

CLINICAL VERIFICATION

Baryta iodata - Clinical verification study

Abstract

The present study was undertaken with an objective to verify the symptoms available in the literature to enlarge the drug picture and to explore the full potential of a lesser known and partially proved drug -Baryta iodata. The study includes prescription of Baryta iodata made on 3915 patients during the period from April 1980 to March 1997. This study confirms that symptoms available in the literature are reliable indications of the drug. A number of clinical symptoms have also been observed during the trial to be relieved in patients and those symptoms have been mentioned as New symptoms of the drug.

Introduction

Clinical verification in Homoeopathy forms the basis of evolution of reliable data from the pathogenesis generated during the proving of drugs on healthy human beings. It is as important as original proving and verified symptoms are often used as prescribing indications and form the basis of successful prescription. It is a sifting process, by virtue of which, reliable data is generated and a set of characteristic features of the drug are obtained. The drug is mentioned in Boericke Materia Medica in a short proving picture. CCRH had conducted a thorough proving of this drug in the year 1977-78 and 1980-81.

Baryta iodata is synonymed as Barium iodide in English, Iodure de barium in French and Jodbarium in German. It is colourless, small slender needles, deliquescent; freely soluble in alcohol and in water; rapidly becomes reddish in air, due to liberation of Iodine. Aqueous solution of Barium iodide is neutral or faintly alkaline. It should contain not less than 98% of BaI₂, with reference to substance dried to constant weight at 105°C. It gives reaction characteristic of barium and iodides. No turbidity is produced in one minute on adding barium chloride solution to 1 in 20 solution of this salt in water. A solution of 1 in 20 does not give any effervescence on addition of hypochloric acid. A solution of 1 in 20 in freshly boiled water remains neutral to a solution of litmus. A solution in nitric acid 1 in 5 gives no yellow precipitate with 5ml solution of ammonium molybdate. When dried to constant weight at 105°C, loses not more than 2percent its weight.

To prepare mother tincture Q having Drug Strength of 1/10 is prepared by diluting 100 gm of Baryta iod. in alcohol in sufficient quantity to make 1000ml of mother tincture. 5

Methodology

As a part of the Council's clinical verification program, the Researchers of CCRH clinically prescribed on the basis of the symptoms of Baryta iodata, as given in the following literatures:

1. Boericke, William. Baryta iodata In Pocket Manual of Homeopathic Materia Medica and Repertory, New Delhi: B. Jain Publishing Company, 1987: p109
2. CCRH Quarterly Bulletin Volume 2 (3), September 1980: p11-13
3. CCRH Quarterly Bulletin Volume 9 (1& 2), 1987: p2
4. Clarke, J.H. Baryta iodata In A Dictionary of Practical Materia Medica. Volume 1, New Delhi: Jain Publishing Company, 1978: p 253

The study was conducted at the following Institutes/Units engaged in Clinical Verification Research Program of the Council:

1. Regional Research Institute (H), New Delhi.
2. Homoeopathic Drug Research Institute, Lucknow. (U.P.)
3. Homoeopathic Research Institute, Jaipur, (Rajasthan)
4. Clinical Verification Unit, Ghaziabad (U.P.)
5. Clinical Verification Unit, Patna (Bihar)
6. Clinical Verification Unit, Vrindaban (U.P.)
7. Clinical Research Unit, Jammu (J & K)

The symptoms obtained during the proving of this Drug by the Council were compiled in Homoeopathic Drug Proving conducted by CCRH, 2005; 1st Edition.

The Drug was procured from Hahnemann Publishing Company, Kolkata in 1X, 6, 30 and 200 potency. A total of 3915 cases were studied from April 1980 to March 1997.

The cases for clinical trial under this assigned drug were selected at the OPD level and the drug was prescribed when it was found to be close to the symptomatology as recorded during case taking. During each visit of patient a detailed follow up of each symptom was recorded as to its frequency, degree and disappearance. At the end of the trial all the cases were collected, analysed with respect to the response after prescription and follow up. Since lesser-known drugs are not very well proved, one may not achieve the status of cure, yet relief to a marked degree is sufficient to evaluate the efficacy of drug. The verified symptoms of the literature are superscripted by the relevant number '1,2 &/or 3'. During the verification trials, symptoms not available in the literature of the drug also got relieved wholly or partially, along with the prescribing symptoms, were considered as 'New symptoms' of the drug. After subsequent confirmation these are included in the pathogenesis of the drug and are superscripted by 'N'.

