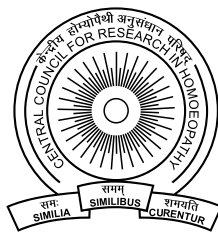


Annual Report 2019-2020



CENTRAL COUNCIL FOR RESEARCH IN HOMOEOPATHY

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PRELIMINARY

arsenicum
album

lycopodium
clavatum

arnica
montana

30c

aconitum
napellus

30c

Executive Summary

Central Council for Research in Homoeopathy, an apex autonomous research organisation under Ministry of AYUSH, Govt. of India undertakes, coordinates, develops, disseminates and promotes scientific research in the field of Homoeopathy through its centres spread all over India since its inception . The Council provides health care in the rural and urban areas besides formulation and conduction of research programs/projects in collaboration with national and international institutes of excellence to undertake evidence based research in fundamental and applied aspects of Homoeopathy. The findings of the various researches carried out with modern scientific parameters are broadcasted through monographs, journals, newsletters, IEC materials, seminars/workshops/health melas etc.

The administrative and technical wings of the Council manage the whole setup of the organization. The administrative wing supervises the organisational set up, core committees that regulate research activities of the Council in different spheres. The policies, directions and overall guidance for the activities of the Council are regulated by the Governing body. Hon'ble Minister of AYUSH, GOI presides over the governing body and has general control on the affairs of the Council. The Council is under taking research activities through a network of 24 institutes/units, 3 extension centres and six OPD's. In its endeavour of strengthening its infrastructure and creating an environment favourable for scientific research in the homoeopathic field with the support of Ministry of AYUSH, construction of building of RRI (H), Mumbai is presently completed up to 90%, while construction of the buildings of HDRI, Lucknow and CRU(H), Siliguri shall be initiated shortly.

The technical part of the report focuses on the scientific aspire of the Council in the area of discovery of new drugs, vigorous research strategy adopted to select thrust areas of the research as per the national needs, undertaking studies to broaden the scientific basis of Homoeopathy both as preventive medicine as well as a therapeutic option, its use for health promotion as a cost effective system. Special efforts have been made in the area of Public Health Research related to Dengue, AES, Childhood health, School health programme, SC Health camps under schedule caste sub-plan component and NPCDCS programme. The Centre for Medicinal Plants Research in Homoeopathy (CMPRH) located at Emerald, Ooty is engaged in cultivating and supply of raw drugs to Drug Standardization Units of the Council at Noida and Hyderabad besides the revision of drug monographs of Homoeopathic Pharmacopoeia Laboratory. During the reporting period 35 raw drugs were supplied for standardisation to NOIDA, 4 drugs were supplied to Hyderabad, 03 to Kolkata & 04 plant material to Homoeopathic Pharmacopoeia Laboratory (HPL), Ghaziabad. The CMPRH sold the raw drug plant material in fresh & dry form worth Rs. 79,500/-.

During the year 2019-20 the Council has laid down standards for 06 drugs on Pharmacognostic and physio-chemical parameters. The revision of 31 monographs out of which 13 drugs are of plant origin, 06 drugs of chemical origin and 12 drugs of animal origin in Homoeopathic Pharmacopoeia of India was undertaken to bring it at par with International Pharmacopoeias. Chromatographic parameters of 26 drugs have been added in HPTLC Atlas. Under Drug Proving Programme, three coded drugs were proved at 8 centres involving 206 healthy volunteers. In the area of clinical verification, we have tried to focus our energy on our mandate of verification of symptoms produced in drug proving by including scales like MYMOP2 (Measure Yourself Medical Outcome Profile) and ORIDL (Outcome in relation to Impact on Daily Living) to measure the clinical outcomes. Homoeopathic Questionnaire is also being used for assessing the important changes caused by illness and modified Naranjo Criteria to assess patient and remedy reactions. The Clinical verification of 8 drugs was continued at 14 centres. During the reporting year, 12 clinical research studies continued from previous years while 13 studies have been concluded. Further four new studies were initiated. The screening and follow up of all the studies continued during the reporting year at the Institutes/Units.

Council is committed to enhance international cooperation for global promotion of evidence-based Homoeopathy through international interactions, exchange of MoUs and organising international conferences. During the reporting year the MoU proposed to be signed with the Cyberjaya University of Medical Sciences, Malaysian Government was

revised. At the national level, CCRH extended this collaboration by exchanging MoUs with 2 more homoeopathic post graduate medical colleges to guide them in the area of research & training.

Homoeopathy for Healthy Child, an aspiring public health initiative started in February 2015 on pilot basis was implemented through 7 Institutes/Units of CCRH in 10 blocks of 05 states. During the year 2019-20 the program which was ongoing at Ranchi (Kanke block), Jharkhand and Guwahati (Kamrup district), Assam, has been concluded in March 2020, with 1697 children enrolled for providing health care through homeopathic medicines.

Sanitation and Hygiene are critical to health, survival and development. In the reporting year, apart from conducting Swasthya Rakshan mobile OPD's/Parikshan camps in villages the Council initiated Adolescent Health Survey for assessment of health seeking behaviour and usefulness of Homoeopathy for adolescents (12-18 years) in rural settings in the schools of adopted villages. 42 villages have been adopted, 1138 Swasthya Rakshan Camps/OPDs have been organized and 34039 patients have been benefitted with homoeopathic treatment. 8034 adolescents were screened and 3343 were enrolled in the adolescent health survey.

Integration of AYUSH (Homoeopathy along with Yoga) in the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS) was implemented on pilot basis in Sept. 2015 at Krishna district (AP) and February 2016 in Darjeeling district (WB). This programme is functional at 22 identified Life Style Disorder Clinics. In this reporting year 29,467 patients were screened for selected non-communicable diseases and 50 outreach camps were conducted at four identified districts out of which 3,904 patients with NCDs were being enrolled and treated with documentation. During the reporting year a total of 6,842 Yoga classes have been conducted and 85,546 persons attended the classes.

The Council's Professional outreach and promotional activities are also reported inside. A two day convention was organised by CCRH in partnership with CCH and Faculty of Homoeopathy, UK on the occasion of the World Homoeopathy Day (WHD) from 9th -10th April 2019 at Ambedkar International Centre, New Delhi with the theme '*Linking research with education and clinical practice: Advancing Scientific Collaboration*'.

The number of patients in the OPD of the Council reached 9,74458 comprising of 56.30% women. 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 and CCRH Scholarship Scheme for MD/ PhD Students as a step towards capacity building and encouraging research aptitude among undergraduate, post graduate & PhD students. The Council brings out quality periodical and non periodical publications for disseminating the outcomes of research to academicians, researchers and common man. In the reporting year, Council has published 04 issues of Indian Journal of Research in Homoeopathy and 02 volumes of CCRH Newsletter in addition to 5th Edition of Dossier on "Homoeopathy: Science of Gentle Healing".

The Separate Audit Report is appended along with Annual Accounts. During the last financial year, we have tried to achieve most of our performance targets. All these achievements are only possible through hard work of our scientists, other support staff, and particularly strong support of Ministry of AYUSH.



Dr. Anil Khurana
Director General I/C

ABBREVIATIONS

AA	Alopecia areata
AES	Acute Encephalitis Syndrome
A-HMIS	AYUSH- Hospital Management Information System
ALA	Australasian Lymphology Association
ANM	Auxiliary Nursing Midwifery
ASHA	Accredited Social Health Activist
AYUSH	Ayurveda, Yoga, Unani, Siddha & Homoeopathy
ADE	antibody-dependent enhancement
CCH	Central Council of Homoeopathy
CCRUM	Central Council for Research in Unani Medicine
CCRYN	Central Council for Research in Yoga & Naturopathy
CHNC	Community Health Nutritional Center
CME	Continuing Medical Education
CMPRH	Centre for Medicinal Plants Research in Homoeopathy
CPGRAMS	Centralized Public Grievances Redressal and Monitoring System
CPCSEA	Committee for the Purpose of Control and Supervision of Experiments on Animals
CIMAP	Central Institute of Medicinal and Aromatic Plants
CHIKV	Chikungunya virus
CFA	Complete Freund's Adjuvant
CHLAS	Current Health Literature Awareness Services
CGHS	Central Government Health Scheme
DOP&T	Department of Personnel and Training
Dte.	Department
DPU	Drug Proving Unit
DDPRCRI (H)	Dr. D. P. Rastogi Central Research Institute for Homoeopathy
DLQI	Dermatology Life Quality Index
DPE	Directional Preference Exercise
EDL	Essential Drug List
ELISA	Enzyme-linked Immune Sorbent Assay
EC	Effective concentration
FPS	Finished Product Standards
GAGS	Global Acne Grading System
GOS	Global Overall Symptom
GMP	Good manufacturing practice
GOI	Government of India
GES	Global Exhibition on Services
HOD	Head of Department
HRID	Homoeopathic Research Institute for Disabilities
HPI	Homoeopathic Pharmacopoeia of India
HPC	Homoeopathic Pharmacopoeia Committee
HQ	Headquarters
IPD	Inpatient Department
IJRH	Indian Journal of Research in Homoeopathy
ILI	Influenza like Illness
IIPH	Indian Institute of Public Health
IC	Inhibitory Concentration
JE	Japanese encephalitis
JSSHS	Janakpuri Super Specialty Hospital Society

KMDA	Kolkata Metropolitan Development Authority
MYMOP2	Measure Yourself Medical Outcome Profile
MoU	Memorandum of Understanding
NCD	Non-Communicable Diseases
NIH	National Institute of Homoeopathy
NHDRI	National Homoeopathic Drug Research Institute
NGRI	National Geophysical Research Institute
NSLBP	Non-Specific Low Back Pain
NRS	Numeric Pain Rating Scale
NICED	National Institute of Cholera and Enteric Diseases
NCCS	National Centre for Cell Science
NIHFW	National Institute of Health and Family Welfare
OBC	Other Backward Class
OPD	Out Patient Department
ORIDL	Outcome in relation to Impact on Daily Living
OPAC	Online Public Access Catalogue
PWH	Persons with Haemophilia
P.O.	Post Office
Prof.	Professor
P. S.	Police Station
(P) Ltd.	Private limited
PSUs	Public Sector Undertakings
PCIM&H	Pharmacopoeia Commission for Indian Medicine & Homoeopathy
PTZ	Pentylene-tetrazole
PITEX	Punjab International Trade Expo
QoL	Quality of Life
Retd.	Retired
RTI	Right to Information Act
R&I	Receipt & Issue
Real time PCR	Real-time Polymerase Chain Reaction
RDT	Rapid Diagnostic Test
RCT	Randomised Controlled Trial
SC	Scheduled Castes
ST	Scheduled Tribes
STGs	Standard Treatment Guidelines
STSH	Short Term Studentship in Homoeopathy
SRP	Swasthya Rakshan Programme
SAB	Scientific Advisory Board
SODA	Score and Severity of Dyspepsia Assessment
SPADI	Shoulder Pain and Disability Index
SEPC	Services Export Promotion Council
UK	United Kingdom
U.P.	Uttar Pradesh
UT	Union Territories
UTI	Urinary Tract Infection
UCLA	University of California, Los Angeles
VC	Vithoukas Compass
VSMS	Vineland Social Maturity Scale
WHD	World Homoeopathy Day

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, for the public health.

MISSION

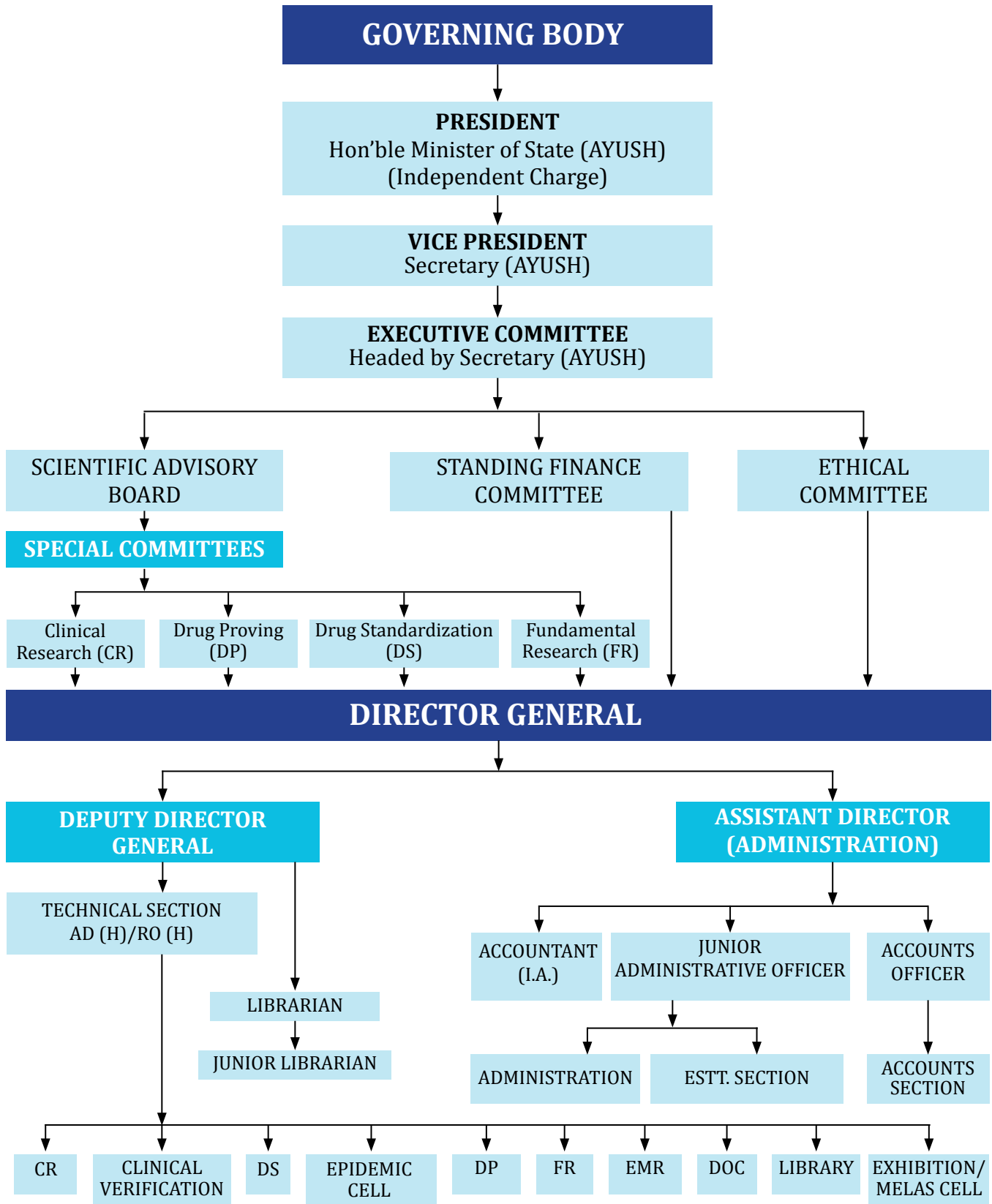
Conducting scientific and ethical research thereby enhancing success rate of clinical practice, promotion of safe, efficient and effective treatment in health care delivery and ensuring global acceptance of Homoeopathy.



ADMINISTRATIVE REPORT



ORGANIZATIONAL SETUP



GOVERNING BODY

The management of the affairs of the Council is entrusted to a regulatory body, the 'Governing Body' (GB) of the Central Council for Research in Homoeopathy. Members of GB are as follows:

1. **President:** Minister In-charge of AYUSH – Chairman
2. **Vice President:** Minister of State/Deputy Minister, Government of India (if any) under Minister In-charge of AYUSH otherwise Secretary, Ministry of AYUSH – Member

Official Members:

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

Non-official members:

1. **Padma Shri Prof. (Dr.) V.K. Gupta** - **Member**
C-3/29, Rajouri Garden,
New Delhi-110027
2. **Prof. (Dr.) Chaturbhuja Nayak** - **Member**
President, Homoeopathy University, Saipura, Sanganer,
Jaipur - 302029 (Rajasthan)
3. **Dr. Rathin Chakravarty** - **Member**
Consultant Homoeopath, 5-Subal Koley Lane, P.S. Shibpur,
Howrah – 711 101.
4. **Dr. Nandini Sharma** - **Member**
Member EMR, Ministry of AYUSH
E-14, Gitanjali Enclave, Malviya Nagar,
New Delhi – 110017
5. **Dr. Eswara Das** - **Member**
Souparnika, KRWA 47, Kattachal Road,
Thirumala PO, Trivandrum – 695006.
6. **Dr. Surender Singh** - **Member**
Professor, Department of Pharmacology, A.I.I.M.S. Ansari Nagar,
New Delhi- 110029
7. **Dr. A.K. Bhatnagar** - **Member**
Former Professor (Botany), Delhi University
8. **Prof (Dr.) Kanjaksha Ghosh** - **Member**
Former Director
National Institute of Immunohaematology,
13th FL, KEM Hospital, Mumbai- 400012
9. **Director** - **Member**
National Institute of Homoeopathy, Kolkata
10. **Director General** - **Member Secretary**
Central Council for Research in Homoeopathy, 61-65, Institutional Area,
Opp. D-Block, Janakpuri, New Delhi-110058

EXECUTIVE COMMITTEE OF THE COUNCIL

The Executive Committee of CCRH was constituted on 25.06.2019 for the period of three years. The members are as under:

1. Secretary, Ministry of AYUSH - **Chairperson**
2. Financial Advisor, Ministry of AYUSH - **Member**
3. Joint Secretary, Ministry of AYUSH - **Member**
4. Advisor (Homoeopathy), Ministry of AYUSH - **Member**
- Non-Official Members**
5. **Padma Shri Dr. V. K. Gupta** - **Member**
Member Governing Body &
Chairman Scientific Advisory Board of CCRH,
C-3/29, Rajouri Garden, New Delhi-110027
6. **Dr. Nandini Sharma** - **Member**
Member Governing Body of CCRH,
E-14, Block-E, Geetanjali Enclave,
Malviya Nagar, New Delhi-110017
7. **Dr. Eswara Das** - **Member**
Member Governing Body of CCRH,
Souparnika, KRWA 47, Kattachal Road,
Thirumala, Thiruvananthapuram, Kerala-675006
8. **Dr. A.K. Bhatnagar** - **Member**
Former Professor, Department of Botany,
University of Delhi, JA/4B, Ashok Vihar-I, Delhi-110052
9. **Dr. Kanjaksha Ghosh** - **Member**
Former Director, National Institute of Immunohaematology (ICMR),
13th FL, KEM Hospital, Mumbai-400012
10. **Director** - **Member**
National Institute of Homoeopathy, Kolkata-700106
11. **Dr. Rajesh Shah** - **Special Invitee**
Director, Life Force Homeopathy,
411 Krushal Commercial Complex, GM Road,
Chembur, Mumbai-400089
12. **Dr. Rama Jayasundar** - **Special Invitee**
Professor, Department of NMR,
All India Institute of Medical Sciences,
Ansari Nagar, New Delhi-110029
13. **Dr. Mitali Mukerji** - **Special Invitee**
Senior Principal Scientist, Genomics and Molecular Medicine,
Institute of Genomics and Integrative Biology,
Lab 607, Mall Road, New Delhi-110007
14. **Director General** - **Member Secretary**
Central Council for Research in Homoeopathy,
61-65, Institutional Area, Opp. D-Block,
Janakpuri, New Delhi-110058

SCIENTIFIC ADVISORY BOARD

1. **Prof. (Dr.) V. K. Gupta** - **Chairman**
Former Principal, Nehru Homoeopathic Medical College & Hospital, C-3/29, Rajouri Garden, New Delhi-110027
2. **Dr. N. Radha** - **Member**
Former Adviser (Homoeopathy)
Ministry of AYUSH Govt. of India
Souparnika, KRWA 47, Kattachal Road, Thirumala, Thiruvananthapuram, Kerala-675006
3. **Dr. M.P. Arya** - **Member**
Homoeopathic Consultant
Oberoi House, 1st Floor, Nal Stop, Karve Road, Pune (Maharashtra)- 411004.
4. **Advisor (Homoeopathy)** - **Member**
Ministry of AYUSH, Govt. of India, B-Block, GPO Complex, INA, New Delhi-110023
5. **Dr. K.M. Dhawale** - **Member**
Dr. M.L. Dhawle Memorial Trust's BMC's Mother and Child Care Centre, 801, Horizon Apartment, 285, Fifth Road, Chembur, Mumbai-400071
6. **Dr. Alok Pareek** - **Member**
Consultant Homoeopath
4/11, Bagh Farzana, Civil Lines, Agra, Uttar Pradesh -282002
7. **Dr. Rathin Chakravarty** - **Member**
Consultant Homoeopath
5-Subal Koley Lane, P.S. Shibpur, Howrah - 711 101.
8. **Dr. Nandini Sharma** - **Member**
Member EMR, Ministry of AYUSH
E-14, Gitanjali Enclave, Malviya Nagar, New Delhi - 110017
9. **Dr. Ashvini Kumar Dwivedi** - **Member**
Professor & HOD (Physiology & Biochemistry)
22A, Sector-B, Bakhtawar Ram Nagar, In front of Tilak Nagar Post Office, Indore - 452018.
10. **Prof (Dr.) Kanjaksha Ghosh** - **Member**
Former Director,
National Institute of Immunohaematology,
13th FL, KEM Hospital, Mumbai- 400012
11. **Director General** - **Member Secretary**
CCRH, 61-65, Institutional Area, Opp. D-Block, Janakpuri, New Delhi-110058

STANDING FINANCE COMMITTEE

The Council has a Finance Committee with the following members:

1. **Joint Secretary,**
Ministry of AYUSH, AYUSH Bhavan, B-Block, GPO Complex, I.N.A,
New Delhi-110023 - **Chairman**
2. **Additional Secretary-cum-FA**
MH&FW, Nirman Bhavan
New Delhi or his nominee not below the rank of Deputy Secretary - **Member**
3. **Dr. Eswara Das,**
Souparnika, KRWA 47, Kattachal Road, Thirumala PO,
Trivandrum-695006. - **Member**
4. **Dr. Nandini Sharma**
E-14, Geetanjali Enclave,
New Delhi-110017 - **Member**
5. **Director General**
Central Council for Research in Homoeopathy
61-65, Institutional Area, Opp. D-Block,
Janakpuri, New Delhi-110058 - **Member Secretary**

ETHICAL COMMITTEE

1. **Prof (Dr.) Kanjaksha Ghosh** - **Chairman**
Former Director,
National Institute Of Immunohaematology,
13th FL, KEM Hospital, Mumbai- 400012
2. **Justice G.S. Singhvi** - **Member**
Former Judge, Supreme Court of India; Bungalow No. 81,
New Moti Bagh, New Delhi-110023
3. **Dr. Tulika Seth** - **Member**
Additional Professor, Department of Hematology,
All India Institute of Medical Sciences, Ansari Nagar,
New Delhi- 110029
4. **Dr. Rajesh S. Sharma** - **Member**
Shraddha General Hospital, Katju Nagar,
Ratlam, Madhya Pradesh-457001
Res: 102, New Road, Ratlam, Madhya Pradesh
5. **Dr. V. K. Khanna** - **Member**
Former Principal, Nehru Homoeopathic Medical College & Hospital
C-759, New Friends Colony, New Delhi- 110025
6. **Dr. Mridula Pandey** - **Member**
Deputy Director (Homoeopathy), Dte. of AYUSH, Convenient
Shopping Centre-3, Block B, 1st Floor, Preet Vihar,
Delhi-110092
7. **Dr. Monika Datta** - **Member**
Consultant,
DDPRCRI (H), Noida, Sector – 24, Noida, U.P.
8. **Mr. Kuldeep Jain** - **Member**
B. Jain Publishers (P) Ltd.
D-157, Sector 63, Noida-201307, U.P.
9. **Sh. S. C. Poddar** - **Member**
Former Secretary, Govt. of Delhi
194, Sukhdev Vihar, New Delhi-110025
10. **Dr. Tapasya Srivastava** - **Member**
Assistant Professor, Department of Genetics
Room 257, Biotechnology Center, University of Delhi,
South Campus, Benito Juarez Road,
New Delhi-110021
11. **Director General** - **Member Secretary**
CCRH, 61-65, Institutional Area, Opp. D-Block,
Janakpuri, New Delhi-110058

SPECIAL COMMITTEE FOR CLINICAL RESEARCH

1. **Dr. L. K. Nanda** - **Chairman**
Former Principal cum Superintendent,
Dr. A. C. Homoeopathic Medical College and Hospital,
Plot No. 409-B, Paika Nagar, Delta Square,
Post-Baramunda, Bhubaneswar-751003
2. **Dr. Kalyan Banerjee** - **Member**
Homoeopathic Physician
1691, Block 1, Chittaranjan Park,
New Delhi - 110019
3. **Dr. K. S. Sethi** - **Member**
Advisor (Homoeopathy)
Ministry of AYUSH, Govt. of India, B-Block, GPO Complex, INA,
New Delhi-110023
4. **Director NIH, Kolkata** - **Member**
National Institute of Homoeopathy
Block - GE, Sector - III, Salt Lake, Kolkata - 700 106
West Bengal
5. **Dr. Arvind Kothe** - **Member**
Homoeopathic Consultant
81, Laxminagar, Nagpur- 440022
6. **Dr. Naval Kumar Verma** - **Member**
Homoeopath
Hon Advisor to MOS (I/C) AYUSH, Ministry of AYUSH
J,13/34 Patel Market, Landmark: Near IDBI Bank,
Rajouri Garden, Delhi-110027
7. **Dr. Sangeeta Duggal** - **Member**
Joint Director AYUSH,
CGHS HQ, Sector 12, R.K. Puram,
New Delhi 110022
8. **Prof. (Dr.) Niranjan Mohanty** - **Member**
Former Principal -cum- Superintendent,
Dr. A. C. Homoeopathic Medical College and Hospital,
Bhubaneswar, Odisha.
Plot No.92, Dharma Vihar, (Behind Khandagiri Square
Police Station), Bhubaneswar - 751030 (Odisha)
9. **Director General** - **Member Secretary**
Central Council for Research in Homoeopathy
61-65, Institutional Area, Opp. D-Block,
Janakpuri, New Delhi-110058

