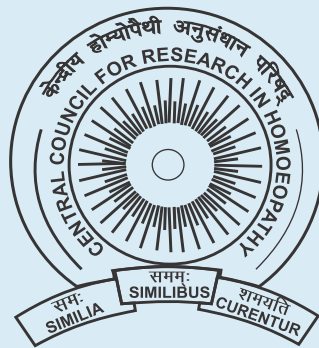


ANNUAL REPORT 2017-2018



CENTRAL COUNCIL FOR RESEARCH IN HOMOEOPATHY

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An Overview

The Central Council for Research in Homoeopathy is an autonomous research organization under Ministry of AYUSH that conducts research on fundamental and applied aspects of Homoeopathy through its network of institutes and units spread across the country. It is providing clinical care to both the urban and rural populace and endeavors to put Homoeopathy on a high pedestal by conducting systematic research on scientific lines.

The administrative part of annual document reports the organizational setup and the committees which regulate the core activities of the Council. The budgetary provisions with plan and non-plan expenditure also find appropriate place. Over the years, Council has created sophisticated infrastructure conducive for conducting scientific and ethical research essential for health care delivery. The National Homoeopathy Research Institute in Mental Health, Kottayam, spread over an area of 1.78 acres given on free hold by Govt. of Kerala, was inaugurated on 26th May 2017. It has been proposed to start PG degree programs in Practice of Medicine and Psychiatry, PHD programs and B.Sc Nursing courses in Homoeopathy. With an average attendance of 600 patients in General OPD and a 100 bedded IPD, the institute is also running Mother and Child Health Clinics, Life Style Disorders clinic, Dermatology clinic and ENT clinics. Co- location of clinical facilities providing homoeopathic treatment to facilitate cross referrals and promote close collaboration between scientists, rehabilitation professionals, practitioners and academician has been made possible at Chennai and Gorakhpur. Clinical Research Unit, Chennai has been shifted to the campus of National Institute for Empowerment of persons with Multiple Disabilities (NIEMPD) and has been renamed as Homoeopathy Research Institute for Disability. The Council continued with data acquisition of treated Acute Encephalitis Syndrome cases through its unit co-located at BRD Medical College & Hospital, Gorakhpur.

The technical part of the report focuses on the research endeavors in the areas of drug development which involves survey, collection, cultivation of medicinal plants, their standardization studies, their proving trials on healthy human volunteers and evolving therapeutic indications through clinical verification. During the reporting period, 75 plant species are under experimental cultivation at Emerald, Ooty for further multiplication and seed production. The Council has laid down standards for 16 drugs on Pharmacognostic, Physico chemical and Finished Products Standards parameters. The study on chemical profiling of 15 exotic plants cultivated in Indian conditions has been started and work on preparation of chromatography atlas has been initiated. Three hundred monographs have been standardized as per HPI and HPUS parameters and a harmonized pharmacopeia is likely to be released with harmonized standardization parameters in early 2019. Under Drug Proving program, six drugs have been assigned at eight centers involving 265 provers. The flagship clinical verification program has conducted verification of 16 drugs at 13 centers during the reporting period. The readers are also apprised about the research outcomes of clinical research studies and fundamental research studies which the Council undertakes in collaboration with various institutes of repute. During the period under report, seven new studies have been initiated and three protocols were drafted and approved by Scientific Advisory Committee of the Council. In the area of Fundamental research, the Council has initiated four new studies viz Physicochemical studies of homoeopathic drug formulations using volumetric, acoustic, viscometric, optical & conductometric measurements, in vitro approaches to investigate the efficacy and mechanism of action of homoeopathic medicines in breast and prostate cancer, mechanism of action of anti-dengue homoeopathic medicine, *Eupatorium perfoliatum* and preparation of Nosode from *E. coli* and *Vibrio cholerae*. Nine studies from previous years were concluded while twelve studies Continued.

The Council is committed to promote academic and collaborative research activities and thereby present a model of institutionalization of Homoeopathy to both the homoeopathic fraternity and the whole world. In the area of international collaboration, the Council signed MoU with Shaare Zedek Medical Center, Jerusalem, Israel on 15th January 2018 to collaborate in the area of research in Homoeopathy medicine. At the national level, the Council signed MoUs with 28 homoeopathic medical colleges to strengthen the areas of research and education.

An ambitious public health initiative of the Council namely Homoeopathy for Healthy Child which was started in 2015, continued with enrollment of 69450 children. A total of 1709 Accredited Social Health Activists (ASHAs) and Auxiliary Nurses (ANMs) were trained in 36 Training programs.

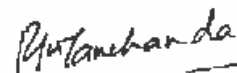
The National Program for prevention and control of Cancer, Diabetes, Cardiovascular diseases and Stroke integrated with AYUSH component (Homoeopathy along with Yoga) has expanded to two tribal districts of Sambalpur and Nasik, thereby covering four states viz. Andhra Pradesh, West Bengal, Odisha and Maharashtra. A total of 75,290 patients have been benefited from homoeopathy treatment at the Lifestyle Diseases OPDs and 4414 Yoga classes have been conducted benefiting 46,584 patients.

The Council has also taken up Swasthya Rakshan Programme and linked it with Swachh Bharat Abhiyan as per the directions of Ministry of AYUSH. It is ongoing in 55 identified villages/colonies by 11 Institutes of the Council. Under the program, the Council organized 2180 Swasthya Rakshan OPDS/camps and 107364 patients have been benefited.

Dissemination of research activities is another mandate of the Council. Documentation and Publication section of the Council aims to produce all publications in a presentable and reader friendly language to clinicians, researchers, students, teachers, industry and common man. Indian Journal of Research in Homoeopathy (IJRH), was published online and in print in every quarter. The journal was indexed with Directory of Open Access Journals and Index Copernicus during the reporting year. The number of articles downloaded recorded a maximum reading hit (1348) in May 2017. The Council published Training manual for Homoeopathy practitioners: Homoeopathy for healthy child, A Handbook of medicinal plants, Drug Proving Vol. 6 and monographs on *Tinospora cordifolia* and revised monographs on *Atista indica* and *Abroma augusta*.

In four issues of the Newsletter of the Council published quarterly, readers were updated about the Council's activities & achievements, participation in various promotional activities, important technical & administrative meetings, seminars, conferences organised by the Council.

The Council's Professional outreach, awareness and promotional activities are also aptly reported. The number of patients at the OPDs of the Council reached 1097698 comprising of 56.86% women. Under STSH program 111 students were registered, 71 submitted proposals and 36 students were shortlisted for scholarship program. The Separate Audit Report is appended along with Annual Accounts. The commitments of the Council, as a premier research organization will continue to provide impetus to research in Homoeopathy, I hope.



Dr. Raj K. Manchanda

ABBREVIATIONS

| | |
|---------|---|
| ADL | Acute Adeno Lymphangitis |
| AES | Acute Encephalitis Syndrome |
| AIIMS | All India Institute of Medical Sciences |
| AIDS | Acquired Immuno Deficiency Syndrome |
| AOM | Acute Otitis Media |
| BCOM | Both Constitutional and Organopathic Medicines |
| CAC | Community Awareness Camps |
| CCRH | Central Council for Research in Homoeopathy |
| CDRI | Central Drug Research Institute |
| CGI-SCH | Clinical Global Impression-Schizophrenia |
| CHC | Community Health Centre |
| CIP | Central Institute of Psychiatry |
| COLL | Collaborative studies |
| CR | Clinical Research |
| CRI (H) | Central Research Institute for Homoeopathy |
| CRU (H) | Clinical Research Unit for Homoeopathy |
| CSIR | Council of Scientific and Industrial Research |
| CV | Clinical Verification |
| CVU | Clinical Verification Unit |
| DACRRI | Dr. Anjali Chatterjee Regional Research Institute for Homoeopathy |
| DGDGHS | Director General, Directorate General of Health Services |
| DOC | Documentation & Publication |
| DP | Drug Proving |
| DPRU | Drug Proving Research Unit |
| DS | Drug Standardization |
| DSU | Drug Standardisation Unit |
| EC | Extension Centers |
| EMEA | European Medicines Evaluation Agency |
| EMR | Extra Mural Research |
| ESRS | Extra-pyramidal Symptoms Rating Scale |
| FR | Fundamental Research |
| GAF | Global Assessment of Functioning |
| H+ IMP | Homoeopathy + Institutional Management Protocol |
| HDRI | Homoeopathic Drug Research Institute |
| HIV | Human Immuno deficiency Virus |
| HOPD | Homoeopathic Out Patient Department |
| HPL | Homoeopathic Pharmacopoeia of Laboratory |
| HPT | Homoeopathic Pathogenetic Trial |
| HPTLC | High Performance Thin Layer Chromatography |

| | |
|---------|--|
| HTC | Homoeopathic Treatment Centre |
| IA | Internal Audit |
| ICMR | Indian Council for Medical Research |
| IDRS | Indian Diabetic Risk Score |
| IEC | Information Education & Communication |
| IHBAS | Institute of Human Behaviour & Allied Sciences |
| IMP | Institutional Management Protocol |
| ISM&H | Indian Systems of Medicine and Homoeopathy |
| JIPMER | Jawaharlal Institute of Postgraduate Medical Education and Research |
| LSM | Life style modification |
| MCH | Mother & Child Health |
| MDNIY | Morarji Desai National Institute of Yoga |
| MH&FW | Ministry of Health & Family Welfare |
| MMRDA | Mumbai Metropolitan Region Development Authority |
| NACO | National AIDS Control Organisation |
| NE | North East |
| NEGERD | Non Erosive Gastro Esophageal Reflux Disease |
| NIV | National Institute of Virology |
| NHMC | Nehru Homoeopathic Medical College |
| NPCDCS | National Programme for prevention in control of Cancer, Diabetes, Cardiovascular diseases and Stroke |
| NSIC | National Small Industries Corporation |
| PANSS | Positive and Negative Syndrome Scale (schizophrenia) |
| PEC | Project Evaluation Committee |
| RAV | Rashtriya Ayurveda Vidyapeeth |
| RO (H) | Research Officer (Homoeopathy) |
| RO (P) | Research Officer (Pharmacognosy) |
| RRI (H) | Regional Research Institute for Homoeopathy |
| SAC | Scientific Advisory Committee |
| SADQ | Severity of Alcohol Dependence Questionnaire |
| SCH | Sub Clinical Hypothyroidism |
| SCCMP | Survey, Collection and Cultivation of Medicinal Plants |
| SMPCU | Survey of Medicinal Plants & Collection Unit |
| SMPRGH | Survey of Medicinal Plants Research Garden & Herbarium |
| SUBI | Subjective Well-Being Inventory |
| TME | Terminal Medical Examination |
| TLC | Therapeutic Lifestyle Changes |
| WHO | World Health Organisation |
| WHOQOL | World Health Organization Quality of Life |

OBJECTIVES, VISION AND MISSION



OBJECTIVES, VISION AND MISSION

OBJECTIVES

The Central Council for Research in Homoeopathy (CCRH) was established on 30th March, 1978 under the Societies Registration Act XXI of 1860 with the following main objectives:-

- To undertake research programs in Homoeopathy on scientific lines
- To propagate knowledge and disseminate information pertaining to research in Homoeopathy
- To undertake experimental studies in connection with causation, mode of spread, prevention and treatment of diseases
- To initiate, aid, develop and co-ordinate scientific research in different aspects of Homoeopathy: fundamental and applied
- To exchange information with other institutions, associations and societies interested in the objectives similar to those of CCRH

VISION

To promote research that contributes towards the development of Homoeopathic System of Medicine globally.

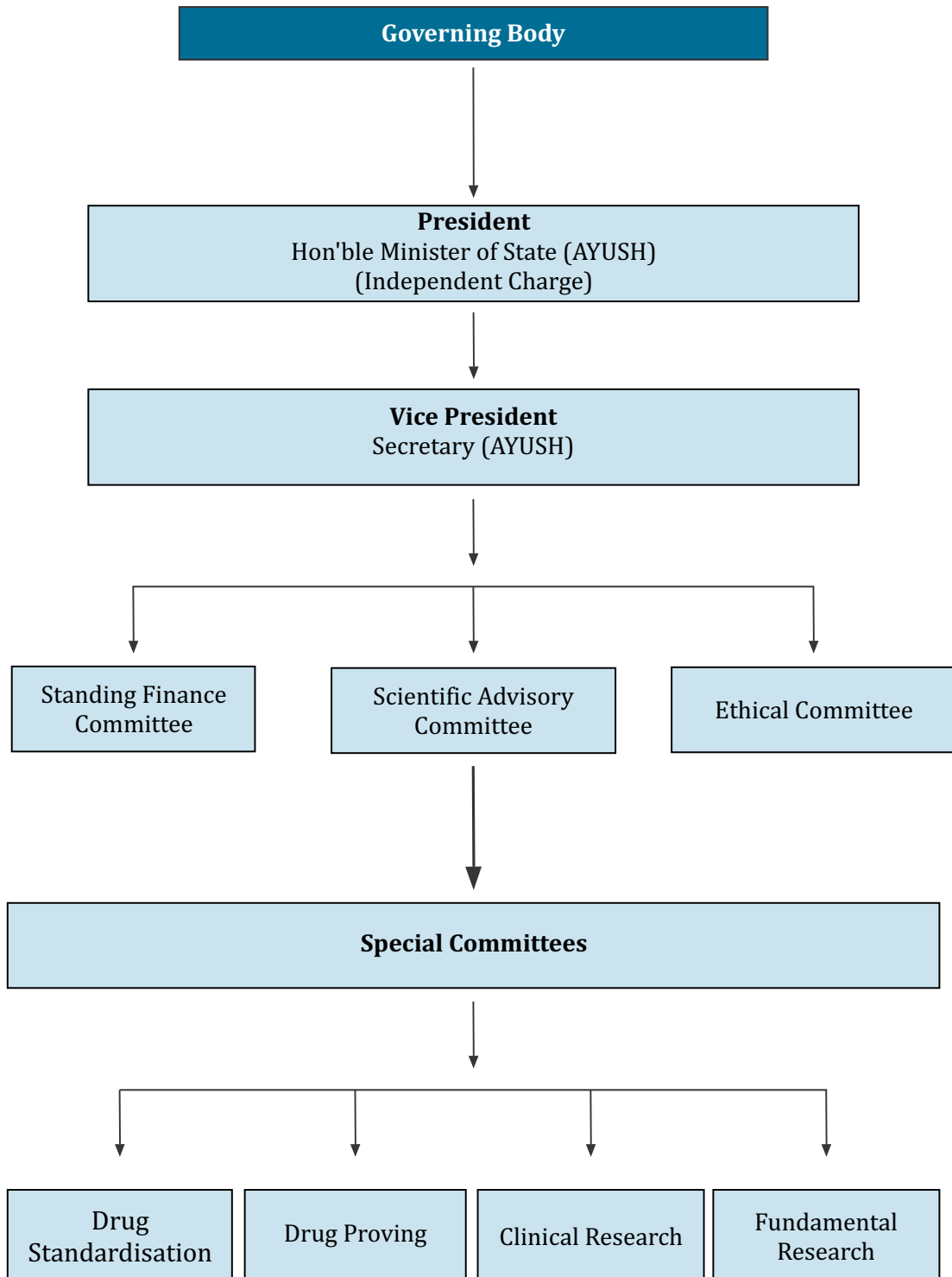
MISSION

Conducting scientific and ethical research thereby enhancing success rate of clinical practice, promotion of safe, efficient and effective treatment in health care delivery and ensuring global acceptance of Homoeopathy.

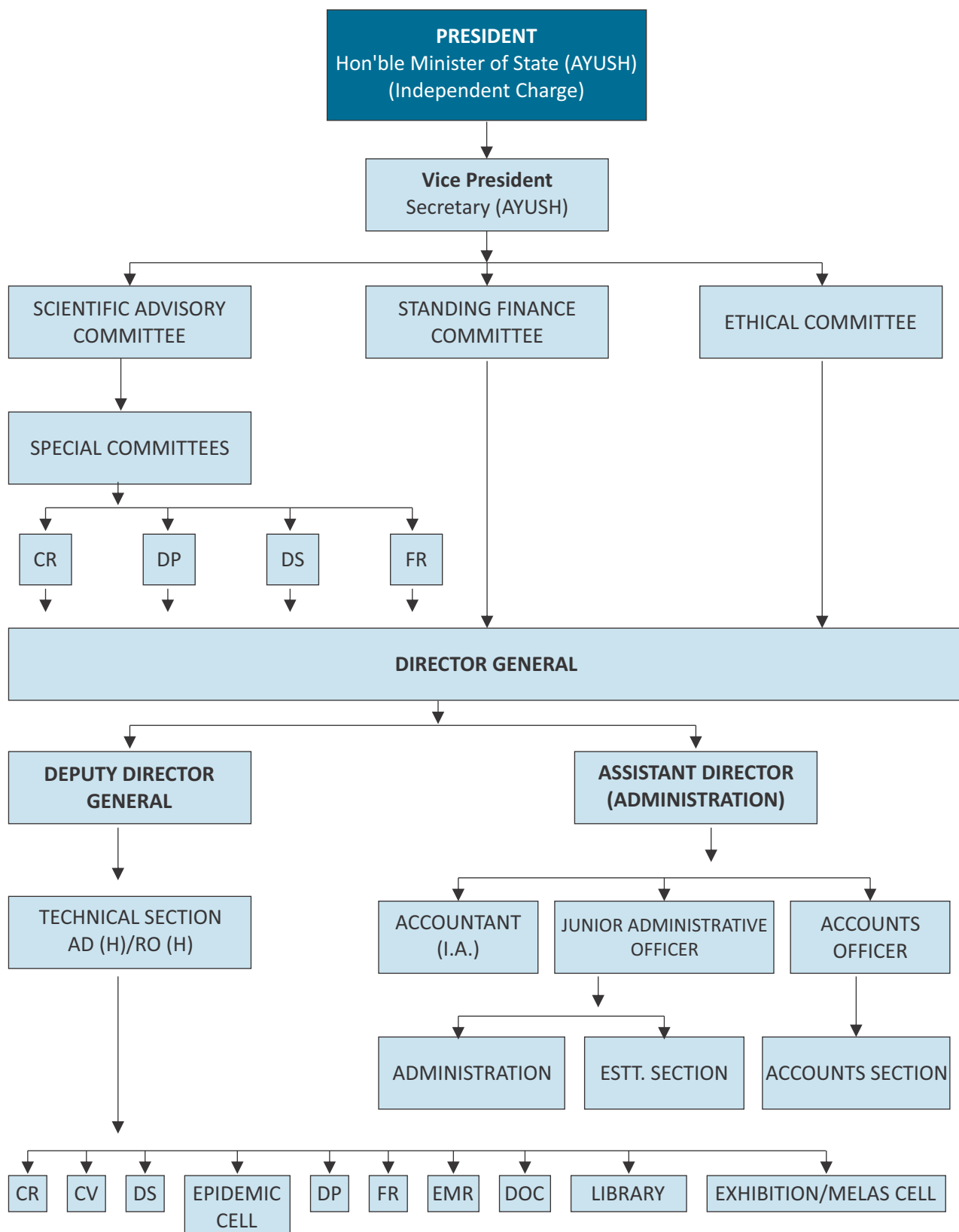
ADMINISTRATIVE REPORT



MANAGEMENT OF THE COUNCIL



ORGANIZATION SETUP



GOVERNING BODY

The management of the affairs of the Council is entrusted to a regulatory body which is entitled, the 'Governing Body' of the Central Council for Research in Homoeopathy.

Members of the Governing Body Re-constituted on 24.12.2014

1. **President:** Minister In-charge of AYUSH.
2. **Vice President:** Secretary, Ministry of AYUSH.

Official Members:

3. Additional Secretary (Financial Adviser), Ministry of Health & Family Welfare.
4. Joint Secretary, Ministry of AYUSH.

Non-official members

- | | |
|---|---------------|
| 1. Dr. Dhruva Chakraborty 27, Tagore Avenue, Durgapur – 713204 | Member |
| 2. Dr. Nandini Sharma E-14, Geetanjali Enclave, New Delhi- 110017 | Member |
| 3. Dr. Pankaj Bhatnagar C-2/15, Krishna Nagar, Delhi 110051 | Member |
| 4. Dr. V. K. Khanna C-759, Friends Colony, New Delhi - 110014 | Member |
| 5. Dr. Bishnu Pada Saha 86-C, Suresh Sarkar Road, Kolkata – 700014 | Member |
| 6. Dr. Suman Lakhan pal EG-119, UGF, Inder Puri, New Delhi 110012 | Member |
| 7. Dr. J. Mohanasundaram 37, Kaveri Street, Besant Nagar, Chennai – 600090 | Member |
| 8. Dr. Sita Ram Agarwal B-3/35, Ashok Vihar Phase-II, New Delhi -110052 | Member |

- | | |
|---|-------------------------|
| 9. Director, National Institute of Homoeopathy, Sector-III, Salt Lake City, Kolkata | Member |
| 10. Dr. V. K. Gupta Former Principal, NHMC and Hospital Delhi C-3/29, Rajouri Garden, New Delhi-110027 | Special Invitee |
| 11. Dr. Raj K. Manchanda Director General Central Council for Research in Homoeopathy, 61-65, Institutional Area, D-Block, Janakpuri, New Delhi-110058 | Member Secretary |

Members of the Governing Body Re-constituted on 26.03.2018

- 1. President:** Minister In-charge of AYUSH.
- 2. Vice President:** Secretary, Ministry of AYUSH.

Official Members:

- 3.** Additional Secretary (Financial Adviser),
Ministry of Health & Family Welfare, Nirman Bhavan,
New Delhi
- 4.** Joint Secretary, Ministry of AYUSH

Non Official Members of Governing Body of CCRH

- | | |
|---|---------------|
| 5. Padamshree Dr. V. K. Gupta C-3/29, Rajouri Garden, New Delhi-110027 | Member |
| 6. Prof. (Dr.) Chaturbhuj Nayak House No. 55B, C-4D Block, Janakpuri, N.Delhi.58 | Member |
| 7. Dr. Rathin Chakravarty 5-Subal Koley Lane, P.S. Shibpur, Howrah (West Bengal) 711101 | Member |
| 8. Dr. Nandini Sharma E-14, Geetanjali Enclave, New Delhi-110017. | Member |
| 9. Dr. Eswara Das A2/23, Hahnemann Enclave, Plot No. 40, Sector-6, Dwarka, New Delhi | Member |

- | | |
|--|---------------|
| 10. Dr. A.K. Bhatnagar Head of Deptt. Deptt. of Botany, Delhi University, Delhi. | Member |
| 11. Dr. Surender Singh All India Institute of Medical Science, Ansari Nagar, New Delhi-110029 | Member |
| 12. Prof. (Dr.) Kanjaksha Ghosh Regional Blood Transfusion Center Udhana-Khatodara Health Center, near Chosath Joganio Matanu Mandir, Udhana-Magdalla Road, Surat-395002. | Member |

SCIENTIFIC ADVISORY COMMITTEE

- | | | |
|-----------|--|-----------------|
| 1. | Dr. V. K. Gupta Former Principal, NHMC and Hospital, Delhi C-3/29, Rajouri Garden, New Delhi-110027 | Chairman |
| 2. | Dr. Eswara Das Souparinika, KRWA 47 Kattachal Road, Tirumala PO Trivandrum - 695006 | Member |
| 3. | Prof. L. K. Nanda Former Principal-cum- Superintendent of Dr. A.C. Homoeopathic Medical College & Hospital, Bhubaneswar, Plot No. 409-B, Paika Nagar, Delta Square, Post-Baramunda, Bhubaneswar-751003 | Member |
| 4. | Dr. K. M. Dhawale Dr. M. L. Dhawle Memorial Trust's BMC's Mother and Child Care Centre, 3 rd Floor, Harishankar Joshi Marg, Dahisar East, Mumbai-400068 | Member |
| 5. | Dr. V. K. Chauhan Former Principal, Dr. B.R. Sur Homoeopathic Medical College, Hospital and Research Centre, B6/8, Safdarjung Enclave, New Delhi-110029 | Member |
| 6. | Dr. Rathin Chakravarty Homoeopathic Consultant, 5, Subal Koley Lane, P. S. Shibpur, Howrah-711 101 West Bengal | Member |
| 7. | Prof. (Dr.) Kanjaksha Ghosh National Institute of Immunohaematology (ICMR) 13 th Floor, New Multistoreyed Building, K.E.M. Hospital Campus, Parel, Mumbai-400012 | Member |
| 8. | Dr. Juhi Gupta Assistant Prof., Govt. Homoeopathic Medical College and Hospital, MACT HILLS, AYUSH Campus, Beside Kaliasot Dam, Chuna Bhatti, Bhopal-462003 | Member |

9. Dr. Ashvini Kumar Dwivedi

Professor & HOD (Physiology & Biochemistry), SKRP Gujarati
Homoeopathic Medical College, Hospital & Research Centre,
Sch. No. 54, A.B. Road, Indore -452010 (M.P.)

Member

10. Dr. Raj K. Manchanda

Director General
Central Council for Research in Homoeopathy,
61-65, Institutional Area, D-Block,
Janakpuri, New Delhi-110058

Member Secretary

STANDING FINANCE COMMITTEE

The Council has a Finance Committee with the following members:

- | | |
|---|--------------------------------|
| <p>1. Sh. P. N. Ranjit Kumar Joint Secretary Ministry of AYUSH, B-Block, GPO Complex, I.N.A, New Delhi - 110023</p> | <p>Chairman</p> |
| <p>2 Additional Secretary-cum-FA MH&FW, Nirman Bhavan New Delhi or his nominee</p> | <p>Member</p> |
| <p>3 Dr. Nandini Sharma E-14, Geetanjali Enclave New Delhi- 110017</p> | <p>Member</p> |
| <p>4 Dr. Suman Lakhanpal EG-119, UGF, Inder Puri New Delhi- 110012</p> | <p>Member</p> |
| <p>5 Dr. Raj K. Manchanda Director General, CCRH, Central Council for Research in Homoeopathy, 61-65, Institutional Area, D-Block, Janakpuri, New Delhi-110058</p> | <p>Member-Secretary</p> |

New Finance Committee was constituted on 26/03/2018 with the following members:

- | | |
|--|------------------------|
| <p>1. Joint Secretary Ministry of AYUSH, B-Block, GPO Complex, I.N.A, New Delhi - 110023</p> | <p>Chairman</p> |
| <p>2 Additional Secretary-cum-FA MH&FW, Nirman Bhavan New Delhi or his nominee not below the rank of Deputy Secretary</p> | <p>Member</p> |
| <p>3 Dr. Eswara Das, Souparnika, KRWA 47, Kattachal Road, Thirumala PO, Trivandrum 695006.</p> | <p>Member</p> |

- 4 Dr. Nandini Sharma**
E-14, Geetanjali Enclave
New Delhi- 110017

Member
- 5 Dr. Raj K. Manchanda**
Director General
Central Council for Research in Homoeopathy,
61-65, Institutional Area, D-Block,
Janakpuri, New Delhi-110058

Member Secretary
- 6 Sh. Yashveer Singh**
Under Secretary,
Ministry of AYUSH,
New Delhi.

Special Invitee

ETHICAL COMMITTEE

- | | |
|--|-----------------|
| <p>1. Prof. (Dr.) Kanjaksha Ghosh Director Surat Raktadan Kendra & Research Centre Regional Blood Transfusion Centre Udhana-Khatodara Health Center Near Chosath Joganio Matanu Mandir Udhana-Magdalla Road, Surat-395002</p> | Chairman |
| <p>2. Dr. Rajesh Sagar Professor, Deptt. of Psychiatry, All India Institute of Medical Sciences (AIIMS), Ansari Nagar, New Delhi-110029</p> | Member |
| <p>3. Dr. Surender Singh Professor, Deptt. of Pharmacology, All India Institute of Medical Sciences (AIIMS), Ansari Nagar, New Delhi-110029</p> | Member |
| <p>4. Dr. Tulika Seth Additional Professor, Department of Hematology, AIIMS, Ansari Nagar, New Delhi-110029</p> | Member |
| <p>5. Dr. V. K. Chauhan Former Principal, Dr. B.R. Sur Homoeopathic Medical College, Hospital and Research Centre, B6/8, Safdarjung Enclave New Delhi-110029</p> | Member |
| <p>6. Dr. Purnima Shukla CMO, Purte Priya Memorial Sri Ram Medical & Homoeo Research Centre, 26-Nkasia Road, Near Cant Thana Crossing Gorakhpur-273001 (U.P.)</p> | Member |
| <p>7. Dr. Tapasaya Srivastava Assistant Professor, Department of Genetics University of Delhi, South Campus, New Delhi</p> | Member |

- 8. Sh. Shailendra Babbar** **Member**
Advocate, I-8, Jangpura Extension
New Delhi-110014
- 9. Mr. Kuldeep Jain** **Member**
B. Jain Publisher (P) Ltd.,
1921, Street No. 10, Chuna Mandi, Paharganj
New Delhi-110055
- 10. Mr. Anuj Arora** **Member**
D-56, Sector-55,
Noida-201301
- 11. Dr. Raj K. Manchanda** **Member Secretary**
Director General,
Central Council for Research in Homoeopathy,
61-65, Institutional Area, D-Block, Janakpuri,
New Delhi-110058

SPECIAL COMMITTEE FOR CLINICAL RESEARCH

- 1. Dr. K. M. Dhawale** **Chairman**
 Principal and HOD,
 Department of Psychiatry,
 Dr. M.L. Dhawle Memorial Trust's
 BMC's Mother & Child Care Centre, 3rd Floor,
 Harishankar Joshi Marg, Dahisar East,
 Mumbai-400068 (Maharashtra)
- 2. Dr. V. K. Gupta** **Member**
 Former Principal,
 Nehru Homoeopathic Medical College & Hospital,
 C-3/29, Rajouri Garden,
 New Delhi-110027
- 3. Prof. (Dr.) C. Nayak** **Member**
 Former Director General, CCRH,
 House No. 55B, C-4D Block, Janakpuri
 New Delhi-110058
- 4. Dr. Ravi M. Nair** **Member**
 Former Advisor (H) to Govt. of India
 HRSA-E-25, Aramam, Kaldy
 Karamana, Thiruvananthapuram-695002, Kerala
- 5. Prof. (Dr.) Somen Adhikari** **Member**
 Former Director In-charge at NIH Kolkata
 10/13, Atal Bihari Sarkar Road, Post-Naihati
 Kolkata-743165
- 6. Dr. M. Nara Singh** **Member**
 Former Project Officer RRI(H),
 Tentha Village, P.O. Wangjing Bazar
 Thoubal District, Manipur-795001, Imphal
- 7. Dr. N. Srinivasa Rao** **Member**
 Managing Director
 Ramakrishna Homoeo Stores Pvt. Ltd.,
 4-1-434, Bank Street, Abids, Hyderabad-500001
- 8. Dr. Raj K. Manchanda** **Member Secretary**
 Director General,
 Central Council for Research in Homoeopathy,
 61-65, Institutional Area, D-Block, Janakpuri,
 New Delhi-110058

SPECIAL COMMITTEE FOR DRUG STANDARDIZATION

- 1. Dr. P. N. Varma** **Chairman**
Technical Advisor,
Dr. William Schwabe India Pvt. Ltd. (WSI),
A-36, Sector-60, Phase-III,
Noida-201304, Uttar Pradesh
- 2. Dr. S. P. Singh** **Member**
Former Director,
SRB 68/C, Shipra Rivira,
Sucheta Kriplani Marg,
Indrapura, NCR,
Dist. Ghaziabad
- 3. Dr. D. R. Lohar** **Member**
Former Director,
A-501, Vrajdharm-2,
Near Janta Nagar Railway Crossing
Chanakyapuri, Ghatlodia
Ahmedabad-380061, Gujarat
- 4. Dr. Karuna Shankar** **Member**
P.O. CIMAP, Near Kukrail
Picnic Spot, Lucknow-226015
- 5. Dr. Rajeev Kr. Sharma** **Member**
Director
PCIM & H, PLIM Campus
Kamla Nehru Nagar
Kavinagar Post
Ghaziabad-201002 (U.P.)
- 6. Dr. Rakesh Shukla** **Member**
Senior Scientist
Central Drug Research Institute
Sector-10, Janakipuram Extension
Sitapur Road, Lucknow-226031
- 7. Dr. Shailendra K. Saxena** **Member**
Senior Scientist & Leader (Infectious Diseases)
CSIR-Centre for Cellular and Molecular Biology (CCMB)
W110, Uppal Road, Hyderabad-500007 (TS)
- 8. Dr. Shivang Swami Narayan** **Member**
402, Surya Mandir, Near Sambhav Press
Bodakdev, Ahmedabad-380015

- 9. Dr. Rajesh Shah** **Member**
Consultant,
Life Force Homoeopathy,
411, Krushal Commercial Complex
Amare Mehal, Chembur
Mumbai-400089
- 10. Dr. C. D. Tripathy** **Member**
HOD, Pharmacology
Vardhman Mahavir Medical College
Safdarjung Hospital, New Delhi-110029
- 11. Dr. Raj K. Manchanda** **Member Secretary**
Director General,
Central Council for Research in Homoeopathy,
61-65, Institutional Area, D-Block, Janakpuri,
New Delhi-110058

SPECIAL COMMITTEE FOR HOMOEOPATHIC PATHOGENETIC TRIAL (DRUG PROVING)

- | | | |
|-----------|---|-------------------------|
| 1. | <p>Dr. J. D. Daryani Former Principal Dr. MPK Homoeopathic Medical College, Hospital & Research Center, C-VI-101, Kamal Apartments No.2 Bani Park, Jaipur-302006 (Rajasthan)</p> | Chairman |
| 2. | <p>Dr. S. K. Tiwari Homoeopathic Consultant & Former Principal Fr. Muller Homoeopathic Medical College Kankanady, Dev Plaza, 105, Kadri Temple Road Mangalore-575002</p> | Member |
| 3. | <p>Dr. B. N. Prakash Former Director (Hom.) Govt. of Karnataka & Former Principal, Government Homoeopathic Medical College & Hospital Bangalore, Karnataka</p> | Member |
| 4. | <p>Dr. S. K. Bhattacharya Former HOD, Materia Medica, National Institute of Homoeopathy 139, Swami Vivekananda Road, P.O. Birati, Kolkata-700051</p> | Member |
| 5. | <p>Dr. Alok Kumar Former Advisor (H) Ministry of AYUSH 217, Karishma Apartment, IT Extension, Patparganj, Delhi</p> | Member |
| 6. | <p>Dr. Kishore Mehta Consulting Homoeopath Nirmal Polyclinic B-6, Majhithia Apartment, Irla, Villa Parley (West), Mumbai-56</p> | Member |
| 7. | <p>Dr. Rajesh Shah Consultant, Life Force Homoeopathy 411 Krushal Commercial Complex GM Road, Chembur, Mumbai-400059</p> | Member |
| 8. | <p>Dr. Raj K. Manchanda Director General, Central Council for Research in Homoeopathy, 61-65, Institutional Area, D-Block, Janakpuri, New Delhi-110058</p> | Member Secretary |

SPECIAL COMMITTEE ON FUNDAMENTAL RESEARCH

- | | | |
|-----------|--|-----------------|
| 1. | Prof. (Dr.) C. Nayak Former Director General, CCRH House No. 55B, C-4D Block, Janakpuri, New Delhi-110058 | Chairman |
| 2. | Dr. Jayesh R. Bellare Institute Chair Professor Department of Chemical Engineering IIT, Bombay, Mumbai-400076 | Member |
| 3. | Dr. Parimal C. Sen Senior Professor Division of Molecular Medicine Bose Institute, Kolkata - 700054 | Member |
| 4. | Prof. Papiya Nandy Chief Investigator Centre for Interdisciplinary Research and Education 404, Jodhpur Park, Kolkata-700068 | Member |
| 5. | Dr. M.M. Gore Scientist G National Institute of Virology Gorakhpur Unit, BRD Medical College Gorakhpur, 273013 (UP) | Member |
| 6. | Dr. Suresh Bhambhani Chief Division of Cytopathology Institute of Cytology and Preventive Oncology Plot No. 2012, City View Apartments Sector-35, Near Sumitra Hospital, Noida-201301 | Member |
| 7. | Dr. J. P. Varshney Former Prof. & Head Department of Medicine IVRI, Izzat Nagar-Nandini Vety. Veterinary Consultant Hospital Opp. (Medicine & Research) Children Traffic Training Park, Ghod dod Road, Surat-359007 | Member |
| 8. | Dr. Alok Chandra Bharti Scientist-D & Head Division of Molecular Oncology Institute of Cytology & Preventive Oncology (ICMR) I-7, Sector 39, Noida, Distt. Gautam Buddha Nagar-201301 | Member |

- 9. Dr. R. K. Sarkar** **Member**
Principal Scientist
Central Rice Research Institute, ICAR
Cuttack (Orissa)
- 10. Dr. D. S. Nauriyal** **Member**
Professor & Head
Department of Veterinary Medicine
College of Veterinary Science & A.H.,
Anand Agricultural University, Anand-388011
Gujarat
- 11. Dr. Raj K. Manchanda** **Member Secretary**
Director General,
Central Council for Research in Homoeopathy,
61-65, Institutional Area, D-Block, Janakpuri,
New Delhi-110058

REPRESENTATION OF SCHEDULED CASTES / SCHEDULED TRIBES IN THE COUNCIL SERVICES

The Council is following the orders and guidelines, issued from time to time by the Government of India in respect of reservation and representation of SC/ST in the services of the Council. The number of sanctioned posts, filled up posts during the last financial year, SC/ ST and OBC employees working in the Council as on 31.03.2018 were as under :

Table 1

| Group | No. of Sanctioned Posts | Posts filled in 2016-17 | Categories | | | |
|--------------|-------------------------|-------------------------|------------|-----------|-----------|------------|
| | | | SC | ST | OBC | General |
| A | 127 | 110 | 18 | 7 | 20 | 65 |
| B | 52 | 46 | 5 | 2 | 8 | 31 |
| C | 279 | 199 | 45 | 15 | 30 | 109 |
| Total | 458 | 404* | 68 | 24 | 58 | 205 |

* 49 posts filled up on Contract/Outsource basis.

BUDGET

The following table shows the budget of the Council for the year 2017-18:

Table 2

(Rupees in lakhs)

| Allotted Budget Estimate | PLAN | | | | | | | TOTAL PLAN |
|--|-------------------------|-------|---------|-------------------|---|------------------------|--|-----------------|
| 2017-18 Budget Estimate | General Area Plan | SAP | Salary | Capital Assets | Special Component Plan for Schedule caste | Tribal Area Plan | Medical Education, Training & Research (NER) | |
| B.E. | 3400.00 | 10.00 | 4200.00 | 500.00 | 400.00 | 100.00 | 900.00 | 9550.00 |
| F.E. | 3740.00 | 10.00 | 5575.00 | 500.00 | 400.00 | 100.00 | 900.00 | 11225.00 |
| Grant-in-aid of 2016-17, received during 2017-18 | | | | | | | 25.47 | 25.47 |

RIGHT TO INFORMATION ACT 2005

The **Right to Information Act (RTI)** is an Act of the Parliament of India "to provide for setting out the practical regime of right to information for citizens". The Act also requires every public authority to computerize their records for wide dissemination and to pro-actively publish certain categories of information so that the citizens need minimum recourse to request for information formally. This law was passed by Parliament on 15th June 2005 and came fully into force on 13th October 2005. The Indian Parliament gave a powerful tool to the citizens to get information from the Government as a matter of right.

The basic object of the Right to Information Act is to empower the citizens, promote transparency and accountability in the working of the Government contain corruption, and make our democracy work for the people in real sense. It goes without saying that an informed citizen is better equipped to keep necessary vigil on the instruments of governance and make the government more accountable to the governed. The Act is a big step towards making the citizens informed about the activities of the Government.