Observations

Clinically Verified Symptoms observed during the study are presented below along with the number of patients to whom the drug was prescribed on the basis of these symptoms and consequent relief was obtained.

<i>Location</i>	<i>Symptom</i>	<i>No. of patients prescribed</i>	<i>No. of patients relieved</i>
Mental	Anxiety at night, thinking about home affairs ³	1	1
Head	Headache with burning in eyes and vomiting ^N	1	1
Face	Acne ³	1	1
Nose	Nasal catarrh ^N	49	23
	with thick yellowish discharge ^N	45	22
	with occasional epistaxis ^N	40	19
	Blockage of nose at night ^N	46	23
	Post nasal discharge ^N	41	20
Ear	Chronic otorrhoea with thick, yellowish discharge from ears ^N	8	3
	offensive discharge ^N	6	3
Mouth	Profuse salivation ^N	3	2
Throat	Tonsils enlarged ^{1,4}	1120	749
	left sided ^N	78	59
	hypertrophied ¹	102	52
	painful ¹	117	68
	with difficulty in swallowing ³	341	220
	agg. from cold and in winter ^N	97	53
	with cough ^N	14	14
	amel. by warmth ^N	45	33
	with fever ^N	45	33
	Indurated tonsils ¹	87	60
	pain in throat agg. on empty swallowing ^N	3	3
	Swelling of parotid glands ^N	14	6
	Goitre ^N	7	3

- Indurated glands in breast¹
- Cough with whitish sputum^N, agg. from cold^N, amel. by warmth^N with irritation in throat^N
- Vomiting after cough³
- Induration of Cervical glands¹ with pain³, palpable^N
- Fever with chill, agg. in evening and at night^N
- Fever with pain in whole body^N
- Stunted growth in children^{1,3}, with emaciation^N

Prescribing Symptoms: Based on the relief obtained to the patients to whom the drug was prescribed a set of symptoms can be isolated, which can act as a useful guide for prescribing the drug for future use:

- Tonsils enlarged, Left sided with difficulty in swallowing, agg. from cold and in winter; amel. by warmth with fever
- Indurated tonsils
- Indurated glands in breast
- Cough with whitish sputum, with irritation in throat, agg. from cold; amel. by warmth
- Vomiting after cough
- Induration of Cervical glands with pain
- Fever with chill, agg. in evening and at night

The clinical conditions where the drug was indicated were Cancer of Breast, Cancer, Enlargement of Glands and Tumours.⁴

This study expands the pathogenetic role of *Baryta iodata*, by indicating its usefulness in clinical conditions like in Tonsillitis, Indurated glands including cervical glands, tonsils, breasts, Bronchitis, Stunted Growth in children, etc. The success of this drug would depend on the symptom similarity of the disease picture and the drug picture.

The value of these additions to the drug needs to be determined by experience. It is hoped that with the passage of time and experience, this drug would get its due place in the *Materia Medica*.

Bibliography

1. Boericke, William. *Baryta iodata* In *Pocket Manual of Homeopathic Materia Medica and Repertory*, New Delhi: B. Jain Publishing Company, 1987: p109
2. CCRH Quarterly Bulletin Volume 2 (3), September 1980: p11-13
3. CCRH Quarterly Bulletin Volume 9 (1 & 2), 1987: p2
4. Clarke, J.H. *Baryta iodata* In *A Dictionary of Practical Materia Medica*. Volume 1, New Delhi: Jain Publishing Company, 1978: p 253
5. *Homoeopathic Pharmacopoeia of India*, Volume 4, 1st Edition, 1983: p29

Acknowledgement:

The Council is grateful to the members of SAC and the Director, CCRH for giving an opportunity to the Research workers to work on this drug.

The Council acknowledges the work done by the Research Officers at the Institutes/Units where the drug was verified. The compilation and confirmation of data and preparation of this manuscript has been done by Dr. K. Singh, AD (H), Dr. Rajpal, RO(H) Hqrs., Dr. P.S. Chakraborty, RO(H) CREC, Bhopal, Dr. Subhash Kaushik, RO(H), Hqrs., Dr. Divya Taneja, SRF, Hqrs.