SPECIAL COMMITTEE FOR DRUG STANDARDIZATION

1. **Dr. S. P. Singh** - **Chairman**
Former Director, CCRH & Advisor (Hom.),
Ministry of AYUSH, Govt. of India,
68/C, Shipra Rivira, Sucheta Kriplani Marg, Indrapuram, NCR,
Dist. Ghaziabad- 201001
2. **Dr. P. V. Venkataraman** - **Member**
Visiting Professor, Hahnemann Homoeopathy Medical College,
No.33, 1st Main Road, Lake Area, Nungambakkam.
Landmark: near Valluvar Kottam,
Chennai-600034
3. **Dr. D. S. Bhar** - **Member**
Managing Director, Hahnemann Publishing Company Pvt. Ltd.,
165, Bipin Behary Ganguly Street,
Kolkata-700012
4. **Dr. Rajesh Shah** - **Member**
Director, Life Force Homeopathy
411, Krushal Commercial Complex, GM Rd, Chembur,
Mumbai-400089
5. **Dr. Govind Singh** - **Member**
Assistant Professor (Pharm.)
Department of Pharmaceutical Sciences,
Maharshi Dayanand University, Rohtak-124001
6. **Dr. Suman Lakhanpal** - **Member**
Professor, Delhi University
EG 119, UGF, Inderpuri,
New Delhi-110012
7. **Dr. Surender Singh** - **Member**
Professor, Department of Pharmacology, A.I.I.M.S.,
Ansari Nagar, New Delhi- 110029
8. **Dr. Rakesh Shukla** - **Member**
Professor of Pharmacology in AcSIR
Former Chief Scientist & Head, Division of Pharmacology
CSIR-Central Drug Research Institute,
Lucknow-226001
9. **Dr. M. M. Gore** - **Member**
Scientist G, National Institute of Virology
5/1B, Krutika Complex, Tejas Nagar, Kothrud,
Pune-411038
10. **Prof. Rajamani Nagarajan** - **Member**
Professor
Department of Chemistry, B007, University of Delhi
New Delhi-110007
11. **Director General** - **Member Secretary**
CCRH, 61-65, Institutional Area, Opp. D-Block,
Janakpuri, New Delhi-110058

SPECIAL COMMITTEE FOR HOMOEOPATHIC PATHOGENETIC TRIAL (DRUG PROVING)

1. **Dr. J. D. Daryani** - **Chairman**
Former Principal at Dr. MPK Homoeopathic Medical College,
Hospital & Research Center;
C-VI-101, Kamal Apartments No.2, Bani Park,
Jaipur- 302 006
2. **Dr. Anil Kumari Malhotra** - **Member**
Director Professor & Principal NHMC (Retd.)
J-27, Lajpat Nagar III, New Delhi – 110024
3. **Prof. (Dr.) Neeraj Gupta** - **Member**
Assistant Prof., Department of Organon of Medicine,
NHMC & H, B Block, Defence Colony,
New Delhi-110024
4. **Dr. Rajesh Shah** - **Member**
Director, Life Force Homeopathy,
411 Krushal Commercial Complex, GM Rd, Chembur,
Mumbai 400089.
5. **Prof. V. K. Vimal** - **Member**
Director, Homoeopathy, UP Govt.
8th floor, Indira Bhavan, Ashok Marg,
Lucknow-226001
6. **Dr. R. Gnanasambandam** - **Member**
Homoeopathy Expert and Editor, Homeo Times,
Lloyds IInd Lane, Royapettah, Chennai-600014, Tamil Nadu
7. **Dr. S. K. Bhattacharya** - **Member**
Former Director I/C, NIH, Kolkata,
139 Swami Vivekananda Road, P.O. Birati,
Kolkata-700 051.
8. **Dr. S. K. Tiwari** - **Member**
Homoeopathic Consultant & Former Principal,
Fr. Muller Homoeopathic Medical College,
Kankanady, Dev Plaza, 105, Kadri Temple Road,
Mangalore – 575 002.
9. **Director General** - **Member Secretary**
Central Council for Research in Homoeopathy,
61-65, Institutional Area, Opp. D-Block, Janakpuri,
New Delhi-110058

SPECIAL COMMITTEE ON FUNDAMENTAL & BASIC RESEARCH

1. **Prof. (Dr.) C. Nayak** - **Chairman**
President,
Homoeopathy University, Saipura, Sanganer,
Jaipur - 302029 (Rajasthan)
2. **Dr. Renu Pandey** - **Member**
Principal Scientist, Mineral Nutrition Laboratory, Division of
Plant Physiology, Indian Agriculture Research Institute, Pusa
New Delhi-110 012
3. **Dr. Alok Chandra Bharti** - **Member**
Professor,
Department of Zoology,
University of Delhi (North Campus),
New Delhi - 110 007
4. **Prof. (Dr.) Subhendu Ghosh** - **Member**
Professor & Head, Department of Biophysics,
University of Delhi South Campus, Benito Juarez Road
New Delhi 110021
5. **Prof. Shantaram G Kane** - **Member**
Former Adjunct Professor, Department of Chemical Engineering,
Indian Institute of Technology Bombay, Mumbai.
6. **Dr. Satadal Das** - **Member**
Consultant Pathologist, DACRRI (H), Kolkata
76, Satyen Roy Road, Kolkata – 700 034
7. **Dr. Sandeep R. Mathur** - **Member**
Associate Professor, Department of Pathology,
AIIMS, New Delhi-110029
8. **Dr. Y. K. Gupta** - **Member**
Former Professor & Head, Department of Pharmacology
House No. 116, Sector 37, Arun Vihar, Opp. Botanical Garden
Metro Station, Noida- 201301
9. **Dr. D. S. Nauriyal** - **Member**
Professor & Head, Department of Veterinary Medicine, College
of Veterinary Science & A.H., Anand Agricultural University,
Anand-388001 (Gujarat)
10. **Prof (Dr.) Kanjaksha Ghosh** - **Member**
Former Director,
National Institute of Immunohaematology,
13th FL, KEM Hospital, Mumbai- 400012
11. **Director General** - **Member Secretary**
CCRH, 61-65, Institutional Area, Opp. 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 31.03.2020 were as under :-

Sl. No.	Post	Total no. of sanctioned posts	Total no. of filled up posts 2019-20	SC	ST	OBC	General
1.	Group 'A'	127	101	18	08	25	50
2.	Group 'B'	52	40	06	02	09	23
3.	Group 'C'	279*	166	43	14	34	75
Total		458	307	67	24	68	148

*59 posts filled up on Contract/Outsource basis

BUDGET

The following table shows the budget of the Council for the year 2019-20

(Rupees in Crore)

Allocated Budget Estimate	PLAN								TOTAL
2019-20 Budget Estimate	General Area Plan	SAP	Salary	Capital Assets	Special Component Plan for Scheduled caste	Tribal Area Plan	Medical Education, Training & Research (NER)	NER (Capital)	
Budget Estimate	32.39	0.11	69.53	14.50	1.00	--	--	1.00	118.53
Final Estimate	36.49	0.11	71.23	19.00	1.00	--	--	1.00	128.83

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 Act was passed by Parliament on 15 June 2005 and came 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.

In the light of directions of DoP&T, Dr. O. P. Verma, Librarian has been nominated as the Nodal Officer to receive the requests for information under RTI Act, 2005 for Central Council for Research in Homoeopathy has placed all obligatory information pertaining to its office, under Section 4(1) (b) of the RTI Act, 2005 on the Website of the Council. The facility of filing Application and 1st Appeal under RTI Act, 2005 online through RTI online Web Portal developed by DoP&T has been introduced and RTI applications from general public are being received through this facility. Besides, Applications and Appeals, under the RTI Act, are also being received through post or by hand, through Receipt & Issue (R&I) Section of the Ministry of AYUSH.

During the period i.e. from 1st April, 2019 to 31.03.2020, 160 RTI applications and 25 RTI appeals have been received through RTI Web portal.

PUBLIC GRIEVANCE CELL

Public Grievance Redressal Mechanism is functioning in the Council under the Ministry of AYUSH for implementation of the various guidelines issued from time to time by the Government of India through the Department of Administrative Reforms & Public Grievances. Dr. Anil Khurana, Director General Incharge, Central Council for Research in Homoeopathy has been designated as Nodal Officer for Public Grievances relating to the Council. Dr. O. P. Verma, Librarian in the Council is functioning as Public Grievances Officer. Pursuant to the instructions of the Govt. for creation of Sevottam Complaint System to redress and monitor public under Results Framework Documents for 2010-11 and implementation of Centralized Public Grievances Redressal and Monitoring System (CPGRAMS) in the Ministries/ Departments. CPGRAMS has been implemented in the Ministry of AYUSH and extended to Autonomous Bodies/PSUs. It is a web based portal and a citizen can lodge grievance through this system directly with the concerned Departments. The number of written grievance petitions received/disposed of and pending are as under below :-

Period of Report: 01/04/2019 to 31/03/2020

Grievance Source	Grievances Brought Forward	Receipts during Period	Total Receipts	Cases Disposed During Period	Pending Cases	Cases Yet to be Assessed	At our Office	With Subordinate
DARPG	0	2	2	2	0	0	0	0
Local/ Internet	1	27	28	12	16	0	0	0
President Secretariat	0	0	0	0	0	0	0	0
Pension	0	0	0	0	0	0	1	0
PMO	3	58	61	43	18	0	3	0
Total	4	87	91	57	34	0	4	0

INFRASTRUCTURE

In 1969, the Govt. of India established Central Council for Research in Indian medicines and Homoeopathy for conducting systematic research in respective fields and in 1978, the CCRIMH was dissolved to pave way for the constitution of four separate research Councils, one each for Homoeopathy (CCRH), Ayurveda and Siddha Medicine (CCRAS), Unani Medicine (CCRUM) and Yoga & Naturopathy (CCRYN). Such independent set-up of the Councils facilitated the promotion of research in the respective disciplines, on their own strengths.

The Central Council for Research in Homoeopathy (CCRH) was formally constituted on 30th March 1978, as an autonomous organization and was registered under the Societies Registration Act XXI of 1860. It was, however, in January 1979, that the Council started functioning as an independent organization.

The Council had been running a network of 51 Institutes/Units functioning in different parts of the country prior to the reorganization and re-structuring of the Council. Twenty nine (29) units (including 3 Units in NE Region viz., Aizawl, Dimapur and Shillong) have since been merged with major Institutes reducing the number to 22 Units/Institutes. Thus, at present, apart from 1 Research-cum-PG Institute and 23 Research Centres, Council has set up 03 Extension Centres and 03 Homoeopathic Medical OPDs.

Table 1: The Institutes/Units of the Council currently functioning:

S. No.	Institute/Unit	No. of Units	Place
1.	Head Quarters		<ul style="list-style-type: none"> New Delhi
2.	National Homoeopathy Research Institute in Mental Health (NHRIMH)	1	<ul style="list-style-type: none"> Kottayam (Kerala) National Research Institute of Homoeopathy in Mental Health
3.	Central Research Institute (H)	2	<ul style="list-style-type: none"> Noida (Uttar Pradesh) Jaipur (Rajasthan)
4.	Homoeopathic Drug Research Institute	1	<ul style="list-style-type: none"> Lucknow (Uttar Pradesh)
5.	Regional Research Institutes	8	<ul style="list-style-type: none"> Guwahati (Assam) Gudivada (Andhra Pradesh) Imphal (Manipur) Mumbai (Maharashtra) Puri (Orissa) Shimla (Himachal Pradesh) Kolkata (West Bengal) Agartala (Tripura)

S. No.	Institute/Unit	No. of Units	Place
6.	Clinical Research Units	09 + 03 Extension Centers	<ul style="list-style-type: none"> • Aizwal (Mizoram) • Chennai (Tamilnadu) • Dimapur (Nagaland) • Gangtok (Sikkim) • Port Blair (A&N Islands) • Puducherry • Ranchi (Jharkhand) • Siliguri (West Bengal) • Tirupathi (Andhra Pradesh) • Hyderabad (Andhra Pradesh), Ex. Centre of Drug Standardization Unit • Gorakhpur (Uttar Pradesh), Ext. Centre of H.D.R.I. Lucknow • Bhubaneshwar (Orissa), Ext. Centre of RRI(H), Puri
7.	Clinical Verification Unit	1	<ul style="list-style-type: none"> • Patna (Bihar)
8.	Drug Standardization Unit	1	<ul style="list-style-type: none"> • Hyderabad (Andhra Pradesh)
9.	Centre for Medicinal Plants Research in Homoeopathy (CMPRH)	1	<ul style="list-style-type: none"> • Ooty (Tamil Nadu)
10.	Homoeopathy Treatment Centres	6	<ul style="list-style-type: none"> • Safdarjung Hospital, New Delhi • Lady Harding Medical College & Hospital, New Delhi • Delhi Cantonment General Hospital, New Delhi • AYUSH Wellness Clinic, Rashtrapati Bhawan, New Delhi • Delhi State Cancer Institute, Delhi • Integrated AYUSH Clinic, All India Institute of Ayurveda, New Delhi

Until 2005, most of the Institutes/Units of the Council were functioning in rented buildings/accommodation provided free of cost by the concerned State Govts., when the Council shifted its focus to have its own buildings for the development of the Institutes. In the year 2007, CRI(H), Noida shifted to its own building constructed on the land provided by the U.P State Govt. free of cost. Now, the Council has its own buildings for CRI(H), Kottayam (now upgraded as NHRIMH), RRI(H), Gudivada, Kolkata, Agartala, Jaipur and Puri. The building for Mumbai is under construction and lands have been acquired for Siliguri, Lucknow, Imphal, Guwahati and Shimla.

Infrastructure



Central Council for Research in Homoeopathy
Hqrs., New Delhi



National Homoeopathy Research Institute in
Mental Health, Kottayam, Kerala



Dr. D.P. Rastogi Central Research Institute for
Homoeopathy, Noida, U.P.



Regional Research Institute (H), Gudivada, A.P.



Regional Research Institute (H), Tripura



Central Research Institute (H), Jaipur,
Rajasthan

The details of institutes/units with their status of accommodation and assignments being carried out are given in table 2

Table 2: Assigned projects to Institute/Units

Sl. No.	Name of the State/U.T.	Name of Institute/Unit	Name of the project
1.	Andaman and Nicobar	Clinical Research Unit (H), M.B. 31, Middle Point, Mahatma Gandhi Road, Port Blair-744101	a) Clinical Research
			1. Muriatic Family study
			2. Patient Reported Outcome Measure Study (MYMOP)
			b) Validation study on Dyspepsia
			c) Clinical Verification Research on 08 drugs
			d) Specialty clinics:
			- Rheumatology clinic
			- Lifestyle Disorder Clinic
			e) Public Health Activities:
			- 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
			1. Cough Validation
			2. Rheumatoid Arthritis
			3. Post Chikungunya Arthritis
			4. Muriatic Family study
			5. Chronic Non-Specific Low Back Pain
			6. Warts
			b) Validation study on Haemorrhoids
			c) Drug Proving Research Program
			d) Clinical Verification Research on 08 drugs
			e) Specialty clinics:
			- Dermatology Clinic
			- Lifestyle Disorder Clinic
			- ENT Clinic
			- Rheumatology Clinic
			f) Public Health Activities
			- Integrated NPCDCS Program
			- Swasthya Rakshan Program
- SC Health Camps			
- Mother & Child Health Care			

Sl. No.	Name of the State/U.T.	Name of Institute/Unit	Name of the project			
3.		Clinical Research Unit (H), Old Maternity Hospital Campus, Tirupathi - 517507	a) Clinical Research			
			1. Chronic Non-Specific Low Back Pain			
			2. Patient Reported Outcome Measure Study (MYMOP)			
			b) Specialty clinics - Lifestyle Disorder Clinic			
4.	Assam [N.E.]	Regional Research Institute (H), NEIARI (Ayurvedic Hospital Campus), Barsojai, Bhetapara, Guwahati-781028	a) Clinical Research			
			1. Patient Reported Outcome Measure Study (MYMOP)			
			b) Validation study on Migraine			
			c) Clinical Verification Research on 08 drugs			
			d) Vithoukas Compass			
			e) Specialty clinic - Dermatology Clinic			
			f) Public Health Activities - Homoeopathy for Healthy Child			
			- Swasthya Rakshan Program			
			- SC Health Camps			
			- Mother & Child Health Care			
			5.	Bihar	Clinical Verification Unit (H), Guru Govind Singh Hospital, Patna City- 800008	a) Clinical Research
						1. Adjustment Disorder
2. Patient Reported Outcome Measure Study (MYMOP)						
b) Clinical Verification Research on 08 drugs						
c) Vithoukas Compass						
d) Public Health Activities: - Mother & Child Health Care - SC Health Camps						
6.	Himachal Pradesh	Regional Research Institute (Homoeopathy), C-5, Phase 1, Sector-2, Main road, New Shimla -171009	a) Clinical Research			
			1. Chronic Non Specific Low Back Pain			
			2. Adenotonsillar Hypertrophy			
			3. Patient Reported Outcome Measure Study (MYMOP)			

Sl. No.	Name of the State/U.T.	Name of Institute/Unit	Name of the project
			b) Clinical Verification Research on 08 drugs c) Vithoukas Compass d) Public Health Activities: <ul style="list-style-type: none"> - Swasthya Rakshan Program (upto Sept. 2018) - SC Health Camps - Mother & Child Health Care
7.	Jharkhand	Clinical Research Unit (Homoeopathy), Arsunday, Boreya Road,P.O. Boreya, Ranchi-835240	a) Clinical Research <ol style="list-style-type: none"> 1. Adjustment Disorder 2. Patient Reported Outcome Measure Study (MYMOP) b) Validation of Haemorrhoids c) Vithoukas Compass d) Public Health Activities: <ul style="list-style-type: none"> - Mother & Child Health Care - SC Health Camps
8.	Kerala	National Homoeopathy Research Institute in Mental Health (NHRIMH), Sachivothamapuram, Kottayam -686532	a) Clinical Research <ol style="list-style-type: none"> 1. Post Chikungunya Arthritis 2. Rheumatoid Arthritis 3. Adenotonsillar Hypertrophy 4. Urinary Tract Infection 5. Adjustment Disorder 6. Patient Reported Outcome Measure Study (MYMOP) 7. Cough Validation 8. Warts 9. Susceptibility b) Validation study on Acne c) Validation study on Bronchial Asthma d) Clinical Verification Research on 08 drugs e) Drug Proving Research Program f) Vithoukas Compass g) Specialty clinic: <ul style="list-style-type: none"> - Dermatology Clinic - Lifestyle Disorder Clinic - ENT Clinic h) Public Health Activities:

Sl. No.	Name of the State/U.T.	Name of Institute/Unit	Name of the project
			<ul style="list-style-type: none"> - Swasthya Rakshan Program - SC Health Camps - Mother & Child Health Care
9.	Maharashtra	Regional Research Institute (H), MTNL Hall No. 4 Shopping Centre, Sector – 9, CBD Belapur, Navi Mumbai – 400614	a) Clinical Research
			1. Rheumatoid Arthritis
			2. Cough Validation
			3. Warts
			b) Drug Proving Research Program
			c) Validation study on Acne
			d) Vithoukas Compass
			e) Clinical Verification Research on 08 drugs
			f) Collaborative study - Haemophilia at Motiwala Homoeopathic Medical College and Hospital, Nashik
			e) Specialty clinic:
			- Dermatology Clinic
			- Rheumatology Clinic
			f) Public Health Activities:
			- Homoeopathy for Healthy Child
- Integrated NPCDCS Program at Nasik			
- Lifestyle Disorder Clinic			
- Swasthya Rakshan Program (upto April, 2019)			
- Mother & Child Health Care			
- SC Health Camps			
10.	Manipur [N.E.]	Regional Research Institute (H), New Checkon, Maring Land. Opp. Trival Colony, Imphal- 795001.	a) Clinical Research
			1. Patient Reported Outcome Measure Study (MYMOP)
			b) Validation study on Haemorrhoids
			c) Clinical Verification Research on 08 drugs
			d) Vithoukas Compass
			e) Public Health Activities:
- Swasthya Rakshan Program			
- Lifestyle Disorder Clinic			
- SC Health Camps			
11.	Mizoram [N.E.]	Clinical Research Unit (H), AYUSH Building, Civil Hospital, Dawrpui, Aizwal, -796001	Newly opened center Running General OPD & drafting the protocols for research studies

Sl. No.	Name of the State/U.T.	Name of Institute/Unit	Name of the project
12.	Nagaland [N.E.]	Clinical Research Unit (H), Medical Colony, Dimapur, AYUSH Building, Opp. Office of the Chief Medical Officer, Nagaland-797112	Newly opened center Running General OPD & drafting the protocols for research studies
13.	Odisha	Regional Research Institute (H), CCRH Building, Marchi Kote Lane, Labanikhia Chaak, Puri -752001	a) Clinical Research
			1. Adjustment Disorder
			2. Patient Reported Outcome Measure Study (MYMOP)
			3. Lymphatic filariasis
			4. Warts
			5. Cough Validation
			b) Validation study on Dyspepsia
			c) Vithoukas Compass
			d) Clinical Verification Research on 08 drugs
			e) Specialty clinic:
			- Dermatology Clinic
			f) Public Health Activities:
			- Integrated NPCDCS Program at Sambalpur
- Swasthya Rakshan Program			
- Lifestyle Disorder Clinic			
- SC Health Camps			
- Mother & Child Health Care			
14.		Extn. Centre of RRI (H), Puri at Bhubaneswar Dr. Abhin Chandra Homoeopathy Medical College & Hospital Unit- III Kharveka Nagar, Bhubaneswar - 751001	a) Clinical Research
			1. Chronic Non Specific Low Back Pain
			2. Patient Reported Outcome Measure Study (MYMOP)
			3. Cough Validation
			b) Drug Proving Research Program
			c) Clinical Verification Research on 08 drugs
			d) Public Health Activities:
- Homoeopathy for Healthy Child			
15.	Puducherry	Clinical Research Unit (T), 1 st Cross, Mangalakshmi Nagar, (Behind New Bus Stand), Puducherry - 605013	a) Clinical Research
			1. Patient Reported Outcome Measure Study (MYMOP)
			b) Validation study on Migraine
			c) Specialty clinic:
- SC Health Camps			

Sl. No.	Name of the State/U.T.	Name of Institute/Unit	Name of the project
16.	Rajasthan	Central Research Institute of (H), Sector-26 ,near NRI Circle, Pratap Nagar Housing Board Colony (beside AYUSH bhawan), Jaipur -302006	a) Clinical Research
			1. Patient Reported Outcome Measure Study (MYMOP)
			2. Warts
			3. Cough Validation
			b) Drug proving Research Program
			c) Vithoukas Compass
			d) Specialty clinic:
			- Rheumatology Clinic
			- Dermatology Clinic
			e) Public Health Activities:
- Homoeopathy for Healthy Child			
- Swasthya Rakshan Program			
- SC Health Camps			
- Mother & Child Health Care			
17.	Sikkim [N.E.]	Clinical Research Unit (T), In front of Samphel Hotel, Near Sangram Bhawan, Development Area, Gangtok (Sikkim)-737101.	a) Clinical Research:
			1. Adjustment Disorder
			2. Patient Reported Outcome Measure Study (MYMOP)
			b) Vithoukas Compass
c) Public Health Activities:			
- Mother & Child Health Care			
18.	Tamil Nadu	Homoeopathic Research Institutes for Disabilities Room No. 136, N.I.E.P.M.D Campus, ECR Road, Muttukadu, Chennai-603112	a) Intellectual Disability
			b) Validation study on Dyspepsia
			c) Public Health Activities:
- Mother & Child Health Care			
- SC Health Camps			
19.		Centre for Medicinal Plant Research in Homoeopathy 3/126, Indira Nagar, Emerald Post, Ooty, Nilgiri Distt. - 643 209	a) Survey, Collection & cultivation of medicinal plants:
			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
20.	Telangana	Drug Standardization Unit (H), Q.U.B. 32, Room No. 4, Vikram Puri, Habsigunda, Hyderabad -500007	a) Clinical Research
			1. Patient Reported Outcome Measure Study (MYMOP)
			2. Cough Validation
			3. Susceptibility
			b) Drug Standardization Research

Sl. No.	Name of the State/U.T.	Name of Institute/Unit	Name of the project
			c) Specialty clinic:
			- ENT Clinic
			- Lifestyle Disorder Clinic
			d) Public Health Activities:
			- SC Health Camps
21.		D.S.U. Extension Unit Princess Durra Shehvar Children Hospital, Purani Haveli, Hyderabad -500002	- Mother & Child Health Care
			a) Clinical Research
			1. Adenotonsillar Hypertrophy
			2. Patient Reported Outcome Measure Study (MYMOP)
			b) Validation study on Bronchial Asthma
22.	Tripura (N.E.)	Regional Research Institute (Homoeopathy), Joykrishna Kobra Para Road , Khumulwng, Jirania, Agartala-799045	c) Children Paradigm Study (MoU with Israel) at JIMS Homoeopathic Medical College & Hospital through Extn. Unit DSU Telangana.
			a) Clinical Research
			1. Adenotonsillar Hypertrophy
			2. Muriatic Family study
			3. Patient Reported Outcome Measure Study (MYMOP)
23.	Uttar Pradesh	Homoeopathic Drug Research Institute(H), Campus of National Homoeopathic Medical College and Hospital, 1, Viraj Khand, Gomti Nagar, Lucknow-226010	4. Warts
			5. Cough Validation
			6. Susceptibility
			b) Validation study on Acne
			c) Clinical Verification Research on 08 drugs
			d) Vithoukas Compass
			e) Specialty clinic:
			- Rheumatology clinic
			f) Public Health Activities:
			- Mother & Child Health Care
			- Swasthya Rakshan Program
- SC Health Camps			
23.	Uttar Pradesh	Homoeopathic Drug Research Institute(H), Campus of National Homoeopathic Medical College and Hospital, 1, Viraj Khand, Gomti Nagar, Lucknow-226010	a) Clinical Research:
			1. Patient Reported Outcome Measure Study (MYMOP)
			b) Validation study on Acne
			c) Drug Proving Research Program
			d) Clinical Verification Research on 08 drugs
			e) Public Health Activities:

Sl. No.	Name of the State/U.T.	Name of Institute/Unit	Name of the project
			<ul style="list-style-type: none"> - Swasthya Rakshan Program (upto Sept. 2018) - SC Health Camps - Lifestyle Disorder Clinic - Mother & Child Health Care
24.		Ext. Centre of HDRI, Lucknow at B.R.D. Medical College, Room no. 9/10, Private ward, Gorakhpur- 283013	a) Clinical research 1. Patient Reported Outcome Measure Study (MYMOP)
25.		Dr. D. P. Rastogi Central Research Institute of Homoeopathy, A-1/1, Sector 24, Noida, Gautambudh Nagar-201301	a) Clinical Research 1. Adenotonsillar Hypertrophy 2. Post Chikungunya Arthritis 3. Rheumatoid Arthritis 4. Muriatic Family study 5. Chronic Non Specific Low Back Pain 6. Patient Reported Outcome Measure Study (MYMOP) 7. Warts 8. Cough Validation 9. Susceptibility b) Validation study on Bronchial Asthma c) Drug Proving Research Program d) Clinical Verification Research on 08 drugs e) Vithoukas Compass f) Drug Standardization Research - HPI revision work ongoing g) In-vitro studies on fungal and bacterial cultures h) Specialty clinic: <ul style="list-style-type: none"> - Dermatology Clinic - Rheumatology Clinic - Lifestyle Disorder Clinic i) Public Health Activities: <ul style="list-style-type: none"> - Homoeopathy for Healthy Child - Swasthya Rakshan Program - SC Health Camps - Mother & Child Health Care

Sl. No.	Name of the State/U.T.	Name of Institute/Unit	Name of the project
26.	West Bengal	Clinical Research Unit (T), Gokhel Road (Near Matri Bhandar), Arobindopally, Siliguri- 734006	a) Clinical Research
			1. Adjustment Disorder
			2. Patient Reported Outcome Measure Study (MYMOP)
			b) Validation study on Haemorrhoids
			c) Vithoukas Compass
			d) Specialty clinic:
			- Rheumatology Clinic
			e) Public Health Activities:
			- SC Health Camps
			- Integrated NPCDCS Program
27.		Dr. Anjali Chatterjee Regional Research Institute (H), 50, Rajendra Chatterjee Road, Kolkata-700035.	a) Clinical Research
			1. Muriatic Family study
			2. Urinary Tract Infection
			3. Adjustment Disorder
			4. Patient Reported Outcome Measure Study (MYMOP)
			5. Warts
			6. Cough Validation
			b) Validation study on Migraine
			c) Drug Proving Research Program
			d) Clinical Verification Research on 08 drugs
			e) Vithoukas Compass
			f) Specialty clinic:
			- Lifestyle Disorder Clinic
			g) Public Health Activities:
			- Swasthya Rakshan Program
			- SC Health Camps
- Mother & Child Health Care			
28.	Delhi	Homoeopathic Treatment Center, Safdarjung	1. Validation study on haemorrhoids
			2. Urinary Tract Infection
29.		Dr. B. R. Sur Homoeopathic Medical College, Hospital & amp; Research Centre.	1. Sub Clinical Hypothyroidism
30.		Janakpuri Super Specialty Hospital	1. Trigeminal Neuralgia

GENDER BUDGET

Most of the research studies conducted by the Council are gender neutral. In all the Clinical research, 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. The initiatives taken by the Council for gender empowerment are as follows:-

Equality, Inclusion and Access

Council has always encouraged its women staff for higher education and granted permission to its technical staff for pursuing higher studies regardless of any gender bias. During the reporting year, 01 female researcher completed PhD., while 03 are pursuing the PhD. course. Other 03 female officers have cleared the entrance exam for the course and have been officially permitted to take up the course, which will begin soon.