The Council has been providing the requisite information to the citizens by following the essence of the Act. During 2017-18, the queries received from the citizens are complied as under:

| | |
|---|-----|
| Opening balance of queries as on 01.04.2017 | NIL |
| Number of applications received as transferred from Other PSU u/s 6 (1) | 63 |
| Received applications (including cases transferred to other Public Authorities) | 133 |
| Number of Cases transferred to other Public Authorities | 14 |
| Decision where requests/ appeals rejected | Nil |

INFRASTRUCTURE

The Council has an impressive infrastructure. During the reporting period, the status of ongoing/approved capital related projects of CCRH are as under:

Table 3

| S. No. | Name of the Institute | Buildings | |
|--------|--|--|--|
| | | Rented (with area covered) | Owned (with area covered) |
| 1. | Clinical Research Unit (H), Agartala | | Shifted to Own Building. Area 2.05 Acre |
| 2. | Clinical Research Unit (H), Chennai | Rent free accommodation at NIEPMD, Chennai | |
| 3. | Clinical research Unit (T), Gangtok | Presently it is accommodated in a rented house, covered area which is approx. 2200 sq.ft | |
| 4. | Regional Research Institute(H), Gudivada | | Institute is accommodated in the newly constructed 2 Floor (G+2) by CPWD. Covered Area: 3300 Sq.m |
| 5. | Regional Research Institute (H), Guwahati | Presently, it is accommodated Ground Floor of old building of NEIARI, Guwahati | Land has been allotted by the State Govt. free of cost. However, the physical possession of the land has not been given as the area is not yet fully developed. |
| 6. | Drug Standardization Unit, Hyderabad | Unit is accommodated in the premises of Osmania University on rent free basis. | |
| 7. | Extn. Unit of DSU, Hyderabad | Presently it is accommodated in two rooms of Princess Durru Shehvar Children & Gen. Hospital, Purani haveli, Hyderabad-500002, rent free. | |
| 8. | Regional Research Institute (H), Imphal | Presently accommodated in a rented private building at the rate of Rs. 61,533/- per month located at New Checkon, Imphal. However, two rooms in the ground floor and two rooms in the 3 rd floor have been allotted to CRU,(Unani) for their research/OPD programme with an advice by the DG, CCRH. | Land has been provided by RIMS and boundary wall has been constructed at a cost of Rs. 2.66 cr. However, approval for the construction of building is under process. |
| 9. | Dr. Anjali Chatterjee Regional Research Institute (H), Kolkata | | In its own building of about 6000 sq.ft. carpet area. |

| S. No. | Name of the Institute | Buildings | |
|--------|---|--|--|
| | | Rented (with area covered) | Owned (with area covered) |
| 10. | National Homoeopathy Research Institute in Mental Health, Kottayam | | Presently it is accommodated in 1.78 acres land given freehold by Govt. of Kerala, where CCRH has constructed a double storied building. Another 7.5 Acres of land has been allotted by the State Govt. free of cost for development of the Institute for its development as a National Institute. |
| 11. | Homoeopathic Drug Research Institute(H), Lucknow | Presently provided by Govt. of U.P. in the campus of National Homoeopathic Medical College, 1, Viraj Khand, Gomti Nagar, Lucknow (20 rooms) in the state of Uttar Pradesh, India. Rent Free. | 4429.56 sq. mtrs of land has been allotted by LDA at a cost of Rs.8.00 Cr. approx. Approvals are being obtained for construction of building. |
| 12. | Regional Research Institute (H), Mumbai | Rented Accommodation | A combined building for RRI(H) and RRIUM is under construction at Navi Mumbai. Area : 2000 Sq.mtrs |
| 13. | Central Research Institute (H), Noida | | Own building of 4,800 Sq. Meters with inbuilt area 3,800 Sq. Meters. |
| 14. | Clinical Research Unit (H), Port Blair | Presently it is functioning in a rented building. Area:912 Sq.ft Rent: 8743/- pm | |
| 15. | Clinical Research Unit (H), Puducherry | Presently it is accommodated in a rented single storied building for the last 29 years at an area of 167.17 sq.mtr. Rent : Rs.10350/- pm. | |
| 16. | Regional Research Institute (H), Puri | | RRI (H), Puri is functioning in two buildings donated by two different donors at two different locations. Built Area Marchikote Lane 1680 sq.ft. G.B. Road 1757 sq.ft. |
| 17. | Extension centre of RRI (H), Puri at Bhubaneswar, | Extn. Unit, BBSR is functioning in rent free accommodation provided by Dr. A. C. Homoeopathic Medical College & Hospital, Bhubaneswar. | Five acres of land has been allocated by the State Govt. at a cost of Rs.4.5 Cr. approx.. However, State Govt. is being requested to waive the charges. |

| S. No. | Name of the Institute | Buildings | |
|--------|---|--|--|
| | | Rented (with area covered) | Owned (with area covered) |
| 18. | Regional Research Institute (H), Jaipur | Presently it is accommodated in the campus of Dr. M P K Homoeopathic Medical College & Hospital, Jaipur. Accommodation is provided by the college authorities, free of cost though the space is insufficient for proper functioning of the Institute utilizing its optimum capacity. | 4051 sq. mtrs of land has been allotted by Rajasthan Awasan Mandal at a cost of Rs. 8.94 Cr. and the building is under construction at a cost of Rs. 29.00 Cr. through NPCC. |
| 19. | Clinical Research Unit (H), Ranchi | Presently it is accommodated in rented building of 779 sq ft. on a monthly rent of Rs. 5500/-pm. | |
| 20. | Regional Research Institute (H), Shimla | Presently it is accommodated in a rented building. Area : 1224.25+300 Sq.ft open space Rent Rs. 16500/- pm | |
| 21. | Clinical Research Unit (T), Siliguri | It is presently accommodated in a rented building. Area : 2700 Sq.ft. Rent : Rs. 21400/- pm | 0.33 acres land has been allotted by the State Govt. at a cost of Rs. 0.30 cr. Approval for construction of building is under process. |
| 22. | Survey of Medicinal Plants Collection and Cultivation Unit Emerald, Ooty, Tamil Nadu | | Two Buildings on 12.5 acres of land provided by the State Govt. on lease basis extended upto 2025 for cultivation of homoeopathic medicinal plants. |
| 23. | Clinical Research Unit (H), Tirupathi | Presently accommodated in rented building providing by Tirumala Tirupati Devasthanams on nominal rental basis. Area : 1150 Sq.ft Rent: 10680/- pm. | |
| 24. | Clinical Verification Unit (H), Patna | Rent free accommodation | |
| 25. | Aizawl | Rent free accommodation at AYUSH building Civil Hospital | |
| 26. | Gorakhpur | Rent free accommodation at BRD Medical Collage And Hospital | |

LIST OF INSTITUTES AND UNITS

Table 4

| SL. No. | Full address of the Institutes / Units | Telephone No. & email address |
|---------|---|---|
| 1. | National Homoeopathy Research Institute in Mental Health Sachivothampuram, Kottayam (Kerala)-686532 | 0481-2436322, 2432238 crihktn@gmail.com |
| 2. | Dr. D.P. Rastogi Central Research Institute (H), A-1/1, Sector-24, Noida. (U.P.). | 0120-2411323 0120-2411324 crihnoida@gmail.com |
| 3. | Homoeopathic Drug Research Institute (H), Campus of National Homoeopathic Medical College & Hospital, 1, Viraj Khand, Gomti Nagar, Lucknow- (U.P)- 226010 | 0522-2301030 hdri_lko@yahoo.com, hdri2010@gmail.com |
| 4. | Regional Research Institute (H), MTNL Hall No.-4, Sector – 9, Shopping Centre, CBD, Belapur, Navi Mumbai, (Maharashtra)-400614 | 022-27573154, 27579154 Fax: -9122, 27577501 rrihmumbai@yahoo.co.in rrihmumbai@gmail.com |
| 5. | Regional Research Institute (H), Dr. GGH Medical College Campus, Eluru Road, Gudivada-521301 Andhra Pradesh | 08674-243491 08674-244484 rrigudivada@gmail.com |
| 6. | Regional Research Institute (H), C-5, Sector-2, Phase - 1, New Shimla, (H.P.)-171009 | 0177-2670450 0177-2672092 rrishimla@gmail.com |
| 7. | Regional Research Institute (H), CCRH Building, Marchikote Lane, Near Labanikhia Chaak, Puri (Odisha) - 752001 | 06752-223371 (Office) 06752 - 222711 (OPD) Fax: 06752-225571 rri_puri@yahoo.co.in rripuri@gmail.com |
| 8. | Regional Research Institute (H), Dr. Madan Pratap Khuteta Homoeopathic Medical College, Hospital & Research Centre Station Road, Jaipur (Rajasthan)-302006 | 0141-2371763 0141-2364661 rrihjaipur@yahoo.co.in rrihjaipur@gmail.com |
| 9. | Regional Research Institute (H), NEIARI (Ayurvedic Hospital Campus), Barsojai, Bhetapara, Guwahati-781028 | 0361-2476202 rrihgua@gmail.com Fax: 0361-24702700385 – 2457417 rriumphal@gmail.com |
| 10. | Regional Research Institute (H), New Checkon, Bazar Road, Opp. Tribal Colony, Imphal East District (Manipur) - 795001 | 040-27178188 040-27403755 drpsdsu@gmail.com |
| 11. | Regional Research Institute (H) Joykrishna Kobra Para Road, Khumulwng, Jirania, Agartala, Tripura (W) - 799045 | 0381-2309877 crut_agartala@yahoo.com |

| SL. No. | Full address of the Institutes / Units | Telephone No. & email address |
|---------|--|---|
| 12. | Dr. Anjali Chatterjee Regional Research Institute (H), 50, Rajendra Chatterjee Road, Kolkata (W.B.)-700035 | 033-25100868, 033-25100861 anjaliirrikolkata@gmail.com |
| 13. | Drug Standardisation Unit (H), Osmania University Building, 32, Street No. 4, Vikram Puri, Habsiguda, Hyderabad (A.P.) - 500007 | 040-27178188 040-27403755 drpsdsu@gmail.com |
| 14. | Clinical Verification Unit (H), 2nd Floor, S. Guru Govind Singh Hospital, Patna City, Patna – 800008 (Bihar) | 0612- 2631952 cvu02patna@gmail.com |
| 15. | Center of Medicinal Plants Research in Homoeopathy (CMPRH) 3/126, Indira Nagar, Emerald The Nilgiri Distt. - 643209 | 0423 - 2595184 smpcuemerald@gmail.com |
| 16. | Clinical Research Unit (H), Old Maternity Hospital Campus, Tirupati - 517507. (A.P.) | 0877-2230466 crutpt@yahoo.co.in crutpt@gmail.com |
| 17. | Homoeopathic Research Institute for Disabilities Room No. 136, NIEPMD Campus, ECR Road, Muttukadu, Chennai - 603112 (Tamil Nadu) | 044-24511821 cruchennai@yahoo.co.in cruchennai@gmail.com |
| 18. | Clinical Research Unit (T) Arsunday, Boreya Road, P.O. Boreya, Ranchi - 835240 (Jharkhand) | 0651-2450986 cru ranchi@rediffmail.com |
| 19. | Clinical Research Unit (H), M.B. 31, Middle Point, Mahatma Gandhi Road, Port-Blair - 744101 (A&N) | 03192-233073 cruhportblair@yahoo.com cruhportblair@gmail.com |
| 20. | Clinical Research Unit (H) Gokhel Road, Arabindopally (Near Matrimandir), Darjeeling Siliguri – 734 006, (West Bengal) | 0353-2596065 cruslg@gmail.com |
| 21. | Clinical Research Unit (H) Development Area, Near Sangram Bhawan Gangtok - 737101 (Sikkim) | 0353-2596065 cruslg@gmail.com |
| 22. | Clinical Research Unit (H) No. 13, 1st Cross, Mangalakshmi Nagar, (Behind New Bus Stand), Seram Post, Puducherry-605013 | 0413-2206879 cru_homoeo_pdy@hotmail.com cruhpu ducherry@gmail.com |
| 23. | Clinical Research Unit (H) AYUSH Building, Civil Hospital Dawrpui, Aizwal, Mizoram-796001 | |

Table 5

| S. No. | Full address of the Institutes / Units | Telephone no.& email address |
|--------|---|---|
| 1. | Extension Clinical Research Unit of Drug Standardization Unit, Princess Durru Shehvar Children's & General Hospital, Purani Haveli, Hyderabad - (A.P.)-500002 | 040-24567754, 24511570, 24520480 extncruhyd@yahoo.com extncruhyd@gmail.com |
| 2. | Extension Research Centre (H), Dr Abhin Chandra Homoeopathic Medical College & Hospital, Unit - III, Kharavela Nagar, Bhubaneswar - 751001 (Odisha) | 0674-2391390 podpu.in@rediffmail.com dpu.bbr@gmail.com |
| 3. | Extension Centre of HDRI, Lucknow Clinical Trial Unit (H) for Homoeopathy on Viral Encephalitis Private Ward Room No. 10 & 11, B. R. D. Medical College, Hospital, Gorakhpur- 273013 Uttar Pradesh | 0551-2500473 ctuhgkp2012@gmail.com |

HOMOEOPATHIC OPDS

Table 6

| S. No. | Full address of the Institutes / Units | Telephone no.& email address |
|--------|--|---|
| 1. | Homoeopathic Treatment Centre, Room No. 139 & 140, 1st Floor, C Wing New OPD Building, Safdarjung Hospital, New Delhi -110029 | 011-26197986 011-26163072 htc_sjh@yahoo.co.in |
| 2. | Homoeopathic Out Patient Department, Lady Hardinge Medical College & Hospital, Near Sivaji Stadium Smt. Sucheta Kriplani Hospital, Panchkuian Road, Connaught Place, New Delhi-110001 | drlakheracrh@gmail.com |
| 3. | Homoeopathic Out Patient Department, at Delhi Cantonment Hospital, Sadar Bazar, Delhi Cantt., New Delhi-110010 | 9968501805 |
| 4. | Homoeopathic Out Patient Department, at Vinobha Niketan, P.O. Nedumangadu, Thiruvananthapuram, Kerala | 08129751833 |
| 5. | Homoeopathic Clinic cum Research Unit, Delhi State Cancer Institute, Delhi, Dilshad Garden | 011-22110606 011-22110505 |
| 6. | AYUSH Wellness Clinic Schedule B, President's Estate, Mother Teresa Crescent Gate No. 30, in front of Talkatora Garden, New Delhi - 110004 | ayush.rb2015@gmail.com Phone No. 9599834711 |

GENDER BUDGET

Most of the research studies conducted by the Council are gender neutral. There are two specific clinical research studies 'Breast Fibroadenoma' & 'Polycystic Ovarian Syndrome' for women. In all the other clinical verification and Drug proving studies, the gender distribution is random.

Council has also constituted a Gender Budgeting Cell as per direction from Ministry of AYUSH to monitor gender specific issues.

Council has been conducting Mother and child Health Clinics since 2009-10 at various Institutes/Units after National Campaign on Homoeopathy for Mother & Child care in the year 2007.

Details of the number of patients came for treatment in general/ special OPDs/IPD at Institutes of the Council, Swasthya Rakshan Programme, National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS) and Homoeopathy for Healthy child and percentage of female patients given in Table 1.

Table 7

| | Total | Women | Women% |
|---|------------------|-----------------|---------------|
| OPD/IPD | 752737 | 420971 | 55.92 |
| Swasthya Rakshan Programme | 115596 | 67042 | 57.99 |
| Homoeopathy for Healthy Child | 86633 | 43064 | 49.70 |
| National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke | 26466 | 15079 | 56.97 |
| Mother and Child Health | 27993 | 13700 | 48.97 |
| Total | 10,09,405 | 55,9,856 | 53.91 |

COUNCIL'S ISO 9001-2008 CERTIFICATION

Management System Audit Surveillance – 1 was done by auditors from Vexil Business Process Services Pvt. Ltd. The surveillance audits assure ongoing conformity, determine whether the management system remains effective, and encourage continual improvement, thereby helping to enhance performance. An ISO 9001-2008 Certification has been awarded to the Council.

TECHNICAL REPORT



The Council has undertaken following research activities during the year (2017- 2018)

- Survey, Collection and Cultivation of Medicinal Plants
- Drug Standardization Research
- Drug Proving Research
- Clinical Verification Research
- Clinical Research
- Epidemic Cell
- Fundamental & Collaborative Research
- Extra Mural Research

RESEARCH ASSIGNMENTS

Assigned projects to Institutes/Units (2017-18)

Table 8

| Sl. No. | Name of the State/U.T | Name & Address | Projects assigned |
|---------|----------------------------|--|---|
| 1. | Andaman and Nicobar Island | Clinical Research Unit (H), M.B. 31, Middle Point, Mahatma Gandhi Road, Port Blair-744101 | a) Clinical Research <ol style="list-style-type: none"> 1. Vitiligo 2. Muriatic Family study 3. Patient Reported Outcome Measure Study (MYMOP) b) Validation study on Dyspepsia c) Clinical Verification Research on 10 drugs d) Specialty clinics: <ol style="list-style-type: none"> 1. Rheumatology clinic e) Public Health Activities: <ol style="list-style-type: none"> 1. Mother & Child Health Care |
| 2. | Andhra Pradesh | Regional Research Institute(H), Dr. GGH Medical College Campus, Eluru Road, Krishna Dt., Gudivada- 521301 | a) Clinical Research: <ol style="list-style-type: none"> 1. Pre Diabetes 2. Dyslipidemia 3. Osteoarthritis 4. Psoriasis 5. Vitiligo 6. Cough validation 7. Rheumatoid Arthritis 8. Post Chikungunya Arthritis 9. Muriatic Family study 10. Low Back Pain 11. Patient Reported Outcome Measure Study (MYMOP) 12. Warts b) Validation study on Haemorrhoids c) Drug Proving Research on 03 drugs d) Clinical Verification Research on 10 drugs e) Specialty clinics: <ol style="list-style-type: none"> 1. Dermatology Clinic 2. Lifestyle Disorder Clinic 3. Rheumatology Clinic f) Public Health Activities <ol style="list-style-type: none"> 1. Integrated NPCDCS Program 2. Swasthya Rakshan Program 3. Mother & Child Health Care 4. Health Camps in SC areas |

| | | | |
|----|------------------------|---|--|
| 3. | | Clinical Research Unit (H), Old Maternity Hospital Campus, Tirupathi - 517507 | <p>a) Clinical Research</p> <ol style="list-style-type: none"> 1. Hypertension 2. Pre Diabetes 3. Dyslipidemia 4. Low Back Pain 5. Patient Reported Outcome Measure Study (MYMOP) <p>b) Specialty clinics</p> <ol style="list-style-type: none"> 1. Lifestyle Disorder Clinic 2. Health Camps in SC areas |
| 4. | Assam [N.E.] SC | Regional Research Institute (H), NEIARI (Ayurvedic Hospital Campus), Barsojai, Bhetapara, Guwahati-781028 | <p>a) Clinical Research</p> <ol style="list-style-type: none"> 1. Iron Deficiency Anemia in Children 2. Psoriasis 3. Vitiligo 4. Patient Reported Outcome Measure Study (MYMOP) <p>b) Validation study on Migraine</p> <p>c) Clinical Verification Research on 10 drugs</p> <p>d) Specialty clinic</p> <ol style="list-style-type: none"> 1. Dermatology Clinic 2. ENT Clinic <p>e) Public Health Activities</p> <ol style="list-style-type: none"> 1. Homoeopathy for Healthy Child 2. Swasthya Rakshan Program 3. Mother & Child Health Care |
| 5. | Bihar SC | Clinical Verification Unit (H), Guru Govind Singh Hospital Patna City- 800008 | <p>a) Clinical Research</p> <ol style="list-style-type: none"> 1. Adjustment Disorder 2. Patient Reported Outcome Measure Study (MYMOP) <p>b) Clinical Verification Research on 10 drugs</p> <p>c) Public Health Activities:</p> <ol style="list-style-type: none"> 1. Mother & Child Health Care |
| 6. | Himachal Pradesh SC | Regional Research Institute(H), C-12, Lane – 1, Sector – 1, Below B.C.S. New Shimla 171009 | <p>a) Clinical Research</p> <ol style="list-style-type: none"> 1. Acute Otitis Media 2. Low Back Pain 3. Adenotonsillar Hypertrophy 4. Patient Reported Outcome Measure Study (MYMOP) <p>b) Clinical Verification Research on 10 drugs</p> <p>c) Specialty clinic:</p> <ol style="list-style-type: none"> 1. ENT Clinic <p>d) Public Health Activities:</p> <ol style="list-style-type: none"> 1. Swasthya Rakshan Program 2. Mother & Child Health Care |

| | | | |
|-----|------------------------------|--|---|
| 7. | Jharkhand SC | Clinical Research Unit (H), Arsunday, Boreya Road, Bank of India, P.O.Boreya, Ranchi | a) Clinical Research <ol style="list-style-type: none"> 1. Schizophrenia 2. Adjustment Disorder 3. Patient Reported Outcome Measure Study (MYMOP) b) Validation of Haemorrhoids c) Public Health Activities: <ol style="list-style-type: none"> 1. Mother & Child Health Care |
| 8. | | Central Institute of Psychiatry, Ranchi - 835240 | a) Schizophrenia |
| 9. | Kerala SC | National Homoeopathy Research Institute in Mental Health (NHRIMH), Sachivothamapuram Kottayam - 686532 | a) Clinical Research <ol style="list-style-type: none"> 1. Schizophrenia 2. Autism 3. Vitiligo 4. Acute Otitis Media 5. Breast fibroadenoma 6. Pre- Diabetes 7. Psoriasis 8. Dyslipidemia 9. Iron Deficiency Anemia in Children 10. Osteoarthritis 11. Post Chikungunya Arthritis 12. Rheumatoid Arthritis 13. Adenotonsillar Hypertrophy 14. Urinary Tract Infection 15. Adjustment Disorder 16. Patient Reported Outcome Measure Study (MYMOP) 17. Warts b) Validation study on Acne c) Validation study on Asthma d) Clinical Verification Research Program of 10 drug e) Drug Proving Research f) Specialty clinic: <ol style="list-style-type: none"> 1. Dermatology Clinic 2. Lifestyle Disorder Clinic g) Public Health Activities: <ol style="list-style-type: none"> 1. Swasthya Rakshan Program 2. Mother & Child Health Care |
| 10. | Maharashtra SC | Regional Research Institute (H), MTNL Hall No. 4 Shopping Centre, Sector - 9, CBD Belapur, Navi Mumbai - 400614 | a) Clinical Research <ol style="list-style-type: none"> 1. Autism 2. Osteoarthritis 3. Vitiligo 4. Psoriasis 5. Rheumatoid Arthritis 6. Patient Reported Outcome Measure Study (MYMOP) 7. Warts |

| | | | |
|-----|--|---|---|
| | | | <p>b) HIV OPD</p> <p>c) Drug Proving Research</p> <p>d) Validation study on Acne</p> <p>e) Clinical Verification Research Program of 10 drug</p> <p>f) Specialty clinic:</p> <ol style="list-style-type: none"> 1. Dermatology Clinic 2. Rheumatology Clinic <p>g) Public Health Activities:</p> <ol style="list-style-type: none"> 1. Homoeopathy for Healthy Child 2. Swasthya Rakshan Program |
| 11. | <p>Manipur [N.E]</p> <p>SC</p> | <p>Regional Research Institute (H), New Checkon, Maring Land. Opp. Trival Colony, Imphal- 795001</p> | <p>a) Clinical Research</p> <ol style="list-style-type: none"> 1. Hypertension 2. Iron Deficiency Anemia in Children 3. Patient Reported Outcome Measure Study (MYMOP) <p>b) Validation study on Haemorrhoids</p> <p>c) Clinical Verification Research on 10 drugs</p> <p>d) Public Health Activities:</p> <ol style="list-style-type: none"> 1. Swasthya Rakshan Program |
| 12. | <p>Orissa</p> <p>SC</p> | <p>Regional Research Institute (H), CCRH Building, Marchi Kote Lane, Labanikhia Chaak, Puri -752001.</p> | <p>a) Clinical Research</p> <ol style="list-style-type: none"> 1. Psoriasis 2. Vitiligo 3. Breast Fibroadenoma 4. Adjustment Disorder 5. Patient Reported Outcome Measure Study (MYMOP) 6. Warts <p>b) Validation study on Dyspepsia</p> <p>c) Clinical Verification Research on 10 drugs</p> <p>d) Specialty clinic:</p> <ol style="list-style-type: none"> 1. Dermatology Clinic <p>e) Public Health Activities:</p> <ol style="list-style-type: none"> 1. Swasthya Rakshan Program 2. Mother & Child Health Care |
| 13. | | <p>Extn. Centre of RRI Puri Dr. Abhin Chandra Homoeopathy Medical College & Hospital Unit- III Kharveka Nagar, Bhubaneswar - 751001</p> | <p>a) Clinical Research</p> <ol style="list-style-type: none"> 1. Low Back Pain 2. Patient Reported Outcome Measure Study (MYMOP) <p>b) Drug Proving Research</p> <p>c) Clinical Verification Research on 10 drugs</p> <p>d) Public Health Activities:</p> <ol style="list-style-type: none"> 1. Homoeopathy for Healthy Child |

| | | | |
|-----|--------------------------------------|--|--|
| 14. | Puducherry SC | Clinical Research Unit (H), 1 st Cross, Mangalakshmi Nagar, (Behind New Bus Stand), Puducherry- 605013. | a) Clinical Research <ol style="list-style-type: none"> 1. Pre Diabetes 2. Dyslipidemia 3. Psoriasis 4. Patient Reported Outcome Measure Study (MYMOP) b) Validation study on Migraine c) Specialty clinic: <ol style="list-style-type: none"> 1. Lifestyle Disorder Clinic |
| 15. | Rajasthan SC | Regional Research Institute (H), Dr. Madan Pratap Khuteta Rajasthan Homoeopathic Medical College & Hospital, Station Road, Jaipur -302006 | a) Clinical Research <ol style="list-style-type: none"> 1. Acute Otitis Media 2. Psoriasis 3. Vitiligo 4. Patient Reported Outcome Measure Study (MYMOP) 5. Warts b) Drug proving Research c) Specialty clinic: <ol style="list-style-type: none"> 1. Rheumatology Clinic 2. Dermatology Clinic 3. ENT Clinic d) Public Health Activities: <ol style="list-style-type: none"> 1. Swasthya Rakshan Program 2. Mother & Child Health Care |
| 16. | Sikkim[N.E] ST | Clinical Research Unit (H), In front of Samphel Hotel, Near Sangram Bhawan, Development Area, Gangtok - 737101. | a) Clinical Research: <ol style="list-style-type: none"> 1. Adjustment Disorder 2. Patient Reported Outcome Measure Study (MYMOP) b) Public Health Activities: <ol style="list-style-type: none"> 1. Mother & Child Health Care |
| 17. | Tamil Nadu SC | Clinical Research Unit (H), Room No. 136, NIEPMD Campus, ECR Road, Muttukadu, Chennai - 603112 | a) Clinical Research <ol style="list-style-type: none"> 1. Pre Diabetes 2. Hypertension 3. Dyslipidemia 4. Vitiligo 5. Patient Reported Outcome Measure Study (MYMOP) b) Validation study on Dyspepsia c) Clinical Verification Research on 10 drugs |
| 18. | | Centre for Medicinal Plants Research in Homoeopathy 3/126, Indira Nagar, Emerald Post, Ooty, Nilgiri Distt- 643 209 | a) Survey, Collection & cultivation of medicinal plants: <ol style="list-style-type: none"> 1. Supply of assigned drugs to various Drug Standardization units of the Council for regular assignment and for HPI revision work 2. Cultivation of medicinal plants in Homoeopathy specially exotic and not easily available |

| | | | |
|-----|---------------------------------|--|---|
| 19. | Telangana SC | Drug Standardization Unit (H), Q.U.B. 32, Room No. 4, Vikram Puri, Habsigunda, Hyderabad -500007 | a) Clinical Research <ol style="list-style-type: none"> 1. Acute Otitis Media 2. Hypertension 3. Dyslipidemia 4. Pre-Diabetes 5. Patient Reported Outcome Measure Study (MYMOP) b) Drug Standardization Research (Pharmacognostical & Physico-chemical studies on 08 drugs) <ol style="list-style-type: none"> 1. HPI revision work d) Specialty clinic: <ol style="list-style-type: none"> 1. ENT Clinic e) Public Health Activities: <ol style="list-style-type: none"> 1. Mother & Child Health Care |
| 20. | | D.S.U. Extension Unit Princess Durra Shehvar Children and General Hospital, Purani Haveli, Hyderabad -500002 | a) Clinical Research <ol style="list-style-type: none"> 1. Diabetic Foot Ulcer 2. Trigeminal Neuralgia 3. Polycystic Ovarian Syndrome 4. Adenotonsillar Hypertrophy 5. Patient Reported Outcome Measure Study (MYMOP) b) Validation study on Asthma |
| 21. | Tripura (N.E.) SC | Regional Research Institute (H) Joykrishna Kobra Para Road, Khumulwng, Jirania, Agartala, Tripura (W) - 799045 | a) Clinical Research <ol style="list-style-type: none"> 1. Psoriasis 2. Adenotonsillar Hypertrophy 3. Muriatic Family study 4. Adjustment Disorder 5. Patient Reported Outcome Measure Study (MYMOP) 6. Warts b) Validation study on Acne c) Clinical Verification Research on 10 drugs d) Specialty clinic: <ol style="list-style-type: none"> 1. Rheumatology clinic e) Public Health Activities: <ol style="list-style-type: none"> 1. Mother & Child Health Care |
| 22. | Uttar Pradesh SC | Homoeopathic Drug Research Institute(H), Campus of National Homoeopathic Medical College and Hospital, 1, Viraj Khand, Gomti Nagar, Lucknow-226010 | a) Clinical Research: <ol style="list-style-type: none"> 1. Vitiligo 2. Patient Reported Outcome Measure Study (MYMOP) b) Validation study on Acne c) Drug Proving Research d) Clinical Verification Research on 10 drugs e) Public Health Activities: <ol style="list-style-type: none"> 1. Swasthya Rakshan Program |

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|-----|-----------------------|--|--|
| 23. | | Ext. Centre of HDRI, Lucknow at B.R.D. Medical College, Room no. 9/10, Private ward, Gorakhpur- 283013 | a) Clinical research <ol style="list-style-type: none"> 1. Acute Encephalitis Syndrome (IPD based study at B.R.D. Medical College, Gorakhpur) 2. Patient Reported Outcome Measure Study (MYMOP) b) Public Health Activities: <ol style="list-style-type: none"> 1. Homoeopathy for Healthy Child |
| 24. | | Dr. D. P. Rastogi Central Research Institute (H), A-1/1. Sector-24, Noida | a) Clinical Research <ol style="list-style-type: none"> 1. Acute Otitis Media 2. Breast Fibroadenoma 3. Dyslipidemia 4. Hypertension 5. Iron Deficiency Anemia in Children 6. Osteoarthritis 7. Pre Diabetes 8. Psoriasis 9. Vitiligo 10. Adenotonsillar Hypertrophy 11. Polycystic Ovarian Syndrome 12. Post Chikungunya Arthritis 13. Rheumatoid Arthritis 14. Muritic Family study 15. Low Back Pain 16. Patient Reported Outcome Measure Study (MYMOP) 17. Warts b) Validation study on Asthma c) Drug Proving Research d) Clinical Verification Research on 10 drugs e) Drug Standardization Research (Pharmacognostical & Physico-chemical studies on 08 drugs): f) HPI revision work ongoing g) In-vitro studies on fungal and bacterial cultures h) Specialty clinic: <ol style="list-style-type: none"> 1. Dermatology Clinic 2. Rheumatology Clinic 3. ENT Clinic 4. Lifestyle Disorder Clinic i) Public Health Activities: <ol style="list-style-type: none"> 1. Swasthya Rakshan Program 2. Homoeopathy for Healthy Child 3. Mother & Child Health Care |
| 25. | West Bengal SC | Clinical Research Unit (H), Gokhel Road (Near Matri Bhandar), Arobindopally, Siliguri- 734401 | a) Clinical Research <ol style="list-style-type: none"> 1. Pre Diabetes 2. Osteoarthritis 3. Psoriasis 4. Adjustment Disorder |

| | | | |
|-----|--|---|---|
| | | | <ul style="list-style-type: none"> 5. Patient Reported Outcome Measure Study (MYMOP) 6. Warts <p>b) Validation study on Haemorrhoids</p> <p>c) Specialty clinic:</p> <ul style="list-style-type: none"> 1. Rheumatology Clinic 2. Lifestyle Disorder Clinic |
| 26. | | Dr. Anjali Chatterjee Regional Research Institute (H), 50, Rajendra Chatterjee Road, Kolkata-35. | <p>a) Clinical Research</p> <ul style="list-style-type: none"> 1. Cancer 2. Hypertension 3. Psoriasis 4. Vitiligo 5. Autism 6. Breast fibroadenoma 7. Warts 8. Psoriasis 9. Muriatic Family study 10. Urinary Tract Infection 11. Adjustment Disorder 12. Patient Reported Outcome Measure Study (MYMOP) <p>b) Validation study on Migraine</p> <p>c) Drug Proving Research</p> <p>d) Clinical Verification Research on 10 drugs</p> <p>e) Specialty clinic:</p> <ul style="list-style-type: none"> 1. Lifestyle Disorder Clinic <p>f) Public Health Activities:</p> <ul style="list-style-type: none"> 1. Integrated NPCDCS Program 2. Swasthya Rakshan Program |

SURVEY, COLLECTION AND CULTIVATION OF MEDICINAL PLANTS

The survey of medicinal plants and collection unit, located at Emerald, Nilgiris district, Tamil Nadu has now been renamed as “Centre of Medicinal Plants Research in Homoeopathy (CMPRH)”. The fundamental activities of the unit will remain same and there will be an add-on in the research work to strengthen the drug standardization studies carried out in other centres of the council.

1. Raw Drug samples supplied to the drug standardization centres at- Dr. D. P. Rastogi Central Research Institute for Homoeopathy, Noida and DSU (H), Hyderabad

The following raw drug plant materials have been supplied to the Officer In-charge, Drug Standardization Unit, Hyderabad for carrying out Drug Standardization Research work:-

Table 9

| Sl. No. | Drug Name | Sl. No. | Drug Name |
|---------|-----------------------------------|---------|--------------------------------------|
| 1. | <i>Achillea millefolium L.</i> | 11. | <i>Rosmarinus officinalis L.</i> |
| 2. | <i>Bryonopsis lacinosa Naud.</i> | 12. | <i>Rumex acetosella L.</i> |
| 3. | <i>Calendula officinalis L.</i> | 13. | <i>Sambucus nigra L.</i> |
| 4. | <i>Cytisuss coparius L.</i> | 14. | <i>Santolina chamaecyparissus L.</i> |
| 5. | <i>Digitalis purpurea L.</i> | 15. | <i>Siegesbeckia orientalis L.</i> |
| 6. | <i>Erigeron canadensis L.</i> | 16. | <i>Smilax aspera L.</i> |
| 7. | <i>Fumaria officinalis L.</i> | 17. | <i>Solanum nigrum L.</i> |
| 8. | <i>Galinsoga parviflora Cav.</i> | 18. | <i>Stellaria media (L.) Vill.</i> |
| 9. | <i>Glycosmis pentaphylla DC.</i> | 19. | <i>Verbascum thapsus L.</i> |
| 10. | <i>Heliotropium peruvianum L.</i> | 20. | <i>Persicaria nepalensis L.</i> |

The following raw drug plant materials have been supplied to the Officer In-charge Clinical Research Institute (H), Noida for carrying out Drug Standardization Research work:-

Table 10

| Sl. No. | Drug Name | Sl. No. | Drug Name |
|---------|--------------------------------------|---------|---|
| 1. | <i>Acer negundo L.</i> | 13. | <i>Galinsoga parviflora Cav.</i> |
| 2. | <i>Achillea millefolium L.</i> | 14. | <i>Ginkgo biloba L.</i> |
| 3. | <i>Calendula officinalis L.</i> | 15. | <i>Heliotropium peruvianum L.</i> |
| 4. | <i>Capsella bursa-pastoris L.</i> | 16. | <i>Hygrophylla auriculata (Schim.) Heine.</i> |
| 5. | <i>Chenopodium ambrosioides L.</i> | 17. | <i>Persicaria nepalensis L.</i> |
| 6. | <i>Chrysanthemum parthenium (L.)</i> | 18. | <i>Rumex acetosella L.</i> |
| 7. | <i>Bernh.Cineraria maritima L.</i> | 19. | <i>Sambucus nigra L.</i> |
| 8. | <i>Coffea arabica L.</i> | 20. | <i>Santolina chamaecyparissus L.</i> |
| 9. | <i>Cytisus scoparius L.</i> | 21. | <i>Siegesbeckia orientalis L.</i> |
| 10. | <i>Digitalis purpurea L.</i> | 22. | <i>Smilax aspera L.</i> |
| 11. | <i>Ficus benghalensis L.</i> | 23. | <i>Solanum nigrum L.</i> |
| 12. | <i>Fumaria officinalis L.</i> | 24. | <i>Stellaria media (L.) Vill.</i> |

2. Cultivation of Medicinal Plants:

The Council is having its own research garden spreading over an area of 12.7 acres of land for the cultivation and maintenance of exclusively of Homoeopathic plant based raw material.

Currently 75 plant species are being cultivated the plant species are under experimental cultivation and below conservation cum germplasm collection at demonstration plots for further multiplication or seed production to continue as next generation and being maintained as reference species useful in Homoeopathy:

- The following exotic and indigenous Homoeopathic medicinal plants are cultivated at Research Garden and germ plasms being maintained.

