

RECENT TRENDS IN HOMOEOPATHIC RESEARCH

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Research means systematic investigation towards increasing the sum of knowledge¹. In many quarters, unfortunately, there is an impression that the science of Homoeopathy is static as there is no research in it. Dr. J. Lecomte² has termed Homoeopathy as dogma in a recent article published in the W. H. O. journal, *World Health Forum*. Dr. Lester S. King, M.D., in an article published in the *Journal of the American Medical Association* in the issue of September 10, 1982, describes Homoeopathy as a doctrine elaborated "in rigid dogmatic fashion, reaching fanciful lengths that suggest to us a departure from the norms of sound thinking and the realities of life."³ These expressions are absolutely based on ignorance and do serious injustice to the science of Homoeopathy. But to refute these expressions effectively we need first class clinical research in Homoeopathy and let us see what is being done in this field.

In this country we have an apex body under the Union Health Ministry called the Central Council for Research in Homoeopathy which is responsible to initiate, guide and conduct research in various aspects. Till date, the various research programmes initiated by this Council fall under the following four headings:

- (1) Clinical research,
- (2) Drug proving research and clinical verification,
- (3) Drug standardisation (multi-disciplinary) and
- (4) Literary research.

CLINICAL RESEARCH

Clinical research is the major activity of the Council and this is carried out under two Central Research Institutes located at Calcutta and Kottayam, two Regional Research Institutes located at Gudivada and New Delhi, and 24 units located at various places in India. The main aim is to study the efficacy of homoeopathic medicines in their ability in shortening the acute phase, diminishing the frequency intensity, chronicity, finding out the role of miasms, hereditary factors, environmental and other causes, etc. Diseases that are taken up for study cover anxiety neurosis, schizophrenia, epilepsy, diabetes, dysentery, bronchial asthma, dermatitis, alopecia areata, cervicitis, cervical erosion, tonsillitis, warts, corns, sinusitis, otitis media, psoriasis, hypertension, gout, sciatica, rheumatoid arthritis, leprosy, malaria, filaria, nephritis, upper respiratory tract infections, allergic skin disorders, infective hepatitis, mumps and osteoarthritis.

One clinical research unit at Varanasi is working on evaluation of anti-

fertility action of homoeopathic medicines and pharmacological studies with animals.

Several units have taken up clinical confirmation of Iscador in malignant conditions. Clinical trials of Iscador are being carried out at 19 hospitals to date in Europe. Postoperative treatment for cancer cases with 12 primary tumour locations has brought a significant improvement in survival rate compared to untreated controls. In the treatment of tumours in different sites one has seen 25 to 100% regressions in 15 to 20% cases depending on the nature and extent of the tumour.⁴

Clinical trials of *Cynodon dactylon*, *Holarthra antidysenterica* and *Atista indica* on the symptom complex of amoebiasis have been completed. Trials of *Cassia sophera*, *Grindelia robusta* and *Tylophora indica* on symptom complex of respiratory dyspnoea have also been completed and the following symptom picture⁵ in respect of each is identified:

Cassia sophera: Sensation of tightness of the chest. Sensation of burning in the chest associated with cough without expectoration—difficult to raise. Rattling in chest, wheezy respiration. Flapping of alae nasi. Dry, short, barking cough. Likes open air. < Generally midnight. Tendency to throw away the covering (hot patient). Cannot lie down. Thirst for small quantity of warm water. Tingling sensation in the nose with coryza. Burning of hands and feet. Dislikes to be touched. Profuse perspiration. Frontal headache by pressure and cold application. Acidity with salivation morning, morning and evening. Draughts of cold weather. Frontal headache with sensation of fullness in head. Blockage of nose.

Grindelia robusta: Respiratory difficulty. Agg. in the evening and midnight. Agg. sitting in a warm room. Agg. warm drinks, exertion, suddenly awaked from sleep. Generally chilly; likes coverings. Does not like to bathe. Coldness of extremities. Rattling in chest. Cannot expectorate. Agg. evening and midnight. Scanty yellow glutinous salty expectoration. Thin, whitecoated tongue. Likes warm drinks.

