AUTHOR’S NOTE

If I reminisce how the Council’s research bulletins looked like 30 years ago and compare them with the recent ones, certainly a noticeable metamorphosis is seen. Not only its name, design and presentation but the way contents are presented be a case study, success story or research data have undergone a leap mutation. The material contained therein in older issues, one still finds interesting and intriguing. Long ago, when I was a new incumbent to CCRH, I happened to read this issue of Quarterly Bulletin. To-day when I have been extended an opportunity by the Editor-in-Chief of IJRH for writing a review article on this issue, I read it with same zest and enthusiasm and find it as refreshing as when I read it for the first time. I am writing article-wise review here-under:

Homoeopathic Provings – With Crude or Dynamised Drugs:

Since the time of Hahnemann the question whether homoeopathic drugs be proved in tincture or potentised dilution has remained unanswered. This subject is dealt with, in Dr. V. P. Singh’s editorial quite lucidly. The author does not impose his own point of view over the readers knowing that unsupported suggestions would be unethical. He, however, highlights the lack of consensus among the fraternity on this issue. Dr. Singh goes down the history lane and reminiscences the ‘Peruvian Bark Trial’ when Hahnemann for the first time experimented with powdered Peruvian bark. Subsequent experimentation with some other drug substances on his own person led to the genesis of drug proving on healthy human beings. Initially, Hahnemann proved drugs with tinctures, but after the evolution of the doctrine of dynamisation he started proving drugs with dynamised dilutions. The author quotes references of Bradford and Hartmann, contemporary of Hahnemann, available in support of this. Dr. Cook in his latest book, at the time when editorial was written, also confirmed this. The author further quotes Hahnemann who himself has written in preamble to the Materia Medica Pura (3rd Edition) that for the proving of medicines on healthy human beings dilutions and dynamisations are to be employed as high as used for the treatment of disease. In Organon of Medicine (6th Edition), Hahnemann opined that virtues of drugs are exhibited to the full amount only when they are taken in high dilutions potentised through trituration and succussion. Dudgeon, Hering, Griesselich and Trinks supported this idea of proving drugs in dilutions. But Schron strongly opposed Hahnemann’s idea to prove all medicines in dilutions.

The author in the later part of his editorial discusses methodology of drug proving which has undergone sea change and talks about double blind placebo controlled and cross-over designs. He also talks about classification of drug proving into descending and ascending series for thorough proving with inherent advantages and disadvantages. However, in the end the author is seemingly inclined in favour of employment of drugs in dynamised form during proving.

Now the time is ripe for international agreement on standardisation of Homoeopathic Drug Proving Methodology.

Homoeopathic Repertorial Index for Diabetes Mellitus:

The authors, V. P. Singh and Gulraj Kaur, in their literary work define Diabetes Mellitus, describe incidence, prevalence and history of the disease. Under aetiology hereditary trait, co-factors responsible for DM and iatrogenic effect of certain diabetogenic drugs are given. The authors elucidate the phenotype observable manifestations of ‘Maturity Onset Diabetes’ and ‘Juvenile Diabetes’. In the management of DM, in addition to conventional therapeutic management, dietary management of the disease is described. Beneficial effects of physical and yogic exercises on metabolism in general and DM in particular are also highlighted. Authors feel that conventional therapeutic approach is to control blood sugar whereas homoeopathy being a specialized treatment is aimed at curing the sick person as a whole. Unlike other systems of medicine homoeopathy requires methodical case taking, interpretation and evaluation of symptoms in
order to arrive at a similimum. Thus, the whole process is laborious, time consuming and requires skill of high order.

The objective of this literary research work is to evolve ‘A Homoeopathic Repertorial Index for Diabetes Mellitus’ to facilitate a physician to make a correct prescription and the cumbersome process of arriving at the similimum becomes simpler and less time consuming. The source of compilation of this work consists of mainly 2 fundamental books namely Kent’s Repertory of Homoeopathic Materia Medica and William Boericke’s Manual of Homoeopathic Materia Medica with Repertory. A set of 25 pathognomonic (common), non pathognomonic (uncommon) and pathological signs and symptoms of DM found in various stages of the disease are selected for repertorization. For these 25 signs and symptoms 115 medicines are tabulated along with their grading found in the repertories. They conclude their literary work with characteristic features of all the 115 medicines arranged in alphabetical order starting from Acetic acid and ending with Zincum metallicum.

Once considered useful tool now hardly finds any place on a physician’s desk.

Role of Arsenicum iodatum during Acute Attack of Asthma:

Authors: Bhatia, Anil R., Bhatia Amar K., Kothari, S. R.