Table 11

| Sl. No. | Name of Plants | Sl. No. | Name of Plants |
|---------|-----------------------------------|---------|-----------------------------------|
| 1. | <i>Achillea millefolium</i> | 30. | <i>Iris germanica</i> |
| 2. | <i>Agave americana</i> | 31. | <i>Iris florentina</i> |
| 3. | <i>Agropyron repens</i> | 32. | <i>Lycopersicum esculentum</i> |
| 4. | <i>Ammi visnaga</i> | 33. | <i>Magnolia grandiflora</i> |
| 5. | <i>Anagalis arvensis</i> | 34. | <i>Melissa officinalis</i> |
| 6. | <i>Apium graveolens</i> | 35. | <i>Mentha piperita</i> |
| 7. | <i>Argemone ochroleuca</i> | 36. | <i>Mentha spicata</i> |
| 8. | <i>Armoracia rusticana</i> | 37. | <i>Oenothera biennis</i> |
| 9. | <i>Artemisia annua</i> | 38. | <i>Origanum majorana</i> |
| 10. | <i>Artemisia dracunculus</i> | 39. | <i>Pastinaca sativa</i> |
| 11. | <i>Asclepias curassavica</i> | 40. | <i>Petroselinum crispum</i> |
| 12. | <i>Asparagus officinalis</i> | 41. | <i>Prunus persica</i> |
| 13. | <i>Bryophyllum calysinum</i> | 42. | <i>Raphanus sativa var. Nigra</i> |
| 14. | <i>Beta vulgaris</i> | 43. | <i>Rosmarinus officinalis</i> |
| 15. | <i>Chrysanthemum leucanthemum</i> | 44. | <i>Rumex acetosella</i> |
| 16. | <i>Chrysanthemum parthenium</i> | 45. | <i>Sarothamnus scoparius</i> |
| 17. | <i>Cinchona officinalis</i> | 46. | <i>Saccharum officinarum</i> |
| 18. | <i>Cineraria maritime</i> | 47. | <i>Salvia officinalis</i> |
| 19. | <i>Datura arborea</i> | 48. | <i>Sambucus nigra</i> |
| 20. | <i>Digitalis purpurea</i> | 49. | <i>Santolina chamaecyparissus</i> |
| 21. | <i>Erigeron canadensiss</i> | 50. | <i>Silybum marianum</i> |
| 22. | <i>Eschscholtzia californica</i> | 51. | <i>Solanum nigrum</i> |
| 23. | <i>Exogonium purga</i> | 52. | <i>Symphytum officinale</i> |
| 24. | <i>Fagopyrum esculentum</i> | 53. | <i>Taraxacum officinale</i> |
| 25. | <i>Fragaria vesca</i> | 54. | <i>Thymus vulgaris</i> |
| 26. | <i>Fumaria officinalis</i> | 55. | <i>Trifolium pretense</i> |
| 27. | <i>Ginkgo biloba</i> | 56. | <i>Trifolium repens</i> |
| 28. | <i>Hedera helix</i> | 57. | <i>Tropaeolum majus</i> |
| 29. | <i>Heliotropium peruvianum</i> | 58. | <i>Verbascum thapsus</i> |

| Sl. No. | Name of Plants | Sl. No. | Name of Plants |
|---------|----------------------------------|---------|----------------------------------|
| 59. | <i>Viola odorata</i> | 68. | <i>Curcuma longa</i> * |
| 60. | <i>Viola tricolor</i> | 69. | <i>Datura metel</i> * |
| 61. | <i>Yucca filamentosa</i> | 70. | <i>Gymnema sylvestre</i> * |
| 62. | <i>Acorus calamus</i> * | 71. | <i>Plectranthus fruticosus</i> * |
| 63. | <i>Adhatoda vasica</i> * | 72. | <i>Polygonum punctatum</i> * |
| 64. | <i>Andrographis paniculata</i> * | 73. | <i>Syzygium cumini</i> * |
| 65. | <i>Centella asiatica</i> * | 74. | <i>Vetiveria zizanioides</i> * |
| 66. | <i>Citrus aurantium</i> * | 75. | <i>Plectranthus fruticosus</i> * |
| 67. | <i>Coleus forskohlii</i> * | 76. | <i>Gymnema sylvestre</i> * |

*** Indigenous Plants**



Fragaria vesca



Chrysanthemum leucanthemum



Oenothera biennis



Mentha spicata



Thymus sepyllum



Santolia chamaecyparissus



Cultivation of Cineraria Maritima at CMPRH, Ooty



A view of landscape at CMPRH, Ooty



Director General, Expert members of Special Committee on Drug Standardization and DS Coordinator, CCRH, Hqrs, New Delhi visiting the Herbal Garden of CMPRH, Ooty

3. Nursery Development:-

To develop/grow more plants, the entire larger area as cultivable one for that required the planting materials. Accordingly, we have developed nursery for 2000 Nos. of vegetative propagation of *Rosmarinus officinalis* (V.P. clones) and 1000 Nos. of *Cineraria maritima* (V.P. clones) cuttings have been filled with polythene bags.



Officer In-charge, CMPRH, Emerald, Ooty deliberating the process of seedling/ cultivation/germination and sapling of homoeopathic medicinal plants in rigid poly-house to the students of BHMS 1st year, Tamilnadu.

The newly built rigid poly house have been used for the raising seedlings of various homoeopathic medicinal plants for further extension of areas as cultivable and the maintenance of germplasm. The seeds have been sowed at inside the nursery bed on 11.10.2017 the following seeds; *Apiumgraveolens*, *Calendula officinalis*, *Chrysanthemum parthenium*, *Coleus forskohlii*, *Digitalis purpurea*, *Rosmarinusofficinalis*, *Trifoliumpretense*. All seeds are germinated except some seeds all are recorded the date of germination and growth condition.

4. Transplanting of Seedlings to Field:-

To develop/extend the more areas as cultivable field more areas are cleaned and transplanted the 500 seedling of *Achillea millefolium*, 1000 rooted cuttings of *Cineraria maritima* and 1000 rooted saplings of *Rosmarinus officinalis*. In the expectation of monsoon the seedlings and saplings are transferred to field and extended the further cultivation areas.

Further transplanted seedlings of *Digitalis purpurea* to cover more areas are under cultivation. The old plantlets are also removed and new seedlings are planted in the same area to increase the yield as well as good quality of raw drug plant material

The raised seedling of *Calendula officinalis* have been transplanted from nursery to field. The other seedling germination was appreciable as compare to earlier open seed sowing. All the germinated seeds are healthy and ready to transfer to field.

The following Exotic seeds are imported from USA on gratis and the same have been used for germination and maintenance of germplams:

Table 12

| S.No. | Drug Name |
|-------|---------------------------------|
| 1. | <i>Aconitum carmichaeli</i> |
| 2. | <i>Ammi visnaga</i> |
| 3. | <i>Anchusa officinalis</i> |
| 4. | <i>Angelica atropurpurea</i> |
| 5. | <i>Aralia alata</i> |
| 6. | <i>Arnica chamissonis</i> |
| 7. | <i>Aropa acuminata</i> |
| 8. | <i>Atropa caucasica</i> |
| 9. | <i>Atropa komarovii</i> |
| 10. | <i>Chrysanthemum parthenium</i> |
| 11. | <i>Tellima grandiflora</i> |

5. Herbarium:

- Total 169 herbarium sheets have been mounted, stitched and labelled.
- Total 116 herbarium sheets containing 52 species have been identified and confirmed.

Total 116 herbarium sheets have been accessioned bringing the total number of herbarium specimens present in accession register to 9721.



Visitors to Research Garden: -

Medico botanical cum raw drug plant material collection tour:

1. Dr. P.S. Udaiyan, Assistant Professor, PG Department of Botany & Research Centre, Sree Krishna College, Guruvayur-680102, Thrissur District, Kerala State, for herbarium consultation particularly for *Emebelia* basal plant species and their distribution in Nilgiris on 4.5.2017.

2. Mr. Hohammed Ahamed, RRSC-South, NRSC, ISRO, Government of India, Bangalore-560037 visited this office to see various medicinal plants and its cultivation on 4.5.2017.
3. Mr. K. Sangeetha Rao, Social Worker, from VOLONTARIAT a social organization, Pondicherry along with 25 students visited this cultivation farm to see various medicinal plants and their importance on 17.5.2017.
4. Mr. P. Paul Antony, Chief Social Worker, from VOLONTARIAT a social organization, Pondicherry along with 25 students visited this cultivation farm to see various medicinal plants and their importance on 24.5.2017.
5. Ms. D. Jayanthi, 151, Annamalai Nagar, Anyapuram, Mohanur, Namakkal, Tamil Nadu, an herbalist visited this office to see the cultivation various herbs and their uses on 6.6.2017.
6. Dr. T. Sekar, Associate Professor, PG Department of Botany & Research Centre, Pachaiyappas College, Chennai visited this office herbal garden and herbarium on 9.6.2017.
7. Dr. C. Nahenderan, Assistant Professor, PG Department of Botany & Research Centre, Government Arts College, Udthagamandalam visited this office herbal garden and herbarium on 9.6.2017.
8. Dr. Dharmender Kumar, Assistant Director, CSTT, Ministry of Human Resource Development, Government of India, New Delhi visited this office herbal garden and herbarium on 9.6.2017.
9. Dr. M. Udhayakumar, Assistant Professor, Department of Plant Sciences, Manonmanian Sundaranar University, Tirunelveli, Tamil Nadu visited this office herbal garden and herbarium on 9.6.2017.
10. Dr. V.M.S. Andawar, Associate Professor, PG Department of Tamil & Research Centre, Pachaiyappas College, Chennai visited this office herbal garden and herbarium on 9.6.2017.
11. Pharmacy Graduate (36 Under graduate) student from AIMST, University of Malaysia has visited our herbal garden and herbarium. They noted down many pharmaceutically very important plants like, Milk thistle, Fox Glove, Hypericum and so on. 11.9.2017.
12. Dr. Rakesh Kumar Sharma, Director, Defense Food Research Laboratory, Siddartha Nagar, Mysore visited this farm and cultivation of various medicinal plants to make collaborative research work on Food and Drugs in military application on 10.3.2018.
13. Dr. V. Thavasiappan, Assistant Professor, Sheep Breeding Research Station, Tamil Nadu Veterinary University, Sandynellah, visited our farm to see the various medicinal plants and culinary herbs cultivation on 16.3.2018.
14. Dr. S. Sharmila, Professor, Department of Botany, Vellaler College for Women, Erode along with 25 Post Graduate students visited this farm to know about cultivation of various medicinal plants and their usages for their project work on 23.3.2018.
15. Mr. K. Mahendran, a medicinal Plants trader from Sirumugai, Coimbatore District visited this herbal garden regarding availability and cultivation several of medicinal plants on 24.3.2018.

DRUG STANDARDISATION RESEARCH

Drug Standardization Studies

Drug standardization is an essential study to ensure quality drugs. It encompasses a series of factors/measures which influence the quality of Homoeopathic Medicines. Drug Standardization ensures quality, safety and efficacy of a drug. Pharmacognostical and Physico-chemical studies are conducted to study the qualitative and quantitative characteristics of drugs.

The Pharmacognostic studies include the macro and microscopically characteristics of raw drugs of vegetative origin. The physico-chemical analysis helps to determine the physical and chemical constituents of the drug.

The studies are being carried out at the Dr. D. P. Rastogi Central Research Institute (H), Noida and Drug Standardisation Unit(H), Hyderabad for Pharmacognostical and Physico-chemical evaluation of Homoeopathic drugs. The Council has so far established pharmacognostical standards on 305 drugs, physico-chemical standards on 286 drugs and pharmacological standards on 151 drugs which include plant, chemical, mineral and animal sources. One hundred forty-nine (149) drugs have been studied in all the three aspects.

The detail of work done under the drug standardization program pertaining to Pharmacognostical, Physico-chemical and Finished Product Studies under the annual assignment for the year of 2017-18 are given below:-

A) Standardization work undertaken:-

The Council has undertaken studies on laying down the standards for following 16 drugs under Drug Standardization program of Council for the year 2017-18 for standardization parameters i.e. Pharmacognostic, Physico-chemical and (Finished Product Standards) FPS studies:-

Table 13

| S. No. | Drug Name | Common name | Studies undertaken | |
|--------|--|--------------------------------|-----------------------|------------------------|
| | | | Pharmacognostic study | Physico-chemical study |
| 1. | <i>Lobelia inflata</i> | Pukeweed | Completed | Completed |
| 2. | <i>Plantago major</i> | Birdseed | Completed | Completed |
| 3. | <i>Ruta graveolens</i> | Rue | Completed | Completed |
| 4. | <i>Sanguinaria canadensis</i> | Bloodwort, redroot, redpucoon, | Completed | Completed |
| 5. | <i>Valeriana officinalis</i> | Garden heliotrope | Completed | Completed |
| 6. | <i>Kalmia latifolia</i> | Mountain laurel | Completed | Completed |
| 7. | <i>Viburnum opulus</i> | Guelder rose; dogberry | Completed | Completed |
| 8. | <i>Pulsatilla nigricans</i> | Small pasque flower | Completed | Completed |
| 9. | <i>Coffea cruda</i> | Coffea cruda | Completed | Completed |
| 10. | <i>Ficus indica</i> | Banyan tree | Completed | Completed |
| 11. | <i>Hygrophilla spinosa</i> | Long leave barleria | Completed | Completed |
| 12. | <i>Adansonia digitata</i> | Adansonia digitata | Completed | Completed |
| 13. | <i>Cocculus indicus</i> | Indian berry | Completed | - |
| 14. | <i>Condurango</i> | Condurango | Completed | - |
| 15. | <i>Passiflora incarnata</i> | Maypop, purple passion flower | - | Completed |
| 16. | <i>Sarsaparilla</i> | Red china root | - | Completed |
| 17. | * <i>Mercurius solubilis</i> (Chemical) | | - | Completed |

B) Studies undertaken for XIth Volume of Homoeopathic Pharmacopoeia of India (HPI):-

There are ten volumes of HPI consisting of 1111 drugs till date. Council has undertaken the work on entirely new 17 (11 plant origin and 07 chemical origin) drugs for XIth Volume with all the standardization parameters i.e. Pharmacognostic, Physico-chemical and (Finished Product Standards) FPS studies and prepared the monographs as per new template of PCIM&H:-

Table 14

| S. No. | Plant Origin Drug | S. No. | Chemical Origin Drug |
|--------|--------------------------------|--------|------------------------------|
| 1. | <i>Bryopsis laciniosa</i> | 12. | <i>Mentholum</i> |
| 2. | <i>Bryophyllum calycinum</i> | 13. | <i>Chlorpromazinum</i> |
| 3. | <i>Datura ferox</i> | 14. | <i>Urea pura</i> |
| 4. | <i>Ephedra vulgaris</i> | 15. | <i>Methylene blue</i> |
| 5. | <i>Ficus carica</i> | 16. | <i>Plumbum iodatum</i> |
| 6. | <i>Lobelia erinus</i> | 17. | <i>Mercurius sulphuricum</i> |
| 7. | <i>Plectranthus fruticosus</i> | | |
| 8. | <i>Pyrus malus</i> | | |
| 9. | <i>Quassia amara</i> | | |
| 10. | <i>Rosa damascena</i> | | |
| 11. | <i>Syzygium jambolanum</i> | | |

Parameters For Plant Origin Drugs (pharmacognostical And Physico-chemical Studies) Carried Out For Drug Standardization Studies:-



Fig.1: Root of Polygala senega (Raw drug)

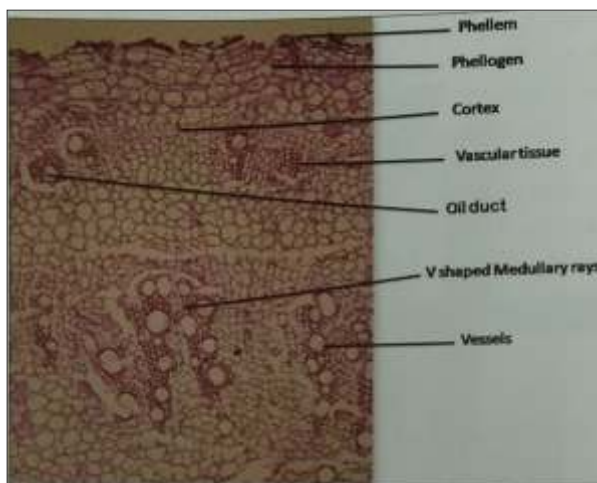


Fig. 2: Transverse Section of Polygala senega root

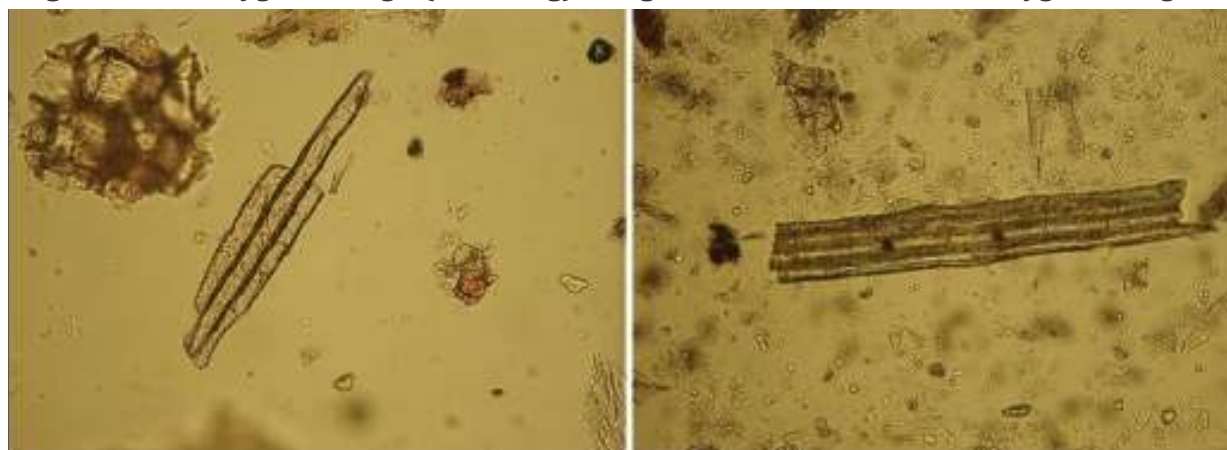


Fig.3: Powder microscopy of Polygala senega

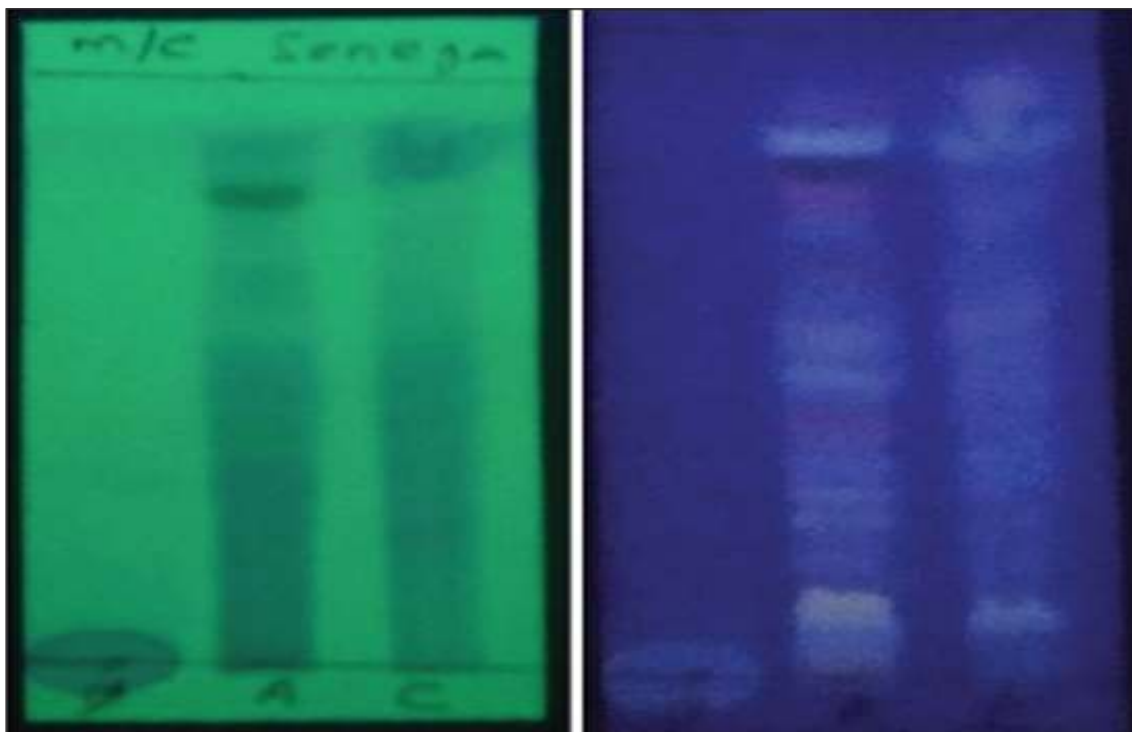
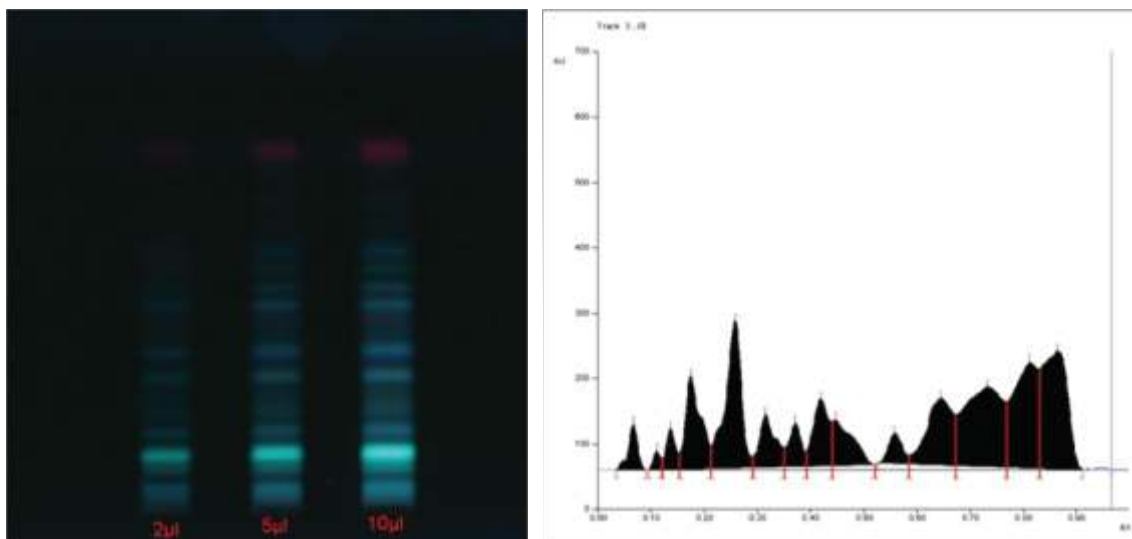


Fig. 4: Thin Layer Chromatography of *Polygala senega*



HPTLC (High Performance Thin Layer Chromatography) Fingerprinting of *Polygala senega*

C) Homoeopathic Pharmacopoeia of India- Revision/Up-gradation: -

- The revision and up-gradation of the Homoeopathic Pharmacopoeia of India (Vol. I to X) have been initiated to bring it at par with other international pharmacopoeias as per Essential Drug List (EDL) and in high demand by the profession.
- The prioritization of 344 drugs which are much used by the profession have been taken up for revision work through following Institutes/Units:-
 1. Drug Standardization Unit (H), Hyderabad, Telangana
 2. Dr. D.P Rastogi Central Research Institute (H), Noida, U.P.
 3. Homoeopathic Pharmacopoeia Laboratory, Ghaziabad, U.P.

- The HPI revision work initiated in 2014, the following 17 drugs (14 plant origin and 03 animal origin) have been completed in this year in Pharmacognostic and Physico-chemical aspect and FPS studies:-

Table 15 : Plant origin drugs

| S. No. | Drug Name | Common name | Studies undertaken | |
|--------|-----------------------------------|---|-----------------------|------------------------|
| | | | Pharmacognostic study | Physico-chemical study |
| 1. | <i>Urtic aurens</i> | Annual nettle | Completed | Completed |
| 2. | <i>Zea mays</i> | Corn | Completed | Completed |
| 3. | <i>Robinia iodatums</i> | Black locus | - | Completed |
| 4. | <i>Sambucus nigra</i> | Elder | - | Completed |
| 5. | <i>Polygonum punctanum</i> | Knotweed, knotgrass, bistort, tearthumb, mile-a-minute, smartweed | - | Completed |
| 6. | <i>Santolina chamaecyparissus</i> | Lavender cotton | - | Completed |
| 7. | <i>Fumaria officinalis</i> | Earth smoke | - | Completed |
| 8. | <i>Galinsoga perviflora</i> | Quick Weed, gallant soldier, potato weed | - | Completed |
| 9. | <i>Rumex acetosella</i> | Sheep sorrel | - | Completed |
| 10. | <i>Solanum nigram</i> | Black nightshade | - | Completed |
| 11. | <i>Stellaria media</i> | Chickweed | - | Completed |
| 12. | <i>Sigesbeckia orientalis</i> | Holy herb | - | Completed |
| 13. | <i>Verbascum Thapsus</i> | Great mullein | - | Completed |
| 14. | <i>Cytisuss coparius</i> | Broom, Scotch broom | - | Completed |

Table 16 : Animal origin drug

| S.No. | Drug Name |
|-------|--------------------------|
| 1. | <i>Apis mellifera</i> |
| 2. | <i>Blatta orientalis</i> |
| 3. | <i>Lac defloratum</i> |

PUBLICATIONS

I. Books:

- A Handbook of Medicinal Plants Used in Homoeopathy, Second Edition-2018
- Study of Homoeopathic Medicines through Clinical Verification” Vol. 4. (Botany/Chemistry/ Pharmacology part contributed by the officers of D.S. Section)

II. Monographs:

- Bellis perennis*- New monograph, 2018
- Tinospora cordifolia*- New monograph, 2018
- Atista indica*- Revised Monograph, 2018
- Cassia sophera*- Revised Monograph, 2018
- Abroma agusta*- Revised Monograph. 2018

III. Papers Published in National & International Journals:-

1. “Pharmacognostic studies of *Polygala senega* L. Root- a homoeopathic drug”

Background: *Polygala senega* L. is a small perennial herb belonging to the family Polygalaceae. The roots are used as stimulant and expectorant in bronchitis. In Homoeopathy, it is used for hypopyon, paresis of oculomotor nerve, catarrh of pharynx, sore throat, catarrh of bladder, influenza, asthma, whooping cough, soreness in chest, pleurisy, pneumonia, hydrothorax, pleuropneumonia, pneumonia, hydrothorax and ascites.

Objective: The objective of the present study deals with morpho-anatomical, powder and physicochemical characteristics of the root of *P. senega* for developing standards for authentication of drug.

Materials and Methods: The current study includes morpho-anatomical, powder and physicochemical studies of the root of *P. senega*. Physicochemical studies comprise extractive values, ash values, chemical tests, weight/millilitre, total solids, alcohol content and loss on drying.

Results: The root are yellowish brown to light brown and has as its unique mark a projecting line on its down side. The distinguishing microscopic characteristics of the root included the presence of multilayered phellem, abundant phelloderm interrupted by tracheary elements, acicular crystals, abnormal development of phloem and V-shaped medullary rays. Physicochemical studies of the raw drug and mother tincture are standardised and depicted.

Conclusion: The pharmacognostic and physicochemical data depicted in this study may serve as pharmacopoeial standards for identification and authentication of the homoeopathic drug *P. senega*.

Published: IJRH volume/12/issue 1/ January-march 2018: 4-10

2. “Comparative standardization study for determination of Reserpine in *Rauwolfia serpentina* homoeopathic mother tinctures manufactured by different pharmaceutical industries using HPTLC as a check for quality control”

Background: *Rauwolfia serpentina* (L.) Benth. ex Kurz (Apocynaceae) (Indian snakeroot), popularly known as Sarpagandha (Sanskrit), is used for the treatment of insanity, fever, snake bites, anxiety and in neuropsychiatric conditions. The antihypertensive actions of Reserpine are a result of its ability to deplete catecholamines (amongst other monoamine neurotransmitters) from peripheral sympathetic nerve endings which are normally involved in controlling heart rate, force of cardiac contraction and peripheral vascular resistance.

Objective: Comparative study of Reserpine content in *R. serpentina* homoeopathic mother tinctures manufactured by different pharmaceutical industries and in-house mother tinctures applying high-performance thin-layer chromatography investigative techniques to facilitate the use of correct species.

Materials and Methods: The authentic samples of roots of *R. serpentina* were supplied by Centre of Medicinal Plants Research in Homoeopathy, Emerald, Tamil Nadu, India. Authentic plant material was used to prepare the mother tincture (as per Homoeopathic Pharmacopoeia of India). Reserpine (C33H40N2 O9, M.P. 360°C, purity >99% w/w by high-performance liquid chromatography [HPLC]) was purchased from Sigma-Aldrich as a standard reference. The solvents for the study, namely, ethanol, HPLC

water, toluene, ethyl acetate, diethylamine and chloroform were of analytical grade purity (MERCK Ltd.), used throughout.

Results: Five samples of mother tinctures were used for the study, in-house mother tinctures (labelled: D and E) of *R. serpentina* shows a higher amount of Reserpine content than the marketed samples (labelled: A, B and C).

Conclusion: It may be concluded that mother tinctures prepared by authentic plants showed the excess amount of Reserpine rather than that of mother tinctures procured from the market.

Published: IJRH volume/11/issue 2/ April-June 2017: 109-117

3. "Evaluation of Antifungal Activity of Different Homeopathic Mother tinctures against the *Candida albicans*"

Objective: The aim of this study is to evaluate the antifungal activity of different homoeopathic mother tinctures against the growth of *Candida albicans*.

Materials and Methods: Homoeopathic mother tinctures (ϕ) *Syzygium jambolanum*, *Ficus religiosa*, *Ocimum sanctum*, *Allium cepa*, *Thuja occidentalis*, *Holarrhena antidysenterica* and *Eucalyptus globulus* were evaluated for their antifungal activity against the growth of human pathogenic fungi *C. albicans* using paper disc agar diffusion method as per guidelines of clinical and laboratory standard (M44-A) with slight modification. The diameters of zone (mm) of inhibition were measured, and the obtained results were compared with that of the vehicle control. Ketoconazole was used as reference standard fungicide.

Results: Seven homoeopathic mother tinctures were used in this study and the results indicates that some of the homoeopathic drugs in the study showed significant inhibitory activity against the growth of *C. albicans* as compared to control. Out of the seven medicines tested, *S. jambolanum* showed a maximum zone of inhibition as compared to other mother tinctures used. The effectiveness of zone inhibition against the growth of human pathogenic fungi *C. albicans* are *S. jambolanum* > *T. occidentalis* > *A. cepa* > *F. religiosa* > *E. globulus* > *O. sanctum* > *H. antidysenterica*.

Conclusion: The present study suggests the inhibitory role of homoeopathic medicines against human pathogenic fungi *C. albicans*

Published: IJRH volume/11/issue 4/ October-December 2017: 237-243.

4. Medicinal Plants Diversity and their Folklore Uses by the Tribes of Nilgiris Hills, Tamil Nadu, India.

R. Logesh, S.P. Dhanabal, B. Duraiswamy, M.V.N.L. Chaitanya, P. Dhamodaran and S. Rajan.

Traditional medical practices and their usage of plants as crude drug for various common ailments were recorded from Nilgiri tribes namely; Todas, Kotas, Irulas, Kurumbas, Paniyas and Kattunayakas are given. Their botanical name, common tribal name, of various plants and uses are discussed. This study comprises the medicinal uses of 40 species belonging to 38 Genera and 31 families of medicinal plants have been reported. Based on the survey and report, the most commonly used medicinal plants were selected for the study.

Published: *Int. J. Pharmacog. Chinese Med. (China)* 1 (3): 114 – 125, 2017.

5. **Evaluation of Anti-microbial potential of *Baeolepis nervosa* (Wight & Arn.) Decne. ex Moq. R. Logesh, S.P. Dhanabal, B. Duraiswamy, R. Rajesh kumar, M.V.N.L. Chaitanya and S. Rajan.**

Objective: *Baeolepis nervosa* is endemic to Western Ghats, Nilgiris and is used by the tribes of Nilgiri hills namely "Iruulas". The present study was done to evaluate the *B. nervosa*, a novel study of this plant.

Material and methods: The *B. nervosa* were undergone photomicrography, to study the microscopical character of the plant. To evaluate the *B. nervosa* for anti-microbial properties for both Bacteria and Fungi. The Fractionation was carried out using (Pet ether, Chloroform, ethyl acetate) the MeOH extract, and these fractions were carried out for anti-oxidant potentials.

Results: The transverse section of leaves and stem of *B. nervosa* has been analyzed and reported. The preliminary phytochemical analysis confirms the presence of alkaloids, flavonoids, phenols, steroids, tannins and triterpenes. The zone of inhibition for antimicrobial activity showed results only in gram -ve (*E. coli*) of *B. nervosa* leaf and in fungi it showed in *A. niger* of both *B. nervosa* leaf and stem. The aqueous extract showed good IC₅₀ value for *B. nervosa* leaf (IC₅₀ - DPPH- 52.75 µg/ml, ABTS 45.14 µg/ml, NO₂- 64.32 µg/ml & H₂O₂- 70.80 µg/ml) and Ethyl acetate extracts showed good IC₅₀ value for *B. nervosa* stem (IC₅₀ - DPPH- 69.19 µg/ml, ABTS- 59.91 µg/ml, NO₂- 54.30 µg/ml & H₂O₂- 56.06 µg/ml).

Conclusion: It can be concluded that *B. nervosa* has shown a good activity against anti-microbial as well as in anti-oxidant studies.

Published: *Der Pharmacia Lett* (USA) 9(9): 45 - 61, 2017.

6. **Bioassay - Guided fractionation and isolation of 6-Gingerol for Acetyl cholinesterase inhibitory Activity from *Zingiber officinal* (Roscoe) rhizome. R. Logesh, S.P. Dhanabal, B. Duraiswamy and S. Rajan. *Internat. J. Scientific Research (India)* 6 (12): 62 - 66, 2017.**

7. **Gp and NPC1 Herbal Targeted Compounds in Drug Discovery and Development- An in-silico evidence from ebola drugs. R. Logesh, M. Parameswaran, S. P. Dhanabal, B. Duraiswamy, P. Dhamodaran and S. Rajan. *Der Pharmacia Lett* (USA) 9(9): 12 - 23, 2017.**

IV. Paper Presented in Scientific Seminar/Conference/:

- Swati Tomar, Renu Arya, Anil Khurana and R.K. Manchanda presented a scientific paper in one day National Seminar on "Recent trends of Analytical and Bio analytical Research". Presented at: APJ AKTU Sponsored: National seminar at I.T.S. College of pharmacy on 16th Sep. 2017.
- Rakhi Mishra, Manoj Kumar, Binit Dwivedi, B. S. Arya, Renu Arya, Anil Khurana and R. K. Manchanda. "Importance of High Performance Thin Layer Chromatography and UV spectroscopy in analysis of Homeopathic drug *Coffea cruda*" published in souvenir and abstracts book of International Conference on Advances in Analytical Sciences (ICAAS) held at CSIR-Indian Institute of Petroleum, Dehradun on 15th to 17th March 2018.
- Mahima Sharma, Suneel Prajapati, Arun Kumar, Pankaj Gupta, Renu Arya, B.S. Arya, A.K. Khurana, R.K. Manchanda. "A review on Zebrafish as an animal model in epilepsy a new era of translational

research” poster presented at National Conference CPSBT-2018, NIPER Ahmedabad on 23-25 March 2018.

4. Mr. Satish Patel attended and presented a scientific paper in 3-day National Seminar on “Nanotechnology to Translational Nanomedicine: Status Assessment, Challenges and New Horizons” held at University Institute of Pharmacy, Pt. Ravishankar Shukla University, Raipur (C.G), 15th-17th March 2018.

HOMOEOPATHIC PATHOGENETIC TRIAL (DRUG PROVING)

The challenge of finding a simple drug substance to treat complex diseases in a dynamic living system is incredible. The very foundation of Homoeopathy is based on the action of drug substances on healthy human beings and therefore, the earliest experiments conducted in Homoeopathy were those of Drug Proving. Experiments of drugs on healthy human beings (provings), elicit the finer symptoms of the drug as compared to the gross toxicological symptoms evident from animal studies, is a unique contribution of Homoeopathy to the science of pharmacology in general and Homoeopathic Materia Medica in particular.

In 1963, the Homoeopathic Research Committee was constituted which initiated the process of organized homoeopathic research and identified priority research areas, wherein drug proving was considered one of the important areas of research. The Central Council for Research in Homoeopathy (CCRH) was formed in 1978 and has undertaken it as a continuing research programme since its inception with its focus on proving of fragmentarily proved drugs and indigenous drugs whose standardization studies (physico-chemical and pharmacognostic parameters) has been completed. Recently it has been proposed that homoeopathic dilutions of commonly used allopathic drugs whose toxicological studies have been done and have known side effects should be taken up for drug proving research trials.

The first drug proving protocol was developed in 1987, based on double blind, randomized, multicenter design and has been revised taking into consideration positive leads from protocols followed by different international homoeopathic organizations. Till date proving of 111 drugs have been completed which includes 82 of plant source, 09 animal source, 18 chemical source, 01 sarcode and 01 nosode.

The Drug Proving Research programme is being conducted at following eight centres of the Councils involving homoeopathic medical colleges:

1. Dr. D. P. Rastogi Central Research Institute (H), NOIDA (Uttar Pradesh)
2. Central Research Institute (H), Kottayam (Kerala)
3. Homoeopathic Drug Research Institute, Lucknow (Uttar Pradesh)
4. Dr. Anjali Chatterjee Regional Research Institute (H), Kolkata (West Bengal)
5. Regional Research Institute (H), Gudivada (Andhra Pradesh)
6. Regional Research Institute (H), Navi Mumbai (Maharashtra)
7. Extension Unit of Regional Research Institute (H), Puri at Dr. A. C. Homoeopathic Medical College & Hospital, Bhubaneswar (Odisha)
8. Regional Research Institute (H), Jaipur (Rajasthan)

WORK DONE DURING THE REPORTING YEAR

In the year 2017-18, six (06) drugs were assigned at eight (08) drug proving centers involving 265 provers. In the reporting year (2017-18), all six (06) assigned drugs are undergoing proving at different stages at different centres. The details of the same are presented in Table 1. Out of six (06) drugs assigned in the previous year (2016-17), proving of five (05) drugs was carried forward to the reporting year and the compilation of data of one (01) drug has been done. Four (04) drugs assigned in the year (2015-16) have been compiled in the reporting year and one of them has been taken up for reproving.

Two meetings of the Special Committee of Homoeopathic Pathogenetic Trial (SC HPT) and one meeting of Scientific Advisory Committee (SAC) was held during the reporting period. The important recommendations and decisions are mentioned in the following Table.

Drug proving trials of Five (05) (assigned in 2015-16 and 2016-17) were completed and the proving data of Four (04) were approved by SC HPT and SAC during the reporting period and one (01) drug was recommended for reproving due to paucity of symptoms. The details of the outcome will be published in the form of research articles/monographs etc. The information about the name of the drug, code number, names of drug proving centers, number of provers and number of pathogenetic symptoms produced during proving are given in the following Table.

Drug Proving Research Orientation lectures/workshops were conducted at following homoeopathic medical colleges:

1. JIMS Homoeopathic Medical College and Hospital, Shamshabad, Telengana on 6th May 2017.
2. Swasthya Kalyan Homoeopathic Medical College and Research Center, Jaipur, Rajasthan on 26th August 2017.

One monitoring visit was carried out during the reporting year at Regional Research Institute of Homoeopathy, Jaipur on 25th August 2017.