Participation of Women in Research & Development relating to Indian Medical Sciences such as AYUSH

CCRH ensures equal opportunities to its women researchers by allotting projects and growth avenues to them in an unbiased manner. There is a sincere commitment to ensure these efforts are not only sustained, but also increased.

Council has strength of 153 female research personnel (including contractual) supportive staff (Admin/Accounts) in all the Units/Institutes located at different places.

Gender-wise Employees' break-up

Research personnel employed in Council are as under:

Category	Male (Nos.)	Female (Nos.)
Regular	68	38
Contractual	78	115
TOTAL (299)	146	153
Percentage	48.82%	51.17%
Supportive Staff (Admin./Accts)		

Category	Male (Nos.)	Female (Nos.)
Regular	138	48
Contractual	294	164
TOTAL (644)	432	212
Percentage	67.08%	32.92%

Women-centric researches/ projects of CCRH

Council has undertaken research projects specific to women since inception on the following clinical conditions: Cervicitis & Cervical Erosion, Malposition of human foetus, Menorrhagia, Menstrual disorders, distress during climacteric (Menopausal) Years, Uterine Fibroid, Sepia in Distress During Climacteric Years, Breast fibroadenoma, Polycystic Ovarian Syndrome, Iron deficiency anemia and Dysmenorrhoea.

Besides, Council has developed standard treatment guidelines (STGs) on 20 disease conditions, of which specific to women are Menopause, Polycystic ovarian syndrome and Uterine fibroids.

Prospects of Women researchers with special needs

Council appreciates that special provisions are required for women researchers with special needs. That is why it is making the buildings of institute/units disabled friendly.

The buildings of CCRH Headquarters and its institutes/units in Noida, Gudivada, Agartala, Kolkata, Hyderabad, Tirupati, Ranchi, Patna, Jaipur and Puducherry are now disabled friendly.

Safeguarding women from harassment related issues in institutions of higher education and R&D.

Council sensitises its women employees about harassment issues in Headquarters, institutes and units through regular meetings, as well as addresses the grievances reported to women harassment cell on top priority.

Sexual awareness programmes during the reporting year

S.No.	Name of Institute/Unit	Date
1.	Agartala	29.04.2019
2.	Bhubaneswar	24.05.2019
3.	Chennai	30.04.2019
4.	Gangtok	22.05.2019
5.	Gudivada	08.05.2019
6.	Hyderabad	02.05.2019
7.	Extension Clinical Research Unit, Hyderabad	22.05.2019
8.	Imphal	27.04.2019
9.	Jaipur	30.04.2019
10.	Kolkata	22.05.2019
11.	Kottayam	09.05.2019
12.	Lucknow	25.05.2019
13.	Noida	16.04.2019
14.	Patna	27.05.2019
15.	Port Blair	20.04.2019
16.	Puducherry	30.04.2019
17.	Ranchi	31.05.2019
18.	Shimla	17.05.2019
19.	Siliguri	22.05.2019
20.	Tirupati	27.04.2019

Details of the number of female patients treated in General/ Special OPDs/IPD at Institutes/units of the Council, Swasthya Rakshan Programme (SRP), National Programme for Prevention and Control of Cancer,

Gender Budget

Diabetes, Cardiovascular Diseases & Stroke (NPCDCS) and Homoeopathy for Healthy Child and SCSP health camps is given below:

S.No.	Gender Budget 2019-20			
	PROGRAMME	TOTAL	WOMEN	WOMEN%
1	General OPD	685205	390841	57.04
2	IPD	24884	9358	37.75
3	NPCDCS	138639	84660	61.07
4	Swasthya rakshan program	35785	18046	50.4
5	SCSP health camps	37855	21323	57
6	Homoeopathy for Healthy child	8996	4545	50.5
7	LSD Clinic	3186	1595	50.06
8	Pediatric OPD	20457	9612	46.98
9	Rheumatology OPD	2948	1965	66.65
10	Child Friendly clinic	994	451	45.3
11	Dermatology Clinic	14296	4782	33.4
12	ENT OPD	2808	1510	53.77
	Total	976,053	5,48688	56.21

Activities for the benefits for Persons with Disabilities

Council has 5 persons with disabilities as regular employees. They are being paid benefits an admissible to them such as Double Transport Allowance.

In the financial year 2019-20 total Rs. 60.46 lacs have been disbursed on pay & allowances. Total expenditure on salary during the financial year 2019-2020 was Rs. 7140.68 Lacs.

PwD	Gender M/F	Post hold by the employee	Disbursed salary (Rs.)	Other Allowances (Rs.)
1.	M	RO (H)/S-1	961200	552116
2.	M	RO (H)/S-1	728400	659252
3.	F	RO (H)/S-2	932800	788082
4.	F	UDC	646000	204400
5.	M	Word boy	416000	158118



TECHNICAL REPORT



Research Activities

The Council has undertaken research activities in the following areas during the year 2019- 2020

- Survey, Collection and Cultivation of Medicinal Plants
- Drug Standardization Research
- Drug Proving Research
- Clinical Verification Research
- Clinical Research
- Research on Epidemic Diseases
- Fundamental Research
- Extra-Mural Research

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 for 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

The following 35 raw drug plant materials have been supplied to the Officer In-charge for carrying out Drug Standardization Research & Drug Proving : -

List of raw drugs supplied: -

S. No.	Botanical Name	Part Used	Quantity	Source	Supplied for/ Allotted to
1.	<i>Achillea millefolium</i> L.	Whole plant	500 gms	Cultivated at CMPRH, Emerald	Pharmacology
2.	<i>Achyranthes aspera</i> L.	Whole plant	500 gms	Field Collection	HPTLC ATLAS
3.	<i>Adhatoda vasica</i> Nees.	Leaves	500 gms	Cultivated at CMPRH, Emerald	Pharmacology
4.	<i>Aegle marmelos</i> (L.) Correa	Leaves	500 gms	Field Collection	HPTLC ATLAS
5.	<i>Andrographis paniculata</i> (Burm.f.) Nees	Whole plant	500 gms.	Field Collection	Pharmacology
6.	<i>Azadirachta indica</i> A. Juss	Stem Bark	500 gms.	Commercial	HPTLC ATLAS
7.	<i>Bryonopsis lacinosa</i> (L.) Naud.	Whole plant	350 gms.	Field Collection	HPI XI Vol. Work
8.	<i>Capsicum annuum</i> L.	Fruits	100 gms	Commercial	HPTLC ATLAS
9.	<i>Cephalandra indica</i> Wight & Arn. Naudin.	Whole plant	500 gms	Field Collection	Pharmacology
10.	<i>Datura ferox</i> L.	Seeds	250 gms	Field Collection	Potency preparation
11.	<i>Erigeron canadensis</i> L.	Whole plant	500 gms	Cultivated at CMPRH, Emerald	Pharmacology
12.	<i>Embelica officinalis</i> Gaertn.	Fruits	250 gms	Field Collection	HPTLC ATLAS
13.	<i>Eucalyptus globulus</i> Labill.	Leaves	500 gms	Field Collection	Pharmacology
14.	<i>Jatropha curcas</i> L.	Seeds	500 gms	Field Collection	Pharmacology

S. No.	Botanical Name	Part Used	Quantity	Source	Supplied for/ Allotted to
15.	<i>Lycopersicon esculentum</i> Mill.	Whole plant	500 gms.	Field Collection	Pharmacology
16.	<i>Lycopodium clavatum</i> L.	Whole plant	250 gms	Field Collection	Annual Assignment
17.	<i>Moringa oleifera</i> Lam.	Twigs	500 gms	Field Collection	HPTLC ATLAS
18.	<i>Nyctanthes arbor-tristis</i> L.	Whole plant	500 gms	Field Collection	Pharmacology
19.	<i>Ocimum sanctum</i> L.	Whole plant	500 gms	Field Collection	Pharmacology
20.	<i>Plectranthus fruticosus</i> (Benth.) Wight ex Hook. f.	Whole plant	250 gms	Cultivated at CMPRH, Emerald	HPI XI Vol. Work
21.	<i>Ricinus communis</i> L.	Seeds	500 gms	Commercial	HPTLC ATLAS
22.	<i>Rosmarinus officinalis</i> L.	Leaves	500 gms	Cultivated at CMPRH, Emerald	HPI XI Vol. Work
23.	<i>Rumex crispus</i> L.	Rhizome	500 gms	Field Collection	Pharmacology
24.	<i>Sambucus nigra</i> L.	Leaves & Flowers	500 gms	Cultivated at CMPRH, Emerald	Pharmacology
25.	<i>Smilax aspera</i> L.	Roots	350 gms	Field Collection	Pharmacology
26.	<i>Strychnos nux-vomica</i> L.	Seeds		Commercial	Pharmacology
27.	<i>Symphytum officinale</i> L.	Rhizome	500 gms	Cultivated at CMPRH, Emerald	Pharmacology
28.	<i>Syzygium cumini</i> (L.) Skeels	Seeds	500 gms	Field Collection	Pharmacology
29.	<i>Syzygium jambolanum</i> (Lam.) DC.	Seeds	500 gms	Commercial	Pharmacology
30.	<i>Taraxacum officinale</i> (L.) Weber Ex F.H. Wiggers	Whole plant with roots	500 gms	Field Collection	Pharmacology
31.	<i>Terminalia chebula</i> Retz.	Fruits	500 gms	Commercial	Pharmacology
32.	<i>Ulex europaeus</i> L.	Seeds	200 gms	Field Collection	Pharmacology
33.	<i>Vitex negundo</i> L.	Leaves	500 gms	Field Collection	Pharmacology
34.	<i>Withania somnifera</i> L.	Root	500 gms	Commercial	HPTLC ATLAS
35.	<i>Zingiber officinale</i> Roscoe.	Rhizome	350 gms	Commercial	HPTLC ATLAS

Drug Standardisation Unit (H) - Hyderabad: -

The following 04 raw drug plant materials have been supplied to the Officer In-charge, DSU-Hyderabad for carrying out Drug Standardization Research: -

S. No.	Botanical Name	Part Used	Quantity	Source	Supplied for/ Allotted to
1.	<i>Anamirta cocculus</i> (L.) Wight & Arn.	Fruits	500 gms	Field Collection	Annual Assignment
2.	<i>Rosmarinus officinalis</i> L.	Whole Plant	500 gms	Cultivated at CMPRH	HPI XI- Vol. Work
3.	<i>Mucuna pruriens</i> (L.) DC.	Fruits	300 gms	Field Collection	Annual Assignment
4.	<i>Mucuna pruriens</i> (L.) DC.	Fruits with Epidermal hairs	200 gms	Field Collection	Annual Assignment

Dr. Anjali Chatterji Regional Research Institute for Homoeopathy - Kolkata:-

The following 03 raw drugs plant materials have been supplied to the Officer In-charge, Dr. Anjali Chatterji Regional Research Institute for Homoeopathy, Kolkata for carrying out Drug Standardization Research work:-

S. No.	Botanical Name	Part Used	Quantity	Source	Supplied for/ Allotted to
1.	<i>Rosmarinus officinalis</i> L.	Whole Plant	500 gms	Cultivated at CMPRH	HPI XI- Vol. Work
2.	<i>Mucuna pruriens</i> (L.) DC.	Fruits	300 gms	Field Collection	Annual Assignment
3.	<i>Mucuna pruriens</i> (L.) DC.	Fruits with Epidermal hairs	300 gms	Field Collection	Annual Assignment

Homoeopathic Pharmacopoeia Laboratory - Ghaziabad: -

The following 04 raw drugs plant materials have been supplied to the Director, Homoeopathic Pharmacopoeia Laboratory, Ghaziabad for carrying out HPI revision work: -

S.No.	Botanical Name	Part Used	Quantity	Source
1.	<i>Coffea arabica</i> L.	Roasted berries	500 grams	Commercial
2.	<i>Euphorbia hypericifolia</i> L.	Whole plant	300 grams	Field Collection
3.	<i>Wrightia tinctoria</i> R. Br.	Stem Bark	400 grams	Field Collection
4.	<i>Wrightia tinctoria</i> R. Br.	Fruits	300 grams	Field Collection

2. Cultivation of Medicinal Plants in the experimental garden of CMPRH:

Homoeopathic medicinal plants research garden activities:

Currently 76 plant species (65 Exotic and 11 Indigenous) are being cultivated under large scale and experimental cultivation. The different species are under conservation cum germplasm collection at demonstration plots for preservation, multiplication, seed production as continue process to promote plantation. These species are being maintained as reference species useful in Homoeopathy:

a). The following Exotic Homoeopathic Medicinal plants are cultivated/maintained as germplasm collection at our Research garden:-

SI. No.	Name of Plants	SI. No.	Name of Plants
1.	<i>Achillea millefolium</i>	28.	<i>Heliotropium peruvianum</i>
2.	<i>Agave americana</i>	29.	<i>Iris germanica</i>
3.	<i>Agropyron repens</i>	30.	<i>Iris florentina</i>
4.	<i>Ammi visnaga</i>	31.	<i>Lycopersicon esculentum</i>
5.	<i>Anagallis arvensis</i>	32.	<i>Magnolia grandiflora</i>
6.	<i>Apium graveolens</i>	33.	<i>Majorana hortensis</i>
7.	<i>Argemone ochroleuca</i>	34.	<i>Melissa officinalis</i>
8.	<i>Armoracia rusticana</i>	35.	<i>Mentha piperita</i>
9.	<i>Artemisia annua</i>	36.	<i>Mentha spicata</i>
10.	<i>Artemisia dracunculus</i>	37.	<i>Oenothera biennis</i>
11.	<i>Asclepias curassavica</i>	38.	<i>Origanum majorana</i>
12.	<i>Asparagus officinalis</i>	39.	<i>Pastinaca sativa</i>
13.	<i>Bryophyllum calysinum</i>	40.	<i>Petroselinum crispum</i>
14.	<i>Beta vulgaris</i>	41.	<i>Prunus persica</i>
15.	<i>Chrysanthemum leucanthemum</i>	42.	<i>Punica granatum</i>
16.	<i>Chrysanthemum parthenium</i>	43.	<i>Raphanus sativus var. niger</i>
17.	<i>Cinchona officinalis</i>	44.	<i>Rosmarinus officinalis</i>
18.	<i>Cineraria maritima</i>	45.	<i>Rumex acetosella</i>
19.	<i>Datura arborea</i>	46.	<i>Sarothamnus scoparius</i>
20.	<i>Digitalis purpurea</i>	47.	<i>Saccharum officinarum</i>
21.	<i>Erigeron canadensis</i>	48.	<i>Salvia officinalis</i>
22.	<i>Exogonium purga</i>	49.	<i>Sambucus nigra</i>
23.	<i>Fagopyrum esculentum</i>	50.	<i>Santolina chamaecyparissus</i>
24.	<i>Fragaria vesca</i>	51.	<i>Silybum marianum</i>
25.	<i>Fumaria officinalis</i>	52.	<i>Sigesbeckia orientalis</i>
26.	<i>Ginkgo biloba</i>	53.	<i>Smilax aspera</i>
27.	<i>Hedera helix</i>	54.	<i>Solanum nigrum</i>

SI. No.	Name of Plants	SI. No.	Name of Plants
55.	<i>Solanum pseudocapsicum</i>	61.	<i>Tropaeolum majus</i>
56.	<i>Symphytum officinale</i>	62.	<i>Verbascum thapsus</i>
57.	<i>Taraxacum officinale</i>	63.	<i>Viola odorata</i>
58.	<i>Thymus vulgaris</i>	64.	<i>Viola tricolor</i>
59.	<i>Thymus serpyllum</i>	65.	<i>Yucca filamentosa</i>
60.	<i>Trifolium repens</i>		

b) The following indigenous Homoeopathic medicinal plants are cultivated at our Research garden.

SI. No.	Name of Plants	SI. No.	Name of Plants
1.	<i>Acorus calamus</i>	7.	<i>Gymnema sylvestre</i>
2.	<i>Adhatoda vasica</i>	8.	<i>Plectranthus fruticosus</i>
3.	<i>Centella asiatica</i>	9.	<i>Polygonum punctatum</i>
4.	<i>Citrus aurantium</i>	10.	<i>Syzygium cumini</i>
5.	<i>Coleus forskohlii</i>	11.	<i>Vetiveria zizanioides</i>
6.	<i>Datura stramonium</i>		

c) 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 3000 Nos. of vegetative propagation of *Rosmarinus officinalis* (V.P. clones) and 1500 Nos. of *Cineraria maritima* (V.P. clones) cuttings have been filled with polythene bags.

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 following seeds have been sowed at inside the nursery bed; *Apium graveolens*, *Calendula officinalis*, *Chrysanthemum parthenium*, *Coleus forskohlii*, *Digitalis purpurea*(1000), *Rosmarinus officinalis*, *Trifolium pratense*. All seeds are germinated except some seeds all are recorded the date of germination and growth condition.



Nursery seedlings developed inside Poly Green House

d) Transplanting of Seedlings to Field:-

To develop/extend more areas as cultivable field more areas are cleaned and transplanted the 500 seedling of *Achillea millefolium*, 1000 rooted cuttings of *Cineraria maritima*, 2500 seedlings of *Thymus* and 1000 rooted cuttings 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 *Helianthus*, *Symphytum*, *Iris florentina*, *Iris germanica*, *Iris Sp.* have been transplanted from nursery to field. The other seedling germination was appreciable as compare to earlier open seed sowing. All the other germinated seeds are healthy and ready to transfer to field.

The following Exotic /indigenous homoeopathic and AYUSH medicinal plants seeds (for germination) / seedlings/cuttings are introduced to CMPRH garden for germplasm conservation.

SI. No.	Name of Plants	SI. No.	Name of Plants
1.	<i>Iris germanica</i> L.	6.	<i>Echinacea purpurea</i> (L.) Moench
2.	<i>Mimosa pudica</i> L.	7.	<i>Lepidium latifolium</i> L.
3.	<i>Vinca major</i> L.	8.	<i>Pelargonium graveolens</i> L.
4.	<i>Iris japonica</i> Thunb.	9.	<i>Rosa damascena</i> Mill.
5.	<i>Ocimum kilimandscharicum</i> Guerke.	10.	<i>Mentha pulegium</i> L.

Vegetative propagation of *Rosmarinus officinalis*



***Rosmarinus officinalis* vegetative propagation (Stem cuttings) produced for further area of extensive cultivation**



Celery seedlings in poly green House

Glimpses of cultivation, collection and processing of medicinal plants:



Magnolia grandiflora



Argemone mexicana L.



Raw Drug Collection- *Lycopodium clavatum* L. - Whole Plant - Wild



Processing of Raw Drug - *Lycopodium clavatum* L. - Whole Plant



***Verbascum thapsus* L.**



***Datura arborea* L.**



***Echinacea purpurea* (L.) Moench**



***Nicotiana tabacum* L. - flowering**



Bird eye view of CMPRH

SALE OF RAW DRUG PLANT MATERIALS:

Total raw drug plant materials fresh and in dry form sold during the above period an amount of Rs. 79,500/- (Seventy-Nine Thousand and Five Hundred only)

VISITORS TO RESEARCH GARDEN: -

A.) MEDICOBOTANICAL CUM RAW DRUG PLANT MATERIAL COLLECTION TOUR:

Total twenty four (24) medico botanical exploration cum raw drug plant collection tours have been undertaken Nilgiri district and other districts of Tamil Nadu during the above period.

B.) VISITORS: -

- I. Prof. Shailandra K. Saxena, Vice Dean, Professor & Faculty In-charge, Center for Advanced Research King George's Medical University, Lucknow visited this herbal Garden on 17.05.2019.
- II. S. Karthik Raghava Murty, Managing Director, Bahola Labs, Chennai visited our herbal garden and homoeopathic herbarium on 25.05.2019.
- III. Mr. S. Saravanan, Thasildar, Kundha Taluk, Manjoor visited this herbal garden to see various medicinal plants and its cultivation on 06.06.2019.
- IV. Dr. A. Rajendran, Professor and Head, Department of Botany, Bharathiar University, Coimbatore along with Post graduate students visited this herbal garden and herbarium on 01.10.2019.
- V. Dr. K. Kannan, Principal Scientist and Head, Central Soil and Water Conservation, (ICAR), Research Centre visited this office herbal garden to see various medicinal plants and its cultivation on 05.12.2019
- VI. Mrs. V. Indirani, Government Higher Secondary School Teacher, Emerald, The Nilgiris visited on 30.01.2020 along with 6 students as part of their project work.

- VII. Dr. Bhaskaran, Assistant Professor (Botany) of Avvaiyaar Government College for Women, Karaikal - 609602, U.T. of Pondicherry visited this office herbal garden and herbarium on 27.02.2020 along with 48 students as part of their educational tour.
- VIII. Mr. Bharath Habimanue and Anand Bhojraj local farmers from Ithalar village visited our research garden on 07.03.2020 to see the cultivation of various medicinal plants.
- IX. Mr. K. Viswanathan Assistant Supervisor, Department of Agricultural Economics TNAU, Coimbatore visited our research garden on 12.03.2020 to see the cultivation of various medicinal plants and TNAU varietal impact survey to get Thyme and Rosemary details.
- X. Dr. A. B. Ram Jyothis, Reader, A.N.S.S Homoeopathic Medical College, Kottayam, Kerala visited along with 48 I BHMS students to our herbal garden and Herbarium on 3.5.2019.
- XI. Dr. Babu Balaji Prakash, Professor and HOD, Pharmacy, Government Homoeopathic Medical College, Kadapa visited along with 30 1st BHMS and one P.G student on 19.07.2019. The undersigned and our technical staff explained various activities and achievements of CCRH as well as CMPRH, Emerald to the students. We have also provided some live plant species for the preparation of herbarium.
- XII. Dr. K. Rajamanikam, Head, Department of Homoeopathic Pharmacy, Vinayaka Mission's Homoeopathic Medical College & Hospital, Salem, Tamil Nadu visited our herbal garden and herbarium on 15.10.2019.



R. V. S. Homoeopathic Medical College Students visited CCRH Stall at State Level Arogya Fair-2019 at CODISSIA, Trade Fair Complex, Coimbatore, Tamil Nadu on 14.12.2019.



Prof. Shailandra K. Saxena, Professor & Faculty In-charge, Center for Advanced Research, King George's Medical University, Lucknow visited herbal Garden on 17.5.2019.



Dr. J. Shashikanth, Survey Officer Explaining Activities of CMPRH, Emerald in State Level Arogya Fair-2019 at CODISSIA, Trade Fair Complex, Coimbatore, Tamil Nadu on 13.12.2019.



M.Sc. students of Avvaiyaar Government College for Women, Karaikal, U.T. of Pondicherry visited herbal garden on 27.02.2020

C.) HERBARIUM CONSULTATION CUM LITERATURE SURVEY TOUR

Two (2) herbarium digitalization tours were carried out to Botanical Survey of India, Coimbatore.

D.) ADMINISTRATIVE TOURS:

Two (2) Administrative tours were carried out to New Delhi to presentation and evaluation of project proposal of National Raw drug repository Project before NMPB Officials. Further to participate 14th Drug Standardization Special Committee Meeting at CCRH HQs, New Delhi.

E.) RECTIFIED SPIRIT PROCURING TOUR:

Dr. J. Shashikanth, Officer In-charge and Technical staff of this office carried out local tour to Sakthi Sugars Limited, Sakthi Nagar, Erode District, Tamil Nadu to procure rectified spirit for the preservation of herbarium specimens and museum specimens on 11.03.2020 and collected raw drug material of *Majorana hortensis* (500 grams fresh) and herbarium specimens of *Moringa oleifera* for herbarium enrichment.

F.) HERBARIUM SPECIMEN COLLECTED:

Two major (2) and twenty two (22) one day botanical explorations cum raw drug plant material collection tours were carried out and total 165 field numbers have been collected out of which 82 species are used in homoeopathic system of medicine. These were processed for preparation of herbarium.

DRUG STANDARDISATION

Drug standardization includes the external (macroscopy/microscopy) as well as internal examination/ash values, extractive values and many other parameters to identify, authenticate and study its chemical composition. Standardization of the drugs will ensure indirectly that the drugs are conserved for their medicinal and nutritive value. Standardization confirms the safety of the medicine, but efficacy has to be judged clinically or in the laboratory. WHO has set up guidelines for standardization of these drugs, which are followed at the CCRH centres.

