Cephalamdra indica

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Observation: Out of the seventeen volunteers who were on drug trial, ten manifested symptoms. Drug was able to produce symptoms in each potency more or less on every part of the body. Only a few symptoms appeared in more than one volunteer. Some of the symptoms have been reproved which are mentioned in the fragmentary provings published in different literature. Conclusion: Symptoms appeard (new and reproved) during the proving trial will add to the literature available on the drug and benefit the research scholars and clinicians. This also needs verification through clinical application in different settings.
Cephalaria indica
A multicentric double blind Homoeopathic Pathogenetic Trial (Drug Proving) carried out by CCRH

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Keywords: homoeopathy; homoeopathic pathogenetic trial; drug proving; cephalaria indica.

Introduction

Ghose introduced Cephalaria indica in Homoeopathy in 1905. He proved this drug on four healthy volunteers in mother tincture form but published the proving data of two volunteers only because the data of other volunteers were lost. The proving made by him was not based on a drug proving protocol. So a systemic proving in potencies was necessary to get its pathogenetic powers¹.

CCRH has also conducted a clinical verification study on hypoglycaemic effect of Cephalaria indica on the basis of symptoms mentioned by Dr. Ghose. The study was encouraging and showed the efficacy in reducing blood glucose level in tincture form and also improved the symptoms of diabetic retinopathy². Cephalaria indica mother tincture (41% alcoholic extract of the wild variety of Cephalaria indica Naud), on regular administration in doses ranging from 25ml to 75ml/100gm of body weight (gbw) by the oral or intra peritoneal (ip) route produced a significant fall in blood sugar level in alloxan - induced diabetic rats. Biochemical studies showed stabilization of blood sugar level in 70% of cases at fourteen to twenty days after the withdrawal of the drug. Histopathological studies revealed regeneration of pancreatic cells. The drug may indirectly release inhibitory factors from hypothalamic neurons, inhibiting the secretion of growth hormone and triggering insulin secretion from cells³.

Objective

To elicit the pharmacodynamic response of the drug Cephalaria indica (ivy gourd) on healthy human volunteers, in non-toxic dozes.
Distribution

Grows in wild state abundantly at low elevations in most parts of India\textsuperscript{6,6}.

Part used in Homoeopathy

Leaf\textsuperscript{6}.

Ayurvedic uses

Cephalandra indica is used in Ayurveda for fever, dropsy, haemorrhage from the stomach, vomiting, jaundice, cough and flatulence. The extracted juice of leaves is used to allay the burning pains of poisonous boils and carbuncles, for general burning pains, in blood dysentery, in biliousness and in diabetes mellitus\textsuperscript{1}.

Materials and Methodology

Location and duration of study

The proving was conducted in Drug Proving Research Units at Kolkata, Midnapore and Ghaziabad during 2003-04.

Participants

Twenty seven apparently healthy volunteers between the age group of 18-45 years, comprising of eighteen males and nine females, were enrolled for this study. Pre-trial and terminal medical examinations (PME & TME) of the volunteers were carried out by General Physicians, Psychiatrists, Cardiologists, Ophthalmologists, ENT Specialists, Dermatologists, Gynaecologists and Radiologists at all the three centers to ascertain their health status.

Drug

\textit{Cephalandra indica} (in 6c, 30c and 200c potencies) was procured from M/s. Dr. Willmar Schwabe India Pvt. Ltd., India, in 100 ml. sealed phials of each dilution. Globules (number 30) were medicated with these attenuations at headquarters' office and sent to drug proving units in coded phials (verum) along with placebo (control).

Placebo

Placebo was made up of plain globules (number 30) moistened with plain alcohol (unsuccesused).
Design

The study was conducted through placebo controlled ‘double blind technique’. Before commencing the study, all volunteers were screened as per the drug proving protocol of CCRH. Ethical approval was obtained and ‘written informed consent’ from each volunteer was obtained before starting the proving. Pre-trial medical examination (PME) was conducted to confirm health status of the volunteers. Volunteers declared healthy, were enrolled in the study. Out of twenty seven volunteers, seventeen were kept on drug (verum) and ten were on placebo (control). All the volunteers were assigned code numbers and the coded drugs (including placebo) of different potencies were supplied in separate glass phials bearing code numbers of the respective volunteers.

Method

The study consisted of three stages of three different potencies (stages) viz. 6c, 30c and 200c. Each potency of the drug was given in 56 doses and the duration of each stage was 14 days (4 doses daily for 14 days = 56 doses).