Table 17: Assignments for the year 2017-18

| Sl. No. | Drug code | Fresh assignment/Reproving/Carried forward | Completed in year | Status |
|---------|-----------|--|---------------------|--|
| 1. | 110 | Continue from previous year | 2016-17 | Compiled proving data was approved in the 7 th meeting of SCDP and 60 th meeting of SAC |
| 2. | 124 | Continue from previous year and assigned for reproving in 2017-18 | 2016-17/ 2017-18 | Compiled proving data was recommended for reproving in the 7 th meeting of SCDP and 60 th meeting of SAC |
| 3. | 125 | Continue from previous year | 2016-17 | Compiled proving data was approved in the 7 th meeting of SCDP and 60 th meeting of SAC |
| 4. | 126 | Continue from previous year & fresh assignment at one centre | 2017-18 | Compiled proving data was approved in 8 th meeting of SCDP and 61 st meeting of SAC |
| 5. | 128 | Continue from previous year | 2017-18 | Compiled proving data was approved in 8 th meeting of SCDP and 61 st meeting of SAC |
| 6. | 127 | Continue from previous year | 2017-18 | Compilation to be initiated |
| 7. | 107 | Reproving | On-going | TME pending- Mumbai, Gudivada- complete |
| 8. | 112 | Reproving | On-going | Lucknow, Gudivada - complete, Mumbai-TME pending |
| 9. | 109 | Reproving | On-going | Proving undergoing at different stages at one centre (Kolkata) (Lucknow - complete) |
| 10. | 129 | Continue from previous year & fresh assignment at one centre (2017-18) | On-going | Noida, Jaipur, Bhubaneswar, Lucknow - Completed. TME pending at Mumbai |
| 11. | 130 | Fresh assignment | On-going | Proving undergoing at different stages at different centre |
| 12. | 131 | Fresh assignment | On-going | Proving undergoing at different stages at different centre |
| 13. | 132 | Fresh assignment | On-going | Proving undergoing at different stages at different centre |
| 14. | 120 | Reproving (2017-18) | On-going | Proving undergoing at different stages at different centres |

Table 18 : Important meetings held in reporting year

| Meeting | Salient outcome |
|--|--|
| <p>7th meeting of Special Committee of Homoeopathic Pathogenetic Trial (Drug Proving) held on 23rd May 2017 at CCRH Hqrs.</p> | <ul style="list-style-type: none"> • The committee suggested so as ascertaining the sensitivity of the provers, a 'Pilot study following the Hahnemannian model of proving may be taken up. • The committee recommended that as Cimetidine and Omeprazole are not enlisted in Homoeopathic Pharmacopeia of India, the process and procedure adapted in preparation of Cimetidine by the Drug Standardisation Section at DDPR CRI (H), Noida should be presented in a document detailing the source of the drug substance, the method of preparation and relevant allopathic literature. This should be placed for approval in the forthcoming meeting of Special Committee of Drug Standardisation before undertaking drug proving. • The committee appreciated the draft protocol and also the efforts made in collection of data reflected in the preliminary study on systematic review of HPTs in last two decades. • It was recommended that volunteers with acute deficiency and having symptoms related to deficiency of Vitamin D3 and Vitamin B12 may be excluded. • The committee recommended for preserving the serum of the volunteers/provers initially at two centers and subsequently building up the infrastructure at other centers as well. The serum may be preserved for at least 7-10 years in consultation with experts. • The committee approved the proposal to provide single coded drug in single potency to the following three colleges: <ul style="list-style-type: none"> o JIMS Homoeopathic Medical College and Hospital, Shamshabad, Telengana o BharatiVidyapeeth Deemed University Homoeopathic Medical College, Pune o Ahmedabad Homoeopathic Medical College, Ahmedabad • The committee approved the following 10 drugs to be taken up for drug proving: Acer negundo, Adenonia digitata, Ammi majus, Bixa orellana, Chenopodium ambrosioides, Cineraria maritima, Lithium bromatum, Siegesbeckia orientalis, Yohimbinum & Ginkgo biloba. • The proving data of Damiana and Mentha piperata was approved by the Committee. The committee recommended reproving of drug code 124 in 6C and 30C potencies only at two other centers of different climatic conditions. • The committee recommended Sensitization of the Principals and the Faculty (Materia Medica, Organon, Pharmacy and Repertory departments) of homoeopathic medical colleges regarding Drug Proving Research to be initiated. • The committee suggested that the following information may be included in the compilation of proving data: <ul style="list-style-type: none"> o Source of the raw drug and the part used o Common name o Method/procedure of preparation of mother tincture/dilutions of the drug o Batch number and/or date of manufacturing o Total number of provers and number of males and females. o Number of provers in Verum and control groups with number of male and female provers in respective groups. o If the drug has been proved for the first time – the proving symptoms and control symptoms to be presented. o If the drug has been taken up for reproving, the similarity in the proving symptoms of previous proving and reproving to be presented. |

| Meeting | Salient outcome |
|--|--|
| | <ul style="list-style-type: none"> o To mention the potency in which the maximum symptoms appeared. o Prover wise data – for each potency; Placebo symptoms; Verum group symptoms; comparison of placebo symptoms with symptoms in the verum group to exclude overlapping symptoms and final proving symptoms. |
| <p>60th meeting of Scientific Advisory Committee, held on 17th – 18th July 2017 at CCRH Hqrs.</p> | <ul style="list-style-type: none"> • The committee approved the recommendations as mentioned in the minutes of the 7th meeting of SC HPT. It was also recommended that apart from getting the vetting done, the council should explore if the homoeopathic software companies like 'synergyhomoeopathic' (Mac repertory and reference works), Mind technologies' (Hompath) etc. have developed any drug proving module which can be further modified as per the CCRH Drug Proving Protocol else go for open tender for developing this software. • The committee recommended that the serum should be preserved. Further, capacity building and infrastructure development should be done at other drug proving centres as well for preserving serum. |
| <p>8th meeting of Special Committee of Homoeopathic Pathogenetic Trial (Drug Proving), held on 28th February 2018 at CCRH Hqrs.</p> | <ul style="list-style-type: none"> • The committee, after the presentation of Mr. Alfred D'souza on the concept of development of Software for Drug Proving desired that a functional model should be prepared and tested before the application of the software for Drug Proving Research Programme. It was also suggested that Dr. Kishore Mehta, Dr. Rajesh Shah, Dr. Bawaskar and Dr. Pritha Mehra may work closely with Mind Technologies to get the needful done. • The Committee recommended that it should be mentioned in the Written Informed Consent Form that the Serum of the volunteers/ provers will be preserved before and after the trial. The serum may be collected during the trial in case the prover will develop symptoms at any stage during the trial. This serum may be used for carrying out any relevant investigation, if required. • The committee appreciated the drug proving trial taken up by JIMS Homoeopathic Medical College and Hospital, Shamshabad, Telengana. • The committee recommended that a MoU may be signed with the colleges in close proximity of Council's institutes/units where drug proving research programme is assigned and other homoeopathic medical colleges may be provided technical support and coded drug substance for proving. • As the orientation programmes and workshops cannot be carried out for 180 Homoeopathic colleges with 2-3 persons, it was suggested that IEC material and a video may be developed by the Council, which can be viewed through www.youtube.com at various locations. • The committee recommended that the desired dilutions of at least 5 drugs should be made available before the next financial year. Committee further suggested that the drugs of animal, mineral and imponderabilia kingdoms should also be given importance for drug proving. The list of drugs whose proving trial has been completed and even clinically verified may be sent to CCH for incorporating in the BHMS syllabus. The verified symptoms, clinical indications for each one of these drugs may be compiled and provided along with the list. • Repeating of some of the polycrest drugs may be taken up. • Committee approved proving data of two drugs Solanum xanthocarpum and Mimosa pudica. • The committee approved for taking up the pilot study in homoeopathic colleges associated with the Council to ascertain the sensitivity of the provers as per the Hahnemannian model. |

Table 19 : Details of drugs whose proving data has ben approved during reporting period

| S. No. | Name of the Drug (Drug code) | Name of centres and year of assignment | Number of provers (Male and Female) | Pathogenic symptoms |
|--------|-----------------------------------|--|---|---|
| 1. | <i>Damiana (110)</i> | HDRI, Lucknow (2012-13) DPU, Bhubaneswar in (2012-13) DDPRCRI (H), Noida in (2015-16) DAC RRI(H), Kolkata (2015-16) | 15 (M-8, F-7) 15 (M-3, F-12) 15 (M-9, F-6) 13 (M-7, F-6) | 55 |
| 2. | <i>Drug code 124*</i> | DDPRCRI (H), Noida (2015-16) DPU, Bhubaneswar (2015-16) | 15 (M-4, F-11) 18 (M-5, F-13) | 25 (Due to paucity of symptoms - Reproving) |
| 3. | <i>Mentha piperata (125)</i> | RRI (H), Gudivada (2015-16) DPU, Bhubaneswar (2015-16) HDRI, Lucknow (2015-16) | 15 (M-11, F-4) 16 (M-7, F-9) 15 (M-6, F-9) | 61 |
| 4. | <i>Solanum xanthocarpum (128)</i> | DDPRCRI (H), Noida (2015-16) DACRRI (H), Kolkata (2015-16) HDRI, Lucknow (2015-16) | 16 (M-0, F-16) 18 (M-11, F-7) 15 (M-9, F-6) | 60 |
| 5. | <i>Mimosa pudica (126)</i> | DPU, Bhubaneshwar (2016-17) HDRI, Lucknow (2016-17) RRI (H), Mumbai (2016-17) | 15 (M-7, F-8) 15 (M-5, F-10) 15 (M-4, F-11) | 50 |

* Drug yet to be unblinded

PUBLICATIONS

Books

1. Drug Proving Volume 6.

Drug monographs

1. *Bellis perennis*- New monograph, 2018
2. *Tinospora cordifolia*- New monograph, 2018
3. *Atista indica*- Revised Monograph, 2018
4. *Cassia sophera*- Revised Monograph, 2018
5. *Abroma agusta*- Revised Monograph. 2018

CLINICAL VERIFICATION RESEARCH

Verification of drugs gives more reliability and helps us in creating an authentic Materia Medica. Central Council for Research in Homoeopathy has been conducting clinical verification studies of indigenous, rare and fragmentarily proved drugs since its inception in 1975. Some of these drugs are first proved by CCRH. The programme is multicentric, as per open clinical trial design in which patients are enrolled from O.P.D. as and when they come, after confirmation of their inclusion criteria as per a standard. The primary objective of the study is to clinically verify the symptomatology of the drug as observed during proving or as mentioned in other literature. The secondary objective is to ascertain the clinical symptoms that did not appear during the proving but were improved in the patients after its administration, either completely or partially. The homoeopathic medicines are prescribed on the basis of symptom similarity. The individualistic symptoms of each case are evaluated as per the Materia Medica & Repertorial index especially devised for the programme from the proving data.

Clinical Verification of symptomatic data of 106 drugs have been conducted so far. It includes 72 remedies of plant origin (with 39 indigenous remedies), 22 remedies of chemical origin, 09 remedies of animal origin, 02 nosodes and 01 sarcode.

Thousands of proving symptoms have been verified multicentrically in at least 09 to 16 centres in over 20,000 study subjects in this flagship programme of the Council. Currently 16 more drugs proved by the Council are being verified and 10 more proved drugs will be inducted into the programme in 2018-19. The data thus obtained have been published in the form of book 'Study of Homoeopathic Medicines through Clinical Verification – A New Perspective' in 04 volumes having exclusive data of these clinically verified drugs, 19 drug monographs and 67 articles of which 23 are in peer reviewed journals.

Recent advances in clinical verification programme

The Council has revised its Clinical Verification protocol in 2014 by including scales to assess patient and remedy reactions. The notable inclusion was the modified Naranjo criteria for assessing the causal attribution of change (i.e., attribution of observed changes to a particular remedy) after homoeopathic prescriptions in conformation with international standards. The classification of result following the above scale will be done if a causal relationship is likely. The ongoing study of 16 drugs from 2014 is following this improvised protocol.

ONGOING STUDIES

The primary objective of the study is to verify the proving symptoms of 16 new drugs listed below (Drug proving conducted by the Council) and the secondary objective is to ascertain the clinical symptoms, if found, in response to these respective drugs. Out of the 16 drugs, 13 have completed the target of 150 cases approved as per minutes of 61st Scientific Advisory Committee. Enrollment in the remaining 03 drugs will be continued till target is achieved or till October, 18 whichever is earlier. During the reporting year, a total number of 1114 patients have been enrolled under these drugs, to clinically verify the symptoms of the assigned drugs.

Of the 23 drugs from the previously concluded clinical verification project the data on 22 drugs have been collected.

Table 20 : Enrollment Status of 16 drugs (April 2017 – March 2018)

| Institute/Unit | Drug list | No. of patients enrolled in the reporting year | Cumulative target achieved since inception of the project in 2014 till March 2018 |
|---|-------------------------------------|--|---|
| 1. RRI (H), Agartala | 1. <i>Allium sativum</i> | 51 | 197 |
| 2. DDPRCRI (H), Noida | 2. <i>Amoora rohituka</i> | 135 | 611 |
| 3. RRI (H), Gudivada | 3. <i>Asclepias curassavica</i> | 93 | 452 |
| 4. RRI (H), Guwahati | 4. <i>Avena sativa</i> | 42 | 139 |
| 5. RRI (H), Imphal | 5. <i>Azathioprine</i> | 47 | 336 |
| 6. RRI (H), Puri | 6. <i>Buxus sempervirens</i> | 101 | 426 |
| 7. RRI (H), Shimla | 7. <i>Caesalpinia bonducella</i> | 49 | 155 |
| 8. HRID, Chennai | 8. <i>Cardiospermum halicacabum</i> | 27 | 97 |
| 9. DACRRI(H), Kolkata | 9. <i>Cyclosporine</i> | 28 | 276 |
| 10. HDRI, Lucknow | 10. <i>Cynara scolymus</i> | 106 | 481 |
| 11. CVU (H), Patna | 11. <i>Foeniculum vulgare</i> | 76 | 340 |
| 12. CRU(H), Portblair | 12. <i>Gymnema sylvestre</i> | 37 | 229 |
| 13. Ext. Unit, RRI(H), Puri (Bhubaneswar) | 13. <i>Hygrophilla spinosa</i> | 183 | 639 |
| | 14. <i>Magnolia grandiflora</i> | 89 | 406 |
| | 15. <i>Persea americana</i> | 27 | 203 |
| | 16. <i>Psoralia corylifolia</i> | 23 | 127 |
| | Total | 1,114 | 5,114 |

Clinically verified symptoms of 16 drugs are presented in table no.

Table 21 : Characteristic symptoms

| Sl. No. | Name of Medicines | Symptoms verified |
|---------|------------------------------|--|
| 1. | <i>Allium sativum</i> | <ul style="list-style-type: none"> Throbbing pain in head, especially right temporal region < at midnight. Coryza with obstructed feeling and thick yellowish discharge. Aching pain in the right shoulder region < motion. Pain in the epigastrium while travelling and better by sleep and drinking water. |
| 2. | <i>Amoora rohituka</i> | <ul style="list-style-type: none"> Watery thin discharge from nose < morning, cold air > noon. Roaring noise in the ear with pricking pain following an exposure to water inside ear. Pain in the pharynx extending to right ear < on swallowing liquids. White scanty expectoration associated with dyspnoea, anorexia and weakness. Profuse white, thin discharge during and after menses. Disturbed sleep. |
| 3. | <i>Asclepias curassavica</i> | <ul style="list-style-type: none"> Vertigo in the morning with blurred vision. Pain with redness and irritation in the eyes as from foreign body. Watery, thin discharge with sneezing and itching of the nose < morning, cold. |

| Sl. No. | Name of Medicines | Symptoms verified |
|---------|----------------------------------|--|
| | | <ul style="list-style-type: none"> • Distension of abdomen <after eating > after passing stool. • Burning pain in stomach with heartburn and eructation < empty stomach. • Spasmodic pain during menses < morning. |
| 4. | <i>Avena sativa</i> | <ul style="list-style-type: none"> • Coryza with watery, yellow discharge and sneezing. • Multiple reddish eruption on face with pricking pain. • Abdominal distension < evening with flatulence. • Stool is hard, insufficient, unsatisfactory with great straining. • Pain in small joints of the finger with stiffness. |
| 5. | <i>Azathioprine</i> | <ul style="list-style-type: none"> • Heaviness and pain in the head <noise > sleeping and bandaging. • Stye in the right eyelid with pricking pain and lachrymation. • Coryza with sneezing and watery discharge < morning, evening, cold air > sunlight. • Rawness and soreness in throat with pain, dryness and hoarseness <swallowing >drinking hot water. • Painful ulcer in mouth <touch, eating while. |
| 6. | <i>Buxus sempervirens</i> | <ul style="list-style-type: none"> • Coryza with sneezing > while rubbing. • Toothache < eating sweets. • Cough with difficult respiration and wheezing <night, sleep during, dust. • Painful delayed menses with dark and clotted discharge. • Rashes in the body with bleeding after scratching. |
| 7. | <i>Caesalpinia bonducella</i> | <ul style="list-style-type: none"> • Pain and heaviness in head with chilliness >pressure, tight bandaging. • Itching in the pharynx with sneezing < morning > drinking tea. • Lachrymation and redness in right eye < morning. • Stool is loose, yellowish with pain in abdomen immediately after eating. • Pain with tingling and numbness in right forearm. |
| 8. | <i>Cardiospermum halicacabum</i> | <ul style="list-style-type: none"> • Vertigo in the morning < rising from the bed, bathing. • Diminished sleep. • Throat pain with soreness < morning . • Burning pain in urethra while urinating. |
| 9. | <i>Cyclosporine</i> | <ul style="list-style-type: none"> • Pain in the forehead < moving head, on stooping, while talking > lying down, pressure. • Coryza with sneezing < morning, cold air and dust. • Burning pain with redness, itching and lachrymation. • Pain in lumbar region < walking, sitting > lying down, hot application. • Decreased appetite. |
| 10. | <i>Cynara scolymus</i> | <ul style="list-style-type: none"> • Abdominal distension and heaviness with flatulence < morning, eating > passing stool. • Constipation with constant urging and unsatisfactory, hard, mucoid and scanty stool. |

| Sl. No. | Name of Medicines | Symptoms verified |
|---------|-----------------------------|---|
| | | <ul style="list-style-type: none"> Menses-painful, clotted, copious and offensive. Aching pain in lower extremities while walking < standing. |
| 11. | <i>Foeniculum vulgare</i> | <ul style="list-style-type: none"> Reeling sensation in head in the morning < motion. Painful red pimples on cheeks and forehead. Aching pain in the right side of cervical region < sitting straight >pressure. Pain in the right knee < walking, ascending stairs. |
| 12. | <i>Gymnema sylvestre</i> | <ul style="list-style-type: none"> Red, painful eruption on forehead and cheeks. Pain in the teeth < sweets, sour, cleaning teeth. During menses, pain in the lumbar region < bending forward, standing. Aching pain in right side of back <standing >lying on hard surface. Pain and swelling in the foot while walking. |
| 13. | <i>Hygrophilla spinosa</i> | <ul style="list-style-type: none"> Coryza with sneezing and thin, watery discharge along with frontal headache. Abdominal distension with flatulence < eating > after stool. Aching pain in the right shoulder <motion >massage. Itching in the skin < daytime, warmth, sunlight. |
| 14. | <i>Magnolia grandiflora</i> | <ul style="list-style-type: none"> Congestive headache with thirstlessness < morning, bending head. Pain in left hypogastrium < pressure with decreased appetite. Stool is hard and unsatisfactory with ineffectual urging. |
| 15. | <i>Persea americana</i> | <ul style="list-style-type: none"> Abdominal distension with pain and tightness < after eating > passing flatus. Constipation with weakness, irregularity and unsatisfactory stool. Acne on the cheeks and forehead. Burning pain during urination with increase frequency and restlessness < close of urination. Drawing pain in legs, lumbar region and thighs. |
| 16. | <i>Psoralia corylifolia</i> | <ul style="list-style-type: none"> Bursting headache with heaviness, nausea and constipation. Burning in urethra during urination. Aching pain in lower limb < sitting. Stool is dry, hard and offensive. |

Concluded studies Of the 23 drugs from the previously concluded clinical verification projects, the data on 22 drugs have been collected.

NEW STUDY TO BE INITIATED

- The new study titled "A multicentric clinical verification study on drugs proved by the council with prognostic factor research" on 10 new drugs whose proving has been completed will be taken up further for verification in 2018-19. The protocol for the new study is revised by including patient outcome scales like MYMOP (Measure Yourself Medical Outcome Profile) and ORIDL (Outcome Related to Impact on Daily Living) to better assess the effect of these rare drugs in patients. The revised modified Naranjo criteria as proposed by the HPCUS Clinical Data Working Group

(December 2015) will be used in this study to assess causal attribution of the remedy. These following 10 drugs were approved from multicentric study in 61st SAC of the Council:

1. *Acorus calamus*
2. *Apium graveolens*
3. *Brassica oleracia*
4. *Cochlearea armoracia*
5. *Cuscuta reflexa*
6. *Datura arborea*
7. *Datura metel*
8. *Leucas aspera*
9. *Phyllanthus niruri*
10. *Withania somnifera*

The new clinical verification programme is being evolved to adapt to the modern statistical tools for assessing prevalence and likelihood ratio of each symptom verified, thus paving way to prognostic factor research. CCRH has been following the traditional method of verification since inception where the symptoms verified depended on the number of subjects improved/not improved alone and not subjected to any further analysis. But the statistical method uses the complete patient databank for a detailed statistical analysis to bring out quantitative data and envisages development of a new repertory based on mathematical probabilities.

PUBLICATIONS

a. ARTICLES-

1. ***Mangifera indica*** - Symptom prevalence in a cohort of 65 patients improved with the homoeopathic medicine *Mangifera indica*: A multicentric open observational clinical verification study.

Introduction: Clinical verification is an ongoing research program of the Council that verified many rare homoeopathic drugs.

Aim: To clinically verify the 'symptomatology' of *Mangifera indica* by ascertaining the symptoms improved during verification.

Materials and Methods: The study was a multicentric open label observational trial. Total 114 patients were enrolled after matching with the available symptom compendium and eligibility criteria in five centres of the Council. The medicine was prescribed in 6C, 30C, 200C and 1M potencies, as per need of the patient following the homoeopathic principles and protocol developed by the Council. The collected data were presented in terms of descriptive statistics. Prevalence of symptoms in the responding and non-responding population has been compared using Chi-square test.

Results: Out of 114 patients enrolled in the study, 77 patients who completed the follow up were analysed. The demographic analysis shows, male/female: 41/36, mean age 28.61 years. There was "clinical success" in 65 cases (84.41%) and failures in 12 cases (15.59%), judged subjectively by the physicians. A minimum of two prescriptions were considered for pick listing each symptom as a rule of thumb.

Conclusions: Total 16 CCRH proving symptoms were verified, 4 symptoms from other literatures were also verified. 51 new clinical symptoms/symptom components were identified. Further replication and estimation of likelihood ratio in general practice setting is crucial for confirmation and inclusion of such symptoms in homoeopathic literature.

Published: IJRH volume/11/issue 3/ July-September 2017: 184-195

2. ***Aranea diadema*** - Prevalence and prognostic factor in patients with good therapeutic response in a cohort of 172 patients with the homoeopathic medicine *Aranea diadema*: A multicentre, open-label, observational study.

Aim: To assess the prevalence and prognostic factor of *Aranea diadema* in a population responding well to *Aranea diadema*.

Material and Methods: It was an open label, multicentric observational study wherein patients having minimum two known symptoms matching with the pathogenesis of *Aranea diadema* were prescribed the remedy in 6C, 30C, 200C, and 1M potencies. The collected data were presented in terms of descriptive statistics.

Results: A total of 6806 cases were enrolled. Out of which a total of 172 cases were analysed, and demographic analysis shows male/female: 109/63; mean age 28.3 years. There were “clinical successes” in 115 cases (67.0%) and no response in 57 (33.1%) cases. The number of symptoms found prevalent in responders included proving ($n = 13$) and literature ($n = 8$). Symptoms coming from provings guide homoeopathic practitioners in prescribing their medicines, but should also be confirmed in patients responding well to these medicines. Significantly higher prevalence was observed among responders in respect of six tentatively confirmed symptoms (prevalence): Forgetfulness (0.11), white coated tongue (0.21), epistaxis (0.10), thirstlessness (0.13), seminal emissions (0.23), and fever (0.12).

Conclusion: This study was conducted to assess the prevalence of symptoms in a population responding well to *Aranea diadema* and to compare this with the prevalence of these symptoms in other populations. If a symptom has a higher prevalence in a population responding well to *Aranea* it indicates the increase of likelihood of a curative action of *Aranea* when that symptom is present. Our “test” is not meant to diagnose an illness but to increase the accuracy of prescribing *Aranea diadema*.

Published: IJRH volume/12/issue 1/ January-March 2018: 20-28

b. BOOKS

‘Study of Homoeopathic Medicines through Clinical verification – Volume IV’ has been published. It has data on the following 20 drugs.

1. *Agave americana*
2. *Andrographis paniculata*
3. *Argemone mexicana*
4. *Azadirachta indica*
5. *Bacopa monniere*
6. *Cynodon dactylon*
7. *Formic acid*

8. *Liatris spicata*
9. *Oxytropis lambertii*
10. *Pyrus americana*
11. *Rauwolfia serpentine*
12. *Ricinus communis*
13. *Staphylococcinum*
14. *Tribulus terrestris*
15. *Tarentula cubensis*
16. *Tela aranea*
17. *Terminalia arjuna*
18. *Thea chinensis*
19. *Theridion*
20. *Tylophora indica*

c. MONOGRAPHS (Revised & published) -

1. *Bellis perennis*- New monograph, 2018
2. *Tinospora cordifolia*- New monograph, 2018
3. *Atista indica*- Revised Monograph, 2018
4. *Cassia sophera*- Revised Monograph, 2018
5. *Abroma agusta*- Revised Monograph. 2018

NEW PUBLICATIONS UNDER REVIEW

Books

- Materia Medica on 10 new drugs assigned for 2018-19 is being prepared from drug proving data and other authentic literature.

MEETINGS CONVENED ON CLINICAL VERIFICATION

- Expert Committee meetings to finalise the draft of the book 'Study of Homoeopathic Medicines through Clinical Verification – Volume IV' have been held in the Council on 23.01.2017 and 20.03.2018
- Meeting with software development team of RADAR Opus was held on 8th February 2018 to develop Clinical Verification module in RADAR software.
- Interactive Meeting with Dr. Lex Rutten of Netherlands to discuss the application of Prognostic Factor Research and Bayesian statistics in Clinical Verification was held on 14th, 15th & 19th February 2018.

CLINICAL RESEARCH

Clinical Research in Homoeopathy helps in generating, validating and consolidating scientific evidences (in terms of safety, efficacy and effectiveness) of homoeopathic medications, procedures and treatment regimes. These researches are useful in prevention, treatment of various diseases, decision making for stake holders and thus help in improving clinical care. The aim is to carry out evidence based trials based on modern scientific parameters (double blinding; objective assessment criteria, statistical analysis, etc.) without conflicting with the doctrines of Homoeopathy. By taking part in clinical trials, participants not only play a more active role in their own health care, but they also can access experimental treatments and help others by contributing to medical research.

During the reporting year, 21 clinical research studies were continued from previous years, out of which 11 studies were concluded during the reporting period 2017-18. Further 07 new studies were initiated. The screening/follow up of all the studies continued during the reporting year at the Institutes. The Protocol after being drafted for 03 new studies Polycystic Ovarian Syndrome, Adjustment Disorders, Trigeminal Neuralgia approved by Scientific Advisory Committee of the council in its 60th meeting. These shall be initiated in the year 2018-19.

The details of on-going, concluded and newly initiated studies are as follows:

I. STUDIES CONTINUED FROM PREVIOUS YEARS

A. Ongoing studies (10):

1. A Comparative Randomized Controlled Trial of Homoeopathy & Allopathy in Acute Otitis Media & its recurrence in Children.
2. A multi-centric single blind randomized placebo controlled trial to evaluate the efficacy of individualized homeopathic intervention in Breast Fibroadenoma.
3. Prognostic factor assessment of homoeopathic medicines for chronic cough: An exploratory prospective study.
4. Management of Chronic Non Specific Low Back Pain (NSLBP) with homoeopathic intervention versus placebo along with directional preference exercise -A parallel arm randomized controlled pilot study.
5. Validation of commonly used homoeopathic drugs for acne: A prospective observational study
6. Validation of commonly used homoeopathic drugs for bronchial asthma: A prospective observational study
7. Validation of commonly used homoeopathic drugs for functional dyspepsia: A prospective observational study
8. Validation of commonly used homoeopathic drugs for haemorrhoids: A prospective observational study
9. Validation of commonly used homoeopathic drugs for migraine: A prospective observational study
10. Efficacy of Homoeopathic treatment in Sub Clinical Hypothyroidism in school going children: A randomized double blind placebo controlled parallel arm trial

B. Concluded studies:

1. Effects of individualized homoeopathic intervention in Dyslipidemia: an open label randomized controlled exploratory trial.
2. Effects of homoeopathic intervention in Stage I Essential Hypertensive Patients: A randomized double blind, placebo controlled trial.
3. Effects of homoeopathic intervention in Pre-Diabetes (EHIP): an open label randomized controlled exploratory trial.
4. Effectiveness of homeopathic medicines- as an add on to institutional management protocol for Acute Encephalitis Syndrome (AES) – A case control study.
5. Efficacy of Homoeopathic Medicine Belladonna 200 in preventing Acute Encephalitis Syndrome in children residing in an endemic region - A cluster randomized, double blind, double arm, placebo controlled trial.
6. Individualized Homoeopathic intervention in Diabetic Foot Ulcer: a randomized controlled pilot study using Calendula Q vs normal saline for Ulcer dressing.
7. Observational study to evaluate response to homoeopathic treatment in Vitiligo.
8. Observational study to evaluate response to homoeopathic treatment in Psoriasis.
9. Comparing individualized homoeopathy with placebo in managing pain of Knee Osteoarthritis: a double-blind randomized controlled trial.
10. Homoeopathic Ferrum drugs in treatment of Iron Deficiency Anemia in children.
11. Follow up cross sectional study of Subclinical Hypothyroidism children post five years of treatment.

C. New Studies Initiated:

1. Evaluation of homoeopathic medicines in the management of adenotonsillar hypertrophy of children- A prospective observational study.
2. Evaluation of Homoeopathic treatment in the Out Patient Department – A patient reported outcome study.
3. A Multicentric randomized, double blind, placebo controlled study to evaluate efficacy of predefined homoeopathic medicines in treatment of Warts.
4. Usefulness of individualized Homoeopathy versus standard allopathic treatment in acute uncomplicated Urinary Tract Infection (UTI): A randomised comparative trial.
5. Management of Rheumatoid Arthritis with individualized Homoeopathy- An observational study.
6. Management of Post Chikungunya Arthritis with Homoeopathy vs Standard Conventional Treatment- A Comparative Open Randomized Control Trial.
7. Effect of homoeopathic medicines in the management of morbidity associated with grade III and grade IV lower limb lymphoedema due to lymphatic filariasis – A prospective open label exploratory study.

D. Achievements Of Clinical Research:

1. Acute encephalitis syndrome/Je: homoeopathic perspective. Published in : Healthy India Chronicle 2017; 1(1): 76-79.
2. Evaluation of homoeopathic treatment in polycystic ovary syndrome: A single-blind, randomised, placebo-controlled pilot study. Published in: Indian Journal of Research in Homoeopathy 2018;12: 35-45.

A. Ongoing studies:**1. A Comparative Randomized Controlled Trial of Homoeopathy & Allopathy in Acute Otitis Media (AOM) & its recurrence in Children.**

An open label, non-inferiority, randomized controlled (parallel arm) trial in children in the age group of 02 to 12 years, suffering from acute otitis media was initiated in November 2014 at four institutes viz. Dr. D. P. R. Central Research Institute, Noida, DSU, Hyderabad, Regional Research Institute (s), Jaipur and Shimla . The primary objective of the study is to compare the efficacy of Homoeopathic treatment with Allopathic treatment through changes in AOM –SOS and Tympanic membrane examination scale, 'Time to improvement' in pain and 'Recurrence' of AOM in both treatment groups. The enrollment period of the study was extended upto December 2017 due to non -achievement of targeted sample size. Since inception in November 2014, a total of 396 cases were screened and 235 were enrolled. During the reporting period, 44 and 26 cases were screened and enrolled respectively. Further enrollment of patients in the study has been stopped. The enrolled patients are under follow up.

2. A multi-centric single blind randomized placebo controlled trial to evaluate the efficacy of individualized homeopathic intervention in Breast Fibroadenoma.

This study was initiated in January 2014 at four institutes of the Council namely; DDPRCRI (H), Noida; DACRRI (H) Kolkata and RRI (H) Puri and Mumbai. Due to non-enrolment at RRI, Mumbai, the study was withdrawn from there and later it was assigned to NHRIMH, Kottayam. The primary objective of the study was to evaluate the effectiveness of homoeopathic medicines in reduction of size or resolution of breast fibroadenoma through sonomammographic assessment. Female patients between 18-35 years with breast fibroadenoma fulfilling the inclusion criteria were enrolled after taking written informed consent. All enrolled cases after case taking and examination were prescribed either the individualized homoeopathic medicine in centesimal potencies in the verum group or the identical placebo in the placebo group as per randomization. The duration of intervention and follow-up was 6 months. Since inception, 594 patients were screened and 171 enrolled. During reporting period, 102 were screened & 24 patients enrolled. The enrolment has been stopped in December 2017. Since then, the enrolled patients are under follow up.

3. Prognostic factor assessment of homoeopathic medicines for cough: An exploratory prospective study.

This study aims at finding the most useful group of homeopathic medicines and its indications for cough, and further preparing an algorithm for prescribing in cough cases. The study is being carried out in 10 centres, namely, DPRCRI(H), Noida, NHRIMH, Kottayam, DSU, Hyderabad, RRI, Mumbai, DACRRI, Kolkata, RRI (H), Agartala, RRI(H) Puri, RRI Bhubaneswar, RRI, Jaipur and RRI, Gudivada. Patients with acute or chronic cough are being screened by site investigators and those meeting the inclusion criteria are enrolled. Validated scales are used to assess the improvement of cough. Homoeopathy-based questionnaires are being used for capturing the prevalence of homoeopathic symptoms in general and cough symptoms in particular. All patients are being given individualised treatment. Patients were followed up for 8 days in acute and 8 weeks in chronic cough. So far since inception in 2016, 1288 patients have been screened and 482 cases have been enrolled.

In pretrial phase 912 cases have been screened and 338 cases have been enrolled. *Arsenic album, Causticum, Bryonia and Belladonna* are among the most prescribed medicines in the study. Feedback from the investigators on pre-trial phase has been gathered and based on this, and on other challenges in the pre-trial phase, accordingly the protocol is modified and approved from SAC of council.

4. Management of Chronic Non Specific Low Back Pain (NSLBP) with homoeopathic intervention versus placebo along with directional preference exercise -A parallel arm randomized controlled pilot study.

A parallel arm Randomized Controlled trial in patients aged between 18- 60 yrs suffering from chronic non-specific low back pain for ≥ 4 weeks was Initiated at RRI (H), Shimla; DDPRCRI (H), Noida; RRI (H), Gudivada; RRI (H), Puri; Ext. centre Bhunbeshwar and CRU (H), Tirupati. Enrolled cases were equally randomized into homoeopathy and placebo group. Primary objective is to compare the changes in intensity of chronic non-specific low back pain using Numeric Pain Rating Scale (NRS). Secondary objective is to compare the changes in disability using Revised Oswestry Low Back Pain Disability Questionnaire; assess global improvement using SF-20 and effect of homoeopathic treatment using Outcome Related to Impact on Daily Living (ORIDL).

Patients who have low back pain with other medical condition presenting with numbness and pain in lower extremities, such as diabetic polyneuropathy and peripheral vascular disease, nerve root compression from herniated nucleus pulposus, Ankylosing spondylitis, lumbar stenosis, Piriformis syndrome, Crural/Femoral neuralgia, Red flag signs of possible serious pathology, history of metabolic bone disease, Radiologic abnormalities other than degenerative disease, contraindications to physical exercise have been excluded from the study while screening.

In pretrial phase of study out of 262 screened cases, 76 have been enrolled, 4 dropped out, 51 cases are under follow up and 21 cases completed the study with follow up of 3 months as per protocol. Till date *Lycopodium, Pulsatilla, Sulphur, Rhustox. & Causticum* are found to be effective. Engagement of consultant and CTRI registration is under process.

5. Validation of commonly used homoeopathic drugs for acne: A prospective observational study

This study is a multi-center, prospective, open label, observational trial to validate frequently used homoeopathic drugs for acne through pre-identified set of symptoms and replies to a questionnaire designed especially for homoeopathic effect of personalized treatment to the subjects. Patients of either sex, aged between 12-25 years, attending the outpatient clinic in the selected four institutes of the Central Council for Research in Homoeopathy, India with complaint of acne are screened for enrollment. The primary outcome is to observe the change in severity of acne on Global Acne Grading System (GAGS) at the end of 6 months of treatment. The secondary outcome is to observe the change in Quality of Life (QOL) at the end of 6 months of treatment. The pre-trial was initiated in Oct. 2015 at RRI(H), Mumbai; HDRI, Lucknow; CRU(T), Agartala; and NHRIMH, Kottayam.

Since inception of the study, 207 cases were screened, 162 cases were enrolled, and 65 cases have completed follow-up as per the protocol. During the reporting year, 101 cases were screened, 83 cases were enrolled; and 25 cases have completed follow-up as per the protocol. The medicines found effective so far are *Sulphur, Natrum-mur, Calcarea-carb and Pulsatilla*.

6. Validation of commonly used homoeopathic drugs for Bronchial Asthma: A prospective observational study

This study is a multi-center, prospective, open label, observational trial to validate frequently used homoeopathic drugs for Bronchial Asthma through pre-identified set of symptoms and replies to a questionnaire designed especially for homoeopathic effect of personalized treatment to the subjects. Patients of either sex, aged between 5-65 years, attending the outpatient clinic in the selected three institutes of the Central Council for Research in Homoeopathy, India with complaint of bronchial asthma are screened for enrollment. The primary outcome is to observe the change in spirometry measurement FEV1, in all patients >5 years old when asthma is stable at the end of 1 year of treatment. The secondary outcomes are to observe the changes in spirometry measurements (FVC, FEV1/FVC) in all patients >5 years old when asthma is stable; Asthma symptom utility index and WHO-QoL score at the end of 1 year of treatment.

The pre-trial was initiated in Oct. 2015 at the following centres: NHRIMH, Kottayam; DPRCRI (H), Noida; and DS (Extn. U), Hyderabad. Since inception of the study, 436 cases have been screened, 85 cases were enrolled, and 25 cases have completed follow-up as per the protocol. During the reporting year, 132 cases were screened, 33 cases were enrolled; and 3 cases have completed follow-up as per the protocol. The medicines found effective so far are *Arsenic-alb*, *Phosphorus*, *Natrum-mur*, *Pulsatilla*.

7. Validation of commonly used homoeopathic drugs for functional dyspepsia: A prospective observational study

This study is a multi-center, prospective, open label, observational trial to validate frequently used homoeopathic drugs for functional dyspepsia through pre-identified set of symptoms and replies to a questionnaire designed especially for homoeopathic effect of personalized treatment to the subjects. Patients of either sex, aged between 18-55 years, attending the outpatient clinic in the selected three institutes of the Central Council for Research in Homoeopathy, India with the complaint of functional dyspepsia were screened for enrollment. The primary outcomes are to observe the changes in Global Overall Symptom (GOS) score and Severity of Dyspepsia Assessment (SODA) score at the end of 8 weeks of treatment. The secondary outcome is to observe the change in Quality of Life (WHO-QoL) at the end of 8 weeks of treatment. The pre-trial was initiated in Oct. 2015 at the following centres: CRU (T), Port Blair; CRU (H), Chennai; and RRI (H), Puri.

Since inception of the study, 869 cases have been screened, 454 cases were enrolled, and 251 cases have completed follow-up as per the protocol. During the reporting year, 349 cases were screened, 154 cases were enrolled; and 72 cases have completed follow-up as per the protocol. The medicines found effective so far are *Nux-vom*, *Carbo-veg*, *Lycopodium*, *China* and *Sulphur*.

8. Validation of commonly used homoeopathic drugs for haemorrhoids: A prospective observational study

This study is a multi-center, prospective, open label, observational trial to validate frequently used homoeopathic drugs for haemorrhoids through pre-identified set of symptoms and replies to a questionnaire designed especially for homoeopathic effect of personalized treatment to the subjects. Patients of either sex, aged between 30-65 years, attending the outpatient clinic in the

selected five institutes of the Central Council for Research in Homoeopathy, India with the complaint of internal haemorrhoids were screened for enrollment. The primary outcome is to observe the change in sodergren score at the end of 6 months of treatment. The secondary outcome is to observe the change in Quality of Life (QOL) at the end of 6 months of treatment. The pre-trial was initiated in Oct. 2015 at CRU (T), Siliguri; RRI (H), Imphal; CRU (T), Ranchi; RRI (H), Gudivada and HTC, Safdurjung.

Since inception of the study, 573 cases have been screened, 194 cases were enrolled, and 90 cases have completed follow-up as per the protocol. During the reporting year, total 253 cases were screened out of which 73 cases have been enrolled; and 27 cases have completed follow-up as per the protocol. The medicines found effective so far are *Sulphur*, *Nux-vomica*, *Phosphorus* and *Arsenic-album*.