It encompasses a series of factors/measures which influence the quality of Homoeopathic Medicines. Drug Standardization ensures quality, safety, and efficacy of a drug. Pharmacognostic and Physico-chemical studies are conducted to study the diagnostic, 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, Drug Standardisation Unit (H), Hyderabad and Dr. Anjali Chatterjee Regional Research Institute (H) (DACRRI), Kolkata for Pharmacognostical, Physico-chemical and Pharmacological evaluation of Homoeopathic drugs. The Council has so far established Pharmacognostical standards on 317 drugs, physico-chemical standards on 336 drugs and pharmacological standards on 151 drugs which include plants, chemicals, minerals 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 2019-20 are given below: -

A.) Standardization work undertaken: -

The Council has undertaken studies on laying down the standards for following 06 drugs under Drug Standardization program of Council for the year 2019-20 for standardization parameters i.e. Pharmacognostic, Physico-chemical and (Finished Product Standards) FPS studies: -

S.No.	Drug Name	Studies undertaken	
		Pharmacognostic study	Physico-chemical study
1.	<i>Guaiacum</i>	Completed	
2.	<i>Jaborandi (Pilocarpus jaborandi)</i>	Completed	Completed
3.	<i>Dolichos</i>	-	Completed
4.	Chininum sulphuricum*	-	Completed
5.	<i>Hamamelis virginica</i>	Completed	Completed
6.	<i>Hypericum perforatum</i>	Completed	Completed

* Chemical Drug

B.) Homoeopathic Pharmacopoeia of India- Revision/Upgradation: -

- The revision and upgradation 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 31 drugs, out of which 13 drugs are from plant origin, 06 are from Chemical Origin and 12 are from animal origin have been completed in this year with respect to Pharmacognostic and Physico- chemical aspect and FPS studies: -

Drugs of Plant Origin

S.No.	Drug Name	Studies undertaken	
		Pharmacognostic study	Physico-chemical & FPS study
1.	<i>Cocculus indicus</i>	Completed	-
2.	<i>Dioscorea villosa</i>	Completed	-
3.	<i>Equisetum hyemale</i>	Completed	-
4.	<i>Eupatorium perfoliatum</i>	Completed	-
5.	<i>Eupatorium purpureum</i>	Completed	-
6.	<i>Marsdenia cundurango</i>	Completed	-
7.	<i>Rosemarinus officinalis</i>	Completed	Completed
8.	<i>Sabal serrulata</i>	Completed	Completed
9.	<i>Scutellaria lateriflora</i>	Completed	-
10.	<i>Veratrum viride</i>	Completed	-
11.	<i>Viscum album</i>	Completed	-
12.	<i>Cochlearia armoracia</i>	Completed	Completed
13.	<i>Crataegus oxyantha</i>	Completed	Completed

Drugs of Chemical Origin

S.No.	Drug Name	Status
1.	<i>Mentholum</i>	Completed
2.	<i>Mercurius sulphuricus</i>	Completed
3.	<i>Methylene blue</i>	Completed
4.	<i>Plumbum iodatum</i>	Completed
5.	<i>Urea pura</i>	Completed
6.	<i>Zincum arsenicum</i>	Completed

Drugs of Animal Origin

S.No.	Drug Name	Status
1.	<i>Badiaga</i>	Completed
2.	<i>Bufo rana</i>	Completed
3.	<i>Cantharis</i>	Completed
4.	<i>Carbo animalis</i>	Completed
5.	<i>Crotalus horridus</i>	Completed
6.	<i>Eel serum</i>	Completed
7.	<i>Formica rufa</i>	Completed
8.	<i>Lac defloratum</i>	Completed
9.	<i>Lachesis muta</i>	Completed
10.	<i>Murex purpurea</i>	Completed
11.	<i>Sepia</i>	Completed
12.	<i>Formica rufa</i>	Completed

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

There are ten volumes of HPI consisting of 1111 drugs published till date. Council has revised 167 monographs including the work on 14 drug monographs (12 plant origin and 02 chemical origin) for XIth Volume of HPI with all the standardization parameters i.e. Pharmacognostic, Physico-chemical and Finished Product Standards (FPS) studies and the monographs have been prepared as per new template of PCIM&H for inclusion in XIth Volume of HPI.

All 14 monographs have been vetted during the monographs review meetings with respect to pharmacognosy and physico-chemical aspects and corrected as per suggestions of subject experts. List of 14 drugs is given below:-

List of XIth Volume Drugs.

S.No.	Plant Origin Drug
1.	<i>Buxus semipervirens</i>
2.	<i>Citrus limonum</i>
3.	<i>Datura ferox</i>
4.	<i>Heliotropium arborescens</i>
5.	<i>Juniperous virginiana</i>
6.	<i>Lobelia erinus</i>
7.	<i>Bryonopsis laciniosa</i>
8.	<i>Ficus carica</i>
9.	<i>Plectranthus fruticosus</i>
10.	<i>Quassia amara</i>
11.	<i>Rosa damascena</i>
12.	<i>Syzygium jambolanum</i>

S.No.	Chemical Origin Drug
1.	<i>Zincum arsenicum</i>
2.	<i>Plumbum iodatum</i>
Total	14

D.) Studies undertaken for HPTLC ATLAS work of Homoeopathic drugs:

The chemo-profiling work of homoeopathic medicinal plants have been initiated in 2018 with the aim to create a database of homoeopathic plants with respect to marker compounds and other phytoconstituents present in the plants. Using modern analytical techniques including chromatographic ones, the well-developed quality standards will be achieved through systematic evaluation of the plant material. Preparation of HPTLC ATLAS with the chromatographic parameters have been completed for 24 homoeopathic medicinal plants. The list of 24 plants are given below: -

S.No.	Drugs of Plant Origin
1.	<i>Bryonopsis laciniosa</i>
2.	<i>Bryophyllum calycinum</i>
3.	<i>Cinchona officinalis</i>
4.	<i>Curcuma longa</i>
5.	<i>Datura ferox</i>
6.	<i>Digitalis purpurea</i>
7.	<i>Ephedra vulgaris</i>
8.	<i>Ficus carica</i>
9.	<i>Ipecacuanha</i>
10.	<i>Leucas aspera</i>
11.	<i>Lobelia erinus</i>
12.	<i>Mangifera indica</i>
13.	<i>Plectranthus fruticosus</i>
14.	<i>Pyrus malus</i>
15.	<i>Quassia amara</i>
16.	<i>Rosa damascena</i>
17.	<i>Syzigium jambolanum</i>
18.	<i>Nux vomica</i>
19.	<i>Eucalyptus globulus</i>

S.No.	Drugs of Plant Origin
20.	<i>Swertia chirayita</i>
21.	<i>Chenopodium anthelminticm</i>
22.	<i>Juniperus communis</i>
23.	<i>Mentha piperita</i>
24.	<i>Belladonna</i>

E.) Antioxidant Study:

Estimation of Phytochemical Content, HPTLC analysis, FT-IR analysis and evaluation of Antioxidant Potential of *Coffea cruda*, *Thuja occidentalis*, *Pyrus malus*, *Hydrastis canadensis* and *Thea chinensis* mother tinctures and their potentized dilutions(6C,12C,30C and 200C) by Ultraviolet Spectroscopy method. The list of 05 completed plants is given bellow:

S. No.	Name of Drugs
1.	<i>Coffea cruda</i>
2.	<i>Hydrastis canadensis</i>
3.	<i>Pyrus malus</i>
4.	<i>Thea chinensis</i>
5.	<i>Thuja occidentalis</i>

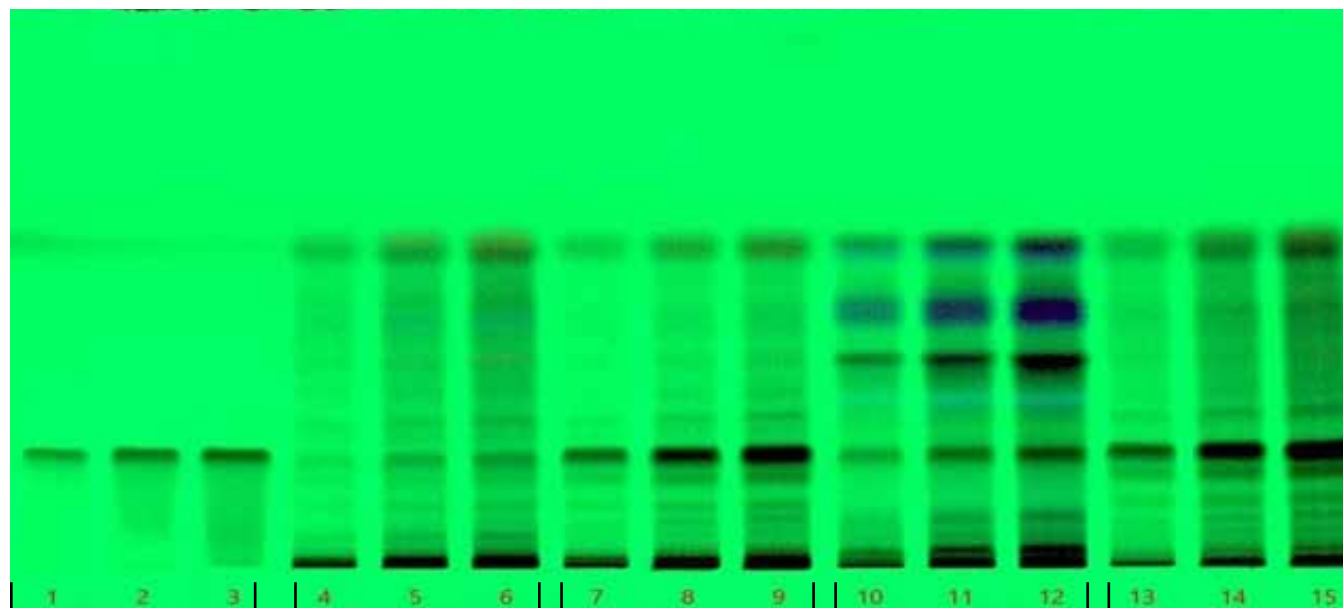
F.) Pharmacology Work:

DDPRCRI(H), Noida had developed animal house which has been approved by Committee for the Purpose of Control and Supervision of Experiments on Animals (CPCSEA). There is also a well furnished Zebrafish laboratory to carry out pharmacological activities of Homoeopathic medicines. Following pharmacological activities have been undertaken during this period.

S. No.	Pharmacological Activities
1.	Evaluation of Anti-epileptic and Antioxidant properties of selected homoeopathic medicines in Pentylene-tetrazole (PTZ) induced convulsions in Zebrafish.
2.	Evaluate the effect of assigned homoeopathic medicines on zebrafish embryo development.
3.	In-vitro and in-vivo antifungal activities of selected homeopathic medicine and their effect on fungal cell wall integrity.

HIGH PERFORMANCE THIN LAYER CHROMATOGRAPHY (HPTLC) OF *HYPERICUM PERFORATUM*

HPTLC Profile of *Hypericum perforatum* mother tincture and three market samples A , B and C and standard quercetin



Standard quercetin

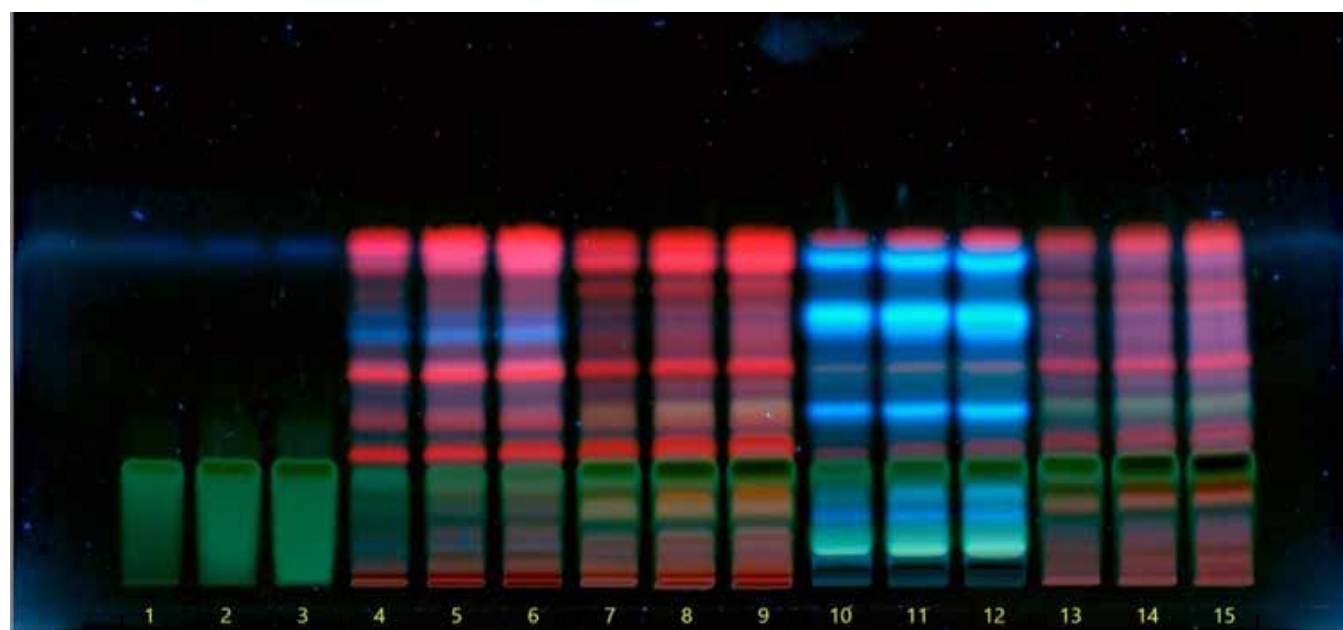
Mother tincture

Sample-A

Sample-B

Sample-C

Under UV 254 nm



Standard quercetin

Mother tincture

Sample-A

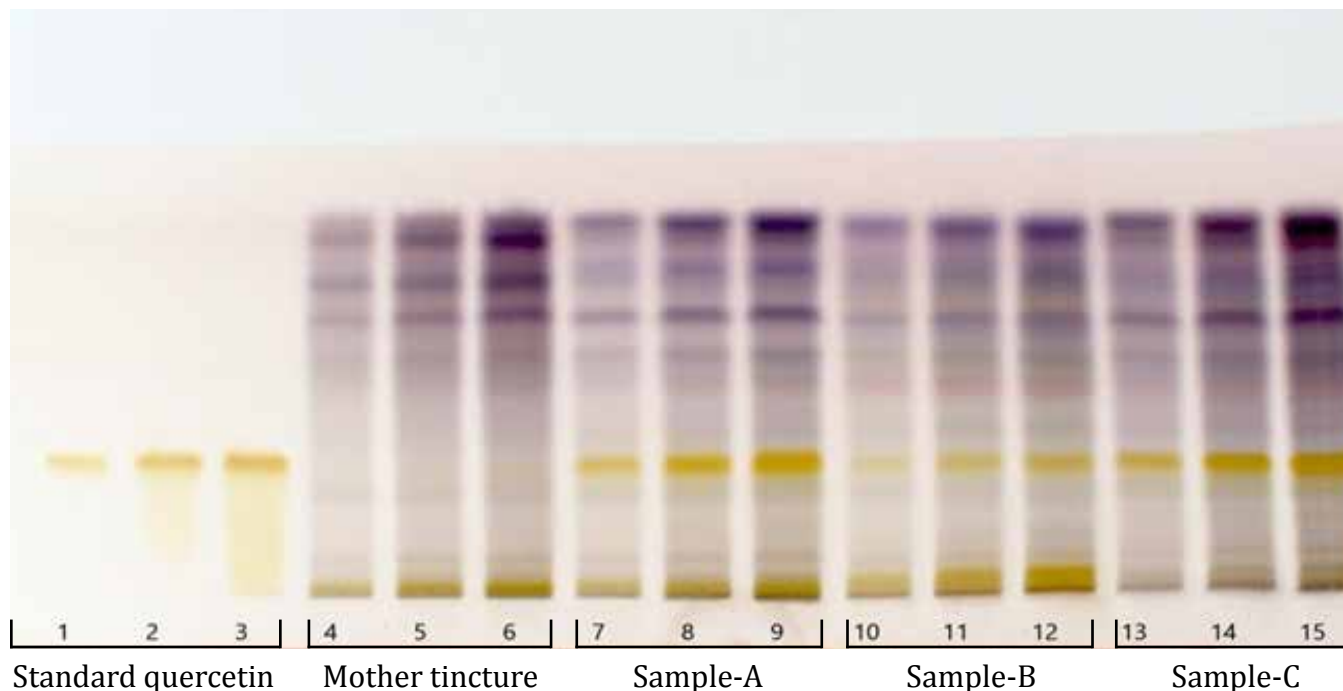
Sample-B

Sample-C

Under UV 366 nm

HIGH PERFORMANCE THIN LAYER CHROMATOGRAPHY (HPTLC) OF *HYPERICUM PERFORATUM*

HPTLC Profile of *Hypericum perforatum* mother tincture and three markets sample A , B and C and standard quercetin



After derivatization with Anisaldehyde sulphuric acid reagent.

Publications:

I. Papers Published in National & International Journals: -

1. Satish Patel, Bibaswan Biswas, K. Rambabu, Shyaga Jhansi, Ramchander Potu, E. N. Sundaram, Renu Arya, Pharmacognostic and physicochemical study of *Urticaurens* L.: A drug used in Homoeopathy, Drug Standardisation Unit (H), Hyderabad, Telangana, Central Council for Research in Homoeopathy, New Delhi. IJRH, 2019, Vol. 13 (2): pp. 91-99
2. Bibaswan Biswas, E. N. Sundaram, Shyaga Jhansi, Satish Pate1, Anil Khurana, Raj K. Manchanda, A review on animal-based homoeopathic drugs and their applications in biomedicine, Drug Standardisation Unit (H), Central Council for Research in Homoeopathy, Hyderabad, Telangana, Central Council for Research in Homoeopathy, New Delhi, India. IJRH, 2019, Vol. 13 (3): pp. 159-176
3. J. Shashikanth, S. Mugendhiran, M. Murali and S. Rajan. 2019. Observations on the Dicotyledonous Weed Flora of CMPRH, Indira Nagar, Emerald, the Nilgiris. *Bio Science Discovery*, Vol.10 (4): pp. 185-195.
4. S. Mugendhiran, J. Shashikanth, M. Murali, Renu, S. Rajan and Anil Khurana. 2020. Plants in Family Lamiaceae Used Medicinally in the Homoeopathic System of The Nilgiris District, Tamil Nadu, India. *Asian journal of Pharmaceutical and Clinical Research*. Vol. 13(4): pp. 1-6.

5. Megha Ranga, Binit Dwivedi, Renu Arya, Manoj, Anil Khurana, "Qualitative Analysis of Salvia Sclarea (Clary Sage): A Homoeopathic Medicinal Plant". Volume-9, February 2020, World Journal of Pharmacy and Pharmaceutical Sciences.
6. Renu Arya, "Report of the training program on Homoeopathy drug regulations conducted on 20-21, January 2020, Hyderabad" published in Homoeopathy for All, March 2020.

Papers Communicated/Accepted in National & International Journals: -

1. J. Shashikanth, M. Dorcas, S. Mugendhiran and Renu Arya. 2020. Biodiversity with Special reference to indigenous systems of Medicinal Plants, Ornamental and weeds of University College for Women, Koti, Osmania University, Hyderabad, Telangana, India. Submitted to Journal of Threatened Taxa.
2. S. Mugendhiran, B.D. Sheeja J. Shashikanth and Renu Arya. 2020. Invasive Alien Species of Asteraceae and their Economical Important of Nilgiris District, Tamil Nadu, India. Submitted to *Indian Journal of Natural Products and Resources*.
3. S. Mugendhiran, B.D Sheeja, J. Shashikanth and M. Dorcas. Invasive Alien Species of Asteraceae and their Economical Important of Nilgiris District, Tamil Nadu, India, International Conference on Innovations and Application in Basic and applied Science for sustainable development- 2019, organized by St. Pious X Degree & PG College for Women, Nacharam Road, Hyderabad, Telangana, India, w.e.f. 6.12 2019 to 7.12.2019.
4. M. Dorcas, and J. Shashikanth. *Alstoniascholaris* (L.) R. Br. - A Devils tree – Its Divine ability. XIV Triennial National Conference on Women led Science, Technology and Innovation, organized by Indian women Scientist Association (Hyderabad branch), w.e.f. 11.12.2019 to 13.12 2019. (Abstract No.PS-62, page-79-80).
5. M. Dorcas, J. Shashikanth, S. Mugendhiran and M. Murali. *Rivina humilis* L.: Its Medicinal Importance. UGC- National Seminar on New Vistas in Botany w.e.f. 13.02.2020 to 14.02.2020. Organized by Department of Botany, Goa University, Goa. (Abstract No.PP-21, page-66).
6. Satish Patel, B. Biswas, K.Rambabu, E.N. Sundaram, Renu Arya. Pharmacognostical studies of *Smilax aspera* Linn. - A potential herbal drug. *Indian J Res Homoeopathy*.

Participated in Scientific Seminars:

1. Dr. J. Shashikanth, Survey Officer, participated in the National Seminar on Bio-prospecting of Biodiversity for Agriculture and medicine: Current Status and Future Prospective (BBAM-2019), organized by Department of Botany, Bharathiar University, Coimbatore on 3rd and 4th October-2019.
2. S. Mugendhiran, SRF- Botany, participated in the National Seminar on Bio-prospecting of Biodiversity for Agriculture and medicine: Current Status and Future Prospective (BBAM-2019), organized by Department of Botany, Bharathiar University, Coimbatore on 3rd and 4th October-2019.

Hyderabad Training:

Report of the training program on Homoeopathy drug regulations conducted on 20-21 January 2020, Hyderabad-reg.

As a part of regulatory capacity building and to promote quality control, the two-days training program was organised by Central Council for Research in Homoeopathy, New Delhi sponsored by Drug Policy Section, Ministry of AYUSH, Govt. of India on 20th and 21st of January 2020 at CSIR's National Geophysical Research Institute (NGRI), Hyderabad for Homoeopathy drug regulators, industry personnel, technical persons of laboratories and pharmacy students & faculty by calling nominations from five States viz West Bengal, Andhra Pradesh, Telangana, Bihar and Uttar Pradesh. The program was coordinated and facilitated through Drug Standardization Unit of CCRH at Hyderabad headed by Dr. E.N. Sundaram, officer In-charge, DSU(H), Hyderabad.

The inaugural ceremony of the training program was graced by the presence of Shri. P. K. Pathak, Additional Secretary, Ministry of AYUSH, Dr. D .C. Katoch, Adviser (Ayurveda), Ministry of AYUSH, Dr. S. P. Shani, Deputy Drug Controller of India, Dr. V. M. Tiwari, Director, NGRI, and Dr. E. N. Sundaram, Officer In-charge, Drug Standardisation Unit (H) Hyderabad. The two-day training program was concluded by the vote of thanks extended by Dr. E. N. Sundaram, Officer In-charge, DSU (H), Hyderabad to all the dignitaries and participants with anticipation of positive outcomes of the training program.

The technical sessions were led by seven resource persons (from Ministry of AYUSH, CDSCO, HPL and Homoeopathy Drug Industry) imparted training and technical discussion on following topics-

- a) Regulatory requirements and quality control provisions for ASU&H drugs.
- b) Specific regulatory provisions and GMP for Homoeopathy drugs.
- c) Orders and Directions issued by Central Government.
- d) Quality Standards and Testing Methodology for Homoeopathy drugs.
- e) Pharmacovigilance and Control of Misleading Advertisements.
- f) Quality Assurance and Stability Testing of Homoeopathy drugs.
- g) HPTLC fingerprinting for testing of quality of Homoeopathic drugs.
- h) Pharmacopoeial framework and Homoeopathic Pharmacopoeia.
- i) Open discussion on Technical and Regulatory issues.



From left to right: Sh. P. K. Pathak, Additional Secretary, Ministry of AYUSH, Dr. E. N. Sundaram, Officer In-charge, Drug Standardization Unit, Hyderabad and Dr. D. C. Katoch, Advisor (Ayurveda), Ministry of AYUSH, lighting the lamp, Dr. P. Prasad, R. O. (H), DSU, Hyderabad.

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 Homœopathy is based on the action of drug substances on healthy human beings and therefore, the earliest experiments conducted in Homœopathy 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 Homœopathy to the science of pharmacology in general and Homœopathic Materia Medica in particular.

In 1963, the Homœopathic Research Committee was constituted which initiated the process of organized homœopathic research and identified priority research areas, wherein drug proving was considered one of the important areas of research. The Central Council for Research in Homœopathy (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 now, the CCRH has methodically proved 119 drugs, out of which 88 drugs are of plant origin, 09 are of animal origin, 20 are prepared from chemicals, 01 Sarcodes and 01 is a 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)

Apart from this, the Council has extended technical support in the form of sharing the Drug Proving Research protocol, conducting orientation lectures/workshops, providing coded investigational drug substance to the Homoeopathic medical colleges for conducting Homoeopathic Pathogenetic Trials independently at their respective institutes.

WORK DONE DURING THE REPORTING YEAR

In the year 2019-20, three coded drugs (138, 139 and 142) were assigned at eight (08) drug proving centers involving 206 provers. In the reporting year the homoeopathic pathogenetic trial for these coded drugs is on-

going at different stages at various drug proving centers. Status of the homoeopathic pathogenetic trials for the coded drugs assigned in reporting year and previous years is mentioned in Table 1.

10th meeting of the Special Committee of Homoeopathic Pathogenetic Trial (SC HPT or SCDP) and two 63rd and 64th meetings of Scientific Advisory Board (SAB) were held during the reporting period. The important recommendations and decisions are mentioned in Table 2.

Drug proving trials of seven (07) coded drugs (assigned in 2017-18 and 2018-19) were carried forward in the reporting year and out of these seven, trials of six (06) coded drugs were completed and proving data compiled in the reporting period and were approved by SC HPT and SAB. 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 Table 3.

“Susceptibility Assessment questionnaire” for provers was introduced from October 2018 and was filled for 77 provers in the 2018-19. In the reporting year, the questionnaire has been filled for 64 provers.