Tylophora indica: Sensation of tightness of the chest. Sensation of heat all over the body lying on the left side. Profuse salivation. Profuse perspiration on the neck and chest. Thirst for large quantity of cold water. Flatulence, acidity, indigestion and constipation were found as concomitant symptoms in almost all the cases needing *Tylophora indica*.

DRUG PROVING RESEARCH & CLINICAL VERIFICATION

Drug proving is an important activity and valuable contribution has been made by individuals in various countries. The CCRH has taken up drug proving at five of its drug proving units located at Lucknow, Bhagalpur, Calcutta, Midnapore and Ghaziabad by double blind method. Some of the proved drugs include *Abroma augusta*, *Cassia sophera*, *Cynodon dactylon*, *Kali mur.*, *Baryta iod.*, *Hol. antidysenterica*. At these units, recently proved drugs or partially proved drugs are also clinically verified.

Drug proving activity is continuing in various countries. In the U.K. Dr. W. L. Templeton proved Mustard gas, Quebracho, Alloxan, ACTH, Beryllium, Cad. met., Carcinoin, Cortison, Rauwolfia serp. and Strophanthus. Dr. Raeside has published provings of *Luffa operculata*, *Hirudo*, *Hydroplis* and Selenium, etc. A paper on reproving of Kali carb, was presented at the Hamburg Congress of the League by Trevor Smith. At the Mexico Congress, Dr. David Flores Toledo presented provings of mushrooms using different potencies. Late Dr. Sankaran reported provings of *Aqua marina*, *Atrax' rob*, *Robustus*, *Hirudo medicinalis*, *Mimosa judica*, *Adamas* and *Pituitary*. Dr. Jugal Kishore has published short provings of M & B 693, *Abroma augusta*, *Tylophora indica*, *Cynodon daetylon* and *Rauwolfia serpentina*.

In the U.S.A., Dr. Gutman has several drug provings to his credit, notable among them are Cadmium met., Beryllium, Nat. fluor, *Rauwolfia serp.*, *Acid sulphurosum* and *Taraxacum*.

DRUG STANDARDIZATION

Drug standardization is comparatively a new field of activity and very little work has been done in this respect. While working out monographs for the various drugs in the Homoeopathic Pharmacopoeia of India, it was thought necessary that standardization tests should be worked out in respect of each drug and should be incorporated so that it becomes possible to determine the quality of drugs available in the market. The Central Council for Research has established three Units in this regard at Patna, Ghaziabad, and Hyderabad. The unit at Hyderabad is located in the campus of Osmania University and in the year 1982-83 has completed pharmacognostic studies of four drugs, viz., *Adhatoda vasica*, *Berberis vulgaris*, *Calotropis gigantea*, and *Nicotiana tabacum*. The Unit at Patna has completed standardization of about nineteen drugs and the work on nine drugs, viz., *Aegle marmelos*, *Capsella bursa pastoris*, *Chenopodium*, *Digitalis*, *Ficus religiosa*, *Taraxacum*, *Urtica urens*, *Verbascum*, and *Viola odorata* is continuing. The unit at Ghaziabad is located at the premises of the Homoeopathic Pharmacopoeia Laboratory and has laid down parameters for determining the standards of crude drugs, mother tinctures, lower potencies, medium and high potencies. The methodology for preparation of biotherapeutic pharmaceuticals (nosodes) has also been evolved. Commendable work in respect of drug standardisation is being carried out in the unit at Ghaziabad under the Homoeopathic Pharmacopoeia Laboratory and a visit to this laboratory would convince one of the high quality of the research being done there.

LITERARY RESEARCH

Under literary research, review and revision of Kent's *Repertory* has been taken up with particular reference to the *Repertory* of Oscar E. Boericke, which is appended to the *Pocket Manual of Homoeopathic Materia Medica* by William Boericke. This work was undertaken at the Regional Research Institute for Homoeopathy at New Delhi. It is reported that screen-

ing of 8 chapters has been completed and has been published by the Council in its quarterly Bulletins.