9. Validation of commonly used homoeopathic drugs for migraine: A prospective observational study

This study is a multi-center, prospective, open label, observational trial to validate frequently used homoeopathic drugs for migraine through pre-identified set of symptoms and replies to a questionnaire designed especially for homoeopathic effect of personalized treatment to the subjects. Patients of either sex, aged between 18-65 years, attending the outpatient clinic in the selected three institutes of the Central Council for Research in Homoeopathy, India with complaint of migraine are screened for enrollment. The primary outcome is to observe the change in Headache Impact Test (HIT-6) score at the end of 1 year of treatment. The secondary outcome is to observe the change in Quality of Life (WHO-QoL) at the end of 1 year of treatment. The pre-trial was initiated in Oct. 2015 at DACRRI (H), Kolkata; RRI (H), Guwahati; and CRU (T), Puducherry.

Since inception of the study, 214 cases have been screened, 69 cases were enrolled, and 20 cases have completed follow-up as per the protocol. During the reporting year, total 97 cases were screened out of which 41 cases have been enrolled; and 13 cases have completed follow-up as per the protocol. The medicines found effective so far are *Natrum-mur*, *Calcarea-carb*, *Belladonna*, *Phosphorus* and *Nux-vomica*.

10. Efficacy of Homoeopathic treatment in Sub- Clinical Hypothyroidism in school going children: A randomized double blind placebo controlled parallel arm trial

Thyroid gland plays a major role in the metabolism, growth and maturation of the human body. Its dysfunction leads to discomfort, disease(s), poor quality of life, or even death. Thyroid dysfunctions like sub clinical hypothyroidism (SCH) and autoimmune thyroiditis (AIT) are being increasingly identified in children from various surveys in the country. Earlier studies have shown positive results of Homoeopathic medicines in treatment of Sub-clinical Hypothyroidism. So, a randomized double blind placebo controlled parallel arm trial was initiated in June 2015 to assess the efficacy of homoeopathy in children with Sub clinical hypothyroidism. The study is being conducted at DR. B. R. Sur Homoeopathic Medical College, Hospital and Research Centre, Delhi. Objective of the study is to evaluate the efficacy of individualized homoeopathic treatment on TSH level in sub clinical hypothyroidism. Since inception of the study, 2084 children have been screened, 109 children were enrolled. Enrolled children are being followed up.

B. Concluded studies:**1. Effects of individualized homoeopathic intervention in Dyslipidemia: an open label randomized controlled exploratory trial.**

This is the pretrial phase of an open label randomized controlled exploratory trial on dyslipidaemia. The primary objective was to evaluate the effects of individualized Homoeopathic medicines along with Therapeutic Lifestyle Changes (TLC) on serum LDL cholesterol levels. Patients were randomized to two groups- Group I: individualized homoeopathy plus life style modification and Group II: placebo plus life style modification. Both the groups will be treated for period of six months. The study was conducted at 7 centers: Dr. D. P. Rastogi Central Research Institute (H), Noida, National Homoeopathy Research Institute in Mental Health, Kottayam, Regional Research Institute(H), Gudivada, Drug Standardization Unit(H), Hyderabad, Clinical Research Unit(H), Tirupathi, Clinical Research Unit(H), Puducherry and Clinical Research Unit(H), Chennai.

A total of 3070 patients have been screened and 217 are enrolled. During the reporting period, 209 patients were screened and 17 have been enrolled. The study has been concluded in March 2018 and the data is under the process of cleaning and analysis.

2. Effects of homoeopathic intervention in Stage I Essential Hypertensive Patients: A randomized double blind, placebo controlled trial.

This is the pretrial phase in an open label manner of randomized double blind, placebo controlled trial on patients suffering from Stage I Essential Hypertension. The primary objective of the study was to evaluate the mean change in blood pressure (systolic and diastolic) after administration of individualized homoeopathic medicines along with life style modification (LSM) compared to placebo with LSM according to routine method of Blood pressure measurement. The patients were randomized to two groups: group I: individualized homoeopathy plus LSM and group II: placebo plus LSM. Mean change in systolic and diastolic blood pressure as per routine method from baseline was evaluated at every month for 3 months. The study was conducted at six centers: Dr. D. P. Rastogi Central Research Institute (H), Noida (UP), Drug Standardization Unit, Hyderabad (AP), Clinical Research Unit (H), Chennai, Regional Research Institute (H) Imphal, Clinical Research Unit (H), Tirupathi and Dr. Anjali Chatterjee Regional Research Institute for Homoeopathy, Kolkata.

A total of 1981 patients have been screened and 214 are enrolled. During the reporting period, 129 were screened and 23 have been enrolled. The study has been concluded in March 2018 and the data is under the process of cleaning and analysis.

3. Effects of homoeopathic intervention in Pre-Diabetes (EHIP): an open label randomized controlled exploratory trial.

This is the pretrial phase of randomized controlled exploratory trial on patients diagnosed with pre diabetes. The primary objective of the study is to evaluate the effect of constitutional/individualized homoeopathy intervention on glucose levels. It is an open label randomized placebo controlled exploratory trial with two groups: group I (Active): individualized homoeopathy plus life style modification (H+LSM) and group II (placebo): placebo plus life style modification (P+LSM). The study was being conducted at eight units/Centres: Dr. D. P. Rastogi

Central Research Institute (H), Noida, National Homoeopathy Research Institute in Mental Health, Kottayam, Regional Research Institute (H), Gudivada, Drug Standardization Unit, Hyderabad, Clinical Research Unit (H), Chennai, Clinical Research Unit (H), Puducherry, Clinical Research Unit(H), Tirupathi and Clinical Research Unit(H), Siliguri.

A total of 4083 patients have been screened and 401 are enrolled. During the reporting period, 418 were screened and 27 have been enrolled. The study has been concluded in March 2018 and the data is under the process of cleaning and analysis.

4. Effectiveness of homeopathic medicines- as add on to institutional management protocol for Acute Encephalitis Syndrome (AES) – A case control study.

During the year 2016, patients were given adjunctive homoeopathic treatment out of 1965 AES cases admitted in the hospital. A total of 339 patients were treated. Amongst treated cases the outcome is as follows: death occurred in 49 cases (14.4%), neuro vegetative state in 5 (1.47%) cases, severe disability in 14 cases (4.12%), moderate disability in 23 cases (6.7%) and good recovery in 245 cases (72.2%). An equivalent 339 cases of AES cases are being captured from the hospital records as control for comparison of the outcome retrospectively. The study is concluded. The data capturing is under process.

5. Efficacy of homoeopathic medicine Belladonna 200 in preventing Acute Encephalitis Syndrome in children residing in an endemic region - A cluster randomized, double blind, double arm, placebo controlled trial

This was a cluster randomized, double blind, double arm, placebo controlled trial implemented in the Chargawa block of Gorakhpur district during the reporting year 2017-18. The primary objective was: To evaluate effect of homoeopathic medicine *Belladonna* 200 in preventing Acute Encephalitis Syndrome in persons residing in an endemic area in comparison to placebo and the secondary objective was to compare the mortality & sequelae of Acute Encephalitis Syndrome, who develop illness, despite having received prophylaxis with *Belladonna* with those who received placebo. A total of 17455 families were covered from 43 villages. The study endpoint was no. of children suffering from fever after giving *Belladonna* or placebo during 4 month period of the study. A total of 44679 children were distributed *Belladonna* 200/ placebo to assess the preventive role of belladonna 200 in acute encephalitis of children. The data entry is under process and will be analyzed.

6. Individualized Homoeopathic intervention in Diabetic Foot Ulcer: a randomized controlled pilot study using Calendula Q vs normal saline for ulcer dressing.

This study was initiated in May 2014 at Ext. Clinical Research Unit of DSU located at Princess Durrus Shehvar Children & General Hospital, Hyderabad with the primary objective to compare the effect of individualized homoeopathic intervention with ulcer dressing using *Calendula Q* vs individualized homoeopathic intervention with ulcer dressing using normal saline in the complete closure or epithelialisation of Diabetic Foot Ulcer within 20 weeks of treatment. Men and women aged 18 to 70 years with Type 1 or Type 2 Diabetes Mellitus on standard conventional treatment having foot ulcer and fulfilling inclusion criteria were enrolled and assigned to either group as per randomization after obtaining written informed consent.

A total of 277 patients were screened, 60 enrolled and 57 cases completed the follow up. During reporting period, 32 patients were screened and 17 patients enrolled. 29 cases improved in Homoeopathy + *Calendula* and 28 cases in Homoeopathy + Normal saline. Both the groups showed equal improvement with respect to complete closure and epithelialization of the ulcer.

7. Observational study to evaluate response to homoeopathic treatment in Vitiligo

Observational study to evaluate the response to homoeopathic treatment in vitiligo was started in December 2014 at 11 centers namely DDPRCRI(H) Noida, NHRIMH, Kottayam, RRI (H) Gudivada, DACRRI(H) Kolkata, RRI(H) Mumbai, RRI(H) Guwahati, RRI(H) Jaipur, RRI(H) Puri, HDRI Lucknow, CRU(H) Chennai and CRU(H) Port Blair. Primary Objective of the study was to identify the change in VASI score (Vitiligo Area Scoring Index) and in quality of life of the patient. Patients in the age group of 18 to 60 years with atleast 01 vitiligo skin lesion measuring at least 2x2cm in size of duration 03months to 10 years were enrolled after taking written informed consent. Homoeopathic medicine was prescribed on the basis of totality of symptoms. The assessment was made every month for a period of 12 months.

A total of 1171 cases were screened and 481 cases were enrolled. During the reporting year, 246 cases have been screened and 56 cases have been enrolled. Study has been concluded and data verification and analysis of cases is in process.

8. Observational study to evaluate response to homoeopathic treatment in Psoriasis.

An Observational study to evaluate the response of homoeopathic treatment in Psoriasis was started in September 2014 at 11 centers namely DDPRCRI(H) Noida, NHRIMH, Kottayam, RRI (H) Gudivada, DACRRI(H) Kolkata, RRI(H) Mumbai, RRI(H) Guwahati, RRI(H) Jaipur, RRI(H) Puri, CRU(H) Agartala, CRU(H) Puducherry and CRU(H) Siliguri. Primary objective of the study was to identify the change in disease severity and in quality of life of the patient. The patient in age group of 18 to 60 years presenting with plaque type Psoriasis were enrolled after obtaining written informed consent. Homoeopathic medicine was prescribed on the basis of totality of symptoms. Assessment was made every month for a period of 12 months.

A total of 1711 cases were screened and 519 cases were enrolled. During the reporting year, 294 cases have been screened, 116 cases have been enrolled. Study has been concluded and data verification and analysis of cases is in process.

9. Comparing individualized homoeopathy with placebo in managing pain of knee osteoarthritis: a double-blind randomized controlled trial.

A randomized double-blind placebo controlled study to assess the efficacy of individualized homoeopathic medicine in management of pain of osteoarthritis knee was initiated in April 2015 at 5 centers DDPRCRI(H) Noida, NHRIMH, Kottayam, CRU(H) Siliguri, RRI(H) Mumbai and RRI(H) Gudivada. In the SAC meeting held on 6th December 2016 it was recommended that since no cases has been enrolled from RRI(H) Shimla, the study would be withdrawn from there. Primary objective of the study was to compare the efficacy of predefined homoeopathic medicines with placebo in pain management of knee joint osteoarthritis. Patients aged 50 years or above diagnosed with Knee OA as per ACR diagnosis criteria were enrolled in the study after taking written informed consent. Homoeopathic medicines were prescribed after case taking on the basis of presenting totality of

symptoms. Patients were followed after every 2 weeks for 2 consecutive months. Assessment was done as per change in pain, stiffness, and limitation of physical function of knee joint and change in ICOAP constant/intermittent pain measure. A total of 1097 cases were screened and 351 cases were enrolled. In the reporting year, 217 patients were screened and 85 patients were enrolled. Study has been concluded and data verification and analysis of cases is in process.

10. Homoeopathic Ferrum drugs in treatment of Iron deficiency anemia in children.

The study of homoeopathic Ferrum drugs in treatment of Iron deficiency anemia in children was initiated in July 2015 at 4 centers namely DDPRCRI(H) Noida, NHRIMH, Kottayam, RRI (H) Guwahati and RRI(H) Imphal. The primary objective of the study was to identify the action of *Ferrum phosphoricum 3X* and *Ferrum metallicum 3X* in iron deficiency anemia. Children between 12 -14 years of age with iron deficiency anemia inclusion criteria and exclusion criteria enrolled in the study following inclusion and exclusion criteries. *Ferrum* drugs (*Ferrum phosphoricum 3X*, *Ferrum metallicum 3X*) are prescribed to children, diagnosed with mild to moderate iron deficiency anemia for a period of 3 months. Follow up was done fortnightly and after 3 months treatment, assessment was done on the basis of change in hemoglobin level and other hematological parameters related to anemia i.e. serum ferritin, serum iron, serum total iron binding capacity.

The screening was conducted in two phases to identify low haemoglobin in phase I and assess cause and type of anemia in phase II. Since inception in Phase I, 3080 cases were screened and in Phase II, 730 cases were screened, out of which 100 cases were enrolled. Study has been concluded and data verification and analysis of cases is in process.

11. Follow up cross sectional study of Subclinical Hypothyroidism children post five years of treatment

This was a cross sectional follow up survey of children, who were enrolled under study titled "Efficacy of homeopathic intervention in subclinical hypothyroidism(SCH) with or without autoimmune thyroiditis(AIT) in children: an exploratory randomized control trial" undertaken in the year 2008-2011. The objective of this follow up study was to compare biochemical thyroid profile of all children on homoeopathic intervention with placebo group after 5 years of study. The secondary objectives were to compare the health status of children between intervention with placebo group post 5 years of treatment and to compare the overt rate in children between intervention with placebo post 5 years of treatment. The outcome measures were FT3, FT4, TSH and Anti-TPO antibodies.

After 5 years, 45 children who were enrolled in the previous study have been traced and enrolled for the follow up cross sectional survey. Of 45, 21 were from control group and 24 were from homoeopathy group.

Of these 21 control cases, at the completion of treatment, 8 were euthyroid, 3 had SCH+AIT, 6 had AIT, 1 had overt Hypothyroidism and 3 had dropped out. When followed up after 5 years, 8 patients remain euthyroid, 5 have SCH+AIT, 3 have AIT, 2 have Overt Hypothyroidism and 2 did not report.

Likewise, out of 24 cases in the Medicine group, at the completion of treatment, 15 were euthyroid, 3 had SCH, 5 had AIT and 1 had dropped out. When followed up after 5 years, 15 remain euthyroid, 3 have SCH, 5 have SCH+AIT and only 1 patient has AIT.

C. New studies initiated:

1. Homoeopathic management of symptomatic adenotonsillar hypertrophy in children: A Prospective observational study.

The study titled, 'Homoeopathic management of symptomatic adenotonsillar hypertrophy in children: A Prospective observational study' was approved in the 59th meeting of Scientific Advisory Committee held on 5th Dec. 2016 and 20th Ethical Committee meeting of the Council, held on 23rd Jan. 2017. The study duration is of 2 years and a total of 150 children will be enrolled with 30 patients/ center at 5 centers, namely: DDPH Central Research Institute(H), Noida, (UP), National Homoeopathic Research Institute In Mental Health (NHRIMH), Kottayam, Kerala, Regional Research Institutes(H), Agartala and, Shimla, and Ext. centre DSU, Hyderabad.

Since inception in September 2017, 137 patients have been screened and 79 are enrolled. 4 patients have completed follow up since inception. The study is ongoing.

2. Evaluation of Homoeopathic treatment in the Out Patient Department – A patient reported outcome study

This patient reported outcome study was initiated in August 2017 after due approval in the 60th Scientific Advisory Committee meeting held on 17th and 18th July 2017 and Ethical Committee meeting of the Council, held on 14th August 2017. This study was initiated with the following objectives:

- To assess what sort of chronic patients are being treated in OPD of homoeopathic Institutes/Units.
- To assess the overall outcomes through patient reported outcome measures.
- To see whether the introduction of homoeopathy enabled a reduction in conventional medication.
- To assess the overall quality of life.

During the reporting period a total of 22 institutes/units participated in the study. Homoeopathic general questionnaire for assessing the prevalence of general symptoms in homoeopathy has been filled in 8072 population, Measure Your Outcome Profile (MYMOP) has been filled in 7008 OPD patients. The data capturing is under process.

3. A Multicentric randomized, double blind, placebo controlled study to evaluate efficacy of predefined homoeopathic medicines in treatment of Warts.

A randomized, control trial on warts has been initiated with the objective to evaluate response of 09 pre-defined homoeopathic medicines in treatment of warts and to validate the symptoms. The pre-defined homoeopathic medicines used are: *Antimonium crudum*, *Ruta graveolens*, *Natrum muriaticum*, *Thuja occidentalis*, *Acidum nitricum*, *Sulphur*, *Causticum*, *Calcarea carbonicum* and *Dulcamara*. The trial has been registered under Clinical Trial Registry of India but the approval is pending. Under the study individuals in the age group of 18-65 years, both sexes with all type of cutaneous warts (excluding plantar warts) will be included with sample size of 480 (60 patients per centre). The study protocol is approved from Special Committee of the Clinical Research, Ethical and Scientific Advisory Committee of the Council. The study will be conducted at 08 centres viz.

DDPRCRI(H) Noida, DSU(H) Hyderabad, RRI(H) Mumbai, Gudivada, Jaipur, Agartala, Puri, and Kolkata, .

During the reporting year a pretrial observational study was undertaken from September 2017 in which 94 cases have been enrolled and are under follow up. After completion of the observational study, double blind randomized controlled trial will be undertaken.

4. Usefulness of individualized Homoeopathy versus standard allopathic treatment in acute uncomplicated Urinary Tract Infection (UTI): A randomized comparative trial.

Urinary tract infection (UTI) is among the most prevailing infectious diseases with a substantial financial burden on society. In general, the treatment consists of hydration, relief of urinary tract obstruction and judicious use of antibiotics. Homoeopathy can be promoted as the first line of treatment for common day to day infectious diseases. The emerging anti-microbial resistance (AMR) can be tackled with Homoeopathy as adjuvant therapy for infectious diseases. Literature suggests Homeopathy in addition to conventional prophylactic measures seems to be an effective, promising method for the prevention of recurrent UTI in patients with SCI however, there is very scarce literature to show usefulness of Homoeopathy in UTI.

Council has initiated a Multi-centre, open-label, randomised, comparative study to assess and compare clinical outcome of treatment with homoeopathic medicine and allopathic medicine in uncomplicated UTI (symptom severity and duration using UTISA) and to compare the changes in quality of life and urine culture in response to both treatment groups.

The protocol has been approved in the 60th meeting of scientific advisory committee held on 17th & 18th July 2017 and in the 21st Ethical Committee meeting held on 14th August 2017. National Homoeopathy Research Institute in Mental Health, Kottayam; Dr. Anjali Chatterjee Regional Research Institute (H), Kolkata, HTC, Safdarjung have been identified as study sites. The sample size of the study will be 40 cases in each arm i.e. total 80 cases and these will be followed up on day 3, 7, 10 with monthly recall till 06 months.

In pretrial phase, 09 cases screened out of which 05 cases have been enrolled at Kottayam centre under homoeopathic arm only. The engagement of consultant for the allopathic arm and CTRI registration is under process.

5. Management of Rheumatoid Arthritis with individualized Homoeopathy- An observational study”.

Rheumatoid Arthritis (RA), the chronic inflammatory joint disease, is a symmetrical, destructive and deforming polyarthritis affecting small and large synovial joints with a variety of extra articular features and associated systemic disturbance and presence of circulating antiglobulin antibodies. The trial will be initiated at DDPRCRI (H), Noida; NHRIMH, Kottayam; RRI(H), Gudivada and Mumbai with sample size of 160(40 cases per centre) . The primary objective of the study is to evaluate the effect of homoeopathic medicines in the management of Rheumatoid Arthritis using DAS 28 score and the secondary objectives of the study are to evaluate the activity profile and quality of life of patients using ACR 20 response criteria. Inclusion criteria consists of the cases with score ≥ 6 as per ACR/EULAR 2010 criteria, patients with low and moderate activity of DAS 28- CRP score, persons aged 20 to 60 years and of both genders, patient not under any conventional

treatment for RA except those on occasional painkillers, controlled cases of Diabetes, Hypertension and Hypothyroidism fulfilling above criteria and written Informed consent from the patient. Exclusion criteria includes the cases having any other joint affection/Arthritis, Pregnancy and Lactation, RA patients with extensive joint deformity(≥ 3 joints), Patients under conventional treatment for RA including DMARDs, patients not giving consent and any patient not deemed fit by the investigator. Currently, dummy cases of RA from one centre has been received. This study has been approved by 60th SAC and Ethical Committee of the Council. The trial been registered in CTRI with reg. no. CTRI/2018/01/011192. Study duration is of two and a half years. (1 yr. enrollment+1 yr. follow up+ 6 months data compilation).

6. Management of post chikungunya arthritis with Homoeopathy Vs Standard conventional treatment- A comparative open randomized control trial.

Arthritis post Chikungunya infection is common and makes the patient crippling and morbid. The study titled, Management of post chikungunya arthritis with Homoeopathy Vs Standard conventional treatment- A comparative open randomized control trial” has been approved by 60th SAC and 21st Ethical Committee and is under process for registration in CTRI. The study duration is of 2 yrs. (6 months for the enrollment, +1 yr. for the Intervention follow-up + 6 months for data analysis and manuscript preparation). A total of 90 cases will be enrolled with 30 cases/per centre at its 3 centres DDPRCRI (H), Noida; NHRIMH, Kottayam; RRI(H), Gudivada) once the outbreak of Chikungunya occurs.

7. Effect of Homoeopathic medicines in the management of morbidity associated with grade III and grade IV lower limb lymphoedema due to lymphatic filariasis – A prospective clinical trial.

Lymphatic filariasis (LF) is one of the Neglected Tropical Diseases (NTD) and has emerged as a public health problem. It is the second leading cause of disability in the world with 15 million people suffering from lymphoedema (elephantiasis) and 25 million men suffering from hydrocele.

This study aims to evaluate the role of homoeopathy in improving the quality of life (QOL) of Lymphatic Filariasis associated lymphoedema patients after homoeopathic intervention. The study has been initiated at Regional Research Institute for Homoeopathy, Puri, which is proposed to develop as a 'Centre for Filariasis'. CCRH has previously carried out open clinical trials and RCT of pre-defined Homoeopathic medicines on acute adenolymphangitis which had shown promising results. The current study aims at evaluating the effects of homoeopathic medicines in the management of morbidity associated with grade III and grade IV lymphoedema, along with estimation of serological parameters pre and post treatment for a period of 03 years in 160 study subjects. The proposed study also includes evaluating advanced laboratory parameters like the estimation of Circulating Filarial Antigens (CFA) Og4C3 and cytokine TNF-alpha through ELISA.

It has been duly approved in the 21st Ethical Committee and 60th Scientific Advisory Committee of the Council.

Primary outcomes-

- To assess and compare the clinical improvement in grade III and grade IV unilateral/bilateral lower limb lymphoedema at the end of 01 year.

- Determining the changes in limb circumference using tape measure following the protocol described by the Australasian Lymphology Association (ALA).
- Volume changes in lymphoedema by 'Water Displacement Method'.

Secondary outcomes-

- To assess and compare the changes in health related quality of life due to grade III and grade IV lymphoedema of lymphatic filariasis using WHO Disability assessment Schedule (WHODAS 2.0) at the end of one year treatment.
- To assess and compare the changes in serological estimation of Og4C3 and TNF-alfa at the end of one year.
- To assess and compare the dermatological changes in grade III and grade IV lymphoedema using Dermatology Life Quality Index (DLQI) at the end of one year.
- To assess and compare the number of acute adenolymphangitis attacks at the end of one year treatment.
- To assess and compare the changes in joint mobility of the affected limb at the end of one year.
- To assess and compare skin health with respect to entry lesions, fungal infection, ulcer complication before and after treatment.

The CTRI registration for the project is under process. 11 dummy cases have been enrolled till date.

D. Achievements of Clinical Research:

1. Acute Encephalitis Syndrome/JE: homoeopathic perspective. Healthy India Chronicle.

Homoeopathy is a system of medicine, which uses holistic approach to treat the patient. According to World Health Organization, this system is the second most popular system of medicine in the world. No side effects, cost effectiveness and patient friendly administration of medicine are other merits of this therapy. Acute encephalitis syndrome (AES) is a problem in the Indian sub-continent and is endemic to certain regions of India. With vaccine drive Japanese encephalitis (JE) has been declined. However, with many underlying causes and short window period for treatment, AES still remains challenging for the healthcare system for its prevention and management with considerable death and disability. Homoeopathic medicines with an integrated approach can play a vital role in reducing the death and disability due to AES/JE. Research studies in this area are in progress to further validate the findings.

Published in: Acute Encephalitis Syndrome/JE: Homoeopathic perspective. Healthy India Chronicle. Oct. 2017; 1(1): 76-79.

2. Evaluation of Homoeopathic treatment in Polycystic Ovary Syndrome: A single-blind, randomized, placebo-controlled pilot study.

This study was conducted with the primary objective of evaluating efficacy of Homoeopathy in establishing the menstrual regularity with improvement in either ultrasonological findings or hirsutism/acne. The quality of life was also assessed using polycystic ovary syndrome questionnaire (PCOSQ). Materials and Methods: A single-blind, randomised, placebo-controlled pilot study was conducted from February 2014 to May 2015 at two research centres. The cases

fulfilling the eligibility criteria were enrolled (n = 60) and randomised to either the homoeopathic intervention (HI) (n = 30) or identical placebo (P) (n = 30) with uniform lifestyle modification (LSM) for 6 months. The menstrual regularity with improvement in other signs/symptoms was observed in 60% of the cases (n = 18) in HI + LSM group and none (n = 0) in control group (P = 0.001). Statistically significant difference (P = 0.016) was observed in reduction of intermenstrual duration (from 76.1 ± 37.7 to 46.6 ± 38.7 days) in HI + LSM in comparison to placebo + LSM group (from 93.0 ± 65.2 to 93.9 ± 96.2 days). In PCOSQ, also, significant improvement was observed in HI group in domains of weight, fertility, emotions and menstrual problems (P < 0.05) with no difference in body hair (P = 0.708). No change was observed in respect of improvement in the ultrasound findings. Pulsatilla was the most frequently indicated medicine (n = 12, 40%). Conclusion: HI along with LSM has shown promising outcome; further comparative study with standard conventional treatment on adequate sample size is desirable.

Published in: Indian Journal of Research in Homoeopathy 2018;12:35-45.

E. Details of Onsite Monitoring and Con Call are as follows:

Table 22

| S. No. | Project | Monitoring / Con call /Meeting | Venue | Date |
|--------|---|--|-------------------------------------|--|
| 1. | Integrated NPCDCS project | Review meeting | Clinical Research Unit(H), Siliguri | 7 th April 2017 |
| 2. | Meeting for execution of AES study the prevention of AES including JE | Meeting | CCRH Headquarters, New Delhi | 17 th April, 2017 |
| 3. | Integrated NPCDCS project | Review the current status of the NCD programmes | Bhopal | 20 th April, 2017 |
| 4. | Integrated NPCDCS project | Review the current status of the NCD programmes along with the roadmap | Nirman Bhawan | 26 th April 2017 |
| 5. | 73 rd meeting Standing Finance Committee | Meeting | Ministry of AYUSH, New Delhi | 8 th May, 2017 |
| 6. | 13 th meeting of Special Committee for Clinical Research | Meeting | CCRH Headquarters, New Delhi | 22 nd May, 2017 |
| 7. | 60 th meeting of Scientific Advisory Committee | Meeting | CCRH headquarters | 17 th & 18 th July, 2017 |
| 8. | 21 st meeting of Ethical Committee | Meeting | CCRH headquarters | 14 th August, 2017 |

| S. No. | Project | Monitoring / Con call / Meeting | Venue | Date |
|--------|---|--|------------------------------|---|
| 9. | Adenotonsillar Hypertrophy study | Con call | CCRH Hqrs. | 26 th September 2017 |
| 10. | 74 th meeting of Standing Finance Committee | Meeting | Ministry of AYUSH, New Delhi | 3 rd October, 2017 |
| 11. | Adenotonsillar Hypertrophy study | Con call | CCRH Hqrs. | 4 th October 2017 |
| 12. | Integrated NPCDCS project | Con call | CCRH Hqrs. | 5 th October 2017 |
| 13. | Acute Encephalitis Syndrome Preventive study | Con call | CCRH Hqrs. | 31 st October 2017 |
| 14. | Integrated NPCDCS project | First meeting of Committee constituted for promoting Cross-referrals across all systems of medicines | Nirman Bhawan | 1 st November, 2017 |
| 15. | 75 th meeting of Standing Finance Committee | Meeting | Ministry of AYUSH, New Delhi | 1 st November, 2017 |
| 16. | 19 th meeting of Governing Body | Meeting | Ministry of AYUSH, New Delhi | 21 st Dec., 2017 |
| 17. | Integrated NPCDC project | Promoting Cross referrals across all systems of medicines | Nirman Bhawan | 26 th December 2017 |
| 18. | Integrated NPCDC project | Con call | CCRH Hqrs. | 2 nd Jan 2018 |
| 19. | Integrated NPCDC project | Monitoring | Darjeeling | 19 th to 23 rd February, 2018 |
| 20. | Protocol on Post Chikungunya Arthritis | Meeting with Dr. Narayan Medury | AIIMS, New Delhi | 27 th February, 2018 |
| 21. | Integrated NPCDC project | Review of NPCDCS-AYUSH Integration Project with Future Road Map | Nirman Bhawan | 6 th March, 2018 |
| 22. | 14 th meeting of Special Committee for Clinical Research | Meeting | CCRH Headquarters | 7 th March, 2018 |

EPIDEMIC RESEARCH STUDIES

Central Council for Research in Homoeopathy, through its network of 29 Institutes/ Units all over India is conducting medical relief camps in communicable diseases since its inception. The various communicable diseases on which Council has conducted medical camps are conjunctivitis, dengue, japanese encephalitis, bacillary dysentery, yellow fever, jaundice, typhoid, measles, meningitis, cholera, viral fevers, kala azar, plague, malaria, chikungunya and recent past swine flu and chikungunya. Homoeopathic medicines were distributed for various disease conditions as mentioned above as per the genus epidemicus for preventive purpose. As per individualization, medicines were prescribed for treatment of infected individuals.

Council has a plan to generate scientific evidence through high end Intramural and collaborative studies and accordingly Council has signed MOU's with Punjab University, Chandigarh, International Center for Genetic Engineering and Biotechnology, New Delhi, Center for Cellular and Molecular Biology, Hyderabad, All India Institute of Medical Sciences, New Delhi, and to undertake field studies.

Council has further planned to utilize preclinical evidence for undertaking field trials both in public health and clinical settings for efficacy of the homoeopathic interventions as preventive as well as curative respectively. Following which if found promising, medicines will be utilized as public health measure for prevention and treatment of vector borne diseases.

AWARENESS AND RESEARCH ACTIVITIES

1. Public Health Advisory for prevention of dengue and chikungunya

For increasing awareness among the public and homoeopathic practitioners about homoeopathic prevention of dengue Council has published “Guidelines for Homoeopathic Practitioners for Clinical Management of Dengue Fever”. Further, to record the dengue cases from the practitioners Council has developed “Dengue Clinical Experience Sharing system for Homoeopathic Practitioners”. Chikungunya fact sheet was drafted for increasing awareness among practioners and public & is highlighted on website.

The consortium of research councils brings out health advisory repeatedly during dengue outbreak seasons for use of AYUSH medicines for prevention and treatment of dengue. Council through these advisory recommends for use of *Eupatorium perfoliatum* as preventive for dengue and *Bryonia alba* 30 for prevention of chikungunya. Details of public health advisory published by the Council.

PUBLIC HEALTH ADVISORY

Table 23 : Dengue

| Newspaper Name | Date of Publishing Health advisory for Dengue prevention |
|---------------------------|--|
| Navbharat Times (Hindi) | 27/7/2017 |
| Hindustan Times (English) | 27/7/2017 |

Table 24 : Chikungunya

| Newspaper Name | Date of Publishing Health advisory for Chikungunya prevention |
|--------------------------|---|
| Dainik Jagran (Hindi) | 16/8/2017 |
| Times of India (English) | 16/8/2017 |

2. DENGUE STUDIES

Council developed protocols for dengue in consultation with experts from different fields like epidemiology, immunology, public health for dengue preventive study, add on treatment of dengue fever and dengue haemorrhagic fever with institutional treatment. Protocols were approved from different committees of the Council and are ready for implementation in dengue outbreak regions. Various field studies concluded during 2016 and 2017 are as below:

I. Effectiveness of *Eupatorium perfoliatum* as preventive in dengue fever outbreak – A cluster randomized, double blind, parallel arm, placebo controlled trial.

There are distinct advantages if prevention by Homoeopathy could be made possible. These include reduced financial burden, safer means for prevention and easier storage and administration. However, establishing the preventive use of Homeopathy in public health setting is a challenge.

Council had conducted preventive study at Vembayam and Karakulam village of Trivandrum District of Kerala in May 2016. Primary objective was to compare the incidence of dengue fever between *Eupatorium perfoliatum* and placebo group during dengue fever outbreak. Further, Secondary objective were to assess and compare the duration of symptoms in patients those who suffered from dengue fever and to assess and compare the number of patients who progressed to dengue haemorrhagic fever and dengue shock syndrome.

This was placebo controlled cluster randomized trial wherein 64,096 healthy individuals were enrolled for participation. Study completed and data is under compilation.

II. Effectiveness of *Eupatorium perfoliatum* as preventive in dengue fever outbreak – A cohort study.

Keeping in view, the positive results of studies on dengue management with *Eupatorium perfoliatum*, Council proposes to undertake a cohort study in prevention of dengue fever at Delhi as Dengue fever has become prevalent in Delhi.

Another study was initiated by Council in July 2016 at JJ Colony, Mayapuri, New Delhi for prevention of dengue. Primary objective was to assess the effectiveness of *Eupatorium perfoliatum* on incidence of dengue fever during dengue fever outbreak. Secondary objective was to assess the duration of symptoms in patients who suffered from dengue fever and to assess the number of patients who progressed to dengue haemorrhagic fever and dengue shock syndrome.

A total of 19,880 population enrolled for study and followed up. Data is collected for said population and is analyzed. Manuscript preparation is in progress.

III. To assess the effect of public health advisory on use of homoeopathic medicines for prevention of dengue - population based study.

As directed by Ministry of AYUSH, Government of India, Council has submitted action plan for homoeopathy management of dengue fever. As per the plan, survey was scheduled during 2015-16 and conducted at Delhi to evaluate the awareness of public health advisory and use of homoeopathy

preventive *Eupatorium perfoliatum* 30 by public during 2015 dengue outbreak. Survey was conducted at 10 different homoeopathy dispensaries of Delhi government. Data was collected and analyzed. Total 945 participants had been enrolled and only 16.6% of them are aware about AYUSH public health advisory for prevention of dengue and 7.6% population have consumed homoeopathic medicine. 2.9% of population came to know about the advisory from Homoeopathic Doctor, 1.5% from Social Media and 2.3% from Hindi and English newspapers.

IV. Effectiveness of *Eupatorium perfoliatum* as preventive in dengue & chikungunya fever outbreak – A cohort study.

Homeopathic remedies can help to minimize the progression and severity of the disease and to prevent endemic and epidemic diseases, as shown by the encouraging results from Brazil, Pakistan and Cuba. Homoeopathy can be therapeutic intervention that reduces the duration and severity of dengue symptoms and diminishes the likelihood of severe complications.

Keeping in view, the preliminary encouraging results of previous studies in prevention of dengue and chikungunya, Council has conducted the preventive cohort study using homoeopathy intervention in 5 JJ colonies at New Delhi. The Primary objective is to assess the effectiveness of *Eupatorium perfoliatum* on or incidence of dengue and chikungunya fever during epidemic outbreak in 2017. Likewise, the secondary objective was to assess the duration of symptoms in patients suffering from dengue fever and to evaluate duration of symptoms in patients suffering from chikungunya fever. A total population of 58,170 from JJ Colony of Mayapuri, Piragadi, Zakira, Chunna Bhatti and Keshav Vihar at New Delhi was catered under this study and the data is now under compilation.

3. CHIKUNGUNYA

I. Chikungunya fact sheet

For increasing awareness among the public and homoeopathic practitioners about homoeopathic prevention and treatment of chikungunya, Council has developed “Homoeopathic Perspectives in Chikungunya- fact sheet” and the same was uploaded on the Council's website.

II. Data Collection Project Chikungunya

Council had completed data collection in the month of Sept. 2016 for chikungunya cases in collaboration with Govt. of NCT, Delhi. This project involved 10 Delhi Homoeopathic Dispensaries and 02 Homoeopathic Medical Colleges of Govt. of NCT, Delhi along with Council's centres in Delhi NCR region. The data of 147 cases had been recorded through this project. Data collected from said population is compiled analyzed. Manuscripts is in review process.

4. Influenza/ Influenza- Like-illness (ILI)

I. Effectiveness of *Influenzinum* in prevention of Influenza like Illness (ILI)- A comparative cohort study.

Considering the increasing incidence of ILI in parlance with difficulty of mass immunization, there is an acute need to test *Influenzinum* in Delhi during seasonal outbreak, where primary objective of this study

was to evaluate its prophylactic effect. The secondary objectives were to perform sero-epidemiological survey of the study population. Approximately, 30,000 individuals have been enrolled for participation from JJ Colony of Mayapuri, Piragadi, Zakhira, New Delhi. The collected data is under compilation.

II. Efficacy of *Influenzinum* in Influenza like illness (ILI) as a function of illness severity- A prospective double-blind placebo control trial.

For increasing awareness among the healthy individuals studying at Homoeopathy University, Jaipur about homoeopathic prevention and treatment of Influenza like Illness (ILI) the Council has undertaken a prospective double-blind placebo-controlled trial, initiated after signing of a Memorandum of Understanding (MoU) of CCRH with the Homoeopathy University in Jan 2018. Here, the primary objective is to assess and compare the efficacy and protective effect of *Influenzinum* in Influenza like illness (ILI) as a function of illness severity using visual analogue scale during seasonal outbreak of 2018. The secondary objective is to weigh duration of illness in days, hospitalization rate for ILI, the No. of ILI episodes between the group. The aforesaid data is under collection and compilation.

FUNDAMENTAL & COLLABORATIVE RESEARCH

The Council collaborates with various institutes of excellence to utilize the potential of the best of the brains, in order to yield maximum results. The main objective of the collaborative studies is to conduct evidence-based, inter-disciplinary research studies and to validate the efficacy/concepts of Homoeopathy on scientific parameters. Lack of requisite infrastructure and expertise in the field of basic research during the initial years urged us to collaborate with eminent scientists and their respective institutes across the country to carry out quality research for productive outputs in the field of Homeopathy. The Council has undertaken collaborative studies with several national and international institutes of repute. It has concluded 37 collaborative studies with national institutes and 3 other with international institutes in a span of 23 years from 1979 to 2002 with a total of 46 publications.

During the last one year, work done by CCRH has been commendable as it has developed a prospective model for in vitro study of arboviruses, studied the effect of *Crotalus*(6C) on dengue virus infected Vero cells, explored the role of *Mercurius solubilis* treatment in improving cerebral blood flow and memory in experimentally induced Dementia in rats etc., to name a few.