Table 1: Assignments for the year 2019-20

S. No.	Drug Name/code	Fresh assignment/ Reproving/ Carried forward	Year of completion	Status
1.	<i>Iberis amara</i>	2016-17/2017-18 (re-proving trial) (Carried forward)	2018-19	Compiled proving data was approved in the 10 th meeting of SC HPT and 64 th meeting of SAB in 2019-20.
2.	<i>Cherianthus cheiri</i>	2016-17/2017-18 (re-proving trial) (Carried forward)	2018-19	Compiled proving data was approved in the 9 th meeting of SC HPT and approved in the 63 rd meeting of SAB in 2019-20.
3.	<i>Justicia adhatoda</i>	2017-18 (re-proving trial) (Carried forward)	2018-19	Compiled proving data was approved in the 10 th meeting of SC HPT and 64 th meeting of SAB in 2019-20.
4.	<i>Benzenum nitricum</i>	2017-18 (re-proving trial) (Carried forward)	2018-19	Compiled proving data was approved in the 10 th meeting of SC HPT and 64 th meeting of SAB in 2019-20.
5.	<i>Catharanthus roseus</i>	2017-18 (Carried forward)	2018-19	Compiled proving data with addition of proving data of trial conducted by Dr. V. K. Gupta have been approved in the 10 th meeting of SC HPT and 64 th meeting of SAB in 2019-20.
6.	<i>Cimetidine</i>	2017-18 (Carried forward)	2019-20	Compiled proving data was approved in the 10 th meeting of SC HPT and 64 th meeting of SAB in 2019-20.
7.	132	2017-18 (Carried forward)	2019-20	Proving data compilation under progress.
8.	133	2018-19 (Carried forward)	On-going	Concluded at 2 centres and ongoing at 2 centres.
9.	134	2018-19 (Carried forward)	On-going	Concluded at 1 centre and ongoing at 2 centres.
10.	135	2018-19 (Carried forward)	On-going	Concluded at 1 centre and ongoing at 2 centres.

S. No.	Drug Name/code	Fresh assignment/ Repeating/ Carried forward	Year of completion	Status
11.	136	2018-19 (Carried forward)	On-going	Concluded at 1 centre and ongoing at 3 centres.
12.	137	2018-19 (Carried forward)	On-going	Concluded at 1 centre and ongoing at 3 centres.
13.	138	2019-20 (Fresh assignment)	On-going	Ongoing at 3 centres
14.	139	2019-20 (Fresh assignment)	On-going	Ongoing at 3 centres
15.	142	2019-20 (Fresh assignment)	On-going	Ongoing at 3 centres

Table 2: Important meetings held in reporting year regarding Drug Proving

Meeting	Salient outcomes
10 th meeting of Special Committee of Homoeopathic Pathogenetic Trial (Drug Proving), held on 14 th January 2020 at CCRH Hqrs.	<ul style="list-style-type: none"> The committee noted that there was no change in number of symptoms produced in re-proving trials either with increase in the number of pills nor with increase in the number of doses to maximum 28 doses. It was recommended that no more re-provings should be conducted using this strategy, rather sensitivity trial should be carried out before carrying out the HPT. The Committee recommended that the SRS drafted are too technical and the matter may be discussed with an IT person/IT firm. Further, financial implication may also be assessed for development of the software.
63 rd and 64 th meetings of Scientific Advisory Board, held on 11 th April 2019 and 28 th January 2020 at CCRH Hqrs.	<ul style="list-style-type: none"> SAB approved the recommendation of 9th and 18th meeting of SCDP The Committee recommended that after procurement of -80 degree refrigerator at DDPRCRI (H), Noida, the serum samples of volunteers/provers from nearby Drug Proving centers may be transported through agency authorised for these types of samples to DDPRCRI (H), Noida and DAC RRI (H), Kolkata respectively. Regarding unavailability of raw drug material of Ammi majus and Yohimbinum at Ooty, the Committee was apprised that the Drug Standardisation section of the Council is procuring raw drug material of some rare plants. The Committee recommended that efforts be made to procure through identified suppliers and subsequently the homoeopathic potencies can be prepared for these two drugs. The Committee after detailed discussions approved the SOP for sensitivity trial and suggested to keep 15 days washout period between intake of 3 doses of subsequent IPS. The Committee recommended that the volunteers who will be participating in the trial may continue leading their life as per the routine and may not be enforced any restrictions except for those which may hamper the trial. <p>The Committee also approved that the orientation workshop may be conducted for the Proving Masters who will be carrying out this trial.</p>

Meeting	Salient outcome
	<ul style="list-style-type: none"> • Sensitivity trial followed by reproving of Catharanthus roseus was recommended by SC HPT in its 9th meeting and approved by SAB in its 63rd meeting. Proving trial of Vincristine was recommended by SC HPT and approved by SAB. The committees also recommended that proving trial should be conducted for Vincristine, one of the alkaloids of this drug. The Committee agreed that safety studies may be taken up before carrying out drug proving trial of Vincristine which is stable in -20 degree room temperature. It was also recommended to explore the possibility of preparing potencies of Vincristine in the laboratory of KGMU, Lucknow and if not possible, proving of Vincristine sulphate can be considered. • The Committee recommended certain changes in the draft questionnaire (Modified Naranjo's questionnaire) for establishing the causality relationship between IPS and symptoms generated during trial. It was recommended that the draft after changes may be sent to the respective members for further inputs. There is requirement to reassess the score and to validate the questionnaire. For this adequate sample size is to be identified in consultation with a statistician. • The Committee recommended that reproving of Arsenic sulphuratum flavum may be taken up following the sensitivity trial and while recording the symptoms, changes in the general symptoms should be focused. • The Committee noted that immunological profile of EMTACT nosode has not been submitted by Dr. Rajesh Shah and such information is also not mentioned in the manuscript submitted by him to CCRH for publishing in IJRH. It was also informed that the Council with the help of an expert committee constituted by the Homoeopathic Pharmacopoeia Committee (HPC) has drafted the guidelines for preparation of nosodes which will be placed in next meeting of HPC for approval. The Committee recommended that it is essential to establish the safety of any nosode and the first safe dose before taking up for Drug Proving which is to be carried out on apparently healthy volunteers and would therefore wait for the decision of HPC in this regard. • The Committee noted that the Drug Proving Research trial has been initiated at Dr. V. H. Dave Homoeopathic Medical College and Hospital, Anand, Gujarat and initiatives to start Drug Proving Research are being taken up with Bharati Vidyapeeth HMC & H, Pune, Maharashtra and Sri Ganga Nagar HMC & H, Sri Ganga Nagar, Rajasthan. • The Committee approved the proposal to make Drug Standardisation Unit, Hyderabad and RRI (H), Guwahati as two new Drug Proving Centres to start Drug Proving Research trial with JSPS HMC & H, Hyderabad and Government Homoeopathic Medical College and Hospital, Guwahati respectively. The Committee also recommended that although the Generic Protocol of Drug Proving has been approved by the Ethics committee of the Council but the same may also be approved by the Ethics committee of the respective colleges.

Meeting	Salient outcome
	<ul style="list-style-type: none"> The Committee noted that the estimate expenditure given by Sarada Krishna Homoeopathic Medical College (SKHMC & H), Tamil Nadu is more than the approximate expenditure incurred by the Council. The Committee noted the limitations to carry out Drug Proving Research Programme in collaboration between SKHMC & H, Tamil Nadu and NHRIMH, Kottayam. <p>The Committee in principle agreed to support financially to the colleges for Drug Proving Research subject to quality of proving data of the trial carried out the respective college. Council may therefore ask the college to provide the proving data.</p> <ul style="list-style-type: none"> The Committee noted that Drug Proving Research is going on at Dr. B. R. Sur Homoeopathic Medical College and Research Center, New Delhi and collaboration with Bakson Homoeopathic Medical college has also been revived and Drug Proving Research Programme will be initiated soon. Further, it was recommended that Principal of Nehru Homoeopathic Medical College and Hospital, New Delhi may also be approached for starting Drug Proving Research Programme again. These three colleges to collaborate with DDPR CRI (H), Noida i.e. one of the Drug Proving Centres of the Council.

Table 3: Details of drugs whose proving data have been approved during reporting period

S. No.	Name of the Drug (Drug code)	Name of centres	Number of provers (Male and Female)	Pathogenetic symptoms
1.	<i>Cherianthus cheiri</i> * (107)	RRI (H), Navi Mumbai RRI (H), Gudivada	32 (M=18, F=14)	07
2.	<i>Iberis amara</i> * (112)	HDRI Lucknow RRI (H), Gudivada RRI (H), Navi Mumbai	47 (M=29, F=18)	08
3.	<i>Benzenum nitricum</i> * (120)	RRI (H), Gudivada DPU (H), Bhubaneswar	30 (M=14, F=16)	13
4.	<i>Justicia adhatoda</i> * (124)	HDRI, Lucknow RRI (H), Gudivada	35 (M=21, F=14)	06
5.	<i>Catharanthus roseus</i> # (130)	DPU (H), Bhubaneswar HDRI, Lucknow RRI (H), Gudivada RRI (H) Jaipur	60 (M=37, F=23)	22
6.	<i>Cimetidine</i> (131)	HDRI, Lucknow DDPRCRI (H), Noida RRI (H) Jaipur	61 (M=23, F=38)	113

*Reproving trials have been carried out for these drugs. As there is paucity of pathogenetic symptoms developed during the reproving trial, the Committees (SCHPT and SAB) have recommended that the symptoms generated during the initial proving trial carried out for these drugs by the Council may be combined.

The Committees have recommended that reproving trial may be carried out after conducting sensitivity trial for this drug.

Publications:

Research article:

Homoeopathic drug proving researches (1996-2018): A scoping review. IJRH, 2020, Vol.14(1) :24-49.

CLINICAL VERIFICATION RESEARCH

Verification of drugs give 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 118 drugs have been conducted so far. It includes 82 remedies of plant origin, 24 remedies of chemical origin, 09 remedies of animal origin, 02 nosodes and 01 sarcode.

Thousands of proving symptoms have been verified multicentrically in atleast 09 to 16 centres in over 20,000 study participants in this flagship programme of the Council. Currently 8 more drugs proved by the Council are being verified.

Recent advances in clinical verification programme

The Council has revised its Clinical Verification protocol in 2018 by including scales to assess patient and remedy reactions. The notable inclusions was the 1.MYMOP2(Measure yourself medical outcome profile) for assessing clinical changes among literate homoeopathic patients who present with a variety of symptoms and clinical conditions. 2. ORIDL (Outcome in Relation to Impact on Daily Living) to measure patient's views of the outcome of their medical care by asking about changes and relating this to impact on daily life. 3. HOMOEOPATHIC QUESTIONNAIRE for assessing the important changes caused by illness. 4. Revised Modified Naranjo Criteria as proposed by the HPCUS Clinical Data Working Group (status December 2015) 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 8 drugs from 2018 is following this improvised protocol.

ONGOING STUDIES

The primary objective of the study is to verify the proving symptoms of new 8 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.

Table: 1 Enrollment Status of 08 drugs (April 2019–March 2020)

Drug list	RRI (H), Puri	CRU (H), Portblair	CVU (H), Patna	HDRI, Lucknow	NHRIMH, Kottayam	DACRRI (H), Kolkata	RRI (H), Gudivada	DPU (H), Ehubaneswar	CRU (H), Agartala	DDPRCRI (H), Noida	RRI (H), Guwahati	RRI (H), Mumbai	RRI (H), Imphal	RRI (H), Shimla	TOTAL
1. Acorus calamus	16	18	35	18	10	44	8	12	10	16	24	4	33	30	278
2. Apium graveolens	12	18	9	13	1	16	1	0	6	5	3	1	4	4	93
3. Brassica oleracia	10	7	16	8	2	21	1	0	20	7	4	4	8	1	109
4. Cochlearia armoracia	6	3	4	4	0	15	1	0	12	3	14	0	6	0	68
5. Datura arborea	5	3	9	8	2	4	0	2	9	2	4	0	13	7	68
6. Datura metel	9	4	25	5	1	20	0	4	10	10	6	5	12	4	115
7. Leucas aspera	10	7	8	8	13	9	0	7	10	5	13	5	3	8	106
8. Withania somnifera	11	2	12	8	0	45	8	5	13	18	10	2	26	23	183
Total	79	62	118	72	29	174	19	30	90	66	78	21	105	77	1020

Table: 2. Symptoms of 08 drugs that have been clinically verified so far

Sl. No.	Name of medicines	Characteristic symptoms
1.	<i>Acorus calamus</i>	<ul style="list-style-type: none"> • Pain in frontal region of head. • Head heaviness. • Thick yellow nasal discharge with heaviness of head. • Blocked nose < morning. • Pain in throat < swallowing. • Increased thirst. • Thirstlessness. • Cough with white expectoration. • Burning of eyes. • Fever at night with drowsiness. • Pain in cervical region. • Aching pain in legs.
2.	<i>Apium graveolens</i>	<ul style="list-style-type: none"> • Pain and heaviness in temples. • Throbbing pain in vertex < night. • Heaviness in vertex. • Coryza with watery discharge and itching in nose. • Sneezing with watery fluent coryza. • Dry cough with hoarseness of voice.
3.	<i>Brassica oleracea</i>	<ul style="list-style-type: none"> • Acne vulgaris. • Itching eruptions appears one after another < night. • Small blackish itching eruptions. • Dry cough < night, cold. • Heaviness in abdomen < after eating. • Fever with bodyache. • Cramping pain in right shoulder joint < movement > rest. • Appetite increased.
4.	<i>Cochlearia armoracia</i>	<ul style="list-style-type: none"> • Cramping pain in both calf muscles < walking > hard pressure. • Pain in heels < rising from sitting, touch > continued motion. • Burning of soles of feet. • Burning pain in right hypochondriac region < eating after. • Weakness in extremities > rest. • Heaviness of eyes. • Dry cough.
5.	<i>Datura arborea</i>	<ul style="list-style-type: none"> • Stitching pain in throat. • Dry cough < cold air, drinks. • Aphthae on tongue and lower lip with burning sensation < eating, warm > cold water. • Ulcer in mouth with burning pain. • Fever with bodyache • Coryza with stuffed nose difficulty in breathing < lying down.

SI. No.	Name of medicines	Characteristic symptoms
6.	<i>Datura metel</i>	<ul style="list-style-type: none"> • Headache with sneezing. • Sneezing with watery coryza. • Dry cough. • Pain in left knee joint. • Itching eruptions in whole body. • Itching eruptions on hands and leg oozing sticky fluid < night > cold application. • Sneezing with burning in eyes< morning. • Desire for cold drinks. • Vertigo with nausea. • Cramping pain in lower limb.
7.	<i>Leucas aspera</i>	<ul style="list-style-type: none"> • Aching pain in frontal region < cold air, morning > tight bandage. • Vertigo < morning, walking > rest. • Dry cough with soreness of throat < during eating. • Coryza with sneezing < morning, evening. • Fluent watery discharge from nose. • Pain in lower extremities < evening. • Itching in skin without eruptions. • Itching eruptions in whole body. • Pain throat < empty swallowing.
8.	<i>Withania somnifera</i>	<ul style="list-style-type: none"> • Pain in joints of lower extremities < walking. • Tearing pain in knees < walking > rest. • Distension and heaviness of abdomen after spicy food > passing flatus. • Aching pain in throat < cold drinks > warm drinks. • Watery coryza < morning. • Increased thirst. • Heaviness and bursting pain in frontal region > pressure.

PUBLICATIONS:

Book:

Draft of the book ‘Study of Homoeopathic Medicines through Clinical verification – A New Perspective, Volume V’ having data on 16 clinically verified drugs is under revision.

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 free of cost, but they also can access experimental treatments and help others by contributing to medical research.

During the reporting year, 9 clinical research studies continued from previous years; 12 studies were concluded. Further four new studies were initiated. The screening/follow up of all the studies continued during the reporting year at the Institutes/Units.

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

I. STUDIES CONTINUED FROM PREVIOUS YEARS

A. STUDIES CONCLUDED (12):

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

This study is a multi-center, prospective, open label, observational trial in its 4 institutes to validate frequently used homoeopathic drugs for acne. 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. Since inception of the study in April 2016, 468 cases have been screened, 358 cases were enrolled. The medicines found effective so far are *Sulphur*, *Natrum mur*, *Calcarea carb*, *Pulsatilla*. The study has been concluded in March 2020.

2. 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. The primary outcome is to observe the change in spirometry measurement FEV1 and the secondary outcomes are to observe the changes in spirometry measurements (FVC, FEV1/FVC). Asthma symptom utility index and WHO-QoL score at the end of 1 year of treatment. Since inception of the study in April 2016, 594 cases have been screened, 118 cases were enrolled. The medicines found effective so far are *Arsenic. alb*, *Phosphorus*, *Natrum mur*, *Pulsatilla*. The study has been concluded in March 2020.

3. 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. The primary outcomes are to observe the changes in Global

Overall Symptom (GOS) score and Severity of Dyspepsia Assessment (SODA) score and the secondary outcome is to observe the change in Quality of Life (WHO-QoL). Since inception of the study in April 2016, 1135 cases have been screened, 555 cases were enrolled. The medicines found effective so far are *Nux vom*, *Carbo veg*, *Lycopodium*, *China* and *Sulphur*. The study has been concluded in March 2020.

4. 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. The primary outcome is to observe the change in sodergren score and the secondary outcome is to observe the change in Quality of Life (QOL). Since inception of the study in April 2016, 880 cases have been screened, 360 cases were enrolled. The medicines found effective so far are *Sulphur*, *Nux vomica*, *Phosphorus* and *Arsenic album*. The study has been concluded in March 2020.

5. 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. The primary outcome is to observe the change in Headache Impact Test (Hit-6) score and the secondary outcome is to observe the change in Quality of Life (WHO-QoL). Since inception of the study in April 2016, 518 cases have been screened, 157 cases were enrolled. The medicines found effective so far are *Natrum mur*, *Silicea*, *Pulsatilla*, *Nux vomica* and *Calcarea carb*. The study has been concluded in March 2020.

6. 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 pilot study was initiated in October 2017 at five institutes of the Council to evaluate the efficacy of homoeopathic intervention as compared with placebo. A total of 949 cases were screened and 150 cases were enrolled and randomised to either homoeopathic intervention or identical placebo along with directional preference exercise (DPE) in both groups. The study was concluded in October 2019. A data of 150 enrolled cases was verified from submitted case records and cleaned. Data verification has been completed and manuscript preparation is in the process.

7. Evaluation of homoeopathic medicine in the management of adenotonsillar hypertrophy of children- A prospective observational study.

An Observational study to evaluate the response of homoeopathic treatment in adenotonsillar hypertrophy was started in September 2017 at 5 centres. Primary objective of the study is to identify the change in size of adenoids and reduction of symptom severity in children. Since inception of the study, 340 cases have been screened and 202 cases have been enrolled and 133 cases completed follow up and 12 cases are under follow up. During the reporting year, 09 cases have been screened, no cases were enrolled, 75 cases were completed and 12 cases are under follow up. The frequently prescribed medicines are: *Phosphorus*, *Arsenicum album*, *Calcarea carbonica*, *Silicea*, *Sulphur*, *Pulsatilla*, *Tuberculinum* and *Lycopodium*. The study has been concluded in March 2020. Data acquisition is in spread sheet is process.

8. Follow up of Observational study to evaluate the response of Homoeopathic treatment of Psoriasis

Follow up observational study to evaluate response to Homoeopathic treatment on psoriasis was ongoing during 2019-20 and was concluded in Dec. 2020 due to high dropout rate after three years. 05 cases were followed up during the period.

9. Follow up of Observational study to evaluate response to Homoeopathic treatment in Vitiligo

Follow up observational study to evaluate response to Homoeopathic treatment which was ongoing during 2019-20 was concluded in Dec. 2020 due to high dropout rate after three years. 17 cases were followed up during the period.

10. Study on clinical application of susceptibility assessment questionnaire

The questionnaire is being applied on 30 acute cases (with a maximum follow up of 15 days) and 30 chronic cases (with a maximum follow up of 3 months) at each centre. The questionnaire will also be used in the drug proving program for assessment of susceptibility in healthy provers. 193 cases have been enrolled under the study. The study is concluded. Analysis is in progress.

11. Utility of Individualized Homoeopathic Medicine in Management of Adhesive Capsulitis: A Prospective Open Label Observational Clinical Study.

The primary objective was to evaluate whether there is any significant statistical difference in the shoulder pain and disability index (SPADI) questionnaire of adhesive capsulitis before and after the treatment with individualized homoeopathic medicine. The study was conducted at Clinical Research Unit for Homoeopathy, Siliguri. The targeted sample was 40 patients. Each patient was followed up for two months. The study was initiated in July 2019 and concluded in March 2020. A total of 70 screened and 42 patients enrolled.

12. Utility of Individualized Homoeopathic Medicine in Management of paronychia: A Prospective Open Label Observational Clinical Study.

The primary objective was to evaluate the role of individualized homoeopathic treatment in management of pain, in patients suffering from Paronychia. The study was conducted at Clinical Research Unit for Homoeopathy, Siliguri. The targeted sample was 40 patients. Each patient was followed up for two months. The study was initiated in July 2019 and concluded in March 2020. A total of 40 screened and 37 patients enrolled. The study is concluded in March 2020. Data acquisition is in process.

B. NEW STUDIES INITIATED (4)

1. 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 undertaken with the objective to evaluate response of 09 pre-defined homoeopathic medicines in treatment of warts and to validate the symptoms. The predefined homoeopathic medicine used are *Antimonium crudum*, *Ruta graveolens*, *Natrum muriaticum*, *Thuja occidentalis*, *Acidum nitricum*, *Sulphur*, *Causticum*, *Calcarea carbonicum*, *Dulcamara*. During 2019-20 (September 2019), Randomised control trial was initiated at 04 centres viz. RRI(H), Jaipur, RRI(H), Mumbai and RRI (H), Agartala. Under the study 124 patients screened and 37 cases have been enrolled.

2. Management of Trigeminal Neuralgia With Homoeopathic Intervention As An Add-On To The Standard Treatment – A Double Blind Randomised Controlled Trial.

The study is being carried at Janakpuri Super Speciality Hospital Society (JSSHS), an Autonomous Post-Graduate Institute under Ministry of Health & Family Welfare, Govt. of NCT of Delhi, Janakpuri, New Delhi. This study of CCRH is in collaboration with JSSHS. Ethical approvals for the study have been obtained from both CCRH and JSSHS. CTRI registration for the study was received on 30th January 2020, and the screening and enrolment process for the project began from February 2020. In the standard treatment group, the conventional treatment regimen, along with placebo, are being followed up. In the adjuvant group, individualized homoeopathic medicines, in varied potencies and requisite doses are prescribed orally, along with the standard treatment. During the reporting year 2019-20, twenty-two (22) cases, in total, have been screened, and Six (6) cases enrolled in the project in two months, February-March 2020. Initial feedbacks gathered from enrolled patients are encouraging, but as it is a double-blind randomised control trial, definite conclusions would be drawn at the end of the study.

3. Effectiveness Of Homoeopathy In Children With Intellectual Disability

The study was initiated in February 2020 at Homoeopathic Research Institute of Disabilities (HRID), Chennai wherein the children of 5-18 years of age of both genders diagnosed with Borderline Intelligence or Mild to Moderate Intellectual Disability are being enrolled. Homoeopathic medicines are to be prescribed on totality of symptoms. The assessment will be done on monthly basis for a period of 24 months. Since inception of the study, no cases were screened and enrolled.

4. Evaluation of Homoeopathic treatment in the Non- Communicable diseases: A Data Collection Study.

The study objectives are to assess the role of homoeopathic medicines in reducing the burden of non-communicable diseases (Diabetes mellitus, Hypertension, CKD, Anxiety and Depression). The centres where the study will be undertaken are DDPRCRI(H), Noida, NHRIMH(H), Kottayam, RRI(H), Mumbai, RRI(H), Puri, RRI(H), Imphal(H), RRI(H), Lucknow, RRI(H), Gudivada, CRU(H), Port Blair, DSU(H), Hyderabad, CRU(H), Siliguri and CRU(H) Ranchi. The study was approved after obtaining approval from Ethical Committee in its 22nd meeting on May 2019. So far 981 patients enrolled during the reporting period.

C. ONGOING STUDIES (9):

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

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 & 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, 2479 children have been screened and 173 children enrolled. Out of them 130 children have completed 18 months of follow up and 43 children are under follow up. During the reporting period, 75 children have completed follow-up and 14 new cases were enrolled.

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

The patient reported outcome study was initiated in August 2017 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 assess the overall quality of life

A total of 19 institutes/units participated in the study and the data of 10734 OPD patients was captured since inception, during reporting period data of 2010 OPD patients was captured. In this study data of 8000 patients with chronic illness and 1200 patients with acute illness was captured. The data acquisition is in process.

3. A Multicentric observational study to evaluate predefined homoeopathic medicines in treatment of Warts.

An observational study on warts had been undertaken 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*, *Dulcamara*. During the reporting year the study was ongoing on at 06. Regional Research Institutes (H) viz. Kolkata, Gudivada, Agartala, Puri, Mumbai & NHRIMH, Kottayam. Under the study 93 cases have been enrolled; 16 cases have been cured and 13 cases have shown improvement. The study is ongoing. The medicines found useful are: *Dulcamara* (06), *Thuja occidentalis* (06), *Sulphur* (05), *Natrum muriaticum* (05), *Causticum* (03), *Carcinosin* (03), *Silicea* (01).

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

The study was initiated at 4 Centres i.e. RRI(H), Gudivada and Mumbai, DDPRCRI(H), Noida and NHRIMH, Kottayam. The primary objective of the study is to evaluate the effect of homoeopathic medicines in the management of RA using DAS 28 score and the secondary objectives are to evaluate the activity profile and quality of life of patients using ACR 20 response criteria. Since inception of study 423 cases are screened and 117 cases are enrolled. During the reporting period, 230 cases were screened, and 60 cases were enrolled. So far 34 cases have completed the follow up as per protocol out of which 2 completed during the reporting period.

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

The study is being carried out at 10 institutes/ units of Council since May 2018. The aim of this study is to find out most useful group of homoeopathic medicines for cough, and most useful indications for that group of medicines, thereby preparing an algorithm for prescribing in cough cases. Since inception 1542 cases have been screened and 430 have been enrolled. During the reporting year, a total of 995 cases have been screened, and 307 enrolled for the study. *Arsenic album*, *Phosphorus*, *Pulsatilla*, *Sulphur*, *Nux vomica*, *Hepar sulph.*, *Calc carb.* and *Natrum mur.* are among the most prescribed medicines in the study. Analysis of pretrial data of the study that was concluded in April 2018 has been completed, and two manuscripts from its preliminary results have been submitted for publication.

6. Assessment of most frequently used rubrics and medicines in the homoeopathic treatment of acute conditions by Indian homoeopathic practitioners / researchers (CCRH) with the aid of Withoukcas Compass (VC).