The volunteers were asked to take 4-6 globules of a particular potency of the coded drug, four times a day, dry on tongue.

Each volunteer noted down the details of his/her feelings/changes in mind and body after taking drug in ‘Prover’s Day Book Proforma’ daily.

- If sign(s)/symptom(s) appeared:
  The volunteers were asked to stop taking the drug as soon as they felt any change or any sign(s) &/or symptom(s) developed during the trial.
  The volunteer noted down the sequence of the appeared new sign(s) &/or symptom(s), their progress and the number of doses after which the sign(s) &/or symptom(s) appeared with date, time of onset and duration for which they persisted. Intake of drug remained suspended till the sign(s) &/or symptom(s) totally disappeared.

- If no sign(s)/symptom(s) appeared:
  If no symptom was observed, even then the volunteer noted down as ‘No Symptom’ with date and time of intake of the respective dose of the drug.

After disappearance of sign(s) &/or symptom(s) developed by the drug, the volunteer waited for a further period of 07 days before re-starting the remaining doses of that stage. The volunteer took the remaining doses of the drug again in the same dose schedule as stated above. In case of further appearance of new sign(s) &/or symptom(s) or re-appearance of the earlier sign(s) &/or symptom(s) of the same procedure as stated above was followed till a volunteer completed 56 doses of that potency.

Before commencing the administration of subsequent potencies (subsequent stage) of the drug, volunteers remained on a rest period for 14 days and started taking next potency in the same procedure as mentioned above, till completion of 56 doses.

Each volunteer was interrogated by the Proving Master to verify the sign(s) &/or symptom(s) recorded by the volunteer in ‘Prover’s Day Book Proforma’ and completed the details related to its location, sensation, modalities and concomitants, if any, in ‘Symptoms Elaboration Proforma’.

During the course of proving, the volunteer was referred for specific laboratory investigations to rule out any cause for appearance of symptom(s). Laboratory tests were performed to facilitate observation of any correlation between the subjective and objective changes during the course of proving. The expert opinion of the Honorary Consultant was taken, where it was needed.

After completion of the trial of all potencies, the volunteers were examined by the specialists again called ‘Terminal Medical Examination’ or TME.

On completion of all the respective stages of proving, the compilation of the data recorded in ‘Prover’s Day Book Proforma’, ‘Symptoms Elaboration Proforma’, ‘Pathological Report Sheets and Terminal Medical Examination sheets’ was done at headquarters by the Drug Proving-cum-Data Processing Cell. After decoding the proved drug, sign(s) &/or symptom(s) generated by the volunteers kept on the drug were separated from those generated by the volunteers kept on placebo. The sign(s) &/or symptom(s) which appeared in placebo as well as drug groups were not taken into consideration while compiling the symptomatology of the drug.

Results

In Drug Proving Research Unit (DPRU), Kolkata out of six volunteers, five manifested symptoms. In DPRU, Midnapore out of six volunteers, three reported symptoms and in DPRU, Ghanabad out of five volunteers, two reported symptoms consequent upon the administration of drug.
During proving of the drug, the following symptoms were observed and compiled from three centers.

- In parenthesis, 1st no. after every symptom denotes no. of volunteers who produced that particular symptom and 2nd/3rd/4th no. denotes potency used.

- Agr (Aggravation), amel. (Amelioration).

- Symptoms produced during pathogenetic trial of the drug were compared with the homoeopathic literature in references and those symptoms which were found in the literature are shown in **bold**, superscripted with numerical which refers to the particular literature.

**Following Symptoms were observed during the drug proving:**

**Vertigo**
- Vertigo\(^1\), agr. by turning head, stooping, amel. by lying down (1, 6c)*.

**Head**
- Pain in whole head with nausea, agr. in morning, reading loud, amel. by lying down, pressure, after sleep, cold application (1, 30c).
- Stitching pain in whole head with fever (1, 6c).
- Pain starts from eyes extends to forehead, agr. in morning, reading, thinking, walking, amel. by lying down, rest (1, 30c).
- Headache with feverish feeling (1, 30c).
- Burning and hammering pain in vertex with vomiting, amel. after sleep (1, 6c).
- Throbbing pain in forehead (1, 30c).
- Stitching pain in temporal region, amel. by tight binding (1, 6c).

**Eye**
- Sensation of heat in right eye with redness, itching and lachrymation (1, 6c).

**Nose**
- Coryza, nasal watery discharge with cough (1, 6c).
- Watery discharge from nose with sneezing, agr. early in the morning (2, 30c).

