drug Potential of Indian Medicinal Plants held at Department of Medical Chemistry, Institute of Medical Sciences, Banaras Hindu University on 3-5 March 1979.

The researchers Sarswath H. Velicheti and K. Chandrasekhar made some interesting observations and reported that:

*Pulsatilla* in 1000 potency possesses progesterone like properties which facilitate decrease in uterine weight, increase in the number of atretic follicles and also reduces (i) ovarian weight, (ii) number and diameter of corpora lutea, and (iii) volume of nuclei of arcuate neurones. *Pulsatilla* 10000, on the other hand brings about changes in uteri and arcuate neurons suggesting estrogen-like properties.

*Note:*

*It is believed that different potencies of a drug produce different set of symptoms, but results of this pharmacological study indicate different potencies of a drug may also have different organic affinities. That does not make selection of a potency of a drug any easier.*

##### ***Kali muriaticum*, A confirmatory proving**

The proving report on reproving of *Kali muriaticum* at drug proving research unit of CCRIMH, Midnapore, West Bengal had already been published in Inaugural

issue of the Bulletin. The repeat publication of the report are identical in contents. Perhaps its reproduction has something to do with increase in circulation, as the Bulletin was now sent to all Homoeopathic Colleges in the country and also leading personalities in the field of Homoeopathy.

I am, however, not reproducing the review I had made when I discussed it previously in this article.

#### **Abstracts**

Like forgoing issue of the Bulletin, this too had around 20 abstracts of scientific communications from varied fields and interests. I went through them and found one interesting in today's context when Cholesterol phobia affects one and all. I shall discuss it here.

##### **Homoeopathy in Hypercholesterolaemia, Brit. Homoeo. Journal 69(3), 1980.**

P. N. Pay (*or is it Ray I am not sure-printing devil?*). The researcher clinically tried a mixture of *Phosphorus* 6, *Calcarea carb.* 6 and *Thuja occidentalis* 30, dilutions in equal quantities on Fifty seven (including 2 female), people (38 between 45 and 55). The author contends with Cholesterol values between 150-250 are considered normal for Indians (could be because anti-cholesterol drugs were not available in later 1970s). The author reports that serum cholesterol levels were reduced to 240 or below in all cases. He also reports that in three cases it came down to 161, 180 and 192. The abstract does not indicate their before treatment values.

#### 1981, Vol. 3, No. 2

##### **Morpho-Histopathological and Pshycological Analysis of the Anti-fertility Effects of *Pulsatilla* by K. Chandrasekhar and H. Saraswati Vellichetty**

The study was conducted at Grant-in-Aid Unit of CCRIMH located at Surgical Research Laboratory, Institute of Medical Sciences, Banaras Hindu University, Varanasi and was presented before the XXXV Congress of Liga Medicorum Homoeopathica Internationalis held at Acapulco, Mexico on 18-22 August, 1980.

The results indicated that *Pulsatilla* in its 1000 and 10000 potencies administered to albino rats during proestrus and than allowed to mate during oestrus phase, interrupts normal implantation. An interesting observation made by the scientists was that '*Pulsatilla* neither depresses nor excited the animal'. On the contrary the behavioural pattern of the alcohol (placebo)



administered exhibited accelerated movements indicating excitement.

The scientists conclude that Pulsatilla in 1000 potencies is a safe, non toxic, non-exciteable but effective fertility control agent, if given at the appropriate time.

### **Clinical Research in Homoeopathy: It's Scope, Venues and Methodology**

The article discussed (i) value of the clinical confirmation of drug pathogenesis, (ii) elicitation of new clinical symptoms, (iii) evolution of clinical drug pictures, (iv) classification of various complexions, temperaments and constitutions, and (v) disappearance or appearance of any pathological condition under the influence of homoeopathic drugs.

The article also discussed 'Pre-requisites of Clinical Research' viz. Motive for research, hypothesis, and personnel and planning Methodology for a successful research.

This article was written in 1978-79 prior to the IT revolution which now boasts of online tools for planning and implementation thereof, analytical evaluation, and statistical analysis. In spite of the voluminous developments in the last over-three decades, I felt a sense of satisfaction we put in the compilation.