Withoukcas Compass (VC) has significant benefits, like collecting data generated from OPD and storing in a cloud of database. During the reporting year, 3294 cases have been enrolled and 1017 cases out of these have regular follow ups. An interim data analysis has revealed trends of 42% males and 58% females registered so far. Five most common diseases reported in the OPDs are cough, osteoarthritis, acne, constipation and headache. The most frequently rubrics used are GENERALITIES - FOOD and DRINKS - sweets - desire, GENERALITIES - FOOD and DRINKS - spices - desire, STOMACH - THIRSTLESS, GENERALITIES - FOOD and DRINKS - salt - desire and medicines are *Sulphur*, *Rhus tox*, *Natrum mur*, *Arsenic album*, *Puls*, *Lyco*. and *Calc carb*.

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

Council undertook this 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, urine culture in response to both treatment groups. In the reporting year, pre-trial preparations including the engagement of allopathic consultants and outsourcing for Urine Culture at DACRRI (H), Kolkata and NHRIMH, Kottayam were carried out. In pretrial phase, 77 cases were screened out of which 24 cases were enrolled under homoeopathic arm and 3 cases were enrolled under allopathic arm.

8. 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.

A prospective clinical trial to evaluate the efficacy of homoeopathic medicines in the management of morbidity associated with grade III and grade IV lower limb lymphoedema due to lymphatic filariasis is being conducted at the Regional Research Institute for Homoeopathy, Puri since October 2018. During the reporting year a total of 68 patients (51 grade III & 17 Grade IV) have been screened out of which 26 (18 Grade III & 08 Grade IV) have been enrolled. Since inception of the study, a total of 156 patients have been screened and 44 enrolled till date ;05 cases have completed follow up as per protocol. *Rhus tox*, *Nat mur*, *Lycopodium*, *Silicea*, *Sulphur* have been most frequently prescribed medicines.

9. Management of Adjustment Disorders with homoeopathic intervention- A single arm interventional prospective study.

The study was initiated in 2019 with aim to assess changes in severity of Adjustment Disorders at its institutes/units. During the reporting year, pre-trial preparations were carried out including protocol modifications, expert review, sensitization of site investigators. In Pre-trial phase, 130 cases were screened out of which 41 cases were enrolled as per inclusion and exclusion criteria of the protocol. CTRI of the trial has been completed and enrolment of cases has been started in trial phase from December 2019 onwards. In trial phase, 65 cases have been screened out of which 22 cases were enrolled in all the centres during the reporting year.

RESEARCH ON EPIDEMIC DISEASES

According to the World Health Organization (WHO), viral diseases continue to emerge and represent a serious issue to public health. In a timeline that reaches the present day, an epidemic of cases with unexplained low respiratory infections detected in Wuhan, the largest metropolitan area in China's Hubei province, was first reported on December 31, 2019. The causative pathogen was identified as a novel coronavirus, and genomic characterization and test method development ensued. Now named 2019-nCoV, the virus is distinct from both SARS-CoV and MERS-CoV, yet closely related. This new virus is very contagious and has quickly spread globally.

India is currently in the midst of COVID-19 pandemic. To control the spread of virus, Government of India declared nationwide lockdown on 24th March 2020 along with restriction on international and national travel & movement. AYUSH systems of medicine have Government patronage and these systems are used in management of various epidemics & pandemics. The preventive aspect of Homoeopathy is well known, and historically, Homoeopathy has reportedly been used for prevention during the epidemics of Cholera, Spanish Influenza, Yellow fever, Scarlet fever, Diphtheria, Typhoid etc. Keeping in view the current state of epidemic disease management, Council took a step forward and initiated various preventive studies for control of diseases like Dengue, Chikungunya, Japanese Encephalitis (JE) and Malaria etc. during recent years.

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 in epidemic diseases, respectively.

AWARENESS AND RESEARCH ACTIVITIES

1. PUBLIC HEALTH ADVISORY FOR PROPHYLAXIS AGAINST SARS-COV2 VIRUS INFECTION

Keeping in view the positive results of the Genus epidemicus as prophylactic during epidemic outbreaks of various diseases, and at the insistence of Ministry of AYUSH, Scientific Advisory Board of the Council in its meeting held on 28.01.2020 discussed and analyzed the symptomatology COVID-19 cases of Wuhan city of China published in journal The Lancet for the possible genus epidemicus.

After recommendation of Scientific Advisory Board of Council, Ministry of AYUSH published public health advisory for using *Arsenicum album* 30C as immune booster and could be prophylactic for SARS-Cov2 virus infection dated 28.01.2020, 29.01.2020 & 03.02.2020 in Press Information Bureau (<https://pib.gov.in/PressReleasePage.aspx?PRID=1600895>), subsequently revised on 6th March 2020.

A. CONCLUDED STUDIES

1. Effectiveness of *Eupatorium perfoliatum* vis-a-vis health awareness in preventing dengue & chikungunya fever during outbreak – An open cluster level study-2018

Eupatorium perfoliatum 30 was administered with Information, Education and Communication among approximately 15,373 healthy populations in medicine cohort and handouts for sensitisation was provided to approx. 5071 population in non-intervention cohort. In medicine cohort 7.2% fever cases reported whereas in IEC cohort 9.0% cases reported. Data under analysis.

2. **Effectiveness of *Influenzinum* in prevention of Influenza like Illness (ILI) – A comparative cohort study-2018**

The study participants were enrolled from the community of Mayapuri, Peeragarhi and Zakhira. Enrolled individuals in medicine group received *Influenzinum* 30 for 10 weeks and further were under observation till the epidemic period was over. Individuals enrolled in non-intervention group received information, education & communication material in the form of handouts regarding prevention of influenza like illness. Total 2022 cases of fever reported in Medicine cohort out of 22000 population & 1306 cases of fever reported in non-medicine cohort out of 7500 population. Data analysis is in progress.

B. ONGOING STUDIES

1. **Effectiveness of Homoeopathic intervention vis-à-vis health awareness in preventing dengue, chikungunya & influenza like illness fever during outbreak – comparative cohort study 2019**

Dengue, Chikungunya, and influenza like illness preventive study was conducted during July to October 2019. Total 31 health workers at 03 JJ Colonies were recruited for medicine distribution and data collection. Total 16514 population was enrolled in medicine cohort & 6448 population in IEC cohort.

2. **A comparative cohort study to evaluate effectiveness of *Influenzinum* in prevention of Influenza like Illness (ILI)**

Comparative cohort study was conducted at 04 JJ Colonies of New Delhi. Total 36 health workers along with 4 supervisors were recruited for distribution of medicine and data collection. In medicine cohort approx. 21000 population was enrolled and administered *Influenzinum* 30 once in week for 10 weeks and in control cohort 6000 population were given only Information, Education and Communication material for prevention of Influenza like Illness.

3. **A comparative cohort study to evaluate effectiveness of *Arsenic album* in prevention of Influenza like Illness (ILI).**

Keeping in view the COVID-19 pandemic and subsequent to public health advisory by Ministry of AYUSH for using *Arsenic album* 30 as immune booster in prevention of COVID-19 like symptoms, Council decided to test the effectiveness of *Arsenic album* 30 in one of the cohort of approximate 7000 population newly identified for this study as a part of ongoing ILI study. 7 health workers were recruited for administration of medicine and data collection, medicine is administered as per dosage advised in public health advisory.

4. **To assess the effectiveness of Homoeopathy in management of HIV through routine treatment data collection**

Council has signed MoU dated 4.10.18 with JSPS homoeopathy medical college Hyderabad to undertake data collection study on Homoeopathy management of HIV cases. Study initiated in December 2018. Till 31st March 2020, total 45291 cases of HIV were registered & provided Homoeopathy consultation at JSPS HIV clinic, which includes 3255 new cases and 42036 old cases. Study is ongoing.

ONLINE PUBLICATIONS

HOMOEOPATHIC PERSPECTIVES IN COVID-19 CORONAVIRUS INFECTION- FACT SHEET in March 2020 which is available at <https://www.ccrhindia.nic.in/showimg.aspx?ID=15677>

FUNDAMENTAL & COLLABORATIVE RESEARCH

Fundamental Research

The 6th Meeting of Special Committee on Fundamental Research was held on 6th March'2020 and as per the approved minutes of 6th SCFR and SAB, 6 new proposals were recommended.

The presentations regarding the progress of 7 ongoing projects were made and the Committee noted the action taken in all these projects.

NEW SCIENTIFIC WAY OF POTENTIZATION OF HOMOEOPATHIC MEDICINES

Council had conceptualized a new process of potentization on the basis of results of IIT, Bombay studies and accordingly the proposed process of potentization was applied for patent in Mar 2018 wherein an action plan of validating and generating evidence in support for the proposed new process was outlined.

The project titled "Process for potentization of homoeopathic medicines" in collaboration with IIT-B relates to the new scientific process of potentization which will address quality of homoeopathic medicines in terms of reproducibility, measurement of medicinal substance in diluent medium and will open up new avenues of further research on mechanistic aspect of action of homoeopathic medicines. The basis of this new invention rests on a higher number of succussions (mechanical agitations) which will lead to uniform sized nanoparticles of each drug in lower dilutions thereby becoming more biologically active in a measurable quantity. This new process with new proposed nomenclature will help in regulatory compliance for quality standards of homoeopathic drugs. It is also expected that this new process will be less time consuming and more economical as per the existing process.

The project was initiated in October'2018 to undertake studies on physico-chemical properties of potencies developed by old and new method on 7 proposed drugs (*Zincum metallicum*, *Argentum nitricum*, *Argentum metallicum*, *Aurum metallicum*, *Ferrum metallicum*, *Mercurius solubilis* and *Cuprum metallicum*). Samples were further developed on the basis of new process through a contract signed with WSI and these samples were provided to IIT, Bombay for undertaking studies. *Cup.met.*, *Ferrum met.*, *Zincum met.* and *Arg. nit.* in 4C, 5C, 6C, 7C have been prepared and physico-chemical analysis of these medicines are being done.

HR-TEM and EDX analysis was done on samples of:

- i. *Ferrum met.* 5C showing iron particles encapsulated with silicate coatings and presence of Calcium.
- ii. *Cup. met.* (4C-6C, 5C-30C, 6C-200C) and *Zincum met.* (4C-6C, 5C-30C, 6C-200C) showing irregular shaped micro particles of Cu and Zn particles encapsulated with silicate coatings and presence of silica, calcium and sodium.
- iii. ICP-MS of *Zincum met.* and *Cup.met.* has also been conducted

Based on physico-chemical analysis of *Ferrum met.*, *Cuprum met.*, *Zincum met* and *Argentum nitricum*, an article has been drafted which is under finalization.

Agro-homoeopathy: Potential of Homoeopathy as a tool to manage phytopathogen/ nematode complex for a sustainable agriculture. Prof. Jayashankar, Telangana State Agricultural University, Hyderabad

The project was undertaken to evaluate the efficacy of homeopathic drugs, "*Kali iodatum*" and "*Thuja occidentalis*" against Stem rot pathogen (*Sclerotium rolfsii*) of groundnut under in-vitro and in-vivo conditions; to determine the biochemical pathway (s) operative in imparting resistance in the host plant following application of resistance inducing homeopathic drug; development of integrated disease control strategies using homeopathic drugs alone or in combination with other existing methods and popularization of homeopathy drugs in plant disease control.

In the first year of the project, the following activities have been undertaken:

- Preparation of *Kali iodatum* and *Thuja occidentalis* in different potencies as per Homeopathic Pharmacopoeia.
- Preparation of *Thuja occidentalis* essential oil and isolation of Thujone from *Thuja occidentalis*
- In-vitro antifungal activity of preparations against the pathogen under laboratory conditions to determine inhibitory concentration (IC 50) and Effective concentration (EC 50).
- Compatibility testing of selected drugs on some beneficial rhizospheric microflora like *Trichoderma* spp.
- Performing comparative in-vivo experiments between the potentiated and non-potentiated plants in relation to disease development.
- Comparison of different variations like nodulation, root hairs and root length etc., between the treated and untreated plants challenged with the pathogen.

Collaborative Research

The Council collaborates with various premier institutes of excellence across the country with the mandate to utilize the potential of the best of brains in order to yield maximum results benefitting the field of Homeopathy. The main objective of the Collaborative Section of the Council is to conduct evidence-based, inter-disciplinary research studies and to validate the efficacy/concepts of Homeopathy on scientific parameters. During the initial years, no specific emphasis was laid on basic researches, which leading to criticism of Homeopathy across the world, which in turn, ensued the need for interdisciplinary basic research to delve into the depths of this vast field and to preserve, protect, explore this valuable system of traditional medicine.

The journey of the Collaborative Section of CCRH from a very few studies to flourishing 57 publications were not a cake walk. 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. These include CSIR institutes like Central Institute of Medicinal and Aromatic Plants (CIMAP), Lucknow, CDRI, Lucknow, Institute of Minerals and Materials Technology, Bhubaneswar, ICMR institutes like National Institute of Cholera and Enteric Diseases (NICED) etc., Jawahar Lal Institute of Post-graduate Medical Education & Research (JIPMER), Puducherry, IIT, Delhi, Bhabha Atomic Research Centre (BARC), All India Institute of Medical Sciences (AIIMS), Delhi University, Panjab University, AMITY University, National Centre for Cell Science (NCCS), Indian Institute of Public Health (IIPH), Utkal University etc. and University of California, Los Angeles (UCLA). It has concluded total 49 collaborative studies with 57 publications in reputed journals till 2020.

During reporting period, 03 new studies were initiated, 05 collaborative studies were concluded and 07 studies are ongoing. A brief account of the work done on fundamental & collaborative studies during year 2019-20 is as follows:

A. CONCLUDED STUDIES: 05

1. Prophylactic effect of Homeopathic anti-malaria drugs on malaria - A prevention effectiveness study in Odisha: IIPH, Odisha.
2. Pharmacological screening of Homeopathic drugs used in rheumatoid arthritis: AIIMS, New Delhi
3. Preparation of NOSODE from *Escheirchia coli* and *Vibrio cholerae*, their preclinical effectiveness and safety evaluation: NICED, Bhubaneshwar.
4. Pilot study on homoeopathic formulation of Nano-curcumin and Malaria: NCCS, Pune.
5. 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.

B. INITIATED STUDIES: 03

1. Deciphering the osteogenic effect of *Symphytum officinale* using human bone marrow derived mesenchymal stem cells in vitro and rodent model: AIIMS, New Delhi.
2. Pharmacological screening of Homoeopathic drugs used in rheumatoid arthritis: AIIMS, New Delhi.
3. To study the impact of homeopathic medicines on key genes and proteins controlling cell proliferation and cell death in Hormone Dependent and Independent Breast and Prostate Cancer: Amity University, Noida.

C. ONGOING STUDIES: 07

1. Elucidation of molecular mechanism of action of *Belladonna - Calcarea carbonica - Tuberculinum bovinum* (BCT) during Japanese Encephalitis Infection: KGMU, Lucknow.
2. Evaluation of antimalarial efficacy of some homeopathic drugs against *Plasmodium falciparum* in vitro and against *Plasmodium berghei* in vivo: Panjab University, Chandigarh.
3. To evaluate the anti-leishmanial potential of some homoeopathic drugs in experimental visceral leishmaniasis: Panjab University, Chandigarh.
4. A pilot research proposal to explore the mechanism of action by anti-dengue homoeopathic medicine, *Eupatorium perfoliatum*: ICGEB, New Delhi.
5. Physicochemical studies of homoeopathic drug formulations by using volumetric, acoustic, viscometric, optical and Conductometric measurements: Dyal Singh College, New Delhi.
6. Agro-homoeopathy: Potential of homoeopathy as a tool to manage phytopathogen/ nematode complex for a sustainable agriculture: Prof. Jayashankar, Telangana State Agricultural University, Hyderabad.
7. Study on new type of potencies using HR-TEM and Energy dispersive X-ray analysis in comparison with conventional potencies of predefined 7 Homeopathic medicines. IIT, Bombay.

PROGRESS OF RESEARCH WORK CARRIED OUT IN THE VIROLOGY LAB IN THE YEAR 2019-2020

Dr. Anjali Chatterjee Regional Research Institute (H), Kolkata under CCRH is first of its kind BSL-2 standard Virology lab in India exclusively for Homoeopathic activities. This Virology lab has been designed to have two major parts: The Cell culture part and the Molecular Biology part which has hitherto conducted many important works on public health issues such as Dengue, Chikungunya and Japanese Encephalitis.

CONCLUDED STUDY OF VIROLOGY LABORATORY: 01

1. Estimation of viral load and immune response in JE virus infected CAM model treated with *Belladonna*.

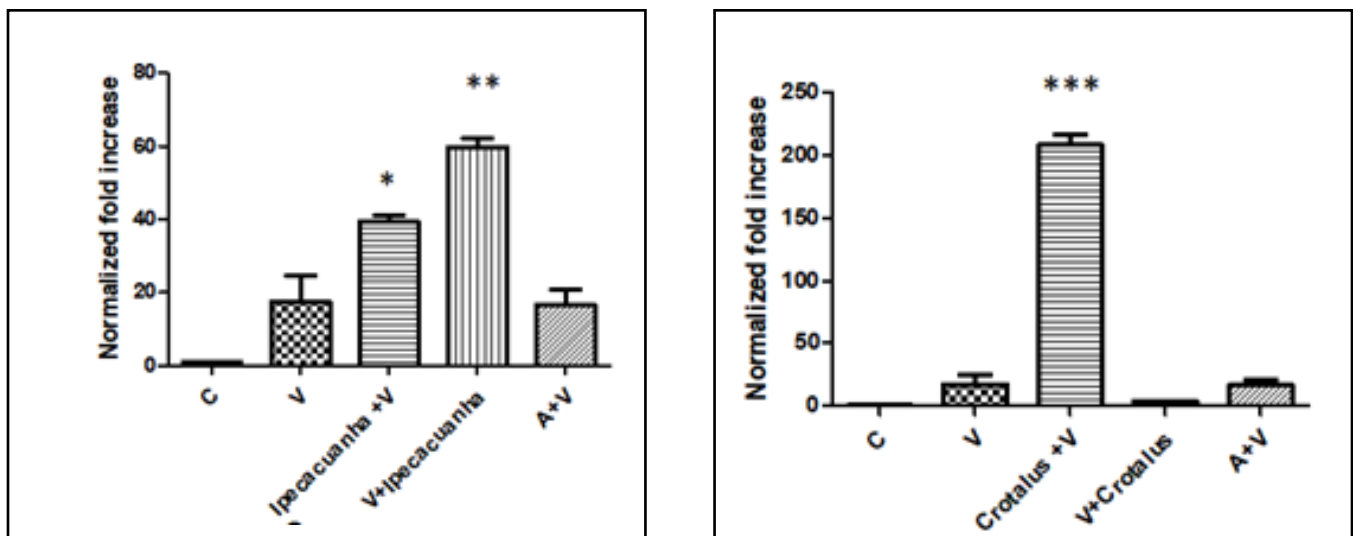
ONGOING STUDIES OF VIROLOGY LABORATORY: 04

1. Effect of homoeopathic medicines on dengue virus infection on mosquito cell line and in suckling mice, DACRRI(H), Kolkata.
2. Development of Japanese Encephalitis virus nosode and to study its efficacy in animal model.
3. Role of *Crotalus horridus* and *Phosphorus* on antibody dependant enhancement ADE of dengue virus infection leading to complications.
4. Effect of homoeopathic medicines on Chikungunya virus (CHIKV) induced pathogenicity in suckling mice.

DENGUE PRE-CLINICAL STUDIES:

1. Effect of homoeopathic medicines on dengue virus infection on mosquito cell line and in suckling mice, DACRRI (H), Kolkata.

To study the role of homoeopathic medicines (a.) *Eupatorium perfoliatum* 6C, (b.) *Crotalus horridus* 6C (c) *Ipecacuanha* 6C (d) *Phosphorus* 6C against infectivity of dengue virus, Peripheral Blood Mononuclear Cells were isolated from healthy donor and were infected with dengue virus followed by pre and post treatment with each homoeopathic medicine and alcohol as control. After incubation viral load and gene expression were studied by RT-PCR method, the following graphical observations as regards to IL-6 and IL- 10 are given below:



[Figure-2: Changes of IFN γ gene expression in PBMC. (C: Control, V: infected with DENV, A+V: pretreated with alcohol 6C followed by infection, Medicines applied are *Crotalus horridus* 6C, and *Ipecacuanha* 6C. Data are expressed as mean \pm SEM. * Indicates P < 0.05, ** Indicates P<0.01, *** Indicates P < 0.001 as compared to control.]

DENGUE PRECLINICAL STUDY

Role of *Crotalus horridus* and *Phosphorus* on antibody-dependent enhancement (ADE) of Dengue virus infection leading to complications.

The following project is comprised with standardisation of protocol followed by experiments. This would be done on THP1 and Jurkat cell line. Initially, DENV I virus was propagated in C6/36 cell line as per the protocol. The lyophilized DENV-1 (Hawaii, passage number-102, 10% BAPS, M46486, LRY 131296) procured from the National Institute of Virology (Pune) was reconstituted with 1ml nuclease-free water and stored at -80°C. To determine the MOI of virus, it was further propagated in Vero cell line. Further plaque assay was performed in Vero cell line. There was a significant CPE found in the Vero cell line (fig) which also significant with viral load in C6/36 cell line.

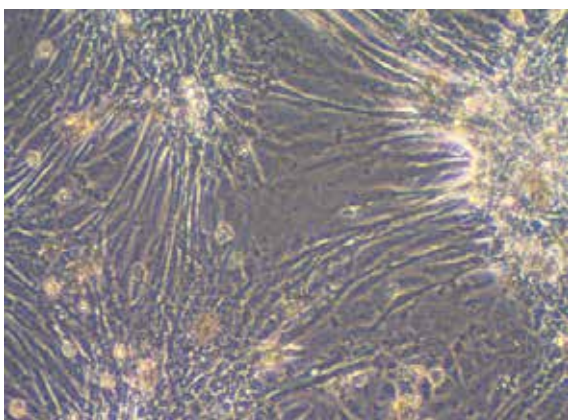


Fig: Vero cell line infected with DENV I virus (5 days post infection)

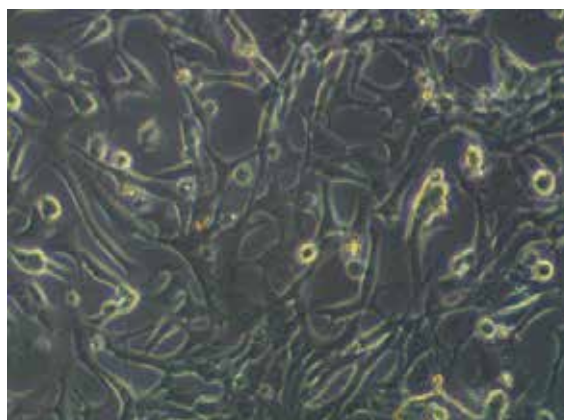


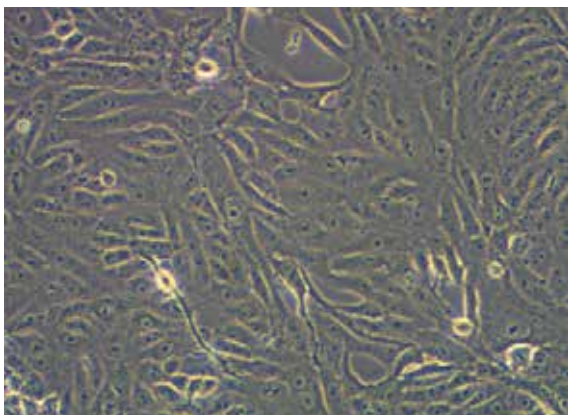
Fig: Vero cell line without virus treatment

CHIKUNGUNYA PRECLINICAL STUDY

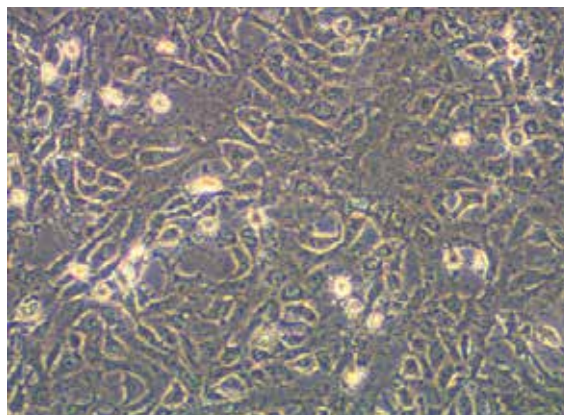
Effect of homoeopathic medicines on Chikungunya Virus (CHIKV) induced pathogenicity in suckling mice.

C6/36 cell line propagation protocol has been standardized by using 10ml L15 media supplemented with 10 %heat- inactivated FBS into a T75 cm² cell culture flask and incubated at 28°C overnight in the absence of CO₂ to propagate virus and cryopreservation of C6/36 cell line was done by using Fresh MEM media containing 2-4×10⁶ cell/ml with 5% FBS and 5% DMSO. Initially Chikungunya positive sera were collected from suspected patients with proper consent and quantitative RT-PCR was negative of the suspected CHIKV positive sera then chikungunya virus was collected from Dr. Soma Chattopadhyay, Scientist E, Institute of Life Science, Bhubaneswar. The viral load was determined by Real Time PCR and was 4.2×10⁸ copies/ ml. Then C6/36 cells and Vero cells were infected with CHIKV in which copy no. was 1.26×10⁷ copies /ml. CHIKV virus infected cell supernatant was collected at different time interval and viral load determined. After the measurement of viral load copy number has been increased. The copy number of CHIKV infected Vero cells is 1.71×10⁹ copies/ ml and copy number of CHIKV infected C6/36 cells is 8.5×10⁸ copies/ ml which indicates successful adaptation and passaging of the virus in the laboratory which will be used for further experiments as per objective.

Representative photographs of Vero Cells infected with CHIKV:

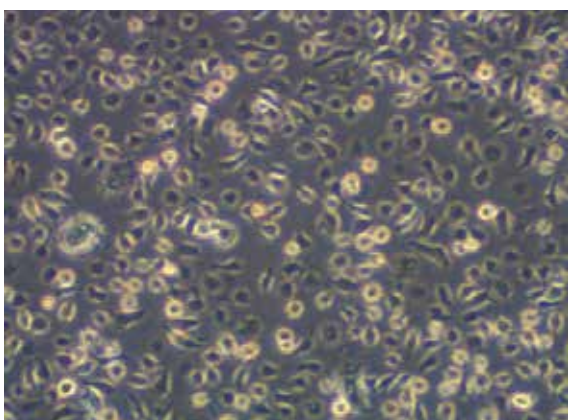


Control

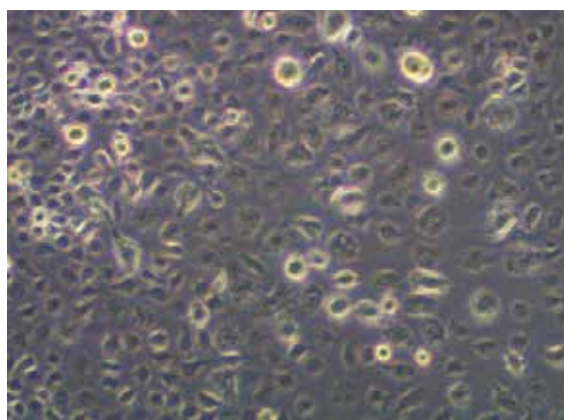


CHIKV infected cells

Representative photographs of C6/36 cells infected with CHIKV:



Control



CHIKV infected cells

JE PRE-CLINICAL STUDIES:

1. Estimation of viral load and immune response in JE virus infected CAM model treated with Belladonna.

The effect of *Belladonna* 200C in the alteration of cytokines, TLR signalling as well as limiting the viral replication in JEV infected CAM model. From the study it may be concluded that *Belladonna* 200C has significant preventive role against JEV in chick model and *Belladonna* 200C exerts the antiviral effect by influencing the TLR signalling pathway which is one of the contributing factors in the immune-pathogenicity of JE virus infection.