In this short research communiqué the outcome and observations on Ars. iod in acute stage of asthma are presented. The authors taking a lead from pathogenetic symptoms of the drug used it empirically in atopic and non-atopic asthma during acute attack. The study is conducted at Clinical Research Unit in Homoeopathy, Bombay. A population of 115 patients suffering from asthma was studied. For inclusion of patients in the study no cap was kept for gender and age. Population of male and female was more or less equal in proportion (M 57, F 58). Maximum number of patients 35 fell in the age group of 11 to 20 years, followed by 29 in the age group of 21 to 30 years and 27 in the age group of 31 to 40 years. Above 51 years of age there were 4 patients while 15 were below 10 years.

Character of cough and expectoration, cold and coryza associated with breathlessness, characteristic modalities and concomitants like sneezing, hay fever etc. formed the basis of inclusion in the study. The medicine was prescribed in 30 C potency to start with. Depending on the improvement in intensity and frequency of the attacks the medicine was repeated in 30 C and / or 200 C potency. During symptom-free period Tuberculinum 1000 C was also administered to 74 patients as a single dose regimen. At the conclusion of the study in about 91% of enrolled patients improvement of various degrees was observed. In 82.60% patients +++ and in 8.70% ++ improvement was observed, (+++) ....75% and above and ++....50 – 75%), while 8.70% patients worsened.

The authors conclude their paper with the observation that Ars. iodatum is equally useful in atopic as well as non atopic asthma and found it suitable especially in acute asthmatic stage. They found the complementary relationship of Tuberculinum with Ars. iodatum as it was found to have enhanced the therapeutic effect of Ars. iod. when administered as an inter-current medicine during the trial.

Addition of Drugs and Rubrics for Asthma to Kent’s Repertory of the Homoeopathic Materia Medica : By Dr. Sanjeev Bhatia, Research Assistant RRI (H), New Delhi, and Dr. Alok Kumar, Research Assistant DPRU, Ghaziabad

In this paper the authors present literary research work on Review and Revision of Chapter RESPIRATION in Kent’s Repertory done at Regional Research Institute (Homoeopathy), New Delhi. The objective of this literary work was addition of certain rubrics and drugs which for various reasons were not included in Kent’s Repertory. The authors propose addition of some new rubrics, sub-rubrics along with drugs at appropriate place in the chapter ‘RESPIRATION’.

The methodology adopted in this literary work was comparison of a rubric in Boericke’s Repertory with that in the corresponding chapter in Kent’s. Those rubrics and drugs which were not in Kent’s repertory but found in Boericke’s were recommended for inclusion as a rubric or sub- rubric at an appropriate place. Before proposing such additions the same were verified from the authentic reference books namely:

Encyclopaedia of Pure Materia Medica by T. F. Allen

The Guiding Symptoms of our Materia Medica by C. Hering

A Dictionary of Practical Materia Medica by J. H. Clarke

In total 11 drugs were recommended for inclusion under same number of new rubrics/sub-rubrics in Kent’s repertory. For example one of such additions recommended is:

Solidago appears in Boericke’s repertory for ‘Periodical asthma with nightly dysuria’, but this is missing in Kent’s repertory. After verifying this symptom
from ‘A Dictionary of Practical Materia Medica’ by J. H. Clarke, vol. 3 pg 1221, the authors propose addition in Kent's Repertory as a new sub rubric in the chapter RESPIRATION: \textbf{ASTHMATIC}: periodic with nightly dysuria.

\textbf{SULPHUR} \footnote{references of, in Kent's Repertory}

This paper is a part of serial publication of compilation work done by Vishal Chawla and V. P. Singh. In this literary work the authors have compiled and arranged the rubrics/sub-rubrics from the chapters ‘Vertigo’ and ‘Head’ in Kent's Repertory to construct a symptomatological picture of the drug ‘Sulphur’. They have gathered all the rubrics/sub-rubrics vis-à-vis symptoms where ever Sulphur appeared. In their endeavour the compilers paradoxically have attempted to construct an exhaustive drug picture of SULPHUR from Kent's Repertory. From this compilation it is evident that in the drug Sulphur there are 71 variables of VERTIGO and 730 symptoms pertaining to HEAD. The differential grading of the drug for each symptom is reflected through the font style of the symptoms i.e. \textbf{bold}, \textit{italics} and regular respectively. One such example is from the chapter ‘VERTIGO’:

\begin{itemize}
  \item \textbf{Looking Downwards}
  \begin{itemize}
    \item either way, right or left
    \item \textit{moving objects, at}
  \end{itemize}

To cite another example from the chapter ‘HEAD’:

\begin{itemize}
  \item \textbf{Congestion, Hyperaemia}
  \begin{itemize}
    \item \textit{night}
    \item \textit{air, in open}
    \item \textit{bed, while in}
    \item \textit{coughing, on}
    \item \textit{eating, after}
    \item \textit{menses, during}
  \end{itemize}

Each symptom is graded through font style according to the corresponding grading of the medicine for a given symptom. Such compilation of database from the repertory would help construct a compendium on the drug SULPHUR and serve the purpose of an authentic reference book that could be a useful tool for academic and research purpose.