Clinical Trials With Holarrhena Antidysenterica And Glycosmis Pentaphylla (Atista Indica), The Indigenous Homoeopathic Remedies

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Summary

Clinical trials have shown the efficacy of Holarrhena antidysenterica and Glycosmis pentaphylla, two homœopathic drugs in Amoebiasis and other G. I. disorders. Some of the proving symtoms already recorded have been verified and some new clinical symptoms have been observed during the trials. The drugs seem to be short acting as their action did not last long. The drugs are effective in Q and 3X potencies in repeated doses without any adverse side or after effects.

Introduction

Holarrhena antidysenterica and Glycosmis pentaphylla are indigenous drugs. The bark of H. antidysenterica (Hindi—Kurchi) and leaves of G. pentaphylla (Hindi—Ban-Nimba) belong to the families Apocynaceae and Rutaceae respectively. In homœopathy G. pentaphylla is used under the name of Atista indica and therefore, it is known more by that name than its generic name. It is reported that both the drugs are used by Ayurvedic physicians in the conditions like amœbic dysentery, fevers, hepatic disorders and as vermicidal. Fragmentary homœopathic provings of these two drugs conducted earlier, have demonstrated their action in amœbiasis (Mahendra Lal Sarkar—1973, Kali Kumar Bhattacharjee—1917). But, inspite of their reported therapeutic efficacy against a number of diseases they are not frequently used by the Homœopathic profession, may be because data about authentic clinical verification of these drugs are not available. That is why these two drugs along with Cynodon dactylon were selected. Therefore, a clinical trial of these two drugs was undertaken in order to verify and ascertain the value of these drugs in subphysiological doses and with expectation that more clinical symptoms could be added to the existing provings to make their symptomatology richer and comprehensive. The said clinical trial was carried out at the Central Research Institute for Homœopathy, Calcutta during the period from 1972-77.

Materials and Method

The patients for clinical trial were selected from out patient department of the institute. The cases were also admitted to the Hospital primarily for the purpose of investigations and follow up. Finally those patients who had clinical evidence of amœbiasis and whose stools showed presence of either vegetative or cystic form of E. histolytica and symptomatology corresponded with the available data (provided symptoms) of these drugs were selected for trial. Laboratory investigations of a fresh specimen of stool were conducted employing the following three methods (1) Saline and Iodine preparation of stool (2) Zinc. sulphate and centifugal floatation method and (3) Study of iron hæmatoxlin stain preparation, whenever indicated proctoscopy was conducted. Besides stool examination, routine hæmogram and urine examination were also carried out. After being selected for trial a detailed case history was taken.,

A total of 77 cases, 39 and 38 cases respectively, were taken for trial of H. antidysenterica and G. pentaphylla. The cases were then placed under 3 groups namely, acute, chronic and chronic with acute exacerbations.

The following parameters were considered for the grouping.

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Acute Stage	*Chronic Stage*	*Chronic Stage—Acute Exacerbations*
1) Onset-sudden	1) Onset-insidious	1) Onset-insidious
2) No history of past attack.	2) H/O previous attack and diagnosed as a case of amœbiasis in the past.	2) H/O recurrent amœbic episode in the past.
3) Loose frequent stools with E. histolytica present.	3) Illformed stools, constipation, alternate constipation and diarhœa with E. histolytica present.	3) Sudden attack with variable number of loose stools with E. histolytica present.

Symptoms obtained through framentary provings as recorded in homœopathic literature, were taken as a guide for the selection of the medicines. These are as under :

Holarrhena Antidysenterica

Mind

Irritability. full of anxiety and lepression, apprehension, lack of concentration.

Head

Aching pain and sometimes it appeared hot; frontal headache, agg. afternoon; amel. after sleep; giddiness.

Mouth

Bitter taste, tongue covered with tenacious mucus; dryness of mouth and lips.

Stomach

Appetite impaired; pinching pain in stomach; desire for sour food and sweets.

Abdomen

Griping pain in para-umbilical, agg. before stool; pinching pain around the naval followed by urge for stool; distension of abdomen with gas, agg. afternoon and morning.

Rectum and Stool

Semisolid stool with mucus and blood, tenesmus, constant urging to go to stool; sore pain around the anus during stool while the stool is hard, small in quantity; insecurity of rectum driving out of bed for stool.

Modalities

Agg. afternoon, evening, heat, after meals.
Amel: after stool, pressure, open air.

Glycosmis Pentaphylla

Mind

Melancholic, indifferent mood, lack of memory.

Head

Gnawing pain in temples generally on one side, alternating the sides; vertigo, generally in the morning; feels that all things around are moving in a circle.