2. Development of Japanese Encephalitis virus nosode and to study its efficacy in animal model

The JEV nosode is aimed to be prepared from four different methods using three different strains of JEV. Prototype and virulent Nakayama (reference) strain are being maintained by animal passage through intracranial inoculation of JEV in 1-2 day old suckling mice (BALB/c) brain. Among the 4 different methods, one method with human PBMC has already been completed.



Figure- 4: JEV inoculation in suckling mice using neurosyringe.



Figure- 5: Hunch back posture after 72hrs post infection with JEV.



Figure- 6: Moribund condition after 4 day postinfection with JEV.

ANIMAL HOUSE UNDER VIROLOGY LABORATORY:



Figure- 7: Healthy adult mice for breeding



Figure- 8: Newly born mice ready to undergo experiment

PATENT FILED: 01

“A novel formulation (SKRIN) for use in therapy of tissue injury and cellular loss in tissue regeneration via preventing cellular senescence”

PROVISIONAL PATENT APPLICATION NO.201911022739 DATED JUNE 07, 2019

PUBLICATIONS: 06

1. **Sub-lethal dose of atropine gives protection from Japanese encephalitis virus infection in chick embryo model: of Zoological Society (Springer Nature). Proc Zool Soc Available from: <https://doi.org/10.1007/s12595-020-00324-8>. (Published on February 2020)**

Abstract: The present study was conducted to evaluate the effect of atropine in controlling JE virus infection in chick embryo, which is already established as an ideal model for study of various host-pathogen interactions and screening of newer antiviral agents. In this experiment we pre-treated 12 day old embryos with atropine sulphate to see whether it can give protection from JE virus challenge. There were significant decrease in the viral loads in the brain, chorioallantoic membrane and amniotic

fluid of the embryo in atropine sulphate pre-treated groups compared to the infection groups. Atropine sulphate pre-treated group showed significant up-regulation of interferon alpha and toll like receptor-3 mRNA, than other analogous groups. The histological changes showed significant reduction of necrosis, inflammation and other co-morbid pathology in the atropine sulphate pre-treated groups. Hence this study demonstrated the protective role of atropine in controlling the JE virus replication and its organotropic dissemination to brain which may pave way for a prospective therapy in the future treatment of JE.

2. Effect of Pure Atropine and Atropine Sulphate on Japanese Encephalitis Virus Infection in Chick Chorio Allantoic Membrane: Asian Journal of Microbiology, Biotechnology & Environmental Sciences. 2019; 21(2): 512-518. (Accepted on 5 January 2019, Published: July 2019)

Abstract: In this study our aim was to observe changes in cytokine profile of JE virus challenged chick chorioallantoic membrane (CAM) and to observe whether the most active component of *Atropa belladonna* – atropine along with its important compound atropine sulphate can modify the cytokine gene regulation as A. Eleven days old chicken eggs were inoculated with a standard dose of JE virus. The chick embryos were challenged with JE virus pretreated with atropine/ atropine sulphate keeping matched control sets. After harvesting of eggs in different experimental sets it was found that there was no pock on atropine and atropine sulphate treated CAM, while they were present in significant numbers in virus challenged CAM without atropine or atropine sulphate. IFN α and IFN γ were markedly up regulated in atropine and atropine sulphate added virus challenged CAM respectively. Atropine mainly up regulates type II interferon and atropine sulphate mainly up regulates type I interferon mainly IFN α in CAM. Thus in this study we find that both atropine and atropine sulphate may restrict the JE viral pathology by modulating the on chick CAM.

3. Antimicrobial activity of different homoeopathic drugs and their potencies against 'Aspergillus niger' In vitro: Indian Journal of Research in Homoeopathy, 2019, Volume: 13, Issue: 3, 150-158

This study was undertaken with an aim to explore the antimicrobial effect of different homoeopathic drugs and its potencies against the *Aspergillus niger*.

Fifteen homoeopathic mother tinctures (Θ) and their potencies (3X, 6X, 12X) were tested for their biological activity against the human pathogenic fungi *A. niger* using disc diffusion method according to clinical and laboratory standard (CLSIM44-A) with slight modifications.

The marked antifungal activity was observed with Θ of *Zingiber officinale*; the growth of *A. niger* was inhibited and showed maximum zone of inhibition up to 15.4 ± 2.88 mm followed by *Holarrhena antidysenterica* (13.2 ± 1.09) and *Terminalia chebula* (10.6 ± 1.14). Different potencies (3X, 6X and 12X) also exhibited significant zone of inhibition, especially *Allium cepa* 6x (10.4 ± 0.89), *Caesalpinia bonducella* 6X and 12X (12.8 ± 0.54 and 10.4 ± 1.14 , respectively), *Eucalyptus globulus* 12X (11.3 ± 1.94), *Ruta graveolens* 12x (15.0 ± 2.23), *Thuja occidentalis* 6X (10.8 ± 0.83), and *Zingiber officinale* 3X and 6X (13.0 ± 2.73 and 11.4 ± 2.30 , respectively) as compared to control.

Conclusion: The findings of study concluded that Θ and potencies can effectively inhibit the growth of *A. niger* in vitro. This study paves the way for development of homoeopathic antifungal treatments.

4. Assessment of Acute and Sub-Acute Toxicity Study of Selected Ultra-Diluted Preparations in Wistar Rats: J Forensic Chemistry Toxicol. 2019; Volume: 5, Issue: 2, pp. 115-124.

Objective: The aim of this work was to investigate the acute and sub-acute toxicity studies of the homeopathic drugs, *Causticum*, *Calcerea*, *Medorrhinum*, *Mercurius*, *Formica*, *Proteus*, *Silica*, *Sulphur*, *Thuja* in experimental models.

Findings of the study revealed that on administration of homeopathic drugs at single bolus dose in acute toxicity study, there were no mortality or any signs of toxicity observed after oral administration of drugs up to the dose level that of 2000 µl in rats. So, the LD50 was found to be greater than 2000 ul/100g body weight. Sub-acute toxicity study was conducted for a period of 28 days and we noted that there were no pathological or biochemical alterations found.

Conclusion: Study inferred that homeopathic drugs are safe on acute and sub-acute administration for 14 and 28 days respectively. The safety profile is established in experimental animals and further data can be corroborated in humans.

5. Attenuation of Complete Freund's Adjuvant-induced arthritis by different dilutions of *Eupatorium perfoliatum* and *Crotalus horridus* and their safety evaluation: Indian Journal of Research in Homoeopathy, 2019, Volume 13, Issue 2, 107.

Objective: The aim of this study was to investigate, the inhibitory effect of the homeopathic drugs – *Eupatorium perfoliatum* and *Crotalus horridus* in experimental models of inflammation and Complete Freund's Adjuvant (CFA)-induced arthritis with evaluation of their safety aspects by acute and subacute toxicity studies. Findings of the study revealed that on CFA administration, there is a significant ($P < 0.01$) increase in joint diameter in all the tested animals. Maximum increase in joint diameter was observed on day 3 in all the treatment groups. *Eupatorium perfoliatum* 200CH showed significant decrease in joint diameter on day 21. In carrageenan study, the homeopathic drugs produced a significant reduction in paw oedema at 5-h post-carrageenan administration. Study noted that the anti-inflammatory activity of *Eupatorium perfoliatum* was found to be superior to *Crotalus horridus*. The findings revealed that *Eupatorium perfoliatum* and *Crotalus horridus* are safe at dilutions 6CH, 12CH, 30CH and 200CH and effective in minimizing inflammation and arthritis in CFA-induced model.

6. Prevalence of afebrile malaria and development of risk-scores for gradation of villages: A study from a hot-spot in Odisha. PloS one, Volume 14, Issue 09, e0221223.

Through a cross-sectional study and using WHO recommended Rapid Diagnostic Test (RDT), 13221 individuals were screened. The prevalence of malaria was 5.8% and afebrile malaria accounted for 79 percent of all confirmed cases. Higher proportion of Pv infections were afebrile (81%). We found the prevalence to be 1.38 (1.1664–1.6457) times higher in villages where the Accredited Social Health Activist (ASHA) didn't stay; the risk increased by 1.38 (1.0428–1.8272) and 1.92 (1.4428–2.5764) times in mid- and high-altitude tertiles. With regard to forest coverage, villages falling under mid- and highest-tertiles were 2.01 times (1.6194–2.5129) and 2.03 times (1.5477–2.6809), respectively, more likely affected by malaria. Similarly, villages of mid tertile and lowest tertile of education had 1.73 times (1.3392–2.2586) and 2.50 times (2.009–3.1244) higher prevalence of malaria. Presence of ASHA worker in villages, altitude, forestation, and education emerged as principal predictors of malaria infection in the study area. An easy-to-use risk-scoring system for ranking villages based on these risk factors could facilitate resource prioritization for malaria elimination.

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 of 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, epidemic 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.

Studies concluded: 01

S.No.	Name of the Institute & Principal Investigator	Name of the study
1.	Department of Biochemistry, AIIMS, New Delhi. Dr. Sudip Sen	<i>Symphytum officinale</i> augments osteogenesis in human bone marrow-derived mesenchymal stem cells in vitro as they differentiate into osteoblasts.

New studies initiated: 02

S.no.	Name of the Institute & Principal Investigator	Name of the study
1.	Department of Biochemistry & Molecular Biology Pondicherry University, Kalapet, Puducherry. Dr. R. Rukkumani	A Comprehensive Evaluation of the anticancer efficacy, Safety and components of various Homoeopathic formulations of <i>Hydrastis canadensis</i> available in market.
2.	Biochemical Science Division Rajiv Gandhi Institute of IT and BT Bharati Vidyapeeth University, Pune. Dr. Rashmi S. Tupe	Investigation of molecular mechanism in antiglycation activity of <i>Syzygium jambolanum</i> homeopathic preparation in diabetic nephropathy.

Published: 01

S.no.	Article title	PI Name	Journal
1.	<i>Symphytum officinale</i> augments osteogenesis in human bone marrow-derived mesenchymal stem cells in vitro as they differentiate into osteoblasts.	Dr Sudip Sen	Journal of Ethnopharmacology 248(2020)112329. https://doi.org/10.1016/j.jep.2019.112329 . Available online 28 October 2019

Salient findings from the studies published

S.no.	Article type	Outcomes
1.	<i>Symphytum officinale</i> augments osteogenesis in human bone marrow-derived mesenchymal stem cells in vitro as they differentiate into osteoblasts.	This study aimed to determine if homoeopathic doses of <i>Symphytum officinale</i> could augment osteogenesis in MSCs as they differentiate into osteoblasts in vitro. Flow cytometry (CD90, CD105) detected MSCs isolated from bone marrow (93–98%). MTT assay showed that the selected doses of SO did not induce any cytotoxicity in MSCs (24 hours). The efficiency of osteogenic differentiation (2 weeks) for different doses of <i>Symphytum officinale</i> was determined by flow cytometry (n = 10) for osteoblast marker, Osteocalcin, and most doses of <i>Symphytum officinale</i> enhanced osteogenesis. Interestingly, gene expression analysis for Runx-2 (n = 10), Osteopontin (n = 10), Osteocalcin (n = 10) and alkaline phosphatase activity (n = 8) also showed increased osteogenesis with the addition of <i>Symphytum officinale</i> to BDM, specially mother tincture.

Meetings held at the Ministry of AYUSH: 03

S.no.	Meeting	Date
1.	Project Screening Committee meeting under the chairmanship of Joint Secretary, Ministry of AYUSH	13 th , 14 th August, 2019
2.	Project Approval Committee meeting under the chairmanship of Secretary, Ministry of AYUSH	1 st November, 2019
3.	Project Screening Committee meeting under the chairmanship of Joint Secretary, Ministry of AYUSH	28 th February, 2020

Meetings held at the Council: 02

S.no.	Meeting	Date
1.	Revised review meeting for clinical proposals	4 th February 2020
2.	Revised review meeting for pre-clinical proposals	18 th February 2020

In year 2019-20, the priority area proposed by the Ministry of AYUSH was “Non- Communicable diseases”, under which total 91 new proposals were received. All proposals were reviewed by the subject experts. Out of 91 proposals, 21 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. During the reporting year, the status of activities in the global arena is under:

SI. No.	Name of the University		Title of the project	Contact person of MoU	Date signing of MoU	Present Status
1	Malaysia	Cyberjaya University of Medical Sciences	MoU between Cyberjaya University of Medical Sciences and CCRH, Ministry of AYUSH, INDIA	Int'l: Prof. Dato Dr. Mohamad Abdul. Council: Dr.Shaji Kumar R.T, RO (H) S-3.	Not finalised	The revised draft MoU is under consideration with the Malaysian Government from April 2020.

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 (STSH) Scheme 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, many students have been awarded scholarship with a continuous increase in number of awardees each year.

In a step forward, the Council has signed Memorandum of Understanding (MoU) with 30 interested PG Homoeopathic Medical Colleges for collaboration in training & research in identified areas of interest since 2016 till date. 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.

In year 2016-17, MoU was signed with Homoeopathy University, Jaipur for Dr. MP Khuteta Homoeopathic Medical College while in year 2017-2018 MoUs were signed with Govt. Homoeopathic Medical College, Bhopal, R.B.T.S Homoeopathic Medical College, Bihar and Motiwala Homoeopathic Medical College, Nashik and Dr. M.L Dhawale Trust, Maharashtra.

During the Scientific Convention on the auspicious occasion of World Homoeopathy Day 2018 CCRH exchanged MoUs with 23 interested homoeopathic colleges and during reporting year on World Homeopathy Day 2019 CCRH further extended this collaboration by exchanging MoUs with 2 more homoeopathic medical colleges to guide them in the area of research & training.

Details of CCRH National Collaborative Homeopathic Medical colleges:

S.No.	Name and address of the College	State
MoU signed in 2019-20		
1.	Jawaharlal Nehru Homoeopathic Medical College, Vadodara	Gujarat
2.	Swasthya Kalyan Homoeopathic Medical College, Jaipur	Rajasthan

Activities in the reporting year:

A. Joint Research Studies

I. Research OPDs /Joint Research Projects

- Collaborative research OPDs opened in the area of Dermatology/Rheumatology/Respiratory Diseases/ Paediatrics/Ophthalmology opened in some colleges like Government Homoeopathic Medical College, Bhopal, R.B.T.S. Homoeopathic Medical College, Muzaffarpur, Bihar and Dr. MP Khuteta Homoeopathic Medical College, Jaipur since 2017-18 where data of patients captured in research mode on structured formats. Around 7000 patients were seen at these OPDs.
- Ongoing collaborative clinical research study on 'Haemophilia' at Motiwala Homoeopathic Medical College, Nashik: It is a prospective, open label, exploratory, double arm study. The primary objective of the study to compare the effect of adjuvant homoeopathic treatment given with standard medical management and standard medical management alone in Persons with Haemophilia (PWH) with respect to annualized bleeding rate and the secondary objectives include comparison of groups w.r.t joint health; health-related quality of life; requirement of clotting factor concentrates etc. 173 cases have been screened out of which 52 have been enrolled till date which are under follow up.
- Ongoing research study titled 'A study of conventional and homoeopathic paradigms in treating children aged 0-18 months' at JIMS Homoeopathic Medical college, Telangana: Primary objective of the study is to compare the health status of children treated homeopathically ('homeopathic treatment group') for acute illness episodes from birth to 18 months with a matched group of children treated conventionally ('conventional treatment group') while the secondary objectives include comparison between the groups for growth and development, episodes of diarrhea, respiratory diseases, economic burden etc. 108 neonates enrolled in the study are under follow up.
- Pretrial preparations for molecular research study in Psoriasis to be undertaken at AIIMS Bhopal & GHMC Bhopal and clinical research study in Periodontitis to be undertaken at Dr VH Dave Homoeopathic Medical College, Gujarat under process.
- Drug proving research projects being undertaken at 10 collaborating colleges.
- 08 collaborating colleges submitted research proposals under EMR scheme of Ministry of AYUSH in 2019.

B. Other Activities

II. Orientation Programs:

- Orientation programmes by CCRH officers in various states at 8 collaborating colleges were conducted which were attended by approx. 800 participants (in the year 2018 & 2019).
- Scientific convention on the World Homoeopathy Day-2019, themed “Linking education and clinical practice with research: Advancing Scientific Collaborations” in which scientific sessions covering topics related to biostatistics, reforms in ethical guidelines, documentation & publication ethics etc. were organized in a separate Hall for the students/faculty of homoeopathic medical colleges. 328 students from 42 colleges across India attended the same.
- Sensitisation workshop in Research methodology & Biostatistics to 46 faculty from 28 colleges in the year 2018.

PUBLIC HEALTH PROGRAMS IN RESEARCH MODE

A. HOMOEOPATHY FOR HEALTHY CHILD

Central Council for Research in Homoeopathy under directions from Ministry of AYUSH in 2015 initiated 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 was implemented through 07 institutes/units of CCRH in 07 districts in 10 pre-identified blocks.

During the year 2019-20, the program was ongoing at Ranchi (Kanke block), Jharkhand and Guwahati (Kamrup district), Assam. The enrolled children were followed up in monthly review meeting for their dentition patterns diseases related to dentition. The date is as follows:

Program coverage

S.No.	State	Institutes	Districts	Identified Blocks
1	Assam	RRI (H), Guwahati	Kamrup	Dhirenpara, Central Zone block
2.	Jharkhand	CRU (T), Ranchi	Ranchi	Kanke

Achievements: -

Achievements	Since inception till 31 st March 2020	During 2019-2020
Training Programs	42	00
Review meeting conducted	790	44
ASHA/ANM trained	2128	00
AWW sensitized	1752	00
Children enrolled	87631	1697
Diarrhea Reporting (Responding)	21,267 (20145)	7299 (7177)
URTI/Fever Reporting (Responding)	27522 (26329)	7210 (7196)

State/Blocks wise detail are as follows:

State/Blocks	No. of review meetings held	No. of children enrolled (6 months-12 months)	No. of children enrolled (13 months-36 months)
Guwahati (Capital & Dhirenpara)	22	-	-
Ranchi(Kanke)	22	1697	-
Total	44	1697	-

Diarrhoea and URTI/FEVER :

State/Blocks	From 1 st April 2019 to 31 March 2020			
	Diarrhoea Reported (Responded)	Diarrhoea Reported (Responded)	URTI/FEVER Reported (Responded)	URTI/FEVER Reported (Responded)
	6 month -12 months children	13 year-36 months children	6 month -12 months children	13 year-36 months children
Guwahati (Capital & Dhirenpara)	166 (166)	115 (113)	261 (260)	151 (149)
Ranchi (Kanke)	4324(4309)	2694(2589)	4545(4539)	2253(2248)
Total	4490 (4475)	2809 (2702)	4806 (4799)	2404 (2397)

Other complaints associated with dentition :

State/Blocks	Children reported with Anaemia		Children reported with Colic		Children reported with irritability	
	6 month -12 months children	13 year-36 months children	6 month -12 months children	13 year-36 months children	6 month -12 months children	13 year-36 months children
Guwahati (Capital & Dhirenpara)	1	7	14	2	-	-
Ranchi(Kanke)	3	-	1981	1219	-	-
Total	4	7	1995	1221	0	0

B. SWASTHYA RAKSHAN PROGRAMME

Council has initiated Swasthya Rakshan Programme as per directions of Ministry of AYUSH and linking with Swachh Bharat Abhiyan, to promote health by identifying and treating the diseases related to poor hygiene and sanitation in the rural areas by adopting villages by the institutes/units under CCRH. The program was initiated in 2015 at 11 institutes by adopting 55 villages and is ongoing till date.

During 2019-20, the programme was undertaken in 38 identified villages/ colonies by 08 Institutes of the Council. In the reporting period, apart from conducting Swasthya Rakshan mobile OPD's/Parikshan camps in villages, Adolescent Health Survey for assessment of health seeking behaviour and usefulness of Homoeopathy for adolescents (12-18 years) in rural settings was initiated in the schools of adopted villages.

The team visited each village once a week for conducting camps wherein patients requiring homoeopathic medicare services were provided treatment. Weekly visits were made to schools to capture the data related to perception of adolescents about their health.

OBJECTIVES

1. Conducting health camps /mobile OPDs for providing free homoeopathic treatment.
2. Health Screening of Adolescents using pre-structured questionnaire. Documentation of demographic information, food habits, hygienic conditions, lifestyle, incidence/prevalence of disease, substance abuse among Adolescents.

3. To provide homoeopathic treatment to Adolescents for their health problems.
4. Health promotion through health education to local population.
5. Assessment of overall outcomes through patient reported outcome measures.

ACTIVITIES UNDERTAKEN

I. Medicare services:

During the reporting year, 42 villages have been adopted, 1138 Swasthya Rakshan Camps/OPDs have been organized and 34039 patients have been benefitted with homoeopathic treatment.

Institute wise details are as below:-

Name of the Institute	Name of Village	No. of camps	Total Population	Patients benefitted	Commonly identified diseases
Dr. DP Rastogi Central Research Institute (H), Noida.	Milak Lachhi	37	4000	402	i. Anaemia-594 ii. Non-insulin-dependent diabetes mellitus -230 iii. Dermatitis and Eczema (Atopic/ Seborrhoeiac / Contact)-204 iv. Common cold/Rhinitis-177 v. Osteoarthritis-133 vi. Gastritis/Acid Peptic Dyspepsia/Gastro oesophageal Reflux Disease-121 vii. Ringworm/Tinea infections-83 viii. Headache -78 ix. Spondylosis (Cervical / Lumbar)-72
National Homoeopathy Research Institute in Mental Health, Kottayam	Nangli Wazidpur	34	1800	394	i. Bronchiectasis- 121 ii. Tinnitus- 908 iii. Upper respiratory tract infections- 513 iv. Fibroadenosis of Breast- 495 v. Diarrhoea- 232 vi. Polyarthritis- 198 vii. Tonsillitis- 119 viii. Acute Otitis Media- 72
	Gadhi shahpur	36	4000	803	
	Kulesra	36	2996	234	
	Gadhi Chaukhandi	38	5470	352	
	Perunna	16	127987	358	
	Thrikodithanam	17	33087	731	
	Payippad	16	19281	1065	
	Vazhoor	18	22982	1090	
	Madapally	17	35176	785	

Name of the Institute	Name of Village	No. of camps	Total Population	Patients benefitted	Commonly identified diseases
Regional Research Institute(H), Guwahati	Palashbari	34	30,000	250	i. Low Back pain/Sciatica/ Backache - 582 ii. Myalgia- 471 iii. Spondylosis(lumbar/ cervical)- 454
	Azara	34	27,000	837	iv. Dermatitis & Eczema -469 v. Haemorrhoids - 374 vi. Gastritis- 322
	Kahilipara	34	15,000	1695	vii. Upper respiratory tract infections - 327 viii. Polyarthrititis- 254 ix. Cough- 220 x. Rash non specific- 277
	Ambari Fatasil	33	20,000	825	
	Hajo	34	18,000	658	
Regional Research Institute(H), Puri	Erabanga	30	5000	277	i. Acute Upper Respiratory Infections- 49 ii. Myalgia- 43 iii. Pruritis- 17 iv. Arthrodynia- 36 v. Dermatitis- 19 vi. Low back pain- 16 vii. Arthrosis- 11 viii. Gastritis- 19 ix. Dizziness- 20 x. Cough- 21
	Alagum	30	5000	380	
	Nagapur	29	5000	282	
	Bishnupur	28	6000	244	
Regional Research Institute(H), Imphal	Khurai	14	51000	271	i. Acute Rhinitis –130 ii. Menstrual irregularities– 40 iii. Headache – 84 iv. Acne – 40 v. Arthralgia –34 vi. Backache – 28 vii. Gastritis –34 viii. Dermatitis -26 ix. Urinary Tract infection- 28 x. Acute Pharyngitis –22
	Canchipur	12	10417	287	
	Kwakeithel	14	30000	213	
	Nambol	3	18117	54	
	Thangmeiband	11	50000	179	
	Cheirengthong	4	51000	34	
Dr. Anjali Chatterjee Regional Research Institute (H), Kolkata	Kharibari	41	24500	3743	i. Acid peptic dyspepsia- 575 ii. Osteoarthritis- 570 iii. Low back pain- 506 iv. Myalgia- 448 v. Cough- 299 vi. Dermatitis- 271 vii. Pruritis- 204 viii. Spondylosis- 177 ix. Ringworm- 175 x. Neuralgia- 168
	Dankuni	39	6850	1503	
	Sheoraphuli	35	7785	929	
	Sodepur	42	8300	933	
	Dhapa	43	12000	818	

Name of the Institute	Name of Village	No. of camps	Total Population	Patients benefitted	Commonly identified diseases	
Regional Research Institute (H), Gudivada	Siddantham	1	343	25	i. Osteoarthritis - 750 ii. Spondylosis (Cervical / Lumbar) - 683 iii. Gastritis/Acid Peptic Dyspepsia/Gastro esophageal Reflux Disease - 479 iv. Arthralgia - 567 v. Plantar Fasciitis- 296 vi. Dermatitis and Eczema (Atopic/ Seborrhoeic/ Contact) - 535 vii. Neuralgia and neuritis- 233 viii. Myalgia - 501 ix. Calcaneal spur - 433 x. Frozen shoulder - 446	
	Chennuru	38	3326	1297		
	Challapalli	38	17067	3884		
	Chinamuttevi	38	2482	3875		
	Angaluru	40	4234	2318		
	Katuru	32	7132	1415		
Moturu	4	4092	50			
Regional Research Institute (H), Agartala	Radhapur	20	2700	79		i. Acne- 218 ii. Headache- 173 iii. Dermatitis- 159 iv. Irregular menstruation- 87 v. Urticaria- 73 vi. Myalgia - 134 vii. Arthralgia- 123 viii. URTI- 282 ix. Vertigo- 59 x. Pruritis- 77
	Belbari	30	3084	150		
	Ashampara	32	4500	97		
	Jirania	22	2600	84		
	S. N. Colony	34	8000	139		
Total		1138	717308	34039		

II. Adolescent Health Survey: “Assessment of Health Seeking Behaviour and usefulness of Homoeopathy for adolescents (12-18 years) in rural settings”.