*(The article was first published in the Homoeopathic Carvan. Vol. 1, No. 2)*

### **A Note on Comparative Pharmacognosy of *Vanda roxburghii* and *Acampe papillosa* ( Fam. Orchidaceae) by K. Ghosh Chaudhury**

The study discusses the pharmacognostical differences of *Vanda Roxburghii* and *Acampe Papillosa* which are interesting from academic point of view. I being a Homoeopath, find myself ill-equipped to comment on this paper.

### **Case Report: An Exemplary Fallacy in the Diagnosis and Treatment of a Dysphagia Case**

The authors Drs. M.S. Pramanik and Y. S. Chillar, my valued colleagues once have written about a female patient with dysphagia who was presumed to be suffering from rabies. A detailed present, past and family history revealed it to be a case of Hysteria.

The patient was successfully treated with a number of homoeopathic and biochemic medicines between 9 August and 16 August, 1973. These were *Ignatia amara*, *Bryonia alba*, *Natrum muriaticum*, all in 200 potencies, and *Kali phos*, *Natrum phos*, *Magnesium phos*, *Kali muriaticum* all in 6X trituration.

The authors thus highlight the importance of interrogation in making a correct diagnosis.

### **Abstracts**

As usual this Issue also included around 10 abstracts of papers published elsewhere. Some of them are based on compilation of information already published in books, and some have lost value in the present times. As such they are not commented upon.

### **1981, Vol. 3, No. 3 & 4**

These two Issues are clubbed. I wrote the Guest Editorial entitled 'The Scientist'. What I wrote in 1981 seems primitive now, but the attributes of a true scientist as envisaged and wrote about, still continue to constitute essential prerequisites. These attributes are a sense of curiosity; imagination; scepticism and self confidence. If I was asked to rewrite the article today, I would add truthfulness as the first attribute, and dedication somewhere in between. Hard work goes valid without saying.

### **Statistical Evaluation of the Effect of *Xanthoxylum americanum* and *Viburnum opulus* on the Symptom-Complex of Dysmenorrhoea by T. K. De and N. R. Chakravarty**

The clinical trial was carried out in 1979 and 1980 on 30 participants aged between 14-26 years. The scientists reported that *Viburnum opulus* showed significant effect on primary dysmenorrhoea with no relevance with duration of treatment. On the other hand *Xanthoxylum americana* showed definitive relationship with duration of treatment which may be of any length in case of the latter. The age of the participants did not matter in the response to any of the medicines.

### **Sulphur (references of, in Kent's Repertory) compiled and arranged by Vishal Chawla and V. P. Singh**

I shall not call it a scientific or scholarly work, but it required focused labour to scan the monumental work of James Tyler Kent, a genius without any awards. To be honest, by this time I was asked to run the publication of the Bulletin on time without any reservoir of yet to be published papers. The only option I had was to generate material for publication.

*Sulphur* is, as we all know by now, is a very versatile medicine in a host of ailments. This segregation of its pathogenesis is only aimed at better understanding of its therapeutic application. Given the extent of pathogenesis of the drug, it can safely be presumed that it can be used in almost all maladies with some amount of success.

History of evolution of *Sulphur* makes an interesting study. Hahnemann himself proved this drug on his person, his son Friedrich and few other provers. The proving results were included in the first edition of *Materia Medica Pura* (MMP). The second edition published in 1825 included 755 symptoms produced by Hahnemann himself and 60 more produced by his son and other provers. By the time first edition of *Chronic Diseases* (CD) came into being another 300 symptoms got added under *Sulphur*. And when second edition of CD was published in 1839, it had 1969 symptoms listed under *Sulphur*. Many other noble contemporaries, including Hartlaub, contributed to the evolution of drug picture of *Sulphur*. It was a collective effort which is scarcely seen today. Hering and T.F. Allen also made their contribution through *Guiding Symptoms* and *Encyclopedia* respectively.

Kent based the most widely used repertory till date, on the repertories of Boenninghaushen, Lippe and Lee with modification in presentation and assigning importance to mental and particular symptoms. He has referred *Sulphur* over 10,000 times in his magnum-opus.

The history made us sit up and consider preparation of a compilation of all the rubrics where *Sulphur* finds a place in Kent's Repertory. It was a tedious exercise, but when it materialized we relished the fruits.

### Abstracts

Abstracts included in this contained 45 abstracts, mostly related to Chemical, Botanical and Pharmacognostical studies are not discussed here.