Homoeopathic physicians all over the world are conscious of the need for first class research in various aspects, ever since the practice of Homoeopathy became popular in various countries. Much research work has gone in establishing the activity of homoeopathic potencies as it has generally been found impossible to demonstrate physically or chemically the presence of any material substance in the higher homoeopathic dilutions. In this regard, a detailed description of the various physical, chemical and biological methods proving the activity of the higher potencies is beyond the scope of this paper. However, it may be mentioned that various research workers have proved conclusively beyond doubt that homoeopathic potencies are different from just dilutions and that it is possible to identify different potencies of the same drug by objective tests. Some of these tests which were primarily aimed at to demonstrate the power of the homoeopathic potencies were used in the determination of the similimum also. Mention in this regard may be made of the emanometer which was used by Dr. Boyd of Glasgow in the year 1922 and onwards for detecting the disease emanations and the corresponding drug radiations. Through emanometer, Dr. Boyd was not only able to demonstrate the clear differentiation between Sulphur 10M and the inert sugar control but he was also able to distinguish between different potencies of Sodium chloride such as 30, 200, and CM. The emanometer was also shown to be so adjustable that it can definitely distinguish between various drugs such as Arsenic, Pulsatilla, Belladonna, Calc. carb—all in high dilutions. Dr. Boyd was able to satisfy a highly critical Committee under the Chairmanship of Sir Thomas Horder, which was appointed by the Royal Society of Medicine to investigate the nature of homoeopathic potencies with the emanometer. He was able to detect the activity of homoeopathic potencies although these potencies on chemical analysis reveal absolutely no drug content. Another interesting test which could be used for the determination of the similimum is Pfeiffer's Copper Chloride Crystallization Test. Pfeiffer, a student of Rudolf Steiner, working with copper chloride solutions discovered that the pattern of crystals of Copper chloride was affected and altered by the addition of any extract of plant or the serum of animal or of a human being. The alteration was so specific that if the serum of a patient was added to the solution of copper chloride while it was crystallizing, it was possible by studying the resulting crystal pattern to infer the nature and location of the patient's lesion. Thus even cases of cancer could be diagnosed long before a lesion becomes evident by virtue of its gross pathology. Pfeiffer also observed that if, to the solution of copper chloride to which patient's serum had been added, the similimum in potency was also added, it tended to normalise the disease pattern as reflected in the crystal pattern. This certainly opens up an interesting field for finding out the similimum, which could be made use of in difficult cases.

STATISTICAL RESEARCH

This research has been unfortunately neglected; but Noel J. Pratt has turned his attention in this direction and with the help of the members of the British Homoeopathic Faculty has collected and published valuable data of such points as:

- (a) The most reliable indications of Arsenic album, Lachesis, Lycopodium, Silicea and Calc. phos.
- (b) Whether in prescribing repertorization was always done.
- (c) How often the doses were repeated.
- (d) The effect ratio as well as cure ratio in general practice with Homoeopathy.

Dr. Fergus Stewart has published a statistical survey of 40 patients of coronary artery disease treated at the Glasgow Homoeopathic Hospital. In the *Journal of the American Institute of Homoeopathy* (September 1983), Dr. Richard Moskowitz, M.D., has emphasized the need for experimental verification for valid repeatable evidence for the action of the common vaccines. In an earlier issue of March 1983, Dr. Moskowitz has drawn attention towards the side-effects of immunisations in an article 'The Case against Immunization'. This article has initiated a debate for and against immunisation; but certainly reliable statistics can only provide the real answer.

Mention must also be made of the progress which has been made in the computerization of Kent's *Repertory*. Dr. Georges Broussalian's Computerised Repertory is available which has made Kent's *Repertory* available on the tips. The Lamina Homoeopathie Repertory Analysis System of Australia is also available which can work on computers that are available in India. This Repertory lists 14,700 symptoms of Kent's *Repertory* and symptoms.

CONCLUSION

A vast field of research lies unexplored and offers ample scope and opportunities for research not only to project Homoeopathy as a Science but also to find ways for making its practice easy and simple.

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