Mouth

Dry, excessive thirst during fever; involuntary twitching of facial muscles.

Stomach

Heaviness in the stomach with sour eructations, agg. after meal; amel. after eructations; heart burn 3-4 hrs. after taking food; desire for sour things.

Abdomen

Pain around umbilicus before during and after stool, heaviness of abdoman, aggs after meals.

Rectum and Stool

Pale earthy loose stool mixed with mucus and blood; autumnal dysentery; tenesmus and drawing pain in rectum.

Modalities

Agg. after meals.
Amel. after eructations.

Generalities

Likes open air and cold applications; constant drowsiness, sleeplessness; burning sensation over whole body, amel. cold bathing.

The following procedures regarding doses and repetition were adopted.

In acute stage

1. The patients were at first kept on placebo every 6 hours during the first 24 hrs., 5 grains of sugar of milk moistened with alcohol constituted a dose. The patient was carefully watched during this period.

2. One drop of 5 grains of suger of milk was given 3 times a day for 2 days following the period on placebo.

3. One drop of 3X in 5 grains of sugar of milk 3 times a day for 2 days and similarly one drop of 6x, 30 and 200 in 5 grains of sugar of milk 3 times a day after an interval of 2 days after each potency.

After making a trial with various potencies and programming as detailed above if no appreciable change was noticed then the patient was kept on placebo for a period of 72 hours after the last prescription. The case was freshly taken and 2nd prescription was made. Such cases were dropped from the trial related to the drug and recorded as not improved.

In chronic stage

A similar procedure as detailed in acute cases with modification that is each potency was tried for a period of 4 days, three times a day and repeated subsequently on two more occasions with 48 hours gap inbetween each cycle.

When no response was observed at the end of the series, 5 days gap was given and the case was retaken for second prescription.

In Chronic stage-acute exacerbation

The trial was conducted like that in acute cases and from the point at which the patient experienced improvement. The trial was conducted as in the case of chronic till total relief was experienced. The patients were kept on placebo for 24 hours and for 7 days in acute and chronic cases respectively before the medicine was given. Self control was also maintained inbetween the period of treatment.

The medicine was discontinued as soon as the first sign of improvement or aggravation had set in.

All patients received medicine from the same batch of preparation.

Generalities

The patients were advised to take foods which would not aggravate their complaints and were specifically asked to refrain from hot, pungent, spicy, fried food stuff and were advised to drink only boiled water.

The patients were advised to get their stools examined at regular intervals in the Institute's Laboratory. The stools were examined on three occasions when symptoms disappeared.

The following parameters were employed to ascertain the improvement.

1) *Symptom free*—Total disappearance of *subjective* and *objective* symptoms and return to normal health.

2) *Marked improvement*—Disappearance of symptoms to the extent of 75% or above particularly the acute *intensity of signs and symptoms.*

3) *Moderate improvement*—Disappearance of subjective and objective symptoms to the extent from 50 to 75% particularly the *intensity of symptoms.*

4) *Slight improvement*—Disappearance of subjective and objective symptoms to the extent of 25 to 50%.

5) *No improvement*—No disappearance of subjective or objective symptoms, neither deterioration of the condition.

6) *Worse*: When existing conditions aggravated.

Results and Discussion

On analysis of the cases under study it is observed that the majority of cases were found from young age group between 11-30 years. (See Table-I)

No remarkable significant observation was noted in sex distribution, only excess of male were found in cases under G. pentaphylla (see Table-II).

In majority of the cases duration of illness was found between 2 months and 5 years which indicates that their sufferings were chronic in nature. (see Table-III).

The cases which showed the acute attacks of G. I. disorder were showing acute exacerbation of the chronic disease.

The cases included both intestinal and extra intestinal amœbiasis and majority of cases had secondary hepatitis. Therefore most of the cases were in advanced stage with chronicity of symptoms (see Table-IV).

Classification: Age-Group

Table-I

Age Group	H. antidysenterica	G. pentaphylla
5–10 yrs.	1	3
11–20 yrs.	10	11
21–30 yrs.	14	12
31–40 yrs.	7	5
41–50 yrs.	4	5
51–60 yrs.	3	2
Total	39	38

Classification: Sex-wise

Table-II

Sex	H. antidysenterica	G. pentaphylla
Male	19	23
Female	20	15
Total	39	38

Showing Duration of Illness

Table-III

Duration	H. antidysenterica No. of cases	G. pentaphylla No. of cases
0 -1m	4	3
2m-1 yr.	16	15
2 yrs.-5 yrs.	17	16
6 yrs.-10 yrs.	2	4
Total	39	38