The council is deeply indebted to all the patients enrolled in the Clinical Verification program who

It is a so-called local disease about which the Master Hahnemann, in the Organon of Medicine has stated, "No External malady (not occasioned by some important injury from without) can arise, persist or even grow worse without some internal cause, without the co-operation of the whole organism, which must consequently be in a diseased state" (§189). He has stressed upon the fact that so-called local maladies are merely local, prominent manifestation of the affection of the whole organism. In §194, Hahnemann stresses upon the treatment of so-called local affections by homoeopathic internal remedies and should not be treated by local application of medicines, Allopathic or Homoeopathic².

To bring out the comparison clearly, the symptoms related to mouth of some of the clinically verified drugs are being tabulated.

	Aegle folia	Aegle marmelos	Terminalia chebula	Achyranthes aspera	Kali muriaticum	Hydrocotyle asiatica
Course & Character	Recurrent painful aphthae	Aphthae with difficulty in eating	Aphthae	Aphthae on tongue with burning pain while eating spicy food. Pain is agg. by hot drinks	Stomatitis with burning pain in mouth agg. eating White patches inside mouth, on border of tongue	Aphthous stomatitis which causes burning pain in mouth
Salivation	Profuse salivation	Dryness of mouth with excessive thirst	Profuse salivation with intense thirst for cold water		Excessive salivation during sleep	Excessive salivation
Tongue	Coated white		Dry, coated brownish	Dry	Thick coated with bitter taste.	Coated white

Aegle marmelos is a commonly available Indian plant. The Homoeopathic preparation Aegle marmelos, is prepared from the fresh pulp of unripe or half ripe fruit (which acts as an astringent³. It causes aphthae with difficulty in eating along with dryness of mouth and excessive thirst⁴. Aegle folia, on the other hand prepared from the fresh leaves of the same plant, produces recurrent painful aphthae in mouth with the difference being, profuse salivation⁵. The tongue is coated white. This comparison re-affirms the universality of the principle of INDIVIDUALISATION, which lies at the foundation of Homoeopathy. Not only does one plant differ from the other in appearance, action on healthy human beings but even different parts of the same plant stand out as individual entities in their actions on human beings observed during proving of drugs, showing the existence of the principle of Individualisation.

Terminalia chebula produces similar aphthae to Aegle folia along with profuse salivation but differentiating as, intense thirst for cold water. The tongue is dry, coated brownish⁶. This presentation of Terminalia chebula is similar to one of the commonly used remedies for aphthae, Mercurius solubilis. Terminalia chebula is similar to one of the commonly used remedies for aphthae, Mercurius solubilis. Terminalia chebula acts as an astringent, laxative and is used externally as local application to chronic ulcers and wounds and as a gargle in stomatitis. Astringency is due to characteristic principle chebulic acid. The extract also contains tannic acid and gallic acid resin⁷.

appears that sunlight can suppress specific immune reactions, so we are now working to better understand that mechanism with the aim of generating new ways to prevent and treat this chronic disease."

However, cautions professor Hart, "Given that overexposure to sunlight can cause skin cancer, it is important that we isolate and separate out the beneficial elements of ultraviolet light if we are to develop a safe and effective asthma therapy."

(Source: Medinews.com staff writers posted on 13 November 2006)

5. Multiple-Organ Failure Main Cause of ICU Death

A new study has found that multiple-organ failure and malignant tumors are the main causes of death in the intensive care unit (ICU) and in the hospital.

Researchers from the Innsbruck Medical University (Austria) collaborated with colleagues from other institutions in Austria to analyze the cause of death in 3,700 patients admitted to ICUs. The researchers focused on the causes of death in the ICU, in the hospital after discharge from the ICU, and one year after admission to the ICU.

The results showed that 47% of patients who died in the ICU died as a result of multiple-organ dysfunction syndrome (MODS). Acute and chronic multiple-organ dysfunction were much more common causes of death in the ICU than single organ failure. In addition, patients with central nervous system failure had a 16.07% increased risk of dying while in the ICU, and patients with cardiovascular failure had an almost 12% risk of dying. Malignant tumor disease caused over a third of hospital deaths in patients who had been discharged from the ICU, one year after admission to the ICU.

Exacerbation of chronic cardiovascular disease caused 19.4% of deaths after discharge from the ICU and it is the second most-frequent cause of death both after discharge from the ICU and one year after admission to the ICU. The results were published in the November 3, 2006, online edition of the journal *Critical Care*.

