

A COMPARATIVE STUDY OF THE SYMPTOMS PRODUCED IN THE REGION OF MOUTH BY SOME OF THE DRUGS CLINICALLY VERIFIED

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A vital aspect of Homoeopathy is its ever-expanding Materia Medica. New drugs are being continuously proved and the proved symptoms are repeatedly clinically verified. This forms the basis of a true Materia Medica, which evolves in the clinical practice and not in a chemistry laboratory. Clinical Verification forms the basis of evolution of reliable data of drugs from the pathogenesis generated during proving of drugs on healthy human beings. Clinical Verification acts as a screening process for sifting out the data of doubtful utility from the pathogenesis and thus guides to reliable indications for therapeutic application in future use.

The Council has proved many drugs of Indian origin which have been taken up in Clinical Verification Programme for their reliability. Sixty Five drugs were allotted to Institutes./Units engaged in Clinical Verification Research for clinical trials. These 65 drugs include drugs mainly of indigenous origin or drugs proved by CCRH. A few lesser known drugs have also been included. The compilation of the data of the individual drugs thus verified has been a continuous task. At the same time an attempt is being made to compare these drugs.

Although the symptomatology of homoeopathic medicines is distinct, yet a comparative study of Materia Medica is indispensable for the selection of similimum. Therefore an attempt is to make a comparative study of Clinically verified symptoms of some of the medicines which relates to mouth.

Aphthae is a commonly met clinical condition. This condition causes extreme pain and the patients demand an immediate relief. Aphthous ulcer or canker sore is a type of mouth ulcer caused by a break in the mucous membrane, presenting as a painful open sore inside the mouth. The condition is also called aphthous stomatitis, especially if there are multiple or recurring mouth ulcers. The exact cause of aphthous ulcers is unknown. Among the various causative factors implicated, trauma to the mouth is the most common. Physical trauma, such as toothbrush abrasion, poking with sharp food, accidental biting (this can be particularly common with sharp canine teeth), or dental braces can cause mouth ulcers by breaking the mucous membrane. Other factors, such as chemical irritants or thermal injury, may also lead to the development of ulcers¹.

They are also thought to be caused by an over-reaction by the body's own immune system. Factors that appear to provoke them include stress, fatigue, illness, injury from accidental biting, hormonal changes, menstruation, sudden weight loss, food allergies, and deficiencies of vitamin B12, iron, and folic acid. Repeated episodes of aphthous ulcers can be indicative of an immunodeficiency, signaling low levels of immunoglobulin in the mucous membrane of the mouth. Genetic studies show that susceptibility to recurrent outbreaks of the sores is inherited in some patients. Women are more likely than men to have recurrent canker sores. This partially explains why family members often share the condition.

Certain types of chemotherapy cause mouth ulcers as a side effect. Mouth ulcers may also be symptoms or complications of several diseases. Another possible cause of aphthous ulcers may be opportunistic activity by combinations of otherwise normal bacterial flora, such as aerobic streptococci, Neisseria, Actinomyces, Spirochetes, and Bacteroides². In fact the various causative factors are inter-related and thereby act conjointly to produce aphthous ulceration¹.

Considering the varied etiology of the disease condition, the treatment needs to be done on the basis of similarity of totality of symptoms and not merely by 'name' of the disease. In case of recurrent aphthous ulceration, the constitutional treatment is necessary. The conventional medical therapies involve local soothing applications as if aphthous ulcer is a local condition of the mucus membrane of mouth, the rest of the body not being involved and a multi-vitamin therapy.

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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, with the characteristic indented, moist tongue and nightly aggravation. The fruit of 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

Another clinically verified drug *Achyranthes aspera* has been traditionally used successfully for all sorts of boils, carbuncles, foul and poisonous ulcers, etc. The ash of *Achyranthes* is rich in potash⁸. Study of its pathogenesis shows that it also causes aphthae on tongue which is dry with burning pain while eating spicy food. Pain is aggravated by hot drinks⁹.

Hydrocotyle asiatica also similarly, brings about aphthous stomatitis which causes burning pain like *Achyranthes aspera* in mouth but there is excessive salivation & tongue has a white coating¹⁰. This symptom is not found in the Classical Homoeopathic literature but has appeared in the proving of the Council and also has been verified in the Clinical Verification.

Kali muriaticum is a frequently used Homoeopathic medicine also produces stomatitis with burning pain in mouth aggravated by eating. *Kali muriaticum* produces white patches inside mouth, on border of tongue. The tongue is thick coated with bitter taste. It causes salivation during sleep¹¹. This salt, according to Schuessler, stands in a chemical relation to fibrin; disturbances in its molecular action cause fibrinous exudations. This salt is found in the blood corpuscles, muscles, nerve and brain - cells, as well as in the inter - cellular fluids¹².

A review of the various rubrics related to the symptoms of mouth would be useful to prescribe the true simillimum as it brings into consideration a group of other related drugs. The rubrics related to aphthous ulcer can be found in the chapter on mouth in different repertories available to the profession. The drugs reviewed above can be added to the list of remedies given in relation to the concerned rubrics.

MOUTH¹³

APHTHAE	Achyr.asp., Aegle fol., Aegle mar., Hydroc., Kali mur., Term cheb.
Tongue	Achyr.asp.
DISCOLOURATION	
Tongue	
BROWN	Term. cheb.
WHITE	Aegle fol., Hydroc.,
patches	
edges	
DRYNESS	Aegle mar.
Tongue	Achyr.asp., Term. Cheb.
PAIN	
BURNING	Achyr.asp., Hydroc., Kali mur.
SALIVATION	Aegle fol., Hydroc., Term. cheb
Sleep, during	Kali mur.
STOMATITIS, ulcerative	Kali mur.
TASTE	
BITTER	
Kali mur.	
STOMACH	
DESIRES	
Cold drinks	Term. Cheb.
THIRST	Aegle mar., Term. Cheb
Cold drinks(see desires)	

In light of the foregone discussion it is imperative upon the profession to study the information and put it to clinical practice and feedback the Council regarding the utility of these medicines in cases of aphthae, any clinical symptom found during treatment or any other additional information so that the data could be updated in the future and incorporated in the therapeutics, as well.

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