Nosological Diagnosis

Table-IV

Cases under the drug on trial	Amoebic colitis No. of cases	Amoebic colitis with Hepatitis No. of cases
H. antidysenterica	5	34
G. pentaphylla	15	23
Total	20	57

Improvement Index

Table-V

Name of the drug	Total No. of cases	Improvement: Marked 75% & above	Moderate 50 to 75%	Slight 25 to 50%	Worse No improvement
H. antidysenterica	39	14	15	4	6
G. Pentaphylla	38	17	8	1	12
Total	77	31	23	5	18

Time Taken for Improvement

Table-VI

Time in weeks	H. antidysenterica	G. pentaphylla
1	2	3
2	9	5
3	10	5
4	9	1
5	2	1
6	1	1
8	-	2
9	-	4
10-15	-	4
Total	33	26

The improvement in symptomatic level was observed to be more with the H. antidysenterica than G. pentaphylla. The average time of 2 to 4 weeks was required to relieve the symptoms in cases under H. antidysenterica but more time was taken by cases under G. pentaphylla to show any improvement. This indicates that H. antidysenterica is more efficaceous than G. pentaphylla in amœbiasis.

Regarding pathological improvement there was little change to mention about these two drugs. In most of the cases objective signs i.e. thickening of the colon and enlarged liver and presence of cyst of E. histolytica persisted inspite of symptomatic improvement which indicates that the action of these drugs is not directed against the organic pathology or the causative organism but only towards functional symptoms.

The drugs have some potentiality in relieving the following symptoms as found during the trials.

H. antidysenterica

Mind

Irritability (14P)*, quarrel-some (1C)*, mild (5C), timid (C), yielding disposition (1C), weeps easily (2C), wants company (5C), forgetfulness (4C), gloomy depressed (IP), cleanly habit (1C), talkative (1C).

Stomach

Loss of appetite (3P), thirst (5P), thirstlessness (4P) even with dryness of mouth (1C), Desire-fish (4P), sweets (7P), salt (6C), cold food and drink (2C), sour taste (8C), sour eructation (4P), Agg. after meal, (1), noon (C), afternoon (P), morning (P), heart burn (5C), agg. afternoon, after meals. Water brash (P) 2-3 hrs. after taking meal, sensation of a lump in throat (P) agg. afternoon, rancid eructation, agg. afternoon (2P), night (+C).

Abdomen

Griping pain (5P), in epigastrium (2P); both upper and lower abdomen (C); around umbilicus (P); comes and goes suddenly, lasts for few minutes (C); agg. empty stomach (4C); amel. after eating (2P), pressure, after meals appears and disappears gradually (C). Aching, dull pain (8) in right hypochondrium and right iliac region (C), agg. motion; amel. rest, hot applications (C). Pinching pain (3C) in epigastrium right to the midline; agg. 3-4 hrs. after food; amel eating. Cutting pain in epigastrium agg. morning, night and when constipated (C).

G. pentaphylla

Mind

Irritability (7C): easily angered (3C), mild (4C), wants company (2C).

Head

Heaviness of head.
Headache frontal, throbbing character agg. 4 p.m. (1C).

Stomach

Acidity-sour taste agg. after meal (3), sour eructation (8), Heart burn (9), agg. morning, afternoon (2), 2 hrs. after taking foods, night (P).
Eructation of ingested food; rancid eructations amel. empty eructation (C), Nausea (2), agg. riding on carriage (C), vomiting after meal (C).
Desires:
Fish (9C), Sweets (12C), Salt (3C), Egg (4C), Meat (5C), sour (6P), cold food and drink (4C), hot food (6C), chillies (2C), Aversion N.P.
Anorexia—(8C)
Thirstlessness (4C).

Abdomen

Flatulence, agg. morning (4C); amel. breakfast.

Occasional empty erutations, agg. 3-4 p.m., agg, meals (C), heaviness of abdomen (3P) with rumbling and gurgling, offensive flatus (4), agg. morning, evening; amel. after stool.

Indigestion with fullness of abdomen, agg. afternoon. after meals. Flatulence, upper abdomen, passing of offensive flatus and empty eructations.

Griping pain umbilical (6P) and epigastric regions, agg. empty stomach; amel. after eating; associated with urge to stool, amel. after stool (P).

Stitching pain in left hypochondrium, agg. empty stomach, early morning, 4-8 p.m.; amel. after food, hot application.

Associated with throbbing along the spine (P).
Burning pain around naval, agg. before stool; amel. after stool.

Aching pain in umbilical and epigastric regions (2P) agg. after meals; amel. eructations. eating.

Stool and Rectum

Semisolid (15P), yellow (3), whitish (1), brownish (3), offensive, mucus (16P), blood (2P), containing undigested food particles (4P), gushing out 2-4 times; ineffectual desire for stool (11P), pain around umbilicus (8P), before stool (3P).
Soreness in rectum after stool(2P).