A brief account of the work done on fundamental & collaborative studies during year 2017-18 is as follows:

INITIATED STUDIES (04)

1. Physicochemical studies of homoeopathic drug formulations by using volumetric, acoustic, viscometric, optical and conductometric measurements. Dyal Singh College, New Delhi. (Oct 2017)
2. In vitro approaches to investigate the efficacy and mechanism of action of homoeopathic medicines against hormone dependent and independent Breast and Prostate Cancer, AMITY University, Noida. (May 2017)
3. Preparation of NOSODE from *Escheirchia coli* and *Vibrio cholerae*: their preclinicaleffectiveness and safety evaluation. NICED, Kolkata. (Sep 2017)
4. A pilot research proposal to explore the mechanism of action by anti-dengue homeopathic medicine, *Eupatorium perfoliatum*, ICGEB, New Delhi. (Sep 2017)

CONCLUDED STUDIES (09)

1. Evaluation of anti-fungal activity of certain Homoeopathic medicines on growth of human pathogenic fungi "*Candida albicans*" using in-vitro assays. DDPRCRI, NOIDA
2. Evaluation of anti-fungal activity of certain Homoeopathic medicines on growth of human pathogenic fungi "*Aspergillus niger*" using in-vitro assays. DDPRCRI, NOIDA
3. Evaluation of anti-fungal activity of certain Homoeopathic medicines on growth of human pathogenic fungi "*Microsporiumcanis*" using in-vitro assays. DDPRCRI, NOIDA
4. Screening of antibacterial activity of certain homoeopathic medicines on the growth of human pathogenic Gram negative bacterial strain *Escherichia coli* in-vitro models, DDPRCRI, NOIDA
5. Screening of antibacterial activity of certain homoeopathic medicines on the growth of human pathogenic Gram negative bacterial strain *Klebsiella pneumonia* in-vitro models, DDPRCRI, NOIDA
6. Screening of antibacterial activity of certain homoeopathic medicines on the growth of human pathogenic Gram negative bacterial strain *Proteus mirabilis* in-vitro models, DDPRCRI, NOIDA
7. Efficacy of the Homoeopathic preparation of *Berberis vulgaris* to alleviate acute oxalate toxicity: An

insight into lithogenic events with special reference to crystallization and inflammation, ALMPGI, Madras University.

8. Safety studies and pharmacological screening of Homoeopathic Drugs- Dengue Nosodes developed from Dengue virus. AIIMS, New Delhi.
9. Understanding the Mechanism of action of homoeopathic medicine at molecular level in nano domains in-vivo and in-vitro systems, CIRE, Kolkata.

ONGOING STUDIES (12)

1. Effect of homoeopathic medicines on dengue virus infection on mosquito cell line and in suckling mice, DACRRI (H), Kolkata. (Jan 2015)
2. Estimation of viral load and immune response in JE virus infected adult and suckling mice treated with Belladonna, DACRRI (H), Kolkata. (Jan 2015)
3. Elucidation of molecular mechanism of action of Belladonna - Calcarea Carbonica – Tuberculinum Bovinum (BCT) during Japanese Encephalitis Infection, CCMB, Hyderabad (KGMU, Lucknow). (March 2015)
4. Understanding the Mechanism of action of homoeopathic medicine at molecular level in nano domains in-vivo and in-vitro systems, CIRE, Kolkata). (March 2015)
5. A randomized double blind placebo controlled multicentric trial on the efficacy of homoeopathic medicine on sub-clinical hypothyroidism (RCT). (June 2015)
6. Follow up cross sectional study of SubclinicalHypothyroidism children post three years of treatment. (June 2015)
7. Effects of Potentized Homoeopathic medicines in Agriculture (Agro-Homoeopathy): An eco-friendly alternative solution for synthetic fertilizers and pesticides, IMMT, Bhubaneswar. (May 2015)
8. To study the effect of homeopathic drugs on ultra-structure of mid-gut cells derived from *Aedes albopictus*, DACRRI (H), Kolkata. (Jan 2015)
9. Prophylactic effect of Homeopathic anti-malaria drugs on malaria - A prevention effectiveness study in Odisha, Odisha. (Dec 2016)
10. To evaluate the anti-leishmanial potential of some homoeopathic drugs in experimental visceral leishmaniasis Panjab University, Chandigarh. (Aug 2016)
11. Evaluation of antimalarial efficacy of some homeopathic drugs against *Plasmodium falciparum* in vitro and against *Plasmodium berghei* in vivo Panjab University, Chandigarh. (Aug 2016)
12. Pharmacological screening of Homeopathic drugs used in rheumatoid arthritis, AIIMS, New Delhi. (Feb 2017)

PUBLICATIONS

1. **Evaluation of antifungal activity of different homoeopathic mother tinctures against *Candida albicans*.**

Background: The objective of the study was to characterize homoeopathic nanomedicine *Aurum metallicum* and evaluate its biocompatibility, to explore its possible application as injectables. Metal-based homoeopathic medicine, *Aurum metallicum*, was chosen as a model drug and the haemocompatibility of the drug at three different potencies 6C, 30C, and 200C were studied to find the justification of the drug as an injectable candidate for clinical application.

Methods: The model drug *Aurum metallicum* at the three potencies was characterized by dynamic light scattering (DLS), zeta potential, field emission scanning electron microscopy (FESEM), and energy

dispersive X-ray analysis. Hemocompatibility of the homoeopathic medicine was performed by haemolysis assay. Red blood cell obtained from fresh human blood by centrifugation was incubated with *Aurum metallicum*. Haemoglobin release was measured using UV-vis spectrophotometer at 540 nm.

Results: The DLS and FESEM studies show a decrease of particle size with increasing potency. The zeta potential values show a fairly constant value measured at an interval of 10 days. The haemolysis percentage for 6C, 30C, and 200C was 9.73%, 8.16%, and 0.73%, respectively.

Conclusion: The nanomedicine *Aurum metallicum* was nontoxic at all doses of 6C, 30C, and 200C. The haemolytic percentage also shows that 200C is nonhemolytic, showing haemolysis <2% as per the American Society for Testing and Materials guidelines. The undertaking of larger controlled and in-depth qualitative studies is warranted.

Published in: IJRH/Volume/11/Issue 4/October - December 2017:237-243

2. Extraction of electrical energy from alcohol and bi-distilled water, separated by a platinum foil – a Q.E.D effect

Electrical energy has been extracted and measured in the absence of any significant source of ions. In an U-shaped glass experimental, one platinum electrode is immersed in the arm containing bi-distilled water and the other in the arm containing 91% ethyl alcohol. The two arms are separated by a platinum foil. A dc power of the order of nanoW, lasting for many hours, was measured through a resistor (1.0 MΩ).

Published in: Energy Education Science and Technology Part A: Energy Science and Research 2017 Volume (issues) 35(3): 249-254

3. Increased NS1 Antigen Expression By Dengue Virus Infected Vero Cells Under Influence Of Ultra Diluted Timber Rattlesnake Venom (Crotalus 6C).

Timber rattle snake (*Crotalus horridus*) venom (TRV) contains bioactive agents like phospholipases A2, serine proteinases, bradykinin potentiating and natriuretic C type peptides, which may act directly or indirectly on different enveloped viruses to diminish their infection. In this experiment ultra diluted alcoholic extract of TRV (~ 1 pg/μL, *Crotalus 6c* in homeopathic pharmacopoeia, dilution 10-12) was added to Vero cell culture medium, after Dengue NS1 antigen positive serum with high viral load (>10⁶ copies/mL) was applied on it. The study was done in triplicates with different serum samples along with virus and vehicle controls. The dose of the TRV extract was predetermined by MTT assay. It was found that ultra diluted TRV extract increases NS1 antigen significantly in comparison to the controls. Although the exact mechanism is not known, it may be due to the potent antiviral agent phospholipase A2 in snake venom, which may destroy envelope of the virus exposing RNA genome and releasing NS1 antigen in the medium.

Published in: World Journal Of Pharmacy And Pharmaceutical Sciences. Volume 6, Issue 7, 1096-1106

4. Primary cell culture of Aedes albopictus midgut cells: A prospective model for in vitro study of arboviruses.

Objective: Midgut cells play a key role in the propagation of mosquito borne Arboviruses. The existing mosquito cell lines for studying viral pathogenesis are derived either from larvae or from eggs since there

is no cell line available from the mosquito midgut. Therefore, to delineate the *in situ* viral interaction which naturally occurs within the mosquito midgut and represent cellular pathogenesis in human beings, the present work was aimed to develop a primary cell line from the midgut cells of *Aedes albopictus*.

Methods: The midgut cells of *A. albopictus* were collected, cultured and incubated at 28°C to study the growth after every 24 hrs for 7 days.

Result: The primary cell culture showed an increasing growth pattern of columnar cells up to 48 hrs followed by decrease in cell population afterward. However, the number of stem cells increased significantly throughout the study period, and their population outnumbered the columnar cells after 72 hrs. There was no significant change of goblet cells and regenerating cells which were scanty in number throughout the experiment.

Conclusion: The present method will help to develop the individual cell lines from mosquito midgut and study the host pathogen interaction in arboviral diseases in future.

Published in: Asian J Pharm Clin Res, Vol 10, Issue 10, 2017, 223-226

5. Potency dependent activity of homeopathic nanomedicine- classical and quantum electrodynamical approach.

The effect of homeopathic medicine on biological and physical system is directly related to its potency. However, from physico-chemical point of view it is difficult to explain this effect at such high dilution, as then the existence of even trace amount of particle is questionable. It has been reported that during the process of potentization, a large amount of mechanical energy gets transferred to the medium due to succussion. This energy in all probability reduces the size of the drug aggregates. The drug then penetrates easily through the membrane barrier, and there by gives rise to enhanced activity of the medicine. It has been experimentally proved by us and supported by others that indeed a reduction of size of the aggregates takes place with increase in potency. Using five different homeopathic medicines, their sizes at three different potencies have been estimated and a general mathematical expression relating the size of the particle (Y) and the corresponding potency (X) has been derived.

Published in: International Journal of High Dilution Research 2017; 16(2):01-04.

6. Homoeopathic medicine Mercurius solubilis treatment improves cerebral blood flow and memory in experimentally induced Dementia in rats.

Background: Mercurius solubilis (Merc. sol) is a known, accepted homoeopathic medicine for the treatment of various mouth, throat, eye, and ear infections. Previous studies suggested that Merc. sol has anti-inflammatory properties which could be beneficial in memory impairment.

Objective: The present study was designed to investigate the effect of Merc. sol on learning and memory and cerebral blood flow (CBF) in the rat model of impaired learning and memory function induced by intracerebroventricularly (ICV) administered streptozotocin (STZ).

Materials and Methods: The different potencies of Merc. sol (6, 30, 200, and 1M) were given for 17 days in memory-impaired rats, induced by ICV administration of STZ (3 mg/kg). The Morris water maze test was used to evaluate the learning and memory function on the 14th, 15th, and 16th day. The laser doppler

flow meter was used to measure CBF on the 17th day. Results: There was a significant reduction in CBF along with learning and memory functions in STZ (ICV)-treated rats, which were significantly attenuated by the treatment of Merc. sol at all potencies (6, 30, 200, and 1M).

Conclusion: Our results demonstrated the effectiveness of Merc. sol in improving memory function and CBF. Thus, it could be used as a therapeutic agent in dementia.

Published in: IJRH/Volume/11/Issue 1/January - March 2017: 58-63

7. Safety studies of homoeopathic drugs in acute, sub-acute and chronic toxicity in rats.

Background: Homoeopathic drugs are frequently recommended in day to day life as therapeutic agents by homoeopathic practitioners. However, safety of homoeopathic drugs remains a challenge because of the high variability of chemical components involved.

Aim: The objective of the present study was to investigate the acute, subacute, and chronic oral toxicity of different homoeopathic drugs (*Ferrum phosphoricum* 3X, *Ferrum phosphoricum* 6X, *Calcarea phosphoricum* 6X, and *Magnesium phosphoricum* 6X) in experimental models.

Materials and Methods: In acute oral toxicity study, homoeopathic drugs were administered orally at 2000mg/kg body weight, and animals were observed for toxic symptoms till 10 days as per the OECD guidelines. For subacute and chronic toxicity study, homoeopathic drugs were administered for 28 and 180 days, respectively, as per the OECD guidelines. At the end of 28 and 180 days, the animals were sacrificed and toxicity parameters were assessed. Histopathological evaluation of different organs was also performed to assess any toxicity.

Results: In acute toxicity study, no mortality was found at a dose of 2000 mg/kg which indicates that oral LD50 of homoeopathic drugs were more than 2000 mg/kg. The administration of drugs at a dose of 70 mg/kg body weight for 28 and 180 days did not produce any significant change in haematological and biochemical parameters of male and female rats as compared to normal control group. No pathological changes were observed in histology of various organs of treated rats as compared to normal control animals.

Conclusion: These homoeopathic drugs are safe & produce no toxicity when administered for longer duration.

Published in: IJRH/Volume/11/Issue 1/January - March 2017: 49-58

8. Characterization and haemo compatibility of Aurum metallicum for its potential therapeutic application.

Background: The objective of the study was to characterize homoeopathic nanomedicine *Aurum metallicum* and evaluate its biocompatibility, to explore its possible application as injectables. Metal-based homoeopathic medicine, *Aurum metallicum*, was chosen as a model drug and the haemocompatibility of the drug at three different potencies 6C, 30C, and 200C were studied to find the justification of the drug as an injectable candidate for clinical application.

Methods: The model drug *Aurum metallicum* at the three potencies was characterized by dynamic light

scattering (DLS), zeta potential, field emission scanning electron microscopy (FESEM), and energy dispersive X-ray analysis. Hemocompatibility of the homoeopathic medicine was performed by haemolysis assay. Red blood cell obtained from fresh human blood by centrifugation was incubated with *Aurum metallicum*. Haemoglobin release was measured using UV-vis spectrophotometer at 540 nm.

Results: The DLS and FESEM studies show a decrease of particle size with increasing potency. The zeta potential values show a fairly constant value measured at an interval of 10 days. The haemolysis percentage for 6C, 30C, and 200C was 9.73%, 8.16%, and 0.73%, respectively.

Conclusion: The nanomedicine *Aurum metallicum* was nontoxic at all doses of 6C, 30C, and 200C. The haemolytic percentage also shows that 200C is nonhemolytic, showing haemolysis <2% as per the American Society for Testing and Materials guidelines. The undertaking of larger controlled and in-depth qualitative studies is warranted.

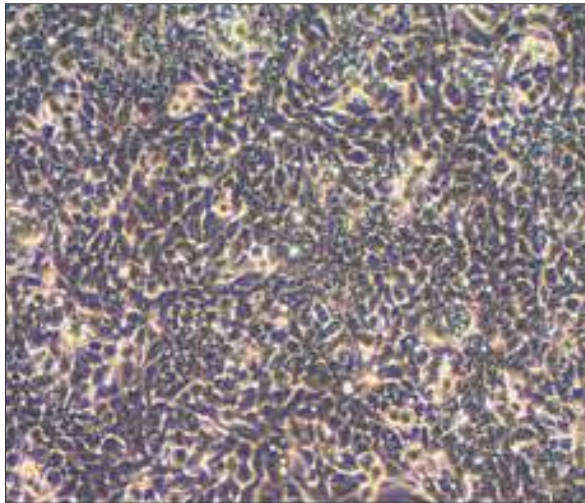
Published in: IJRH/Volume/11/Issue 1/January - March 2017: 41-47

ACTIVITIES OF VIROLOGY LAB, DACRRI, KOLKATA

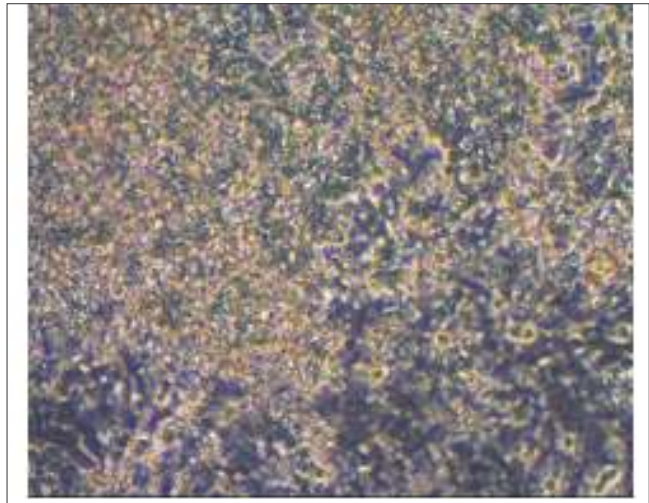
The Virology laboratory at DACRRI, Kolkata presently conducts research on the mosquito borne viral diseases like Dengue and Japanese encephalitis which have become a severe life threat to human beings. Thus, the laboratory has been designed to have two major parts: the Cell culture part and the Molecular Biology part. The laboratory has instruments, equipments, reagents and other miscellaneous requirements for the smooth execution of the preliminary works on cell lines which include facilities for Growth, Maintenance and Cryopreservation culture cells and cell lines such as a -80C facility for long term storage of cells, reagents such as DMEM/or other nutrient media depending on the nature of the cell line used, FBS, water bath, centrifuge for pelleting of cells, hemocytometer for cell counting, PBS stocks, 1X trypsin-EDTA, culture flasks, cryovials, 37°C CO₂ incubator for attaining confluency of cells, cell culture plates, culture hoods etc. Apart from this, PBMC cells are also cultured in this laboratory. Other molecular biology studies are performed using Realtime PCR for quantification of viral load and for performing cytokine gene expression studies. Following are pictorial representations of certain ongoing studies in the laboratory:

Following are the publications from the studies performed in the virology lab:

1. Sinha M, Roy E, Katoch S, Chakarborty U, Das S, Sarkar D, Nayak D, Khurana A, Manchanda RK "Increased NS1 antigen expression by dengue virus infected Vero cells under influence of ultra diluted timber rattlesnake venom (*Crotalus 6C*)" WJPPS; 2017; Volume 6, Issue 7; 1096-1106.
2. Roy E, Sinha M, Katoch S, Chakarborty U, Das S, Sarkar D, Nayak D, Khurana A, Manchanda RK "Primary cell culture of *Aedes albopictus* midgut cells: a prospective model for in vitro study of arboviruses" AJPCR; Vol 10, Issue 10, 2017.



CONTROL (72HRS)



VIRUS INFECTED CELLS (72HRS)

Fig 1: Treatment of HepG2 cells with Dengue virus

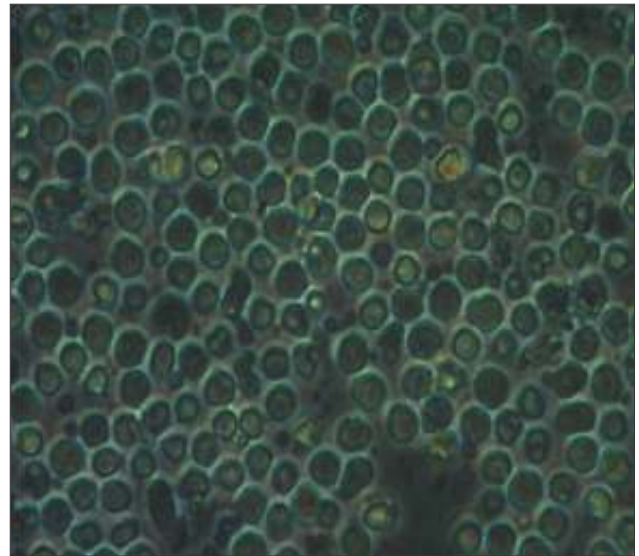
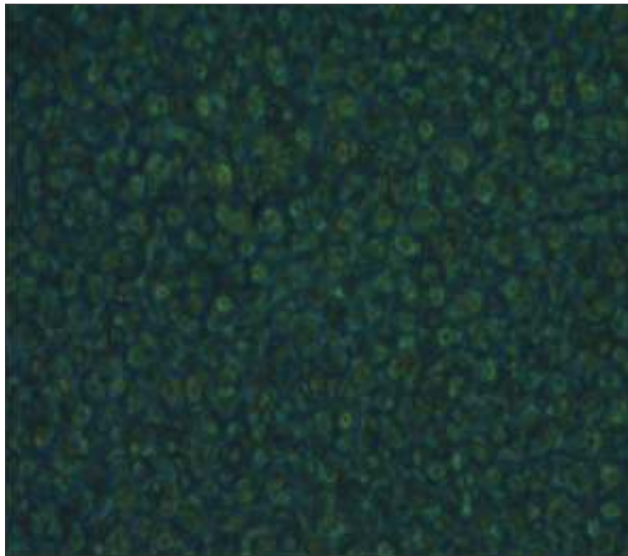


Fig 2: PBMC culture

EXTRA MURAL RESEARCH

The Extra Mural Research Scheme of Ministry of AYUSH is designed to encourage R&D in priority areas based on disease burden in alignment to National Health programme. It also aims to utilize the vast research infrastructure available within the country for standardization and validation of classical drugs.

Under this scheme grant-in-aid is provided to organizations/institutions and scientists to conduct specific time-bound research projects. Research is encouraged on pre-defined priority areas including Fundamental Concepts, Basic Principles & Theories of AYUSH Systems, Standardization / Validation of Safety, Efficacy & Quality different AYUSH classical drugs, Therapies, Intervention & approaches/ Treatment modalities, AYUSH Pharmaceutical Research (New Drug development), Clinical Trials, Scientific exploration & operational research of metallic compounds, & other herbo-mineral preparations, Drug interaction, bioavailability & dose determination studies, AYUSH intervention in public health career, Epidemics diseases & Genus Epidemicus, Geriatric Health Care, Mental Health & cognitive disorders, Anaemia & nutritional disorders, Maternal & Child health etc., Systemic review and meta-analysis of AYUSH research studies, Literary research & scientific documentation and development of data base, Health Economics related to AYUSH, Role of ASU&H Intervention in Veterinary Health, Development of software & Bio instrumentation related to AYUSH. The details of the scheme are available on the website of Ministry of AYUSH and on the website of the Council.

Details of studies during reporting period are as follows:

1. Studies concluded (02)

Table 25

| S. no. | Name of the Institute & Principal Investigator | Name of the study |
|--------|---|--|
| 1. | S. P. Medical College, Diabetes Care & Research Centre, S. P. Medical Govt College, Bikaner -334003 Dr. R P Aggarwal | Effect of Homoeopathic medicine <i>Cephalandra indica</i> on glucose metabolism, β cell function and insulin resistance in adults of type 2 diabetes. Double blind, placebo controlled cross over study. |
| 2. | Soukya Foundation Charitable Trust, 202, Parvathi Plaza, 105 Richmond Circle, Bangalore Dr. Issac Mathai | An open observational trial of Homoeopathic medicine in mild and moderate COPD with Spirometry evaluation. |

2. New study initiated (01)

Table 26

| S. no. | Name of the Institute & Principal Investigator | Name of the study |
|--------|---|--|
| 1. | Dr. M L Dhawale Memorial trust BMC'S holistic Mother & Child Care Centre, 3 rd floor, Hari Shankar Joshi Marg, Dahisar (E), Mumbai Dr. Kumar M. Dhawale | Efficacy of homoeopathic intervention in influencing the academic outcome in children with scholastic difficulties from the vernacular medium – a multicenteric study. |

3. Publications made (05)

Table 27

| S. no. | Article title | PI Name | Journal |
|--------|--|------------------|--|
| 1. | Anti-inflammatory homoeopathic drug dilutions restrain lipopolysaccharide-induced release of pro-inflammatory cytokines: In vitro and in vivo evidence | Dr.CRPatil | Indian Journal of Research in Homoeopathy Vol 11(3) 2017;158-69 |
| 2. | Ameliorative effect of Cephalandra indica homoeopathic preparation in STZ induced diabetic nephropathy rats | Dr.Randhir Singh | Journal of Ayurveda & Integrative medicine accepted for publication. |
| 3. | Effects of different homeopathic potencies of Cephalendra indica in treatment of neuropathic pain in streptozotocin induced diabetes | Dr.Randhir Singh | Bulletin of Faculty of Pharmacy, Cairo University 55 (2017) 273-280 |
| 4. | Preventive effect of Gymnema sylvestre homeopathic preparation on streptozotocin-nicotinamide induced diabetic nephropathy in rats | Dr.Randhir Singh | Orient Pharm Exp Med 17(3), 223-232, 2017 |
| 5. | Antiepileptic Effect of Nux vomica, Homeopathic Remedy, against Strychnine-Induced Seizer. | Dr.AKBhatiya | Pharmacognosy Journal, Vol 10, Issue 1, Jan, 2018. |

4. Salient findings from the studies published:

Table 28

| S. no. | Article title | Outcome |
|--------|--|--|
| 1. | Anti-inflammatory homoeopathic drug dilutions restrain lipopolysaccharide-induced release of pro-inflammatory cytokines: In vitro and in vivo evidence | The study investigated the effects of homoeopathic mother tinctures, 6CH, 30CH and 200CH dilutions of Arnica montana, Thuja occidentalis and Bryonia alba against LPS (1 µg/ml)-induced cytokine release from RAW-264.7 cells and human whole blood culture. The tested drug dilutions significantly reduced in vitro LPS-induced release of tumour necrosis factor- α , interleukin-1 (IL-1) and IL-6 from the RAW-264.7 cells and human whole blood culture. Similarly, suppression of cytokines was evident in mice serum samples. These drugs also protected mice from the LPS-induced oxidative stress in liver tissue. This study indicates the anti-inflammatory action of these homoeopathic drugs. |
| 2. | Ameliorative effect of Cephalandra indica homoeopathic preparation in STZ induced diabetic nephropathy rats | This study was designed to evaluate the effect of homeopathic preparation of Cephalendra indica (family Cucurbitaceae) mother tincture (MT), 6 C and 30 C potencies on DN in wistar rats. The level of advanced glycation end products (AGEs) in sciatic nerve along with nitrite estimation was |
| 3. | Effects of different homeopathic potencies of Cephalendra indica in treatment of | |

| | | |
|----|---|--|
| | neuropathic pain in streptozotocin induced diabetes | determined. MT, 6 C and 30 C potencies of <i>C. indica</i> produced significant attenuation in the biochemical parameters used to assess DN. Moreover, oxidative stress and AGE's level in sciatic nerve was also found to be significantly reduced. So, it can be concluded that homeopathic potencies of <i>C. indica</i> have protective effect against DN via inhibition of oxidative stress and AGE's. |
| 4. | Preventive effect of <i>Gymnema sylvestre</i> homeopathic preparation on streptozotocin-nicotinamide induced diabetic nephropathy in rats | The level of advanced glycation end products in kidney was determined. Mother tincture, 6C and 30 C potencies of <i>G. sylvestre</i> produced significant attenuation in the biochemical parameters used to assess diabetic nephropathy. Moreover, oxidative stress and AGE's level in kidney was also found to be significantly reduced. So, it can be concluded that Mother tincture, 6C and 30 C potencies of <i>G. sylvestre</i> have protective effect against diabetic nephropathy via inhibition of Oxidative stress and AGE's. |
| 5. | Antiepileptic Effect of <i>Nux vomica</i> , Homeopathic Remedy, against Strychnine-Induced Seizer. | The antiepileptic effect of homeopathic remedy <i>Nux vomica</i> on mice and its comparison with standard therapeutic diazepam. <i>Nux vomica</i> CH7 homeopathic preparation was found effective in suspending onset of convulsions ($P < 0.01$), and extending survival time until death ($P < 0.01$) in comparison to control mice. It also increased percentage survival in comparison to control as well as diazepam treated animals. This study demonstrated efficacy of <i>Nux vomica</i> in epilepsy management. |

5. Meetings held at the Ministry of AYUSH (06)

Table 29

| S. no. | Meeting | Date |
|--------|--|---|
| 1. | Project Screening Committee meeting under the chairmanship of Joint Secretary, Ministry of AYUSH | 16 th March 2017 |
| 2. | Project Approval Committee meeting under the chairmanship of Secretary, Ministry of AYUSH | 9 th Aug 2017 |
| 3. | Project Screening Committee meeting under the chairmanship of Joint Secretary, Ministry of AYUSH | 21 st -22 nd Sep 2017 |
| 4. | Project Approval Committee meeting under the chairmanship of Secretary, Ministry of AYUSH | 20 th Nov 2017 |
| 5. | Project Screening Committee meeting under the chairmanship of Joint Secretary, Ministry of AYUSH | 29 th -30 th Jan 2018 |
| 6. | Project Approval Committee meeting under the chairmanship of Secretary, Ministry of AYUSH | 01 st March 2018 |

6. In year 2017-18, the priority area proposed by the Ministry of AYUSH was “Non Communicable diseases”, under which total 22 new proposals had been received. All proposals were reviewed by the subject experts. Out of 22 proposals 07 were forwarded to Ministry for consideration.

INTERNATIONAL AND NATIONAL COLLABORATION

INTERNATIONAL CO-OPERATION

Council is committed to enhance international cooperation for global promotion of evidence-based Homoeopathy through more international interactions, exchange of MoUs and organising international conferences.

MOUs signed by the Council with Foreign Institutions in this reporting year

ISRAEL



Centre for Integrative Complementary Medicine, Shaare Zedek Medical Center, Jerusalem Signing date: 15th January 2018

Objectives:

- Participation in joint research projects: International projects; meta-analysis, randomized, pragmatic multi centric and basic research studies, in areas of mutual interest
- Exchange of research materials, publications, educational literature, teaching aids, information, documentation and scientific publications
- Joint organization of conferences, seminars, educational opportunities, workshops and symposia
- Exchanging experts for training of practitioners, scientists, teaching professionals and students
- Cooperating with interested scientists, practitioners and students in institutions or research, educational and training programmes

Status:

During the year 2017-18, meetings were held with Dr. Menachem Oberbaum, Director, Centre for Integrative Complementary Medicine, Shaare Zedek Medical Center during his visit to CCRH Hqs. in Nov 2017 and January 2018 wherein detailed discussions were held about the identified areas of cooperation.

During the visit in Nov 2018, protocol of the first identified project: *A comparison of two paradigms, conventional and homoeopathic, in the treatment of children of 0-18 months: a pragmatic cohort multiple randomized clinical trial* was finalised after meeting with the expert group and the biostatistician of the study. Interactive meetings were also held with identified experts and Drug standardization team of the Council to discuss Drug Standardization & Pharmacopoeial work undertaken by the Council so far. Visits were made to the newly developed Instrumentation Laboratory (Chemistry Dept., Molecular Biology Laboratory, Zebrafish Laboratory & Animal House) in Dr. D. P. Rastogi CRI (H), Noida. New innovative ideas to undertake few standardization studies were also discussed.

The MoU signing between CICM, Shaare Zedek Medical Center, Israel and CCRH took place on 15th January 2018 in the presence of the Hon'ble Minister of AYUSH. First ever in the history, the signed MoU was exchanged between the two countries during a prestigious ceremony in the presence of the Hon'ble Prime Minister of Israel and Hon'ble Prime Minister of India. In further meetings held during the January visit, the data collection formats and SOPs for the identified study were finalized and requirements for the study were discussed. The study shall be carried out in India after the finalization of the study centre and the pre-trial preparations. Few suitable study sites have been identified and feasibility visits are being planned. Further projects in various fields of homeopathic research are also being deliberated upon.

BRAZIL



Federal University of Rio De Janerio (FURJ)

Signing date : 14th July 2017

Objectives:

Basic research projects will be developed in partnership between Universities and Research Centers belonging to both countries (Brazil and India); Exchanging of students and researchers of Brazil and India; Exchange of technical and scientific knowledge between Brazilian and Indian Homeopathic Pharmacopoeia; Clinical research with biotherapeutics (nosodes) and homeopathic medicines; -

Development of specific projects that characterizing priority subjects for both countries, such as dengue; Chikungunya; Zika; Malaria; HIV; Hepatitis etc.

Status:

CCRH has developed a dengue nosode and conducted its safety evaluation study. Similarly, FURJ has also developed a nosode and conducted its safety study. The data from both the parties will be exchanged for further drawing further plan of taking up a joint study in dengue.

GERMANY

Scientific Society for Homoeopathy (WissHom)

Signing Date: 15th June 2017

Objectives:

To encourage and promote co-operation in joint research projects, Exchange of information, documentation and scientific publications, Joint organization of conferences, seminars, workshops and symposia, Exchanging experts for training of practitioners, scientists, teaching professionals and students.

Following Joint research projects have been proposed:

- Replication of models of Basic research
- Replication of model of Dichromat, Frass
- Systemic review of meta-analysis of controlled homoeopathic studies
- Development and independent replication of some RCTs
- Other clinical research projects of mutual interest

* Joint research project with University of Bern

Ongoing

- Systematic review and meta-analysis of controlled Homoeopathy studies

Status:

First meeting: 7th December'17: During visit of Dr. Michaela Geiger, Vice President, WissHom, Germany to CCRH Headquarters to identify clinical research areas of collaboration and preparation and translation of certain scientific documents of mutual interest.

Second meeting: 19th December, 2017: During visit of Dr. Stephan Baumgartner, Member, WissHom, Germany and master of experimental physics, to CCRH Headquarters to identify areas of basic research for collaboration wherein it was decided-

- To choose topics of experimental investigations including the reproducibility of preclinical effects in which a multicentric trial can be conducted.

- Also it was decided and proposed to conduct a brainstorming meeting on issues related to fundamental and basic research in November'2018 involving various Institutes who have published and undertaken such studies.



**Institute for the History of Medicine, Robert Bosch foundation
Signed on: 15th June 2017**

Objectives:

Development of Museum on AYUSH system in India, archives on Homoeopathy in India, on similar lines as of Institute for History of Medicine, Stuttgart, Germany, Exchange of information, documentation and scientific publications; Joint organization of conferences, seminars etc., Fellowship programme for research scientists of CCRH.

Status:

- For the development of museum on AYUSH and Archives on Homoeopathy, Dr. Martin Dinges, Deputy Director, Institute for History of Medicine, Stuttgart, Germany and an Archivist visited CCRH Hqrs. on 7th February 2017, National Institute of Indian Medical Heritage, Hyderabad on 8th February and on 9th and 10th February to National Homoeopathy Research Institute In Mental Health(NHRIMH), Kottayam
- As per the advice of Dr. Martin, Librarians should be involved and trained on Archives and therefore accordingly, Librarian at Headquarters has completed a “Certificate course in Records management” organized by National Archives of India, New Delhi for a period of 4 weeks in September, 2017. She also attended an extended course for this in February 2018.
- Letters have been sent to various homoeopathic medical colleges for acquiring archival material.

Status of MOUs signed by the Council with Foreign Institutions before this reporting year

USA

Homoeopathic Pharmacopoeia Committee of the United States (Triparty MoU of CCRH & PCIM & H with HPCUS) Signing date: 23rd Feb 2017

The 1st HPCUS annual meeting was held at Alexandria Virginia, on 2nd April 2017 to develop a work plan involving the organizations activities undertaken together based on the goals and objectives of MoU, Constitution of steering committee was finalized in the meeting.

It continuous to this, two teleconference meetings have been held on dated 22nd September' 2017 and 02nd February 2018 to discuss the several issues under harmonization like Priorities/needs regarding collaboration from 'AYUSH- HPUS perspective', Monograph Harmonization: Mapping, Sharing/ exchange the data and raw material for Harmonization. Various issues were raised and addressed during the telecom meetings.

Next Annual Meeting of the HPCUS is going to be held at the Doubletree Hotel in Philadelphia, PA, USA. from 13th April 2018 – 15th April, 2018 that includes technical sessions for Council on Pharmacy (CoP) Standards & Controls (S&C) and Toxicology & Safety (T&S) Committees as well.

Objectives:

Revision & harmonisation of pharmacopeias of drug proving, drug validation, standardization, regulation of homoeopathic drugs, exchange of drug monographs.

Status:

First meeting: 2nd April, 2017 at Alexandria, USA

- Discussion to develop a work plan involving the organizations activities undertaken together based on the goals and objectives of MoU was held.
- Setting up of a Steering Committee consisting of 3 persons each from Min. of AYUSH and HPUS.
- Also discussion was held on number of monographs of both HPI and HPUS along with Standards and Controls.

Teleconference on 22nd September'2017 and 2nd February 2018

To discuss several issues under harmonization like:

- Priorities/needs regarding collaboration from 'AYUSH- HPCUS perspective'
- Monograph Harmonization: Mapping, Sharing/ exchange the data and
- Raw material required for affecting harmonization.

Second meeting: Annual Meeting of the HPCUS 13th April 2018 – 15th April, 2018 will be held at the Double tree Hotel in Philadelphia, PA, USA.

- The meeting will include technical sessions for Council on Pharmacy (CoP) Standards & Controls (S&C) and Toxicology & Safety (T&S) Committees

National Centre for Natural Products Research, Centre for Research in Indian Systems of Medicines, University of Mississippi
(MOU is signed by the Ministry of AYUSH on behalf of CCRUM, CCRAS, CCRS, CCRH, CCRYN)
Signing date: 12th Oct 2015

Objectives:

- To facilitate advocacy and dissemination of information on AYUSH systems in US and other countries, scientific validation of AYUSH system through co-operative and collaborative efforts, provide platform for facilitating interface with bodies like US FDA, HHS, NIH, NCCIH.
- To promote exchange between researchers, assist the India side in seeking market access to product, practice and practitioners. Provide relevant scientific and technical information to Indian site.

Status:

- CCRH has provided the publication list to them.

ARGENTINA

Universidad Maimonides
Signing date: 26th Aug 2016

Objectives:

Encourage & promote co-operation in joint research projects, exchange of documentation & scientific publication, organization of conferences, workshop etc., exchange of experts for training programmes, co-operation in education activity, courses, seminars etc.

Status:

- A multi-country study: "*Prevalence of selected objective signs of the muriatic family of homeopathic medicines*" has been designed. The study has been initiated in India in 05 institutes/units of Council (Noida, Kolkata, Port Blair, Agartala and Gudivada). Total number of patients enrolled so far in general population is 3133, and in muriatic group is 120.
- Skype meetings and conference calls have been held to share the progress of the study in the countries so far.

ARMENIA

Yerevan State Medical University, Government of Armenia
Signing date: 09th April 2016

Objectives:

Establishment of an "Academic Chair" in Homoeopathy in institute to undertake academic & research activities, design academic standard, improvement in curriculum development, provide academic

leadership to the institute, explore feasibility of collaborative research, conduct workshops, seminars & advocate safe use of Homoeopathy in Armenia.

Status:

As per the MoU, a Chair of Homoeopathy was to be developed and accordingly, Ministry of AYUSH has deputed to the University, Prof. Dr. Alok Kumar, Former Advisor, Ministry of AYUSH, Govt. of India.

CANADA

College of Homeopaths of Ontario (CHO)

Signing date: 09th April 2016

Objectives:

Co-operation in the field of Research & Education in Homoeopathic Medicine.

Status:

- Joint Working group has been constituted.
- A delegation of JS(PNRK)AYUSH and DG, CCRH visited the institute during international conference organized by CHO on 25th April 2017.
- A Workshop on 26th April 2017 on evidence-based homoeopathy in Dermatology was conducted by CCRH in which Director General, CCRH addressed 20 homoeopathic doctors along with few Consul members.
- Skype meeting was held by Director General, CCRH on 25th October 2017 with officials of CHO for further action plan.
- Prof. Bhupinder Sharma, President, CHO recently visited CCRH, New Delhi on 19.03.2018 and its institutes (20-22.03.2018) at Kottayam & Kolkata to discuss possibilities & strategies in respect of tools relating to the work done by India in the areas of evidence-based research.
- Topics for collaborations are being planned.

UK

Royal London Hospital for Integrated Medicine

Signing date: 11th Nov 2015

Objectives:

- To strengthen and develop the co-operation in the field of Research and Education in Homoeopathic Medicine. Joint Research may include: randomized, double-blind control trial in AOM.
- Systemic review & meta-analysis of HPT.
- Prospective, observational study to validate prescribing indications for commonly used Homoeopathic medicines.

Status:

In order to give international visibility to Council's work, following activities are being undertaken:

- A Systematic review of provings published during 1995-2015 is being undertaken.
- Four (04) manuscripts to project Homoeopathy in Public Health with Indian Perspective are being prepared. Of these, one article on 'Effectiveness of homeopathic medicines as add-on to institutional management protocol for acute encephalitis syndrome in children: an open-label randomized placebo-controlled trial' has been accepted for publication. Other papers being prepared on Homoeopathy for healthy Child, Homoeopathy in Dengue and Situation of Homoeopathy in Public Health in India.