**Throat**
- Hoarseness of voice, agr. in morning, amel. in day time (1, 6c).
- Tonsils enlarged with difficulty in swallowing, agr. in open air and cold (1, 6c).

**Stomach**
- Nausea and vomiting, agr. during and after taking food, washing face (3, 6c, 30c, 200c).

- **Great thirst**\(^1\) for small quantity of water during fever and bodyache (1, 6c).
- Vomiting with headache (1, 6c).

**Abdomen**
- Cramping pain in abdomen with stool (1, 30c).
- Stitching pain in abdomen with loose stool, agr. during stool (1, 30c).
- Griping pain in lower abdomen before stool (1, 30c).
- Severe cutting and stitching pain in both hypochondrium (1, 30c).
- Pain in abdomen causes disturbed sleep (1, 30c).

**Rectum**
- Constipation, hard scanty stool (1, 6c).
- Unsatisfactory urging for stool in morning (1, 30c).
- Burning pain in rectum, no relief after applying cold water, agr. after passing stool (1, 6c).
- Frequent unsatisfactory stools with blood\(^1\) (1, 30c).
- Frequent stool with nausea and vomiting (1, 6c)

**Stool**
- Stool hard, scanty in the morning (1, 6c).
- Brownish slimy semisolid and scanty stool (1, 30c).
- Loose watery stool, passes with pain in both hypochondrium, agr. eating, drinking, amel. after eructation (1, 30c).
- Frequent loose yellowish, offensive stool (1, 30c).
- **Liquid, watery stool with mucus**\(^1\) (1, 30c)

**Bladder**
- **Frequent urination**\(^1\) but scanty (1, 6c).

**Urine**
- Yellowish urine, agr. in the morning (1, 6c).

**Cough**
- Cough with yellowish green expectoration (1, 30c).
- Cough with slimy expectoration (1, 30c).

**Extremities**
- Burning sensation in hands, legs, amel. by cold water (1, 30c).
- Small painful boils in both axilla with burning sensation (1, 6c, 30c).
- Intolerable pains in all joints, muscles of hands are painful, agr. cold, rest, night, cold application, amel. by motion, warm application (1, 30c).
- Pain in legs, amel. by pressure (1, 30c).

**Sleep**
- Unrefreshing sleep (1, 6c).

**Fever**
- Fever with enlarged tonsils and vertigo (1, 6c).
- Feverish feeling with bodyache (1, 6c).
Generalities

- Bodyache with fever, _agg._ at night (1, 6c).
- **General weakness**¹ with nausea, vomiting and loose mucoid stool, _agg._ after taking food (1, 30c).
- Lethargic; sleepy after vomiting (2, 6c).
- Weakness in general with feverish feeling and headache (1, 6c).
- Uneasy, restlessness with cough and _coryza_ (1, 30c).

Discussion

This drug was initially proved in mother tincture by Ghose¹. The Council initiated its proving in different potencies at three centers. A total number of twenty seven volunteers participated in drug proving. Seventeen volunteers were kept on actual drug and ten on placebo. Out of seventeen volunteers, ten manifested symptoms. Drug was able to produce physical symptoms in each potency more or less on every part of the body. No mental symptom was observed. Only three symptoms appeared in more than one volunteer. Six symptoms were reproved which are already available in the literature of fragmentary proving. Drug seems to be indicated in headache, sinusitis, cold, _coryza_ and cough. Thirst symptoms are similar to _Arsenic alb_ with other symptoms of cold, _coryza_. Drug has also shown affinity on digestive system like, indigestion, pain in abdomen (cramping, griping, cutting type), constipation and diarrhoea. These symptoms may help in clinical application of the medicine.

Conclusion

Symptoms appeared (new and re-proved) during the trial will add to the available literature on this medicine and benefit the research scholars and clinicians. These proved symptoms need further verification through clinical application in different settings.

Acknowledgements

- Prof. C. Nayak, Director, Dr. Vikram Singh, Deputy Director (H), Dr. Vishnu Saxena, former Research Officer (H); Dr. R. K. Roy, former Research Officer (H); Dr. Swatantra Prakash, Research Officer (H); Dr. (Mrs.) Shakti Dey, former Research Officer (H); Dr. A. K. Mazumdar, Research Officer (H); Dr. P. C. Mal, former Research Officer (H); Dr. A. K. Bhakat, Research Officer (H); for supervising the pathogenetic trial.
- Dr. V. A. Siddiqui, Research Officer (H), Dr. Rajpal, Research Officer (H) and Dr. Mihir Kanti Biswas, Senior Research Fellow for compiling the data.

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