(Source: Medinews.com staff writers posted on 14 November 2006)

6. Anesthetics May Aggravate Alzheimer's Disease

A new study has found that certain general anesthetics could increase the risk of elderly patients developing Alzheimer's disease and other memory and attention problems.

Researchers at the University of Pittsburgh Medical School (PA, USA) conducted a series of animal studies and test tube experiments which have revealed that the inhaled anesthetics halothane and isoflurane encourage the binding of beta amyloid proteins. This binding forms clumps or "plaques" that are characteristic of Alzheimer's disease and may contribute to brain cell death. This effect was also shown with the commonly used intravenous anesthetic propofol, at least at higher concentrations. The findings back up a previous study in which the same researchers used nuclear magnetic resonance (NMR) spectroscopy to show that halothane interacts directly with a pocket in the beta amyloid protein, changing its shape and encouraging neighboring proteins to bind. Just six hours of exposure to halothane is sufficient to trigger protein clumping similar to that seen in people with Alzheimer's.

Although halothane is rarely used in North America or Europe, it is commonly used in Asia and Africa because it is very cheap. The good news is that the intravenous anesthetic thiopental--also known as thiopentone--appears to have no effect on the proteins.

"It is a seriously deadly combination when an older person receives halothane," said lead author Dr. Pravat Mandal, an assistant professor in the department of psychiatry and the center for neuroscience at the University of Pittsburgh, "because as we get older we all have more beta amyloid in our brains."

The link between surgery and cognitive problems was first noted during the 1950s, but it was never

- Indurated glands in breast¹
- Cough with whitish sputum^N, agg. from cold^N, amel. by warmth^N with irritation in throat^N
- Vomiting after cough³
- Induration of Cervical glands¹ with pain³, palpable^N
- Fever with chill, agg. in evening and at night^N
- Fever with pain in whole body^N
- Stunted growth in children^{1,3}, with emaciation^N

Prescribing Symptoms: Based on the relief obtained to the patients to whom the drug was prescribed a set of symptoms can be isolated, which can act as a useful guide for prescribing the drug for future use:

- Tonsils enlarged, Left sided with difficulty in swallowing, agg. from cold and in winter; amel. by warmth with fever
- Indurated tonsils
- Indurated glands in breast
- Cough with whitish sputum, with irritation in throat, agg. from cold; amel. by warmth
- Vomiting after cough
- Induration of Cervical glands with pain
- Fever with chill, agg. in evening and at night

The clinical conditions where the drug was indicated were Cancer of Breast, Cancer, Enlargement of Glands and Tumours.⁴

This study expands the pathogenetic role of Baryta iodata, by indicating its usefulness in clinical conditions like in Tonsillitis, Indurated glands including cervical glands, tonsils, breasts, Bronchitis, Stunted Growth in children, etc. The success of this drug would depend on the symptom similarity of the disease picture and the drug picture.

The value of these additions to the drug needs to be determined by experience. It is hoped that with the passage of time and experience, this drug would get its due place in the Materia Medica.

Bibliography

1. Boericke, William. Baryta iodata In Pocket Manual of Homeopathic Materia Medica and Repertory, New Delhi: B. Jain Publishing Company, 1987: p109
2. CCRH Quarterly Bulletin Volume 2 (3), September 1980: p11-13
3. CCRH Quarterly Bulletin Volume 9 (1& 2), 1987: p2
4. Clarke, J.H. Baryta iodata In A Dictionary of Practical Materia Medica. Volume 1, New Delhi: Jain Publishing Company, 1978: p 253
5. Homoeopathic Pharmacopoeia of India, Volume 4, 1st Edition, 1983: p29

Acknowledgement:

The Council is grateful to the members of SAC and the Director, CCRH for giving an opportunity to the Research workers to work on this drug.

The Council acknowledges the work done by the Research Officers at the Institutes/Units where the drug was verified. The compilation and confirmation of data and preparation of this manuscript has been done by Dr. K. Singh, AD (H), Dr. Rajpal, RO(H) Hqrs., Dr. P.S. Chakraborty, RO(H) CREC, Bhopal, Dr. Subhash Kaushik, RO(H), Hqrs., Dr. Divya Taneja, SRF, Hqrs.

The council is deeply indebted to all the patients enrolled in the Clinical Verification program who persevered for the progress of science.