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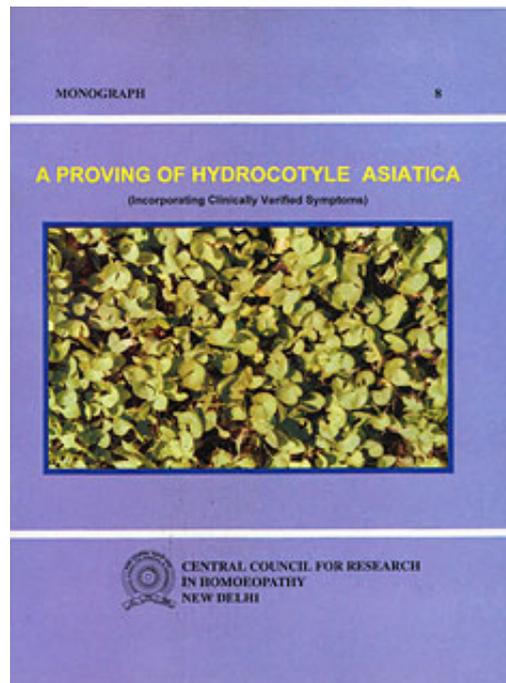
A Proving of Hydrocotyle Asiatica

Leseprobe

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Narayana Verlag GmbH, Blumenplatz 2, D-79400 Kandern
Tel. +49 7626 9749 700
Email info@narayana-verlag.de
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Material and Method

The Provers

Drug proving is unique to Homoeopathy and by this method new drugs are being added to the therapeutic tool box of Homoeopathy. Drugs are proved on apparent healthy human volunteers, selected on the basis of their consent, approval of consultants of different fields of medicine e.g. medicine, dermatology, ophthalmology, cardiology, gynaecology (for female provers) and pathologist (for lab. investigations). A thorough physical examination is done before actual trial takes place. Only those volunteers who are declared fit by the consultants are selected for the proving.

A total of 30 provers, 23 males and 7 females between the age group of 16 to 45 years took part in this proving which was conducted at two places Drug Proving Research Unit (DPRU), Ghaziabad (11 males + 4 females=15) and Bhagalpur (12 males+3 females = 15) and of them 10 were controls (*Appendix -I*). Provers were mostly homoeopathic students as one of the unit was located in the college and some of the especially of middle age group were involved in different occupations.

The Drug

Standard preparations of *Hydrocotyle asiatica* in Q,6,3x and 200 potencies were procured from M/s. Hahnemann Publishing Co. Calcutta by Central Drug Proving-cum-Data Processing Cell (CDPC), Central Council for Research in Homoeopathy, New Delhi. The CDPC prepared phials of globules of different potencies and the mother tincture. Identical phials of globules saturated with dispensing alcohol and food colours were used to make mild alcoholic solution resembling the mother tincture, for controls.

The Method

Hahnemann's concept of proving of drugs on healthy human volunteers with modifications proposed by Dysdale specifying blinding of both the Proving Master and Provers (double blind method) was followed during the entire course of proving. Apparently healthy provers were selected after a thorough physical and clinical examination (discussed under provers). The details of physical and clinical examination along with constitutional, both mental/emotional and physical, traits were recorded in predesigned preliminary examination proforma for reference as and when required during the course of proving (*Appendix-II*).

The provers were advised not to make any change in their habits, especially those concerning sleep, exercise, bathing, meals etc. Those who were in the habit of tobacco chewing or smoking or stimulants such as tea, coffee or alcoholic beverages were advised not to make excessive use of them. Also they were advised not to take any other medicines, camphor preparations and highly seasoned food to avoid masking of true pathogenesis.

Each prover was provided with sufficient number of predesigned prover's day book proforma (*Appendix - 111*) to record all the signs and symptoms, subjective and objective, they might observe during the course of proving. The provers were directed to report to the Proving Master every day and hand over the recorded symptomatic data.

Each of the provers was assigned a code number of CDPC. The CDPC also prepared and coded the drug or placebo for each of the prover separately. The coded phials were sealed and sent to the Proving Master in a sealed container.

The provers were divided into two groups, one who received placebo throughout (one-third of total provers) and the remaining actual drug group. In the first leg all the provers from both the groups were administered placebo. The actual drug group was put on 200 potency in the second leg followed by 6, 3x and Q in the 3rd, 4th and 5th legs respectively. Control group remained on placebo throughout the proving.

The drug, in each potency, was administered in 4-6 globules a dose, four times a day for 14 days and while in the case of Q, dose was 5 minims in a tablespoonful of water, three times a day.

In the event of any prover(s) developing any signs/symptoms, administration of drug was stopped immediately and was not re-administered till the sign(s) and symptom(s) persisted. Disappearance of sign(s) and symptom(s) was followed by a washout (drug free) period of 7 days and in case there was no recurrence of sign(s) and symptoms(s), the drug was re-administered.