MEXICO

Instituto Politecnico Nacional through the Escuela Nacional De Medicina Y Homeopatia

Signing date: 17th October 2012

Objectives:

- Setting up of an Academic Chair in Homoeopathy in the National School of Medicine and Homoeopathy of the IPN.
- Joint research projects, organization of studies, seminars, conferences, courses, exchange of information, documentation and scientific publications.

Status:

- MOU has not been signed with Mexico yet; only Letter of Intent was signed.
- On Nov 2012 – Council had exchanged its 33 publications with IPN.
- A dossier on 'Homoeopathy for Gentle Healing' has been translated in Spanish.
- 2015 – Invitation was sent for joint research work along with invitation to visit India.
- Till date, no official correspondence or response has been received from IPN.

CUBA

To strengthen, promote and develop co-operation in homoeopathy between the two institutes on the basis of equality and mutual benefit.

Areas of Cooperation:

Each Party will endeavour to take necessary steps to encourage and promote co-operation in the following areas and or forms:

- (a) Participation in joint research projects focusing on development of specific projects in basic as well

as clinical researches on diseases that characterize priority subjects for both countries, such as Dengue; Leptospirosis, Chikungunya; Zika; Malaria; HIV; Hepatitis; etc.

- (b) International projects: meta-analysis, randomised, pragmatic multi-centric and basic research studies, in areas of mutual interest;
- (c) Exchange of information, documentation and scientific publications;
- (d) Joint organization of conferences, seminars, workshops and symposia;
- (e) Exchanging experts for training of practitioners, scientists, teaching professionals and students;
- (f) Accommodating interested scientists, practitioners and students in institutions for research, educational and training programmes. This item's feasibility will be considered under the Pharmacy School's available budget resources;
- (g) Joint research projects may include, but are not limited to:
 - 1- Basic research projects that will be developed in partnership between Universities and Research Centres belonging to both countries (Cuba and India);
 - 2- Exchanging of students and researchers of Cuba and India;
 - 3- Exchange of technical and scientific knowledge between Cuban and Indian Homeopathic Pharmacopoeias;
 - 4- Clinical research with biotherapies (nosodes) and homeopathic medicines;
- (h) Any other areas and /or forms of co-operation, including education activity, courses, seminars, expert meetings etc. mutually agreed upon subsequently by the Parties

Status:

- Indian delegation from Ministry of AYUSH visited Cuba from 22-24th July 2015 to explore the collaboration with Cuba.
- Scientists from CCRH and CCRAS were deputed for 4th International Congress on Pharmacology of natural products from 20th -25th September 2015 in Cuba.
- On 12.8.2016, Council sent 02 complementary sets of homoeopathy publications to National Medical Library of La Habana, Cuba.
- 02 scientists having proficiency in Homoeopathic Research, from Finlay Institute were invited to India for further discussion and exchange of information.
- Further, currently MoU has been drafted and is sent to Ministry of External Affairs for further exchange with Cuba embassy.

RUSSIA

1. Dr. Anil Khurana, Deputy Director General, was deputed to participate and present research findings of CCRH in 'The 2nd Congress of Traditional Medicine of SCO/BRICS/EAU countries' organised by United Organizing committee in the framework of the International Scientific and Practical Forum "The Russian Healthcare Week" held from 4th – 8th Dec 2017.

Salient points of the visit:

- a. Participated in the panel discussion on strengthening cooperation in the traditional medicine along with other representatives of BRICS countries.

- b. Presentation on Fundamental and Basic Research work undertaken by the Council.
 - c. Meetings with Dr. Louis Mullinder, Registrar, The Allied Health Professions Council of South Africa and Asstt. Prof. Dr. Momir Dunjic, from Faculty of Health Sciences, Solvenia.
 - d. Visit to Institute of Russian Federal Medico-Biological Agency; Institute of Oriental Medicine, People's Friendship University of Russia.
2. Visit of delegation of 13-member Homoeopaths from Russia to DDPRCRI, NOIDA on 8th March 2018. The delegation interacted with Mr. Roshan Jaggi, Joint Secretary, Ministry of AYUSH and Dr. Raj K. Manchanda, Director General, CCRH.
 - a. Various research activities and projects were showcased to the delegation.
 - b. It gave delegates an insight about the initiatives being taken by Ministry of AYUSH, Govt. of India for research in the field of Homoeopathy.
 - c. Exchange of knowledge & views in the field of Homoeopathy & Complementary Medicine at large were held.

AUSTRALIA

1. Rejoinder to the Australian Interim Report on “Review of Pharmacy Remuneration and Regulation”, wherein it was proposed that Homeopathy and homeopathic products should not be sold in PBS-approved pharmacies, was made on 22nd July 2018 by Director General, CCRH. It was submitted that the sale of homoeopathic medicines should not be stopped in PBS-approved pharmacies and be made easily available to patients in Australia, as is the case in several other countries.
2. Talks on an agreement between Central Council for Research in Homoeopathy (CCRH) and National Institute of Integrative Medicine (NIIM), Australia for co-operation in field of Research in Homoeopathy are in process.

NATIONAL COLLABORATIONS WITH HOMOEOPATHIC MEDICAL COLLEGES

Under the initiative of - *Linking research with education* few years back, the Council launched the Short Term Studentship in Homoeopathy Scheme (STSH) for undergraduate Students (<http://ccrhscholarship.in/STSH2016/>) and CCRH Scholarship Scheme for MD/ PhD Students (<http://ccrhindia.org/pdf/MDScheme.PDF>) as a step towards capacity building and encouraging research aptitude among undergraduate, post graduate & PhD students. Since inception of program in 2014, 52 students from 20 states have been awarded scholarship with a continuous increase in number of awardees each year.

In a step forward, the Council has entered into an agreement and signed a Memorandum of Understanding (MoU) with interested PG Homoeopathic Medical colleges on collaboration in training & research in identified areas of interest. The vision behind the agreement is to inculcate research aptitude amongst students & faculties by providing technical support for capacity building through training workshops, webinars etc; provide impetus to research infrastructure in the college; establish joint/ collaborative research OPDs in the premises of homeopathic colleges/ institutes; tap the clinical data in research mode in a methodical manner and further take up specific projects as/where feasible.

MoU was signed with Homoeopathy University, Jaipur for Dr. MP Khunteta Homoeopathic Medical College in the year 2016-17 where 01 Collaborative Research OPD was opened in the area of Dermatology where patients of various skin disorders have been treated since inception and data has been captured in research mode. In the year 2017-18, around 800 patients visited the OPD for various conditions like Allergic dermatitis, Warts, Alopecia, Acne, Tinea etc.

In the year 2017-18, CCRH signed MoUs with Govt. Homoeopathic Medical College, Bhopal, R.B.T.S. Homoeopathic Medical College, Bihar and Motiwala Homoeopathic Medical College, Nashik.

Table 30

| Article title | Activities in the last one year |
|---|--|
| Govt. Homoeopathic Medical College, Bhopal | 04 CCRH Collaborative Research OPDs opened on 28 th July 2018 and were inaugurated by Padamshree Sh. H. R. Nagendra, Chancellor, S-VYASA University, Bengaluru. The OPDs have been opened in areas of Dermatology, Paediatrics, Rheumatology and Ophthalmology since August 2017 and since then have catered to 1026, 183, 531 and 176 patients respectively. Data is being recorded on structured formats. A two day training workshop on Research methodology was conducted by CCRH for 55 PG students & faculty in July 2017. |
| R.B.T.S. Homoeopathic Medical College | 02 collaborative research OPDs in areas of Dermatology & Respiratory conditions are being set up. Structured formats for capturing data are being developed. |
| Motiwala Homoeopathic Medical College, Nashik | 01 collaborative research OPD for treating Haemophilia being set up. A clinical research study protocol on Haemophilia has been developed by CCRH for which necessary approvals from Special committee for clinical research, scientific advisory committee & ethical committee have been obtained. The exploratory study shall be undertaken at the CCRH Collaborative OPD after pre-trial preparations. |

PUBLIC HEALTH INITITATIVES



HOMOEOPATHY FOR HEALTHY CHILD

Central Council for Research in Homoeopathy under directions from Ministry of AYUSH developed a pilot program on “Homoeopathy for Healthy Child “with a targeted approach to promote healthy dentition in children, treating the associated ailments like diarrhoea, fever/URTI etc. with other identified conditions and to sensitize audience about the benefits of homoeopathic medicines.

The program is being implemented through 8 institutes/units of CCRH in 8 districts in 12 pre-identified blocks.

ANM/ASHA have been trained to identify dentition related problems in teething children to whom home based care for common diseases like diarrhoea and URTI is being provided in coordination with homoeopathic physicians who have been sensitized about the program. A training manual in local language has been developed which details the dentition pattern in children, the requirement and importance of oral hygiene and home based care of common dentition related problems. A kit comprising of six most frequently used medicines for dentition and related complaints viz. *Calcarea Phosphoricum 6X*, *Ferrum Phosphoricum 3x*, *Magnesium Phosphoricum 6X*, *Belladonna 30*, *Chamomilla 30*, and *Podophyllum 30* was made to be used by ANM/ASHA. Data of these children is maintained through proper documentation and regular follow ups. Monthly review meetings and open interactions are held with the ANMs/ASHAs and with the parents of children who may have any concerns about their child.

Further the program is being expanded to develop Child Friendly Clinics at the centres of CCRH. In these Child Friendly Clinics, all children & adolescents upto the age of 18 years suffering from diseases other than which require surgical intervention will be provided homoeopathic treatment and their data will be recorded on predesigned formats. The response to treatment will be assessed and the overall impact of the program on morbidity profile will be evaluated. Training of homoeopathic practitioners associated with the program on RBSK component has already been conducted. A training manual for homoeopathic practitioners has also been prepared.

OBJECTIVES

- Reduce morbidity and promote faster recovery due to conditions such as diarrhea, respiratory infections, dental conditions, skin conditions, developmental delays, etc. in children.
- Promote health through homoeopathy for identified conditions.
- Sensitize target audience including health workers, patients and care givers about benefits of homoeopathy for common diseases.

Table 31 : Program coverage

| S. no. | State | Institutes | Districts | Identified Blocks |
|--------|---------------|------------------------|--------------------------------|---------------------------------------|
| 1. | Assam | RRI(H), Guwahati | Kamrup | Dhirenpara, Central Zone block |
| 2. | Delhi | CCRH(Hq), New Delhi | New Delhi | Delhi Cantonment |
| 3. | Maharashtra | RRI(H), Mumbai | Palghar | Vikramgad |
| 4. | Odisha | DPU, BBSR, Bhubneshwar | Cuttack | Niali, Kantapada |
| 5. | Uttar Pradesh | DDPRCRI(H), Noida | Gautam Budh Nagar Gorakhpur | Bisrakh, Dadri Bhatahat, Chargawan |
| 6. | Rajasthan | RRI(H), Jaipur | Jaipur | Amber |
| 7. | Jharkhand | CRU(T), Ranchi | Ranchi | Kanke |

Subsequently, as per directions of the Ministry of AYUSH, the program was extended to 5 gram panchayats under Jadigenahalli PHC (Bangalore, Karnataka) since November 2015 in coordination with Dr. Mathai's Rural Holistic Health Centre under public private partnership mode.

Table 32

| Achievements | Since Inception till 31 st March 2018 | During 2017-2018 |
|-----------------------------------|--|------------------|
| Training Programs | 36 | 6 |
| Review meeting conducted | 468 | 168 |
| ASHA/ANM are trained | 1709 | 419 |
| AWW sensitized | 1540 | 212 |
| Children enrolled | 69450 | 10441 |
| Diarrhea Reporting (Responding) | 9032(8394) | 2335(2164) |
| URTI/Fever Reporting (Responding) | 13666(12798) | 3762(3501) |

Table 33 : State/Blocks wise detail from 1st April 2016 to 31st March 2018 are as follows:

| Sl. no. | State/Blocks | No. of review meetings held | No. of children enrolled (6 Months - 12 Months) | No. of children enrolled(13 Months -36 Months) |
|--------------|----------------------------------|-----------------------------|---|--|
| 1. | Delhi (Cantonment) | 21 | 1302 | 875 |
| 2. | Guwahati (Capital & Dhirenpara) | 168 | 19512 | 12485 |
| 3. | Mumbai (Vikramgad) | 54 | 3190 | 684 |
| 4. | Bhubaneshwar (Niali & kantapada) | 67 | 6712 | 5698 |
| 5. | Noida (Bisrakh & Dadri) | 59 | 9114 | 7468 |
| 6. | Gorakhpur (Chargawan & Bhatahat) | 63 | 811 | 937 |
| 7. | Karnataka (Bangalore) | 18 | 65 | 73 |
| 8. | Ranchi (Kanke) | 5 | 158 | 49 |
| 9. | Jaipur (Amber) | 13 | 70 | 88 |
| Total | | 468 | 40934 | 28357 |

Table 34 : Diarrhoea and URTI/FEVER from 1st April 2016 to 31st March 2018

| Sl. no. | State/Blocks | From 1 st April 2016 to 31 March 2018 | | | |
|---------|----------------------------------|--|--------------------------------|---------------------------------|---------------------------------|
| | | Diarrhoea Reported (Responded) | Diarrhoea Reported (Responded) | URTI/FEVER Reported (Responded) | URTI/FEVER Reported (Responded) |
| | | 6 months - 12 months children | 13 months- 36 months children | 6 months- 12 months children | 13 months- 36 months children |
| 1. | Delhi (Cantonment) | 242(233) | 817(802) | 455(443) | 1865(1827) |
| 2. | Guwahati (Capital & Dhirenpara) | 2374(2372) | 2796(2554) | 3111(2836) | 4684(4352) |
| 3. | Bhubaneshwar (Niali & kantapada) | 240(229) | 285(267) | 901(874) | 637(592) |
| 4. | Mumbai (Vikramgad) | 362(311) | 129(110) | 532(462) | 285(232) |

| Sl. no. | State/Blocks | From 1 st April 2016 to 31 March 2018 | | | |
|--------------|------------------------------------|--|--------------------------------|---------------------------------|---------------------------------|
| | | Diarrhoea Reported (Responded) | Diarrhoea Reported (Responded) | URTI/FEVER Reported (Responded) | URTI/FEVER Reported (Responded) |
| | | 6 months - 12 months children | 13 months- 36 months children | 6 months- 12 months children | 13 months- 36 months children |
| 5. | Gautumbudh nagar (Bisrakh & Dadri) | 794 (791) | 565 (561) | 364 (362) | 323 (317) |
| 6. | Gorakhpur (Chargawan & Bhatahat) | 28 (24) | 27 (26) | 36 (35) | 16 (15) |
| 7. | Karnataka(Bangalore | 6 (6) | 0 (0) | 0 (0) | 0 (0) |
| 8. | Ranchi(Kanke) | 158 (158) | 36 (36) | 158 (158) | 27 (27) |
| 9. | Jaipur(Amber) | 13 (13) | 32(32) | 11 (11) | 34 (34) |
| Total | | 4215 (3883) | 4687 (4388) | 5568 (5181) | 7871 (7396) |

Table 35 : Other complaint associated with dentition from 1st April 2016 to 31st March 2018

| Sl. no. | State/Blocks | Children reported with Anaemia | | Children reported with Colic | | Children reported with Irritability | |
|--------------|------------------------------------|--------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------------|-------------------------------|
| | | 6 months - 12 months children | 13 months- 36 months children | 6 months - 12 months children | 13 months- 36 months children | 6 months - 12 months children | 13 months- 36 months children |
| 1. | Delhi (Cantonment) | 61 | 275 | 21 | 194 | 47 | 110 |
| 2. | Guwahati (Capital & Dhirenpara) | 21 | 95 | 181 | 364 | 0 | 0 |
| 3. | Bhubaneshwar (Niali & kantapada) | 2 | 6 | 0 | 0 | 1 | 3 |
| 4. | Mumbai (Vikramgad) | 26 | 26 | 32 | 29 | 68 | 18 |
| 5. | Gautumbudh nagar (Bisrakh & Dadri) | 137 | 96 | 53 | 50 | 59 | 72 |
| 6. | Ranchi (Kanke) | 0 | 0 | 0 | 0 | 18 | 18 |
| 7. | Jaipur (Amber) | 1 | 2 | 2 | 6 | 0 | 0 |
| Total | | 248 | 500 | 289 | 643 | 193 | 221 |

SWASTHYA RAKSHAN PROGRAMME

Sanitation and hygiene are critical to health, survival, and development. A large number of disease could be prevented through better access to adequate sanitation facilities and better hygiene practices. In this context, as per directions of Ministry of AYUSH and linking with Swachh Bharat Abhiyan, Council has initiated Swasthya Rakshan Programme to promote health by identifying and treating the diseases related to poor hygiene and sanitation.

Swasthya Rakshan Programme is ongoing in 55 identified villages/ colonies by 11 Institutes of the Council. Swasthya Rakshan Team is visiting each village per week regularly to conduct OPDs for screening, identification of risk factors and early diagnosis of diseases.

OBJECTIVES

1. Swasthya Rakshan OPDs for providing homoeopathic treatment.
2. Swasthya Parikshan Camps for screening, identification of risk factors and early diagnosis of diseases.
3. Health promotion through health education to local population.
4. Development and distribution of IEC material among the masses in English/Hindi and local/regional languages.
5. Documentation of demographic information, food habits, hygienic conditions, lifestyle, incidence/prevalence of disease.
6. Assessment of health status and awareness about Homoeopathy system of the medicine.
7. Publication of the research outcomes from time to time.

ACTIVITIES UNDERTAKEN

A. Health Survey:

Household and Individual Health Survey was initiated from April 2016 to identify risk factors and diseases prevalent in a population over a specific period of time along with documentation of demographic information, food habits, hygiene conditions, seasons, lifestyle etc. Baseline survey or Phase I of survey has been completed and till date 24782 families have been covered and health screening of 24647 persons have been conducted under the baseline survey. Baseline data is under compilation and research paper on same is under process. At present follow up or Phase II of survey is undergoing.

B. Medicare services:

Swasthya Rakshan OPDs/camps are conducted on weekly basis in 55 identified villages / colonies by 11 Institutes of Council for providing homeopathic treatment. During April 2017 - March 2018, 2180 Swasthya Rakshan Camps/OPDs have been organized and 107364 patients have been benefitted with homoeopathic treatment.

C. SRP Awareness Campaigns/ Rallies

Mass campaigning through rallies for promotion of healthy lifestyles and hygiene were organized in school of identified villages. Nukkad Nataks and lectures were also organised focussing on personal, environmental & social hygiene in the villages involving school children.

ACHEIVEMENTS

Institute wise details are placed below:

Table 36

| Sl. No. | Name of the Research Institute | Name of Village Adopted | No. of OPDs/ Parikshan Camps | Patient benefitted | Commonly identified diseases : |
|---------|--|---|------------------------------|--------------------|---|
| 1. | Dr. D. P. Rastogi Central Research Institute(H), Noida. | 1. Bhangel 2. Sultanpur 3. Shahpur 4. Patwari 5. Ellahabas | 165 | 8732 | <ul style="list-style-type: none"> • Acute upper respiratory tract infections • Dermatitis • Functional dyspepsia (Indigestion) • Osteoarthritis • Acne Headache • Nutritional anemia • Myalgia Sciatica/Lumbago • Hypocalcemia |
| 2. | National Homoeopathy Research Institute in Mental Health, Kottayam | 1. Perunna 2. Thrikodithanam 3. Vazhoor 4. Madappally 5. Payippad | 225 | 12278 | <ul style="list-style-type: none"> • Allergic Rhinitis/Sinusitis • Osteoarthritis • Acute upper respiratory tract infections • Arthritis • Pruritis • Cough • Asthma • Diabetes mellitus • Cervical/Lumbar spondylosis • Headache |
| 3. | Regional Research Institute(H), Guwahati | 1. Dolgobind Mondir 2. Ganeshpara 3. Odalbakra 4. Ambari 5. Japorigog | 161 | 12896 | <ul style="list-style-type: none"> • Acute upper respiratory tract infections • Dermatitis • Hypertension • Functional dyspepsia • Myalgia • Gastritis • Osteoarthritis • Diabetes mellitus • Constipation • Sciatica/Lumbago |
| 4. | Regional Research Institute(H), Puri | 1. Sutan 2. Bantaligrama 3. Aruagobindapur 4. Ambapada 5. Hiranyapada | 178 | 7314 | <ul style="list-style-type: none"> • Worm Infection • Anorexia • Cough • Osteoarthritis • Fever of unknown origin • Diabetes mellitus • Headache • Sciatica/Lumbago • Anxiety disorders • Myalgia |

| Sl. No. | Name of the Research Institute | Name of Village Adopted | No. of OPDs/ Parikshan Camps | Patient benefitted | Commonly identified diseases : |
|---------|--|---|------------------------------|--------------------|--|
| 5. | Regional Research Institute(H), Imphal | 1. Langol 2. Naoremthong 3. Talyel 4. Lamsang 5. Mayang Langing | 153 | 6829 | <ul style="list-style-type: none"> • Acute upper respiratory tract infections • Osteoarthritis • Hypertension • Neuralgia and Neuritis • Backache • Gastritis • Vertigo • Phlebitis/ Thrombophlebitis • Diabetes Mellitus • Sciatica/ Lumbago |
| 6. | Homoeopathic Drug Research Institute, Lucknow | 1. Gazipur Balram 2. Daud Nagar 3. Rasulpur Kayasth 4. Bharwara 5. Kathwara | 226 | 10709 | <ul style="list-style-type: none"> • Cough • Fever of unknown origin • Dermatitis • Gastritis • Worm infection • Osteoarthritis • Myalgia • Acute upper respiratory tract infections • Abdominal and pelvic pain • Headache • Cutaneous abscess |
| 7. | Dr. Anjali Chatterjee Regional Research Institute (H), Kolkata | 1. Kharibari 2. PRC, Dankuni 3. Sheoraphuli 4. Sodepur 5. Dhapa | 167 | 8963 | <ul style="list-style-type: none"> • Upper Respiratory Tract Infections • Dermatitis • Arthralgia • Cough • Sciatica/Lumbago • Leucorrhoea • Myalgia • Functional dyspepsia • Polyarthrits • Neuralgia and neuritis |
| 8. | Regional Research Institute (H), Shimla | 1. Rajhana 2. Mehli 3. Lower Khalini 4. Bhattakuffer 5. Dhalli | 237 | 2159 | <ul style="list-style-type: none"> • Acute upper respiratory tract infections • Dyspepsia • Hypertension • Myalgia • Osteoarthritis • Headache • Sciatica/ Lumbago • Worm Infestation • Dermatitis |

| Sl. No. | Name of the Research Institute | Name of Village Adopted | No. of OPDs/ Parikshan Camps | Patient benefitted | Commonly identified diseases : |
|---------|--|--|------------------------------|--------------------|---|
| 9. | Regional Research Institute (H), Jaipur | 1. Khora Ladkhani 2. Chharasa 3. Sakatpura 4. Kumbhawas 5. Hanutpura | 239 | 15377 | <ul style="list-style-type: none"> • Acute upper respiratory tract infections • Constipation • Gastritis • Cough • Fever of unknown origin • Dermatitis • Lower Respiratory tract infections • Asthma • Myalgia • Migraine |
| 10. | Regional Research Institute (H), Navi Mumbai | 1. Kopri 2. Kalamboli 3. Nerul(Urban) 4. Turbhe (Urban) 5. New Panvel (Urban) | 187 | 5779 | <ul style="list-style-type: none"> • Upper Respiratory Tract Infections • Abscess • Boil • Rashes • Lumbago • Arthralgia • Arthritis • Headache |
| 11. | Regional Research Institute (H), Gudivada | 1. Siddhantham 2. Challapalli 3. Chinamuttevi 4. Angaluru 5. Katuru | 242 | 16328 | <ul style="list-style-type: none"> • Osteoarthritis • Acute upper respiratory tract infections • Dermatitis • Acute lower respiratory tract infections • Diabetes mellitus • Hyperacidity • Cervical/ lumbar spondylosis • Hypertension • Headache |

OUTCOME

- A substantial impact has been noted in all 5 adopted villages. Higher number of population were benefitted in the prevention of common ailments arising due to unhygienic living conditions.
- No incidence of recent epidemic reported in the adopted villages after initiation of programme.
- Increased awareness is noticed among the population coming in the screening camps by adoption of healthy lifestyle and hygienic measures owing to massive health promotion campaigns done before and during conducting camps and OPDs.

Concept of using homeopathic medicines has been popularized in a massive way and a significant number of people are opting to homoeopathy and were benefitted.



RRI(H), Shimla



HDRI, Lucknow



RRI (H), Mumbai



NHRIMH, Kottayam

Homoeopathic treatment being provided at Swasthya Rakshan Camps/OPDs



RRI (H), Mumbai



NHRIMH, Kottayam

Doctors and paramedic staff communicating with the people during Swasthya Rakshan Survey conducted at household level



RRI (H), Imphal



RRI (H), Puri



DDPRCRI(H), Noida

Swasthya Rakshan Awareness Campaigns/ Rallies held by the staff of the SRP Programme.

Integration of AYUSH (Homeopathy along with Yoga) in the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS)

Central Council for Research in Homoeopathy under the direction of Ministry of AYUSH and in collaboration with Ministry of Health and Family Welfare has implemented and executed the Integrated National Program for prevention and control of cancer, diabetes, Cardiovascular diseases, and stroke with AYUSH component (Homeopathy along with Yoga) project on pilot basis at two identified districts of two i.e., Krishna (AP) since September 2015 and at Darjeeling district (WB) since February 2016 with Life style disorder clinics (AYUSH LSD) clinics at 08 CHCs/Area Hospital at 05 BPHCs and 02 nodal centres of CCRH respectively.

Further, during the reporting year, this program has been extended to two more tribal districts since May 2017 i.e., at Sambalpur (Odisha) and Nashik (Maharashtra) covering a total of 04 CHCs and 02 homoeopathic colleges.

Objectives of Integration of Homoeopathy/Yoga in NPCDCS Program

- Health promotion of masses through behavior change.
- Disease prevention through early diagnosis of NCDs (prevention and control of Diabetes, Cardiovascular Diseases, Cancer, chronic obstructive pulmonary diseases and Stroke during the first phase)
- Reduction in NCD burden and their risk factors.
- Early management of NCDs through homoeopathic treatment alone or as add on to standard care.

Strategies of Integrated NPCDCS Programme

- Outreach activities: Screening for timely detection of various NCDs at the level of PHC and CHCs/CHNCs/BPHC on regular basis.
- Yoga classes for the general masses
- Advise on diet and lifestyle management
- Treatments cum follow up of population under homoeopathic treatment alone or as add on to standard care along with therapeutic lifestyle changes.

Expected outcomes

Integration of homoeopathy along with Yoga would enable in prevention and control of NCDs through health education, promotion, behavioral change, early detection and to avoid complications.

Achievements

The aforesaid programme is functional at 21 identified LSD clinics. The overall achievements so far since inception and the reporting year from 1st April 2017 to 31st March 2018 are as follows:

Table 37

| Benefits extended | Achievements since inception till 31 st March 2018 | Achievements from April 2017 to March 2018 |
|---|---|--|
| Patients given homoeopathic treatment in the OPD of LSD clinic and benefitted | 279926 | 160684 |
| Persons screened for NCDs (as per screening criteria) | 103155 | 73239 |
| Patients treated for NCDs | 37956 | 26412 |
| Patients data documented on structured format | 8220 12875 | 5457 6683 |
| Yoga classes conducted | 197393 | 83868 |
| Number of persons who attended yoga classes | 837 | 751 |
| Out-reach camps conducted | 50432 | 36946 |
| Provisional/known diagnosis of NCDs | 6792 | 5148 |
| Pre-Hypertension | 21138 | 14887 |
| Hypertension | 1456 | 1090 |
| Pre-Diabetes | 7295 | 5203 |
| Diabetes Mellitus | 304 | 62 |
| Dyslipidemia | 948 | 684 |
| Chronic Obstructive Pulmonary disease | 183 | 139 |
| Coronary artery disease | 40 | 22 |
| Cancer | 12204 | 9639 |
| Multi Morbidity (patients suffering from more than one NCD mentioned above) | 72 | 72 |
| NCDs other than identified in the program | | |

The aforesaid program is functional at 21 identified LSD clinics. So far from 1st April 2017 to 31st March 2018. The overall achievements so far since inception are as follows: 73,239 have been screened for selected non-communicable diseases from 21 LSD clinics and 751 out-reach camps at the three identified districts out of which 26,410 patients with NCDs were being enrolled and treated. A total of 7,014 classes has been conducted and 90,973 persons attended yoga classes. Overall Including follow ups, a total of 1,60,684 patients have been benefitted from integrative Homoeopathic treatment and Yoga. Details district wise is given below:

Table 38

| Benefits extended | Krishna | Darjeeling | Sambalpur | Nashik | Total |
|---|---------|------------|-----------|--------|--------|
| Patients given homoeopathic treatment in the OPD of LSD clinic and benefitted | 110187 | 38105 | 7235 | 5157 | 160684 |
| Persons screened for NCDs (as per screening criteria) | 47854 | 16253 | 4524 | 4608 | 73239 |
| Patients treated for NCDs | 19254 | 6039 | 670 | 447 | 26410 |
| Patients treated with documentation | 2884 | 1468 | 658 | 447 | 5457 |
| Yoga classes conducted | 2271 | 2885 | 708 | 1150 | 7014 |
| Number of persons who attended yoga classes | 46358 | 32065 | 4179 | 8371 | 90973 |

| Benefits extended | Krishna | Darjeeling | Sambalpur | Nashik | Total |
|---|--------------|-------------|-------------|-------------|--------------|
| Out-reach camps conducted | 556 | 159 | 14 | 22 | 751 |
| Provisional/known diagnosis of NCDs | 22835 | 9060 | 1973 | 3078 | 36946 |
| Pre-Hypertension | 1810 | 2173 | 270 | 895 | 5148 |
| Hypertension | 7772 | 5201 | 660 | 1254 | 14887 |
| Pre-Diabetes | 651 | 82 | 284 | 73 | 1090 |
| Diabetes Mellitus | 4394 | 347 | 357 | 105 | 5203 |
| Dyslipidemia | 59 | 0 | 0 | 3 | 62 |
| Chronic Obstructive Pulmonary disease | 564 | 64 | 23 | 33 | 684 |
| Coronary artery disease | 109 | 8 | 8 | 14 | 139 |
| Cancer | 16 | 4 | 2 | 0 | 22 |
| Multi Morbidity (patients suffering from more than one NCD mentioned above) | 7460 | 1109 | 369 | 701 | 9639 |
| NCDs other than identified in the program | 00 | 72 | 00 | 00 | 00 |

Research Achievements:

A Life style disease format has been developed for capturing data of the cases that are enrolled and documented in this integrated pilot project and till March 2018 5,457 cases have been documented. The break-up of cases districts wise are as follows:

Table 39

| Benefits extended | Name of the district | | | | Total |
|---|----------------------|-------------|------------|------------|-------------|
| | Krishna | Darjeeling | Sambalpur | Nashik | |
| Pre-Hypertension | 43 | 164 | 21 | 47 | 275 |
| Hypertension | 959 | 851 | 371 | 114 | 2295 |
| Pre-Diabetes | 28 | 18 | 13 | 36 | 95 |
| Diabetes Mellitus | 698 | 84 | 137 | 71 | 990 |
| Dyslipidemia | 65 | 0 | 0 | 8 | 73 |
| Chronic Obstructive Pulmonary disease | 60 | 2 | 2 | 7 | 71 |
| Coronary artery disease | 3 | 3 | 3 | 18 | 27 |
| Cancer | 0 | 0 | 2 | 0 | 2 |
| Multi Morbidity (patients suffering from more than one NCD mentioned above) | 1028 | 344 | 109 | 146 | 1627 |
| Total | 2844 | 1468 | 658 | 447 | 5457 |

Photographs of activities undertaken at different districts under Integrated NPCDCS Program:



Monitoring visit to Darjeeling district,
WB (19th to 23rd February 2018)



Yoga day celebration at Krishna District,
AP (21st June 2017)



Training programme at Nashik district,
Maharashtra (25th July 2017)



Screening of patients at Sambalpur,
Odisha (15th January 2018)

SC HEALTH CAMPS UNDER SCHEDULE CASTE SUBPLAN COMPONENT

Ministry of AYUSH has allocated separate budget for the benefit of SC population under SCSP component to the Council. An amount of Rs. 4.00 Crores is being allocated under SCSP plan. For the benefit of the SC population, Council has undertaken a programme to conduct health camps in the villages having more than 40% SC population. Under this programme, 46 villages have been adopted by the 18 institutes to undertake the activity. The objective of the programme is to provide free medical facilities to the people at their doorstep and create awareness/educate people about the healthy lifestyle through health promotion activities.

Activities undertaken:

- Providing free Medicare health services to the SC population.
- Identification of common prevalent disease in the villages
- Health promotion & health education.

Achievements:

- No. of camps held : 1571
- No. of total patients benefited : 56686
- Common diseases identified : Upper Respiratory Tract Infection, Osteoarthritis, Diabetes Mellitus, Dermatitis, Myalgia, Cervical Spondylosis/ Lumbar -Spondylosis, Hypertension, Acid Peptic Dyspepsia/ Gastritis

Institute wise details are placed below.

Table 40

| Institute | Name of Village | No. of Camps held | No. of Patients benefitted | Common diseases identified |
|------------------------|---|-------------------|----------------------------|--|
| RRI(H) Guwahati | Uzanbazar, Hajo | 133 | 3006 | Acute upper respiratory tract infection-71, Hypertension-62, Gastritis/Acid peptic dyspepsia/ Gastrooesophageal reflux disease- 61, Headache- 52, Arthralgia- 46 |
| RRI(H) Jaipur | Shri ram ki nangal, Goner | 113 | 2742 | |
| RRI(H) Shimla | Junga | 118 | 988 | Acid Peptic dyspepsia- 49, Osteoarthritis- 39, Cervical Spondylosis- 28 Myalgia- 27, Arthritis- 23 |
| RRI(H) Gudivada | Addada, Bapuji Nagar, Mani Konda, Seepudi | 140 | 5467 | Osteoarthritis of Knee Joint- 262, Diabetes Mellitus- 231, Hypertension- 139, |

| Institute | Name of Village | No. of Camps held | No. of Patients benefitted | Common diseases identified |
|-------------------------|--|-------------------|----------------------------|---|
| | | | | Low Backache- 114, Acid Peptic Disorder- 94 |
| CRU(T), Tirupati | Bommanadodla, Kobaka | 63 | 2661 | |
| RRI(H), Puri | Gadishagoda, Balipada | 55 | 6079 | Myalgia- 303, Arthralgia-226, Dermatitis- 177 Lumbago- 136, Osteoarthritis- 123 |
| DDPRCRI, Noida | Aamka, Salarpur, Thapkhera, Hajipur village | 135 | 4383 | Upper Respiratory Tract Infection- 165 Dermatitis- 132, Myalgia- 108, Acne- 74, Osteoarthritis- 60 |
| CRI(H) Kottayam | Madapally, Kaduthuruty, Maduraveli | 82 | 2653 | Osteoarthritis- 63, Allergic Rhinitis- 50, Cervical Spondylosis & Lumbar Spondylosis- 38, Acute Bronchitis-33, Polyarthralgia-23 |
| HDRI Lucknow | Ahmamau | 80 | 2582 | P.U.O- 55, Dermatitis- 30, Myalgia- 22, Dyspepsia- 21, Gastritis- 21 |
| CRU (H) Chennai | Jyothiammal Nagar Saidapet | 66 | 2224 | Osteoarthritis- 118, Diabetes Mellitus- 71, Hypertension- 63, Cervical spondylosis- 53, Acute Bronchitis- 49 |
| CRU(H) Siliguri | Panchkolgui, Gossainpur, Champasari, Matigara | 119 | 8582 | Acute Upper Respiratory Tract Infection-317 Cervical/Lumbar Spondylosis-203, Ringworm/Tinea Corporis/ Cruris - 135, Gastritis/Acid peptic Dyspepsia/ Gastrooesophageal reflux diseases - 113, Dermatitis and Eczema - 112 |
| RRI(H) Mumbai | Asalpha, Ghatkopar , Govandi | 135 | 3239 | Osteoarthritis- 130, Arthralgia - 93, Backache - 52, Common cold - 51, Gastritis- 42 |
| Agartala | Purba barjala Gram Panchayat, Jirania | 72 | 1524 | Dermatitis & Eczema – 45 Common cold & Rhinitis - 42, Myalgia - 40, Gastritis -37, Acid Peptic disease - 30 |

| Institute | Name of Village | No. of Camps held | No. of Patients benefitted | Common diseases identified |
|-------------------------------|---|-------------------|----------------------------|--|
| Hyderabad | Shankar nagar, Chilkanagar Ramreddy Nagar Boduppall, Nacharam, Gandhi girijan colony | 67 | 3172 | Osteoarthritis - 441, Sciatica- 241, Cervical Spondylosis- 174, Myalgia-155, Functional dyspepsia-149 |
| RRI(H) Imphal | Phayeny, Sikmai | 46 | 965 | Spondylosis (Cervical / Lumbar)-167 Osteoarthritis- 98, Sciatica / Low Back Pain/Backache- 88 Anxiety Disorders- 61 Hypertensive diseases- 48 |
| RRI(H) Kolkata | Tangra, Narayanpur, Belgachia, Kona Road, Howrah | 109 | 5306 | |
| CRU (H) Puducherry | JJ Nagar | 59 | 2038 | Osteoarthritis- 66 Diabetes Mellitus- 60 Acute Upper Respiratory Infection- 35 Gastritis- 35 Cervical Spondylosis- 33 |
| | | | | |

DOCUMENTATION



PUBLICATIONS

Effective communication channelizes information exchange and spread awareness on scientific and technical issues among general public, researchers and professionals.

Documentation and Publication section of the Council aims to produce all publications in a presentable reader friendly language without distorting the actual image of the research work. Dissemination of research work of the council to the stakeholders such as clinicians, researchers, teachers, students, industry and common man is one of the mandate of the council and the section is the medium of such propagation.

The Council publishes periodicals and non periodicals for dissemination of its research activities and achievements.

PERIODICAL PUBLICATIONS

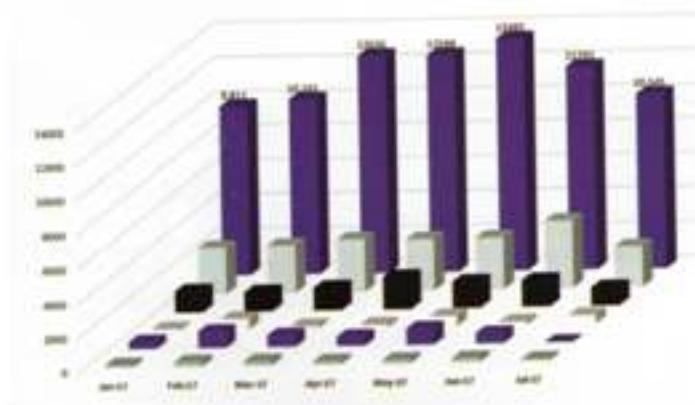
1. CCRH NEWSLETTER

CCRH newsletter, a quarterly publication that provides up-to- date information about the conducted activities of Council in various areas of research, about the meetings and conferences, participation in Arogya Melas, seminars, medical conferences, workshops, new research publications of the Council and national and international recognition of the scientists. During the last one year, volumes 82, 83, 84 and 85 were published by the section.

2. IJRH (INDIAN JOURNAL OF RESEARCH IN HOMOEOPATHY)

In its endeavour to reach out globally, the council has already made its journal IJRH, an open access online journal. It focuses on original research and is an important platform for publishing the research outcomes of various studies conducted by council and outside. During the reporting period, the section has published IJRH Vol 11 No.2, Vol 11 No.3, Vol 11 No. 4 and Vol 12 No.1. Researchers and students are browsing the site and downloading the research papers for reading and reference.