Respiratory

Aching pain in chest, agg. after food and drink, coughing, morning.

Generalities

General weakness, partly ameliorated in one case.

Stool and Rectum

Semisolid (10P), yellow (8P), blackish, whitish, offensive (2), stool with mucus (1C), bloody scanty (2), 2-4 times containing food particles, gushing out (2), griping pain lower abdomen and near umbilicus (2), before stool; amel. after stool, sudden urge for stool. Griping pain around umbilicus before, during and after stool, stool irregular, alternate constipation and diarrhœa; itching around the anus, agg. night, passing of pin worms with stool (4C).

Respiratory

Cough with frothy expectoration, agg. morning.

Fever

Feverishness with bodyache, malaise, heaviness of head and chilliness throughout day and night (P).

Limbs

Aching pain both upper and lower limbs, agg. night, prolonged sitting, amel massage (C).

Male

Seminal emission every 3rd or 4th day followed by general weakness (2).

Generalities

General weakness (92P).
Thermal reaction: Hot (15C)
Chilly (2C).
Ambithermal—(6).
Perspiration—excessive, generalised (3) localised in back, face and chest (3).
Burning of the body—50% relief (in one case).
Constitution—Medium built (6), average height, poorly nourished, thin (4). Dark (4), pale and yellow complexion (3).
General modality—agg. night, afternoon.

Abbreviation (P) denotes the proving symptoms which are confirmed in the Clinical trial and (C) denotes the clinical symptoms which are not found in the proving but were present in the patient and which disappeared during the trial. Figures against each of the symptoms indicate the number of patient who manifested both, symptoms and their disappearance.

The above symptoms under the two drugs were found improved and improvement rate ranged from 25 to 100%. But some of the symptoms reappeared during or after the course of the trial. That implies that the drugs are not deep acting and cannot sustain their action for a prolonged period of time or there might be reinfection which is common in amoebiasis.

The sphere of action of the medicine in relation to miasmatic character suggested predominance of Psora

(90% cases). In rest of the cases it was found under the mixed miasm Psora Sycosis, but in these cases also Psora was found in predominating form.

Physical constitution with relation to these drugs could not be verified and confirmed because of lack of sufficient number of cases essential to form a conclusion.

Regarding generalities some features have been verified and those may be included in the drug pictures for the individualisation of cases and for subsequent prescription.

The drugs were found more effective in mother tincture form and 3X potency than higher potencies. The repetition was frequently required to have a prompt and steady action of the drugs.

No adverse reaction of the drugs was detected during the course of the trial.

A striking feature of G. pentaphylla which was repeatedly verified during clinical trials with the drug in lower potencies, and which may be of interest to the profession, is that it proved itself of great value in cases of amoebiasis associated with itching around anus, passing of pin worms and hyperacidity syndrome charaterized by acid eructation, heart burn etc. Therefore, in its action it resembles to that of Natrum Phosphoricum, Cina, Teucrium. M. etc.. H. antidysenterica may be used as substitute for Nux vomica, Merc. Sol. etc. in its action.

Conclusion and Recommendations

The drugs have particular sphere of action on the following:

H. antidysenterica

1. Particular symptoms in relation to gastro-intestinal disorders e.g. loose stool, flatulence, acidity and pain in abdomen etc. when associated with some characteristic modalities and concomitants as mentioned in the drug picture.
2. Ineffectual desire for stool is a keynote symptom of the drug.
3. The aggravation of symptoms especially in the morning, afternoon, night, empty stomach and amelioration after eating and pressure irrespective of symptoms.
4. Particular symptoms when associated with certain mental condition and generalities as mentioned in the drug picture.
5. Effective on Psoric and Psora-sycotic constitution.
6. More effective in Q and 3X than higher potencies.
7. Frequent repetition of doses required to get a prompt and steady result.

G. pentaphylla

1. Particular symptoms in relation to gastro-intestinal disorder e.g. loose stool, flatulence, acidity and pain in abdomen etc. when associated with some characteristic modalities and concomitants as mentioned in the drug picture.
2. Itching around the anus and passing of pin worms when associated with hyperacidity syndrome i.e. sour eructation, heart burn etc.
3. The aggravation of symptoms especially in morning, afternoon, and night; and after meals irrespective of symptoms.
4. Particular symptoms when associated with certain mental condition and generalities as mentioned in drug picture.
5. Effective on Psoric and Psora sycotic constitution.
6. More effective in Q and 3X than higher potencies.
7. Frequent repetition of doses are required to get a prompt and steady result.

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