During the course of proving the Proving Master took care to ascertain and record atmospheric changes, alteration in sleep and eating habits of the prover(s) to ensure evolution of true drug pathogenesis.

The provers were interrogated with regard to their symptomatic presentation (*Prover's Day Book-Appendix-III*) and observations of the Proving Master were recorded on the Elaboration Sheet (*Appendix-IV*). i

After the conclusion of the proving, all the provers were again subjected to a thorough physical and clinical examination (Terminal) as was done as a pre entry criterion (*Appendix-II*). The observations made during the examination were also recorded on the provers file and compared with the preliminary medical examination record. Any variations in pre and post proving findings were also recorded.

The sign(s) and symptom(s) experienced by the provers and the observations of the Proving Master with reference to location, sensation, modalities, concomitants, extension (if any) and duration of each reported symptom along with the clinical, laboratory and radiological investigations, as and when made, were recorded in the predesigned proforma. The proving records in original, were collected at the CDPC.

The collected data was sifted, analysed and compiled after eliminating symptoms generated by placebo. It was then unblinded and final compilation was done after discarding symptoms experienced by controls. While compiling the data due care was exercised to retain the expression used by the provers "ipsissima verba" as far as possible. Those signs and symptoms which were distinctly experienced by the prover(s) who were administered the drug are reported in this Monograph in the schematic arrangement borrowed from Kent's General Repertory of Homoeopathic Materia Medica.

The collected and compiled data was then placed before the Working Group (WG) for approval. After approval from the WG, Clinical Verification Units were provided with the proving data and they were asked to prescribe the drug to cases presenting similar symptoms.

The verified symptomatic data from all the units is collected and compiled at the headquarters and reported in this Monograph.

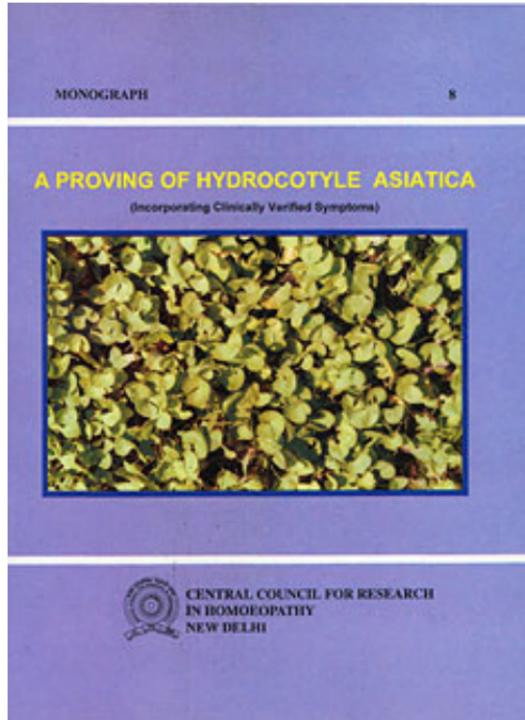
Clinically Verified Symptoms

Mind	Disinclination to do anything.	(55-29)
Head	- Headache with sensitiveness in occiput. < evening	(102-70)# (84-48)
	- Vertigo (Giddiness).	(34-19)
	- Frontal headache with vertigo .	(18-10)
Nose	-Coryza with thin nasal discharge < morning.	(294-198)
Mouth	-Excessive salivation (aphthous stomatitis).	(122-89)
	-Thirst increased.	(21-11)
Throat	-Soreness in throat.	(19-14)
Stomach	-Loss of appetite.	(71-37)
Rectum	-Stool-dry hard constipated & passes with straining.	(116-86)
Genitalia Male	-Swelling of testicles*.	(75-50)

First figure in parenthesis denotes no. of patients prescribed and the second figure denotes the no. of patients in whom the symptom was verified.

* Symptoms verified from Drugs of Hindoosthan by Dr. S.C. Ghose

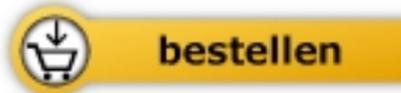
Female	- Leucorrhoea * (with thin whitish discharge).	(82-60)
Respiratory System	- Dry cough (with pain in throat) and hoarseness < night Cough (with thick white expectoration).	(22-15) (22-15) (26-21)
Extremities	- Pain in joints < from motion.	(20-13)
Skin*	- Dry-scaly-exfoliative eruptions with itching.	(35-20)
	- Eruptions - Psoriatic thickened after scratching	(29-16) (13-11)
	- Eruptions -with itching < night 22)bleeds after scratching	(44- (44-18)
	- Cracks on fingers, toes and soles	(11 -8)
	- Urticaria) eruption. Itching < heat, > cold application	(45-33)
Fever	- Fever with chill, < afternoon	(14-8)



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