Numbers of articles downloaded have also shown a satisfactory increase during the last year. Maximum reading hits were recorded for full text HTML version with the highest number of articles(1348) being downloaded in May 2017. Articles in the PDF version are also preferred as highest number of articles in PDF version was downloaded in June 2017.



The papers published in different volumes are as under

Volume 11, No. 2 (April-June 2017)

Original Articles

- Phytochemical analysis and evaluation of antioxidant potential of ethanol extract of *Allium cepa* and ultra-high homeopathic dilutions available in the market: A comparative study
- Homeopathic pathogenetic trial of *Withania somnifera*: A multicentric, double-blind, randomised, placebo-controlled trial
- Comparative standardization study for determination of reserpine in *Rauwolfia serpentina* homeopathic mother tinctures manufactured by different pharmaceutical industries using HPTLC as a check for quality control



Perspective

- Medical pluralism in Europe and India: Concept, historical background, perspectives

Conference Report

- World integrated medicine forum on the regulation of homeopathic medicinal products: National and global strategies

Book Review

- A practical handbook of homeopathic immunisation (The complete practitioner's manual of homeoprophylaxis)

Reminiscences

- Standing on the shoulders of giants: Review of CCRH Quarterly Bulletin 2004 (volume 26) and 2005 (volume 27)

Research Highlights

Volume 11, No. 3 (July-September 2017)

Original Articles

- Anti-inflammatory homeopathic drug dilutions restrain lipopolysaccharide-induced release of pro-inflammatory cytokines: *In vitro* and *in vivo* evidence
- *In vivo* evaluation of antipyretic effects of homeopathic ultrahigh dilutions of *Typhoidinum* on baker's yeast-induced fever in comparison with *Paracetamol*
- An observational study on usefulness of *Bromium* 30C in atopic respiratory complaints by assessing serum immunoglobulin E levels
- Symptom prevalence in a cohort of 65 patients improved with the homeopathic medicine *Mangifera indica*: A multicentric open observational clinical verification study



Perspective

- Need to revamp *Tuberculinum* and *Psorinum* nosodes

Conference Report

- National Convention on World Homoeopathy Day: Enhancing quality of research in Homoeopathy

Reminiscences

- Rendezvous with the past: Review of the Central Council for Research in Homoeopathy Quarterly Bulletin 2006 (volume 1, 2, 3 and 4)

Case Report: Fibroadenosis alleviated with Homoeopathy

Research Highlights

Erratum

- Erratum: World Integrated Medicine Forum on the regulation of homoeopathic medicinal products: National and global strategies

Volume 11, No. 4 (October-December 2017)

Original Articles

- Evaluation of antifungal activity of different homoeopathic mother tinctures against *Candida albicans*
- Effect of homoeopathic preparation of *Ruta graveolens* on the progression of childhood myopia before, during and after cessation of treatment: A retrospective study



Perspective

Confirmation and confirmation bias: The role of prognostic factor research

Case Report: A case of radiation-induced mucositis

Research Highlights

Volume 12, No. 1 (January-March 2018)

Original Articles

- Pharmacognostic studies of *polygala senega* L. Root: A homoeopathic drug
- Effect of cephalandra indica against advanced glycation end products, sorbitol accumulation and aldose reductase activity in homoeopathic formulation.
- Prevalence and prognostic factor in patients with good therapeutic response in a cohort of 172 patients with the homoeopathic medicine *Aranea diadema*:



A multicentre, open-label, observational study.

- Comparison of the efficacy of ibuprofen and *belladonna* in the control of orthodontic separator pain.
- Evaluation of homoeopathic treatment in polycystic ovary syndrome: A single-blind, randomised, placebo-controlled pilot study.

Book Review : Evidence-based research of Homoeopathy in Gynaecology

Case Report : Individualized homoeopathic treatment of breast fibroadenoma: A case report

Research Highlights

Erratum

Erratum: phytochemical analysis and evaluation of antioxidant potential of ethanolic extract of *Allium cepa* and ultra-high homoeopathic dilutions available in the market: A comparative study

3. CCRH NEWSLETTER; ISSUE NO. 82, 83, 84, 85



4. ANNUAL REPORT (2016-17)



Annual report highlights major achievements, success stories, new initiatives undertaken during the year 2017-18. It also shows cases, human resource development activities, important scientific and academic programmes and IEC activities during the year.

5. BOOKS

The Council disseminates its research outcomes to researchers and medical /homeopathic fraternity in the form of books, monographs, etc. During the reporting period the section has published 05 numbers of books and 02 number of monographs.



PRICED PUBLICATIONS:

- | | | |
|----|--|------|
| 1. | Training Manual for Homoeopathy practioners Homoeopathy for Healthy Child | 2017 |
| 2. | Standard Treatment Guidelines | 2017 |
| 3. | A Handbook of Medicinal Plants used in Homoeopathy | 2018 |
| 4. | Homoeopathic Drug Provings Vol. 6 | 2018 |
| 5. | Study of Homoeopathic Medicines through Clinical Verification- A New Perspective Vol. 4 | 2018 |

DRUG MONOGRAPHS:

- | | | |
|----|---|------|
| 1. | <i>Bellis perennis</i> - New monograph | 2018 |
| 2. | <i>Tinospora cordifolia</i> - New monograph | 2018 |
| 3. | <i>Atista indica</i> - Revised Monograph | 2018 |
| 4. | <i>Cassia sophera</i> - Revised Monograph | 2018 |
| 5. | <i>Abroma agusta</i> - Revised Monograph | 2018 |

6. DOCUMENTARIES AND OTHER PUBLICITY MATERIALS

The council has produced three documentary films for public, drug industry and researchers. Carrying the process forward the council has produced 4 audio-visual spots titled:

AV Spots

1. Homoeopathy for Infant Care
2. Homoeopathy for Healthy Mother
3. Homoeopathy: Safe, Effective & Natural
4. Homoeopathy for Viral Fever

Radio Jingles

Two Radio Jingles have also been produced. These were released by Hon'ble Vice President of India, Sh. M. Venkaiah Naidu, on the occasion of World Homeopathy Day on 10th April, 2018.

1. Homoeopathy for Infant Care
2. Homoeopathy for Healthy Mother

7. HANDOUTS

To create awareness among masses about the current health related issues and scope of Homeopathy as a treatment method, following handouts were published in this year.



1. Homoeopathy for your child's common Ailments 2018
2. Managing Psoriasis with Homoeopathy 2018

8. ADVERTISEMENT

Designed and printed advertisement on World Homeopathy Day held at Vigyan Bhawan, New Delhi.



LIBRARY

The inception of this Library and Information Centre dates back to 1979 when a small library was set up with a small collection of about five hundred Publications to start primarily to meet the information needs of the Research Scientists of the Council. With the passage of time, the library grew at a fast pace, and, in order to cater to the ever increasing R&D information needs of the professionals, it systematically and gradually grew as a collection of specialized reading materials such as books, periodicals, reference works, serials in the areas of Homoeopathic Research and Drugs & Pharmaceuticals.

Books: Library develops its collection by purchasing the books on recommendations of Book Selection Committee and on the basis of suggestions received from the research scholars. Library also receives complementary books from Govt. organizations. In the year 2017-18 library added number of 94 books and the total no. of books as on 31.03.2018 are 11189.

Numbers of books procured - 94

Journals: Library subscribes to the foreign and Indian journals on Homeopathy as well as Allied medical sciences to help the research scholars with latest updates in the medical field especially in the field of homoeopathy. Library subscribed the following 16 journals for the calendar year 2018.

Foreign - 11
Indian - 05

e-journals: Following 10 journals are available online:-

1. Complementary Therapies in Clinical Practice
2. Complementary Therapies in Medicine
3. European Journal of Integrative Medicine
4. Explore: The Journal of Science & Healing
5. The Lancet
6. Homeopathy
7. Journal of Alternative and Complementary Medicine
8. Alternative and Complementary therapies
9. ForschendeKomplementarmedizin
10. Homoeopathic Links

Web OPAC Search: The collection of books, bound journals and theses available in Library, are computerized and maintained on Web OPAC (Online Public Access Catalogue). OPAC helps to the users in finding out the availability of books in the library.

Digital Library: Library also contains 2470 number of bound journals and all the back volumes of homoeopathic journals are digitized and are available on LAN server for access to all scientists of the Council's Hqrs office.

Library Services

The Council's library is providing following services to its users:-

Reference Services: Library responds to the queries received from Units/Institutes under CCRH as well as Homoeopathic fraternity of the country.

Current Awareness Service: The Library and Information Centre used to bring out the Current Health Literature Awareness Services, a quarterly publication, to keep the users abreast of latest scientific articles published in various journals/magazines subscribed by the Council. This was started in 1988. It covers original articles of homoeopathic and allied subject interest which are broadly classified under various subjects. In the year 2015-16 library has released 28th Vol. of CHLAS. To improve the visibility and accessibility of the index of articles CCRH Library has taken an initiative to provide the service as e-index on monthly basis as "e-CHLAS" and 12 issues have been released during the year 2017-18.

Research at a Glance: The library of the Central Council for Research in Homoeopathy has introduced a new service in the year 2017-18 "Research at a Glance". The main objective is to disseminate precise information/citation about scientific articles published in various journals/magazine other than the journals subscribed by this Council. The scope of the publication is articles on Homeopathy, Ayurveda, Unani, Yoga. 12 issues have been released during the year 2017-18.

Selective Dissemination of Information:

Bibliographic Services: Specific Bibliographies are compiled on request, according to the requirement of users.

Digital Database of Theses: The library has undertaken a project to develop a digital database of theses submitted by the P.G. students under various Homoeopathic colleges in India with a aim to provide help to homoeopathic fraternity and total number of thesis as on 31.03.2018 are 724.

Document Delivery Service: The library attends to photocopy requests about its resources and provides backup services.

Website: Library updates its information on the website of the Council as and when required.

COUNCIL'S WEBSITE & SOCIAL MEDIA PAGE (www.ccrhindia.nic.in)

The Council's new dynamic website (www.ccrhindia.nic.in) which was officially launched by Sh. Shripad Yesso Naik, Hon'ble Minister of State (Independent charge) at the World Integrated Medicine Forum on the 23rd and 24th February 2017 has been functioning as the “face of the Council” outlaying updated information about various facets of homoeopathic research carried out by the Council and other activities.

In the last one year, this information has been updated from time to time and new features have been added to enhance visibility and make it more user friendly. In compliance with the GIGW guidelines, the website is also being developed in Hindi language as well, and much information has already been made available.

To inform the end user about its network of 26 Institutes/Units across India, individual microsites are being developed within the main website which are being updated with information of the respective Institute/Unit.

In addition to the website, much impetus has been given to social networking during the last year as per the directions of the Ministry of AYUSH. Social networking has been the platform this year with the common vision to disseminate about the AYUSH systems to the masses. Social Media content development training has been imparted to a selected group of officers and CCRH has recently created its new Facebook page – 'AYUSH Homoeopathy' in the month of February 2018. In a very short span of time, the page has been able to attain 1105 likes and is continuing to make innovative efforts each day. More officers are being trained at regional level to join hands to promote Homoeopathy.

AYUSH RESEARCH PORTAL

Ministry of AYUSH has developed AYUSH Research Portal for disseminating research information related to all AYUSH systems of medicine (Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy). The portal provide collection of good quality research articles published in various peer- reviewed and other journals.

The information provided is categorized into individual AYUSH medical systems against a standard set of medical conditions, based on WHO disease classification ICD-10 and navigation is according to ICPC's (International Classification of Primary Care) 17 categories. It permits search of research articles with title, authors, scholars, guide, co-guide, designation, department, institution, address, journal, university, abstract key words, body system and disease.

Clinical Research further classified into evidence grade - A, B, C based on general guidelines for methodologies on research and evaluation of traditional medicine published by World Health Organization (WHO).

| | | |
|--------------------------------|---|------|
| Clinical Research | : | 649 |
| Pre- Clinical Research | : | 139 |
| Drug Research | : | 423 |
| Basic and fundamental Research | : | 1065 |

The council has attributed in selection and uploading of 2276 research articles on the said portal, in the form of abstracts and full texts (whenever available free of cost). In case of paid articles, links have been provided to access full text articles.

The portal (accessible through <http://ayushportal.nic.in>), will create awareness and would provide evidence regarding the research conducted by AYUSH systems of medicine, thereby generating wider acceptance among practitioners, policy – makers, researchers, authors, students and general public worldwide.



PROFESSIONAL OUTREACH ACTIVITIES

With the aim of educating about latest research developments to the professionals, doctors, teachers and students & exchanging information with other research and educational institutions, professional associations and societies of international and national repute, with similar research objectives council organizes various professional outreach activities such as Seminars, Workshops, Conferences, Training programmes and CMEs along the length and breadth of the country.

These activities help the profession by updating knowledge of homoeopathic fraternity regarding current trends in R&D activities; trains the doctors in emerging trends of healthcare and scientific outcomes for keeping up the standard to health care delivery & research activities; in encouraging the young talents to take up various research activities in this field to further strengthen the scientific database of Homoeopathy. For capacity building of the researchers Council has been participating in different national and international seminars.

In the period under report Council has organized and participated in the following International and National Seminars, Workshops, Conferences and CME programmes: -

CMEs/SEMINARS/WORKSHOPS/CONFERENCES (organized by CCRH)

- **National Convention on World Homoeopathy Day**

The convention with the theme 'Enhancing Quality of Research in Homoeopathy' was inaugurated on 10th April 2017 by the Hon'ble Minister of State for AYUSH, Shri. Shripad Yesso Naik and graced by the Hon'ble Member of Parliament, Dr. Manoj Rajoria; and various other dignitaries. The convention witnessed about 400 delegates including key policymakers, esteemed international and national scientists, homoeopathic researchers, practitioners and academicians. On this occasion, the dignitaries unveiled the new releases of the Council, namely-Documentary on research in Homoeopathy, Souvenir of the convention and Activities and Achievements - 2017: An overview for the very first time, the CCRH formulated Award Scheme 2016–2017 to encourage teachers, doctors, scientists for the development of Homoeopathy as a scientific method of treatment to serve our society. A stall, exhibiting the activities and publications of the Council, was put up for the 2-day convention. In the valedictory session, mementos were awarded to the participants.

- **CME Programme on Basic Concept Capacity Building of Health Care Set up in Tribal Areas**

The CME programme was held on 13th and 14th May 2017 at DACRRI(H), Kolkata with the aim to train the doctors working in tribal and remote areas in different parts of India, especially in East and North East regions. To enhance the existing knowledge of AYUSH doctors regarding health problems prevalent in tribal zones and to explore the scope of homoeopathy as an efficient health care system in addressing the prevalent health problems of the tribal people, the seminar was organized. A total 67 participants remote parts of Eastern and North Easter Parts of country had participated in the programme.

- **National Homoeopathy Seminar on Non-Communicable Diseases**

National Homoeopathy Seminar on Non-Communicable Diseases was held on 2nd & 3rd November 2017 at Auditorium, Amity University, NOIDA which was organized by DDPRCRI (H), NOIDA with aim to increase awareness about the prevention of Non-Communicable Diseases (NCDs), increasing skills of practitioners in early diagnosis and management of these diseases and enhancing research aptitude in young homoeopaths. About 180 delegates from different parts of country attended the seminar. The topics for discussion were Chronic Obstructive Pulmonary Diseases, Hypertension, Diabetes Mellitus and Cancer.

- **National Workshop On Rheumatological Disorders**

National Workshop on Rheumatological disorders held on 27th & 28th December, 2017 at Hotel Indira Grand, Gudivada was organized by RRI(H), Gudivada. There were 182 nos. of participants during the workshop, the participants included PG Scholars, Faculty, Medical Officers and Private Practitioners. Some of the topics presented during the programme were: Wholistic Total Knee Restoration Technique in Osteoarthritis; Updates in Physiology of pain pathways for the management of pain; Homoeopathic approach to Auto- immune mediated Rheumatic disorders; etc.

- **CME Programme at Imphal**

The Regional Research Institute (Homoeopathy), Imphal under the Central Council for Research in Homoeopathy has organized one day CME programme on 24th Feb 2018 at Classic Hotel, North AOC, Imphal. 62 Homoeopathic Physicians attended the CME programme.

- **CME on Lifestyle Disorders at Guwahati**

The Regional Research Institute (Homoeopathy) Guwahati, had organized one day CME programme on Lifestyle disorders at Auditorium Hall, Indian Institute of Entrepreneurship, Guwahati on 25th February, 2018. 34 nos. of participants attended the programme.

- **CME on Homoeopathic Management of Lifestyle Disorders**

The Clinical Research Unit (Homoeopathy), Aizawl under the Central Council for Research in Homoeopathy had organized one day CME programme on 3rd March 2018 at Aijal Club, Khatla, Aizawl. 44 nos. of homoeopathic doctors had participated in this programme.

- **CME on Homoeopathy in Lifestyle Disorders at Agartala**

The Regional Research Institute (Homoeopathy) Guwahati, had organized one day CME programme on Homoeopathy in Lifestyle disorders at Conference Hall, RRI (H), Agartala on 10th March 2018. 50 nos. of participants had participated in the Programme.

- **An Interactive meet on Strategic position of India in Homoeopathic World Lessons from NHMRC Report**

Ms. Rachel Roberts, Chief Executive, Homoeopathy Research Institute and an associate of Faculty of

Homoeopathy, U.K., met various practitioners, educators, students and researchers of Homoeopathy in a series of meetings organised by CCRH in Delhi (25th & 27th January 2018), Kolkata (29th January 2018) and Kerala (31st January and 1st February 2018). The idea behind these meetings was to strategize on the ways to promote an accurate image of Homoeopathy to the world. In the light of a report on Homoeopathy by National Health and Medical Research Council (NHMRC) in 2015, she highlighted the reasons why the analysis in the report was dubious and its interpretation rather questionable.

A documentary 'Just One Drop' featuring many compelling facts and success stories about Homoeopathy was exclusively screened at these meetings.

CMEs/SEMINARS/WORKSHOPS/CONFERENCES/TRAINING PROGRAMMES (participated by CCRH)

INTERNATIONAL SEMINARS/CMEs/WORKSHOPS/CONFERENCES

- 7th Complementary, Alternative Medicine Conference: Homoeopathy and Autism Conference was organised by Lotus Holistic Centre, Abu Dhabi, UAE in collaboration with the Tunisain Association of Homoeopathy on 2nd April, 2017 at Abu Dhabi. Dr. Suraia Praveen, RO/S-2, DACRRI (H), Kolkata, presented paper-Research and Clinical Experience of Homoeopathy on Autism during the conference.
- The 72nd congress of the Liga Medicorum Homoeopathica Internationalis (LMHI Congress 2017) was held in Leipzig, Germany from 14-17 June, 2017. Homoeopathic fraternity from all over the world gathered and experienced the status of Homoeopathic research prevailing in different countries. From India, a three member delegation consisting of Dr. R. K. Manchanda, DG, CCRH, Dr. K.S.Sethi, Advisor (H), MoA and Dr. K.C. Murlidharan, RO (H), CCRH participated in the congress. In this event, MoUs were signed between CCRH and International institutes of repute and IHM.
- 1st Malaysian International Integrative Healthcare Conference (MIHC) 2017 was organized by Faculty of Traditional and Complementary Medicine (FTCM) on 28th and 29th October 2017 at Cyberjaya University College of Medical Sciences, Cyberjaya, Malaysia with the theme Integrative & Homoeopathic Management of children with special needs. Dr. R. K. Manchanda, DG, CCRH attended this conference.
- International Homoeopathic Conference 2017 was organized from 8th to 10th September at NIMHANS Convention Centre, Bengaluru. The conference was inaugurated by SH K. R. Ramesh Kumar, Minister of Health and Family Welfare, Govt. of Karnataka. Dr. R. K. Manchanda, DG, CCRH inaugurated the scientific session. He explained the entire method, scope and opportunities in the field of Research.
- Training Come Exposure was held at Medanta the Medicity, Sector- 8, Gurugram, Harayan on 3rd November 2017 for officers of AYUSH with a theme "Axial Model of integration of AYUSH and Modern Medicine ". The event was organized by CCRUM, Ministry of AYUSH in collaboration with Medanta Institute of Education and Research(MIER).

- Integrated Scientific Project Management for women scientist/technologists was held from 29th Jan. to 4th Feb. 2018 at COD Campus, Hyderabad.

NATIONAL SEMINARS/CMES/WORKSHOPS/CONFERENCES

- The 2nd edition of National Health Editors Conference on Yoga with a theme Yoga for Health and Harmony was inaugurated by Sh. Shripad Yesso Naik, Minister of State for AYUSH at National Media Centre, New Delhi on 9th June, 2017. The Conference was organized as a part of celebration of 3rd International Day of Yoga on 21st June 2017. Dr. R.K. Manchanda, DG, Dr. Bindu Sharma, S-4 and Dr. Jaya Gupta, S-4 from the Council attended the conference.
- The AKP Homoeopathic Clinical Research Centre, Chennai organized a World Vitiligo Day in Association with CCRH at Hotel Deccan Plaza, Chennai on 25th June 2017. About 62 experts participated in the workshop and 57 gave the power point presentation at the end of workshop the Panel discussion was also held to decide the outcome of the improvement of vitiligo cases. Dr. Kolli Raju, Officer In charge CRU (H), Chennai and Dr. Lipipushpa, RO(H)/S-2, HDRI, Lucknow attended the workshop form CCRH.
- Scientists from DDPRCRI (H) Noida and CCRH Hqrs. participated in 5th Padmashri Dr. K.G. Saxena Memorial Seminar at Dr. B.R. Sur Homoeopathic Medical College & Hospital, Moti Bagh, New Delhi on 6th August, 2017. A stall was also organized at the venue by Council.
- A two-day National Homoeopathic Conference 2017 on New Vistas of Homoeopathic Research was held on 26th to 27th August 2017 at Indian Institute of Engineers, Khairatabad, Hyderabad. Dr. Raj K. Manchanda, DG, CCRH made a presentation on “An overview of activities, achievements and future strategy of CCRH”, officers from DSU(H), Hyderabad attended the conference.
- Sai Ram Smart Info 2017, An Indo - Malaysian International Conference held on sigma Auditorium, Sai Ram College Campus, Sai Leo Nagar, West Tambaram, Chennai on 19th to 20th August 2017. Dr. Raj K. Manchanda, Director General, CCRH made a presentation on “How Homoeopathic Medical College can contribute in Research”. A MoU was also signed between the Director NIEPMD and the Director General, CCRH. A team of officers from CRU(H) Chennai also attended the conference. In this conference, one stall was allotted for CCRH Publications.
- A Seminar on Homoeopathic Management of Life Style Diseases was held at Grand Hotel JBR Gomti Nagar, Lucknow on 3rd September 2017. Scientists from CCRH Hqrs. & HDRI, Lucknow attended the seminar.
- All India Homoeopathic Scientific seminar was organized on 9th and 10th September 2017 at Ravinder Bhawan, Margao, Goa by Goa State Branch of Homoeopathic Medical Association of India. Dr. Raj K. Manchanda, DG, CCRH & Dr. Anil Khurana, DDG, CCRH, attended the seminar.
- National Homoeopathic Conference & Silver Jubilee- Kent Memorial Lectures 2017 with the theme on “SWOT ANALYSIS of Homeopathy In treatment of Cancer” was held on 16th -17th September 2017 at NASC Complex, Pusa Road, New Delhi by SDHA with technical collaboration from CCRH. Dr. Chetna Deep Lamba, RO(H)/S-2, CCRH presented paper on “Scope of Homoeopathy in Oncology- A research perspective”.

- Gujarat Scientific Literary cum Health Festival was held at Valsad Gujarat from 26th- 28th October 2017. Scientists from RRI(H) Mumbai participated in this event.
- The first World NCD Congress 2017 was held from 3rd to 6th November 2017 at Chandigarh. On 3rd November 2017, there was an exclusive pre-congress on the role of AYUSH and yoga in NCDS, PGIMER, Chandigarh. Dr. Varanasi Roja, RO(H)/S2, CCRH made an oral presentation on the topic “Role of Homoeopathy in the management of Non-Communicable diseases- An overview” during the congress.
- Training cum Exposure programme for officers of AYUSH: Axial model of integration of AYUSH and Modern Medicine was organized by CCRUM, Ministry of AYUSH in collaboration with Medanta Institute of Education and Research (MIER) at Medanta the Medicity, Sector-38, Gurugram, Haryana on 3rd November 2017. Scientists and research fellows from the Council benefited from the Training programme.
- National Conference on “Impact of Biomarkers for Clinical and Environmental application for Sustainable Development- Biomarkers - 2017” was organized at CRIUM Auditorium, Hyderabad, Telangana from 24th to 25th November 2017 by Center for Biotechnology and Bioinformatics, Jawaharlal Nehru Institute of Advance studies, Telangana. Scientists from DSU(H) Hyderabad attended this conference.
- XXV National Homoeopathic Congress of IIHP was organized at International Trade Centre, Chennai on 2nd to 3rd December 2017. Dr. Raj K. Manchanda, DG, CCRH made presentation on Struggle for Homoeopathy and Road ahead. Scientists from peripheral units of Council had attended the programme as resource person and as delegates.
- Two Women Scientists from CCRH Hqrs. had participated in Integrated Scientific Project Management for women scientist/technologists at Centre for Organization Development campus, Hyderabad from 29th Jan-4th February 2018.

PROMOTION AND AWARENESS PROGRAMS (AROGYA / EXHIBITIONS)

The Council participates in Health/Swasthya Melas, Arogya and Exhibitions sponsored by Ministry of AYUSH, Govt. of India with an aim to promote homoeopathy and create awareness among masses for homoeopathy. The Council also organizes free medical check-up camps and provide Homoeopathic consultation and medicine during these melas. In this reporting period, Council had organised / participated in 35 Arogya/health melas/ exhibitions as follows: -

Table 41

| S. NO | EVENTS | VENUE | DATE | BRIEF REPORT |
|-------|--|--|---|--|
| 1. | “National level Arogya fair” | Lal Bagh Palace Ground, Indore | 7 th - 10 th April, 2017 | RRI(H), Mumbai on behalf of Council had participated in the event. A stall was organized showcasing activities of council and 618 patients availed the facility of consulted for various health related complaints. |
| 2. | Global Exhibition on Services | Greater Noida (U.P.) | 17 th - 20 th April 2017. | DDPRCRI(H), Noida on the behalf of CCRH has participated in GLOBAL EXHIBITION ON SERVICES (GES). The activities of the CCRH role of homoeopathy in various diseases were displayed and IEC materials were distributed to public. |
| 3. | Vibrant North East 2017 an Exhibition/ Mela | Veterinary College playground, Khanapara, Guwahati | 4 th - 6 th May, 2017 | RRI(H) Guwahati on behalf of CCRH had participated in the mela. A stall showcasing the research activities of council was put up during the fair. |
| 4. | National level Arogya fair | Chennai Trade Centre, Chennai | 5 th - 8 th May, 2017 | Council participated in the Fair through CRU(H) Chennai, one Stall and two OPD clinics were allotted to the CCRH. A total number of 299 patients were attended the OPD. |
| 5. | 2 nd India International Health & Wellness Exhibition- The Yogshala | Pragati Maidan, New Delhi | 16 th - 18 th June, 2017 | DDPRCRIH, Noida had participated on behalf of CCRH in the expo. A stall was set up by the institute at the venue along with free distribution of IEC materials to the visitors, recent research activities and development work done by council were also displayed. |
| 6. | Expo 2017 Awareness Campaign and Check-up programme | Senior Citizen Day Care Centre, Camel Back Road, Mussoorie | 30 th June - 1 st July 2017 | A team from CCRH Hqrs. had participated in the Health camp. |

| S. NO | EVENTS | VENUE | DATE | BRIEF REPORT |
|-------|--|--|---|--|
| 7. | Exhibition "Rising Kashmir 2017" | Sher-e-Kashmir International Conference Centre, Srinagar, (J & K) | 3 rd - 6 th July, 2017 | A team from DDPRCRI (H), Noida participated in the exhibition. CCRH had set up an exhibition pavilion during this fair. |
| 8. | "1 st Wellness India 2017" | Pragati Maidan, New Delhi | 29 th - 31 st August, 2017 | DDPRCRI(H), Noida on the behalf of CCRH participated in 1 st WELLNESS INDIA 2017 EXPO with the objective to showcase the activities of the Council and bring about awareness about Homoeopathic system of medicine. |
| 9. | National level Arogya fair | APIIC Ground, Harbour Park, Vishakhapatnam | 8 th - 11 th September, 2017 | RRI Gudivada had participated in the fair on behalf of Council. The deputed staff has arranged CCRH videos display on monitor, OPD consultation provision, pharmacy, display of CCRH publications for sale in the allotted stall. |
| 10. | Destination Himachal Pradesh | Palampur, Kangra HP | 12 th - 14 th September, 2017 | Council had participated in the Ayurveda parv by putting up an exhibition stall showcasing various research activities of council. IEC materials were distributed among the visitors. A health checkup clinic was also set up during this event. |
| 11. | Ayurveda Parv | Panjabi Bagh, Delhi | 7 th - 10 th September 2017 | Council had participated in the Ayurveda parv by putting up an exhibition stall showcasing various research activities of council. IEC materials were distributed among the visitors. |
| 12. | World Elderly day celebration | Delhi | 24 th Sept. - 2 nd Oct., 2017 | A team from DDPRCRI(H), Noida had participated in the camp. |
| 13. | "Ayurvedic, Unani & Homoeopathy Medical camp" | Gursahaiganj, District Kannauj, U.P | 2 nd October, 2017 | A team from HDRI, Lucknow has been deputed for the health camp. An exhibition stall was also set showcasing councils research activities, around 532 patients got benefited from this health camp. |
| 14. | "MTNL Perfect Health Mela 2017" | Talkatora Indoor Stadium, New Delhi | 4 th - 8 th October, 2017 | DDPRCRI, Noida had participated on behalf of CCRH in the mela. An exhibition stall displaying the activities and achievements of Council was organized along with |

| S. NO | EVENTS | VENUE | DATE | BRIEF REPORT |
|-------|---|---|--|---|
| | | | | free homoeopathic health clinic. CCRH has participated in Ayurveda Parv through RRI(H), Mumbai. An exhibition stall was organized along with arrangements for free consultation and distribution of medicines were also made. |
| 15. | "Ayurveda Parv" | Reshimbagh Ground, Nagpur | 7 th - 9 th October, 2017 | CCRH participated through Clinical Research Unit(H), Chennai by displaying the research activities, publications and IEC materials. |
| 16. | "India International Science Festival-2017" | Science City, Chennai | 13 th - 16 th October, 2017 | CCRH had participated in the fair through RRI (H), Shimla. A stall was organized where IEC materials were distributed to the visitors and 458 patients benefited from the homoeopathic clinic of CCRH during the fair. |
| 17. | "CII Chandigarh Fair, 2017" | Parade Ground, Sector-17, Chandigarh | 13 th - 16 th October, 2017 | The officials of CCRH Hqrs., New Delhi were deputed in the stall allocated to Ministry of AYUSH in the Health pavilion. |
| 18. | India International Trade Fair (IITF), 2017 | Pragati Maidan, New Delhi | 14 th - 27 th November, 2017 | A team of doctors from DDPRCRI, NOIDA provided their services to patients attending the screening & health camp at IITF. |
| 19. | Ayurveda Parv | Government Ayurvedic College, Patiala, Punjab | 25 th - 27 th November 2017 | CCRH had participated in Ayurveda Parv through RRI (H), Shimla. A stall was organized where IEC materials were distributed to the visitors and 176 patients benefited from the homoeopathic OPD of CCRH during the fair. |
| 20. | National Level Arogya Fair | Vigyan Bhawan, New Delhi | 4 th - 7 th December 2017 | A team from CCRH Hqrs. and DDPRCRI (H) had participated in the event. |
| 21. | Punjab International Trade Expo | Amritsar, Punjab | 7 th - 11 th December 2017 | CCRH had participated in Punjab International Trade Expo through RRI (H), Shimla. A stall was organized where IEC materials were distributed to the visitors and 292 patients benefited from the homoeopathic OPD. |

| S. NO | EVENTS | VENUE | DATE | BRIEF REPORT |
|-------|---|--|--|--|
| 22. | 9 th East Himalayan Expo | State Central Library Complex, Shillong, Meghalaya | 14 th - 20 th December, 2017 | CCRH had participated in the event through RRI(H), Guwahati. An exhibition stall was organized by the council for display of Council's activities and achievements and for sale of council's publications. |
| 23. | "State level Arogya fair" | Mokokchug District, Nagaland | 12 th - 16 th December, 2017 | A stall of CCRH exhibiting the research work was displayed by RRI (H), Imphal. The IEC material was distributed to the visitors at Arogya and an OPD was also conducted. |
| 24. | State level AYUSH Health Fair- AROGYA Mela-2017 | NUMAES Ground, Bharatpur, Rajasthan | 22 nd - 25 th December 2017 | CCRH has participated in AROGYA Mela through RRI (H), Jaipur. A stall along with health checkup clinic was organized by CCRH around 1,65,000 people visited the fair and 2834 patients were benefitted from the clinic. |
| 25. | Ayurveda Parv | Gujrat University Ground, Ahmadabad | 22 nd - 25 th December, 2017 | CCRH has participated in Ayurveda Parv through RRI (H), Mumbai. CCRH had participated by organizing an Exhibition stall and Health checkup camp. |
| 26. | India Industrial Fair 2018 | JECC, Sitapur, Jaipur | 5 th - 8 th January 2018 | RRI(H), Jaipur on behalf of CCRH had participated in the fair by organizing an exhibition stall. IEC materials were distributed to public during the fair. |
| 27. | Magh Mela Allahabad 2018 | Sangam, Allahabad, U.P. | 3 rd - 10 th January 2018 | A team from HDRI Lucknow on behalf of Council participated in the fair. An exhibition stall and health checkup clinic were set up, a total no. of 577 patients were examined and given treatment in the camp. |
| 28. | State Arogya Fair | Jorethang, Sikkim | 14 th - 16 th January 2018 | CRU(H), Gangtok on behalf of CCRH had participated in the fair. A health checkup Clinic was also set up in the stall along with display of Council Research works and sale of council's publications. Total 94 patients were benefitted. |
| 29. | Vision Jammu and Kashmir- 2018 | Udhampur (J&K) | 29 th - 31 st January 2018 | RRI(H) Shimla on behalf of CCRH had participated in Vision Jammu and Kashmir 2018, an exhibition stall |

| S. NO | EVENTS | VENUE | DATE | BRIEF REPORT |
|-------|--|---|--|--|
| | | | | was organized for showcasing research activities and sale of Council's publication. |
| 30. | Bhopal Vigyan Mela 2018 | Bhopal, MP | 9 th - 12 th February 2018 | DDPRCRI, Noida on behalf of CCRH, had participated in the fair. A stall was set up by the institute at the venue along with free distribution of IEC materials to the visitors. |
| 31. | R K HIV Medical Camp | Mumbai | 11 th February 2018 | A team of two doctors from RRI(H), Mumbai had participated in the medical camp. |
| 32 | 32 nd Surajkund International Craft Mela-2018 | Faridabad, Haryana | 2 nd - 18 th February 2018 | DDPRCRI(H) Noida, on behalf of CCRH had participated in the Mela. Activities of CCRH and role of Homoeopathy in various diseases were displayed in the exhibition stall of council. IEC materials were distributed among the visitors. |
| 33. | Ayurveda Parv | Art of Living International Ashram, Bangalore Karnataka | 16 th - 18 th February 2018 | A team from Hqtrs. and NHRIMH, Kottayam, Kerala, was deputed to the participate in the "Ayurveda parv". An exhibition stall along with health checkup clinic was organized during the event by Council. |
| 34. | Ayurveda Parv | Ashoka Convention Centre, North Gandhi Maidan, Patna, Bihar | 16 th - 18 th March 2018 | A team from CVU(H) Patna participated in the Ayurveda parv. An exhibition stall was set up at the event showcasing the research activities of council. |
| 35. | International Yoga Fest-2018 | Talkatora Indoor Stadium, New Delhi | 21 st - 23 rd March 2018 | DDPRCRIH, Noida on behalf of CCRH, had participated in the exhibition. The aim of the exhibition is to showcase the activity of Council & also spread awareness about Homoeopathic System of medicine. |

LINKING RESEARCH WITH EDUCATION



SHORT TERM STUDENTSHIP IN HOMOEOPATHY (STSH)

The Council had initiated the Short Term Studentship in Homoeopathy (STSH) Program in year 2014 in order to promote interest and aptitude for research among homoeopathic undergraduates. The main objective of this program is to provide an opportunity to undergraduate homoeopathic students to familiarize themselves with research methodology and techniques by being associated for a short duration with their seniors on ongoing research program or by undertaking independent projects. The guide/Institution must provide the student with all facilities to be a stipend for the student. The value of the studentship will be Rs. 10,000/- only and is meant to be a stipend for the student.

STSH Program is fully online process. The student is required to register on CCRH website ONLINE from 20th June to 20th July and submit the application form and proposal from 21st July to 5th August. The received applications and proposals are evaluated by the reviewers in double blind manner. Results are announced in October and list of selected students displayed on the website. If selected, the student is expected to complete the project between October and March and submit the final report before the last date of submission i.e. 20th April. These reports are reviewed again, and then final result declared.

The details of guidelines, methodology and timeline of scheme are available at the URL: www.ccrhscholarship.in.

During the reporting period-

1. Under STSH 2016: 42 students submitted the final report which was evaluated, and studentship was awarded to 32 students. For awarding the scholarship, students were invited for attending the WHD 2017 held on 10th April 2017 at NASC Complex, Pusa Campus, New Delhi and the value of 10,000/- only is directly transferred to student's bank account under the intimation of college.
2. Under STSH 2017: 111 students registered, 71 submitted the proposal out of which 36 were considered for the studentship programme, subject to acceptance of completed report. The final reports are under submission.

The activities done under this programme for both the Year are tabulated below: -

Table 42

| Year | No. of Candidates registered | No. of Candidates who submitted proposals | No. of Candidates shortlisted | No. of Candidates who submitted final report | No. of Candidates awarded studentship |
|-----------|------------------------------|---|-------------------------------|--|---------------------------------------|
| STSH 2016 | - | - | - | 42 | 32 |
| STSH 2017 | 111 | 71 | 36 | - | - |

“QUALITY MD DISSERTATIONS IN HOMOEOPATHY”

The Scholarship for Quality MD Dissertations in Homoeopathy was initiated in the year 2012. Its primarily aimed at promoting good research in homoeopathy as well as improving the visibility and accessibility of the research work of young postgraduate doctors to a larger research audience. For encouraging the programme, Council sends letter/mail to principal of homoeopathic colleges and scheme has been requested to be displayed on college's notice board and Council provides a total scholarship of Rs. 25,000/- (twenty-five thousand only) to the selected candidates.

During the reporting year 2017, the scheme has been revised, applications are invited only once in a year between 1st to 31st December. Eligibility criteria has been changed from candidates who are pursuing MD/PhD programme in Homoeopathy to candidate should be medical postgraduates in Homoeopathy who completed the MD (Hom.) course in first attempt through recognized College/University included in the Second Schedule of Homoeopathy Central Council Act, 1973 must submit their dissertations and manuscripts within 1 year of declaration of result of their MD course. Candidate has to submit 06 hard copies of the manuscript and 1 copy of dissertation along with a CD to CCRH headquarters and e-mail the same at ccrhmdscholarship@gmail.com within the stipulated time period. The candidates who have applied under the scheme are shortlisted by the Internal Review Committee of the CCRH and shortlisted candidates are invited for a short presentation of their work before the panel of experts for final selection of the awardee. In 2017, 07 candidates submitted only their synopsis as they were pursuing M.D. programme and only one candidate as per the revised scheme submitted the copies synopsis and dissertation. Under the revised scheme “Quality MD Dissertations in Homoeopathy” 2017, the award was given to 01 student.

The details of guidelines, methodology and timeline of scheme are available at the URL:
www.ccrhindia.nic.in