The survey was initiated in August 2019 by 08 Institutes in 50 Government and private schools. Adolescents of the age group 12-18 years and both genders are screened in schools for assessment of health seeking behavior using pre structured questionnaire to collect socio-demographic information, Hygienic Measures, Habits, Substance Abuse, Mental State, Health Problems, Menstrual History, Knowledge about Homoeopathy, Anthropometric Information. Adolescents suffering from any diseases are referred to OPD of SRP, provided homoeopathic treatment, and followed up fortnightly.

Achievements:

- No. of adolescents screened- 8034
- No. of adolescents enrolled for treatment:-3343
- No. of adolescents followed up:- 2917
- No. of adolescents responded:-297

Institute wise details of Adolescent Health Survey are placed below:

Name of the Institute	Name of Village	Name of School	No. of Adolescents			
			Screened	Enrolled	Followed Up	Responded
Dr. DP Rastogi Central Research Institute(H), Noida.	Milak lacchi	<ul style="list-style-type: none"> Primary Govt. School Aryan International Public School Paras Public School 	155	50	47	11
	Wazidpur	<ul style="list-style-type: none"> Model National Public School Sai Shiksha Sansthan 	168	48	46	9
	Gadhi shahpur	<ul style="list-style-type: none"> Vidya & Child School Uccha Pratham Government School Mother and Public School 	158	41	39	15
	Kulesra	Ucha Pratham Government School	152	48	39	15
	Gadhi choukhandi	Krishna Inter College	156	31	30	7
National Homoeopathy Research Institute in Mental Health, Kottayam	Changanaserry	Govt. Higher Secondary School	180	218	38	30
	Madapally	St. Peter's Higher Secondary School	369	345	31	21
	Vakathanam	Jerusalem Mount higher Secondary School	469	190	28	7
	Kangazha	Ithithanam Higher Secondary School	301	299	31	14
	Kurichy	Govt Higher Secondary School	314	292	49	17
	Saturday OPD	NHRIMH OPD	-	85	24	19
Regional Research Institute(H), Guwahati	Palashbari	RBHS & MP School	53	1	0	0
	Azara	Rajdhar Bora HS School	71	5	3	2
	Kahalipara	Sabitri Bharali School	89	8	3	2
	Ambari Fatasil	Ambari High School	103	16	0	0
	Hajo	SBSKR H.S School	61	4	0	0
Regional Research Institute (H), Puri	Erabanga	Erabanga Nodal High School	200	20	20	20
	Alagum	Algum ME and High School	200	22	22	22
	Nagapur	Nagpur Narayani Nodal High School	200	22	22	22
	Bishnupur	Bishnupur Nodal High School	200	20	20	20

Name of the Institute	Name of Village	Name of School	No. of Adolescents			
			Screened	Enrolled	Followed Up	Responded
Regional Research Institute (H), Imphal	Khurai	Lamlong Higher Sec. School	271	73	20	11
	Canchipur	• Tondonsana • Thamboumacha High School Temple of Learning	287	89	41	29
	Kwakeithel	Pitambara English School,	213	79	20	13
	Nambol	The Regular English School, Nambol	54	41	27	17
	Thangmeiband	Alpha BCI Memorial Academy	179	74	36	24
	Cheirengthong	K.T.S. School	34	20	11	8
Dr. Anjali Chatterjee Regional Research Institute (H), Kolkata	Kharibari	Chowmuha High School	307	131	467	30
	Dankuni	Dankuni Shree Ram Krishna Vidyashram	242	64	245	5
	Serampore	Simla High School	41	31	4	0
	Sodepur	Sodepur Chandrachur Vidyapith (for girls)	342	91	223	10
	Dhapa	Janakalyan Siksha Mandir High School (Co-ed)	204	66	166	1
Regional Research Institute (H), Gudivada	Chennuru	ZP High School	149	108	5	5
	Challapalli	ZP High School / SRYS PJ College	182	83	0	-
	China muttevi	ZP High School	109	53	3	3
	Angaluru	SLVBP High School / DIET College	187	51	0	-
	Kuchipudi	SSZP High School	143	82	2	2
	Katuru	ZP High School	49	18	7	7
	Moturu	ZP High School	77	25	0	-
Regional Research Institute (H), Agartala	Radhapur	Eklavya Residential school	324	78	235	49
	Belbari	Montfort H/S School	288	116	299	53
	Ashampara	Ranirbazar H/S School	224	60	147	35
	Jirania	Khumpui academy	277	77	259	45
	S.N. Colony	Sanhati Vidyamandir	252	68	208	35
	Total	50	8034	3343	2917	635

Outcomes:

- No. of beneficiaries: 34039 people have been provided treatment.
- No. of camps conducted: 1138 Parikshan camps have been conducted in the adopted villages.
- Common prevalent diseases in the identified villages are dermatitis/eczema, spondylosis, tinnitus, Low back pain/sciatica, osteoarthritis, anemia, Acid peptic dyspepsia, acute upper respiratory tract infection, gastritis and arthralgia.

Public Health Programs in Research Mode

- Adolescents were screened in the schools of all the adopted villages for the assessment of health seeking behavior and usefulness of homoeopathy for adolescents and out of them 41.6% were enrolled for the homoeopathic treatment. 8034 number of adolescents was screened and 3343 were enrolled in the adolescent health survey.
- 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 homoeopathic medicines has been popularized in a massive way and a significant number of people are opting to Homoeopathy and were benefitted.



Adolescent health survey and SRP camp, RRI (H) Imphal



Adolescent Health Survey Camps, DDPRCRI (H), NOIDA



Adolescent Health Survey Camps, NHRIMH, Kottayam

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

Central Council for Research in Homoeopathy under Ministry of AYUSH has integrated Homoeopathy with Yoga on a pilot basis and implemented and executed the Integration of AYUSH (Homoeopathy with Yoga) in the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke with AYUSH (Homoeopathy along with Yoga) project on pilot basis at two identified districts i.e., Krishna (AP) since September 2015 and at Darjeeling district (West Bengal) since February 2016 with 9 and 7 Lifestyle disorder clinics (AYUSH LSD) respectively, in the premises of respective State Government health facilities i.e., CHC and above.

Further, the program has been extended to two more tribal districts since May 2017 i.e., at Sambalpur (Odisha) and at Nashik (Maharashtra) with 03 Lifestyle disorder clinics (AYUSH LSD) at each district, in the premises of respective State Government health facilities i.e., CHC and above.

Objectives of Integration of Homoeopathy with 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
- Treatment 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 22 identified LSD clinics. The overall achievements so far since inception and the reporting year from 1st April 2019 to 31st March 2020 are as follows:

Overall achievements of NPCDCS program since inception:-

Benefits extended	Achievements since inception till 31 st March 2020 (No. of Patients)	Achievements from 1 st April 2019 to 31 st March 2020 (No. of Patients)
Patients given homoeopathic treatment in the LSD clinic and benefitted	571607	138639
Patients screened for NCDs (as per screening criteria)	193280	29467
Patients treated for NCDs	68298	13307
Patients data documented on structured format	18627	3904
Yoga Classes conducted	27540	6842
Number of persons who attended yoga classes	355224	85546
Outreach camps conducted	1181	50
Provisional/known diagnosis of NCDs	109114	19398
Pre-Hypertension	21612	4584
Hypertension	41063	7690
Pre-Diabetes	5162	645
Diabetes Mellitus	12245	1202
Dyslipidemia	602	11
Chronic Obstructive Pulmonary disease	1682	210
Coronary artery disease/CVD/Stroke	365	65
Cancer	63	8
Multi Morbidity (patients suffering from more than one NCD mentioned above)	26250	4985

The aforesaid program is functional at 22 identified LSD Clinics. The overall achievements so far since inception are as follows: 1,93,280 have been screened for selected non-communicable diseases and 1,181 out-reach camps were conducted at the four identified districts out of which 68,298 patients with NCDs were being enrolled and treated. A total of 27,540 classes have been conducted and 3,55,224 persons attended the yoga classes. Overall including follow ups a total of 5,71,607 patients have been benefitted from Integrative Homoeopathic treatment and Yoga. The district wise details for the reporting period (1st April 2019 to 31st March 2020) is given below:

District-wise details of NPCDCS program

Benefits extended	Krishna (No. of Patients)	Darjeeling (No. of Patients)	Sambalpur (No. of Patients)	Nashik (No. of Patients)	Total (No. of Patients)
Patients given homoeopathic treatment in the OPD of LSD clinic and benefitted	84698	39717	6591	7633	138639
Persons screened for NCDs (as per screening criteria)	10147	12378	3785	3157	29467
Patients treated for NCDs	5666	7199	227	215	13307
Patients treated with documentation	2068	1621	0	215	3904
Yoga classes conducted	1838	2663	423	1918	6842
Persons who attended yoga classes	25099	25592	13533	10908	75132

Benefits extended	Krishna (No. of Patients)	Darjeeling (No. of Patients)	Sambalpur (No. of Patients)	Nashik (No. of Patients)	Total (No. of Patients)
Outreach camps conducted	201	0	42	66	309
Provisional/known diagnosis of NCDs	11966	5703	8244	8151	34064
Pre-Hypertension	1195	817	2078	2910	7000
Hypertension	4051	3175	2096	1600	10922
Pre-Diabetes	455	161	1505	376	2497
Diabetes Mellitus	1952	199	732	347	3230
Dyslipidemia	47	0	1	1	49
Chronic Obstructive Pulmonary disease	315	48	1	46	410
Coronary artery disease	55	3	22	33	113
Cancer	7	1	1	5	14
Multi Morbidity (patients suffering from more than one NCD mentioned above)	3889	1297	1808	1746	8740

Research Achievements:

A life style disorder case recording format has been developed for capturing data of the cases that are enrolled and documented in this integrated pilot project. During the reporting period (1st March 2019 to 31st March 2020) 3,904 cases have been documented. The break-up of cases districts wise are as follows:

District wise details of data capturing in Research Mode:-

Name of the CHC/LSD clinic	Krishna (No. of Patients)	Darjeeling (No. of Patients)	Sambalpur (No. of Patients)	Nashik (No. of Patients)	Total (No. of Patients)
Pre-HTN	112	91	0	17	220
Stage 1 HTN	65	120	0	27	212
Stage 2 HTN	268	514	0	17	799
Pre-Diabetes	78	19	0	11	108
DM	448	100	0	37	585
Dyslipidemia	0	0	0	0	0
COPD	101	3	0	1	105
CAD/CVD/Stroke	15	0	0	1	16
Cancer	0	1	0	1	2
Multi Morbidity	981	773	0	103	1857
Total cases documented as per the LSD format	2068	1621	0	215	3904

Monitoring visits to Krishna and Darjeeling districts by National Institute of Health and Family Welfare (NIHFW)

A third-party assessment was conducted to review the on-going of the Integrated NPCDCS program done by the team from National Institute of Health and Family Welfare (NIHFW), Ministry of Health and Family Welfare, Government of India, New Delhi. The visit for Krishna District, Andhra Pradesh was conducted from 8th-13th July and for Darjeeling district from 17th-23rd June 2019.

The interaction was done with CHC In-charge, laboratory technician, pharmacist, patients, and related Performa's were filled accordingly. Further, focused group meeting was held at each CHCs where 15-30 patients attended and discussed the usefulness of Integrated NPCDCS program. In the review the team observed that the patients are getting benefitted by this program and patients also requested that the benefits can be extended to PHCs.



The third party team with CHC LSD staff and local investigators at LSD Clinic Challapalli, Community Health Centre, Krishna district



Prof. Dr. T. G. Shrivastav, NIHFW, Dr. Raj Narayan, NIHFW, Dr. Y. Suryanarayana RRI(H) Gudivada addressing the patients in FGD at LSD at Krishna district

Recommendations by the NIHFW team:

1. The NIHFW team suggested for Expansion of Existing Programme. As the activity of NPCDCS is central to the health promotion and disease prevention in respect of NCDs, therefore the facilities of LSD clinic should be extended up to PHC level.
2. Integration of LSD Clinic with NPCDCS project of MoHFW is a most feasible and well tested proposition because at CHCs/Sub-Divisional Hospitals/District Hospital there is space and infrastructure but no human resources for in NCDs screening, counselling and treatment whereas LSD Clinic have manpower and medicines but has no infrastructure. With the effective integration of above two in the form of infrastructure, manpower and supplies, it can play vital role for cost effective implementation of NPCDCS.
3. The pooled resources provided by MoHFW and AYUSH will be important strategy for prevention and management of NCDs in the country. It is recommended that the AYUSH Clinics should be continued, so that burden of managing NCDs is taken care of collectively. Further to reduce the paperwork of the officer's software should be developed which will enable the officers to capture the data easily.
4. The facilities for providing laboratory investigation are very essential to make the programme evidence based. All staff engaged after successful completion of three years of this pilot project, it should be regularized as routine programme and may be converted as Health and Wellness Centers under Ayushman Bharat Recommendations and Way Forward scheme of GOI/NHM.

D. Public Intervention in Geriatric Health Care under SCSP Budget

As per the directions of Ministry of AYUSH, Council has a mandate of undertaking health programme for the benefit of Schedule caste population under the Schedule caste Sub Plan Programme. Under the plan as per the directions, the programme is to be undertaken in the rural/urban areas having SC population more than 30%.

During the year 2019-20, Council has undertaken the programme through its 08 Institutes/Units by adopting 30 villages having SC population more than 30%, details of which is given Unit wise in Table I.

OBJECTIVES:

- Providing free Medicare health services to the SC population.
- Screening of the elderly population by conducting door to door survey using ICT (BRIEF) questionnaire to assess their psycho-socio-medical need of elderly.
- Identification of common prevalent disease in the villages.
- Health promotion & health education.

ACTIVITIES UNDERTAKEN:

- 1) Conducting health camps in the villages.
- 2) Door to door survey for screening of elderly population.
- 3) Special OPD for elderly population.
- 4) General OPD.

ACHIEVEMENTS:

- No. of camps held: 1115
- No. of elderly screened cases for health status: 4125
- No. of elderly enrolled cases: 927
- No. of total patients benefited: 37,855
- Common diseases identified: Osteoarthritis, Common Cold/ Rhinitis, Polyarthritis, Myalgia, Sciatica/ Lower Back Pain, Dermatitis, Cervical/Lumbar Spondylosis, Gastritis/ Acid Peptic Disease/ Gastric Esophageal Reflux Disease, Diabetes Mellitus Type 1, Cough, Hypertension

The institute/unit wise details are placed below:

Table -I

Institute	Name of Village	Total Population (including SC Population with %)	No. of Camps held	No. of Patients benefitted	Common diseases identified
Clinical Research Unit (H), Tirupati	<ul style="list-style-type: none"> • Puttur, • Narayan-avanam, • Renigunta • Chandra-giri 	60506 SC pop - 23817 (39.3%)	105	2973	Osteoarthritis - 242 Polyarthritis - 118 Sciatica/Lower back pain/Backache - 83 Myalgia - 65 Diabetes Mellitus- 64 Gastritis/Acid Peptic Disease - 51 Headache- 24
DDPRCRI (H), Noida	<ul style="list-style-type: none"> • Aamka, • Salarpur, • Thapkhara • Hajipur • Khairpur • Roza Yakubpur 	12941 SC pop - 4599 (35.5%)	165	3257	Myalgia- 257 Gastritis- 211 Osteoarthritis- 173 Polyarthritis- 127 Sciatica- 116 Acne- 103 Headache- 103 Tinea Corporis- 77 Pruritis- 76
CRU(H), Siliguri	<ul style="list-style-type: none"> • Gossainpur • Gokhla jote • Chotta Fapri • Chhota Pathuramjote 	214000 SC pop- 147260(68.8%)	158	7207	Common Cold - 418 APD-188 Dermatitis - 184 Sciatica- 184 Arthralgia- 170 Cough- 166 PID- 106 Rash- 65 Osteoarthritis- 64
RRI (H), Mumbai	<ul style="list-style-type: none"> • Asalpha • Ghatkopar • Govandi • Chembur 	184436 SC pop- 139630 (75.5 %)	189	4512	Arthralgia-98 Common cold-40 Backache-39 Gastritis-34, Headache-29 Myalgia-21 Dermatitis-17 Calcaneal spur-16 Migraine-12 Spondylosis(cervical/ lumbar)-11
CRU (H), Puducherry	<ul style="list-style-type: none"> • Abhishekapakkam • Nellithope 	37228 SC pop- 16797 (45.1%)	63	1166	Osteoarthritis- 264 Non-insulin dependent Diabetes Mellitus- 134 Anemia- 76

Institute	Name of Village	Total Population (including SC Population with %)	No. of Camps held	No. of Patients benefitted	Common diseases identified
					Sciatica/Lower Back Ache- 70 Spondylosis- 49 Arthralgia – 20 Common Cold/ Rhinitis – 36
CVU (H), Patna	<ul style="list-style-type: none"> Rohantola, Jagmal-bigha 	9700 SC pop– 6125(63.14 %)	148	6046	Low back pain – 641 Eczema – 494 Stiffness of Joints – 437 Headache – 338 Myalgia – 330 Otorrhea – 243 Abdominal Pain – 176 Injury – 150 Piles – 106 Cough – 75
RRI (H), Gudivada	<ul style="list-style-type: none"> Panjendra Manikonda Hanumaan junction Choutapali/ Gudlavalleru China Origala 	54167	176	7470	Osteoarthritis – 739 Rheumatoid Arthritis-387 Cough- 380 Dermatitis- 366 Diabetes Mellitus-316 Rhinitis- 266 Hypertension- 244 Gastritis- 234 Constipation- 209 Vitiligo- 219
DPRU (H), Bhubaneswar	<ul style="list-style-type: none"> Bhusandapur Balipatur Mangalajodi 	37000 SC pop – 23600 (63.78%)	111	5224	Arthralgia – 617 Dermatitis – 536 Cough –323 Common cold – 131 Lower back ache –286 Myalgia – 165

The study was undertaken at 08 institutes/ units under SCSP Health Program and initiated in July 2019. Under the study, there are two components i.e. screening of the elderly population and special OPD for providing homoeopathic treatment to the elderly people.

Screening of the elderly population: Older adults aged 60 years and above of both genders were screened by door to door survey in the 30 villages under SCSP Health program, using predefined questionnaire i.e. ICT BRIEF questionnaire. The objective was to assess their health status and their unmet psychosocial needs. 4,125 elderly were screened, unit wise details is given in Table II.

Special OPD for the elderly people: Homoeopathic treatment was provided in the special Geriatric OPDs and the details were recorded in case recording format. The assessment was done using disease specific scales and daily living activities using KATZ index. The follow up was conducted fortnightly every month till March 2020. 927 cases have been enrolled, unit wise details along with the list of common diseases is given in Table II.

TABLE - II

Institute/Unit	No. of elderly Screened	No. of elderly Enrolled	Common disease conditions identified	No. of cases
DDPRCRI(H), NOIDA	481	71	Osteoarthritis	30
			Lumbar Spondylosis	04
			Chronic Obstructive Pulmonary Disease	06
			Asthma	04
			Benign Prostrate Hypertrophy	03
			Dermatitis	05
			Dementia	01
			Cataract	03
Others	15			
GUDIVADA	436	37	Osteoarthritis	29
			Asthma	02
			Benign Prostrate Hypertrophy	05
			Others	01
TIRUPATI	699	47	Osteoarthritis	36
			Chronic Obstructive Pulmonary Disease	04
			Asthma	04
			Benign Prostrate Hypertrophy	01
			Others	02
MUMBAI	670	62	Osteoarthritis	41
			Cervical Spondylosis	03
			Lumbar Spondylosis	07
			Chronic Obstructive Pulmonary Disease	01
			Asthma	03
			Benign Prostrate Hypertrophy	01
			Others	06

Institute/Unit	No. of elderly Screened	No. of elderly Enrolled	Common disease conditions identified	No. of cases
BHUBANESHWAR	268	228	Osteoarthritis	88
			Polyarthritis	03
			Backache	29
			Rheumatoid Arthritis	02
			Chronic Obstructive Pulmonary Disease	05
			Dysnoea	06
			Atopic Dermatitis	22
			Benign Prostrate Hypertrophy	08
			Others	65
PUDUCHERRY	339	144	Arthritis	07
			Cervical Spondylosis	04
			Osteoarthritis	100
			Rheumatoid Arthritis	02
			Backache	07
			Chronic Obstructive Pulmonary Disease	02
			Asthma	05
			Dementia	02
			Dermatitis	03
			Others	12
PATNA	943	147	Osteoarthritis	90
			Cervical Spondylosis	05
			Lumbar Spondylosis	02
			Rheumatoid Arthritis	06
			Osteoporosis	12
			Asthma	01
			Chronic Obstructive Pulmonary Disease	01
			Dysnoea	05
			Dermatitis	09
			Cataract	01
			Others	15

Institute/Unit	No. of elderly Screened	No. of elderly Enrolled	Common disease conditions identified	No. of cases
SILIGURI	289	191	Degenerative Disorders	30
			Osteoarthritis	46
			Lumbar Spondylosis & Cervical Spondylosis	17
			Lumbar Spine Syndrome	03
			Hyperuricemia	01
			Osteoporosis	11
			Chronic Obstructive Pulmonary Disease	15
			Asthma	02
			Cataract	01
			Hypertension	04
			Diabetes Mellitus	03
			Dementia	03
			Benign Prostrate Hypertrophy	04
			Dermatitis	09
OTHERS	42			



PUBLICATIONS AND LIBRARY

PUBLICATIONS

Research in different arenas of Homoeopathy conducted by CCRH is propagated and disseminated worldwide through apt documentation and publication. Documentation and Publication section play a major role in aiding the publishing of all research findings thereby enriching the knowledge pool of homoeopaths.

The periodicals published by the Council include IJRH and CCRH Newsletter. IJRH, an open access peer reviewed journal of the Council publishes the research outcomes of the practitioners, researchers, and students. Authors world over submit their manuscripts on www.journalonweb.com/ijrh which undergo a double blind peer review process to get them published in IJRH. CCRH Newsletter is published quarterly giving a glimpse of the activities carried out in all the Units/Institutes of the Council in that quarter.

This year, homoeopathic research has been portrayed in the form of a book, 'Prognostic Factor Research' by Dr. Lex Rutten, which incorporates the research done in the field of Clinical Verification and Validation of Homoeopathic Drugs. The "Standard Treatment Guidelines" Vol. II, on 15 more diseases have been developed by CCRH based on expert consensus, data from national and international research studies and is a steppingstone towards better homoeopathic treatment.

The e-book of Homoeopathic Pharmaceutical Codex-Second Edition was released during WHD. The Codex was published after removing 52 monographs from 1st edition which have been published in indifferent HPI volumes. Homoeopathic Pharmaceutical Codex contains supplementary information which may not be required in the monographs like pharmacological actions, toxicological profiles, and adulterants in respect of each drug which will be of academic interest for profession.

A Coffee Table Book showcasing development & journey of Homoeopathy in India since it's inception has been published by the CCRH, entitled "Homoeopathy -Forging Ahead". It was released on WHD.

Periodical publications

1. Indian Journal of Research in Homoeopathy (IJRH)

In its endeavour to reach out globally, the Council made its journal IJRH, an open access online journal in July 2013. It is indexed with Directory of Open Access Journals (DOAJ) and Scopus. It focuses on original research and is an important platform for publishing the research outcomes of various studies conducted by Council and outside. There are 832 authors and 348 reviewers registered with the journal at present. During the reporting period, 106 submissions were made, out of which 42 were rejected. The acceptance rate for the year 2019 was 31%.

During the reporting period, the Council has published four issues: IJRH Vol 13 No. 2, Vol 13 No. 3, Vol 13 No. 4 and Vol 14 No. 1. The contents of the mentioned issues and all previous issues are available at www.ijrh.org.

2. CCRH Newsletter

CCRH Newsletter, a quarterly publication that provides up-to-date information about the conducted activities of Council in various areas of research, participation in and organization of conferences,

seminars, arogya fairs etc. provides information about the meetings and conferences, participation in Arogya Melas, seminars, medical conferences, workshops, new research publications of the Council and national/ international recognition of the scientists. During the last one year, volumes 90, 91 were published by the CCRH.

3. ANNUAL REPORT (2018-2019)

Annual Report highlights major achievements, success stories, new initiatives undertaken during the year 2018-2019. It also showcases, human resource development activities, important scientific and academic programmes and IEC activities during the year.

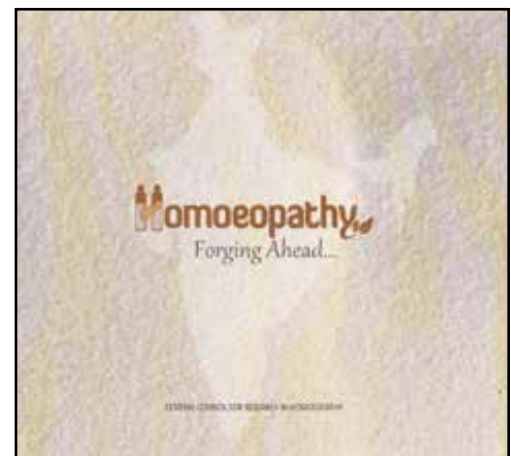
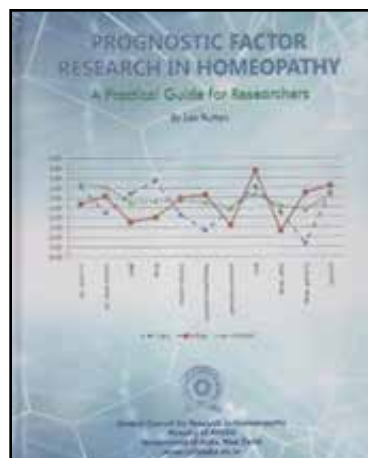
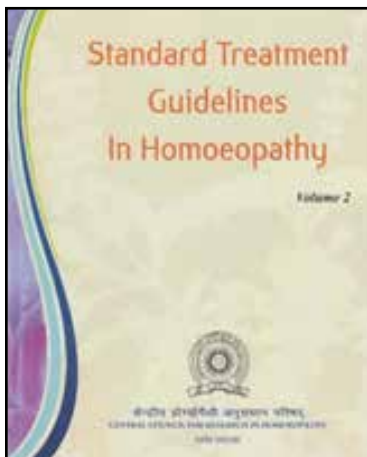
4. BOOKS/MAGAZINES

The Council disseminates its research outcomes to researchers and medical/ homoeopathic fraternity in the form of books. During the reporting period the section has published 03 books.



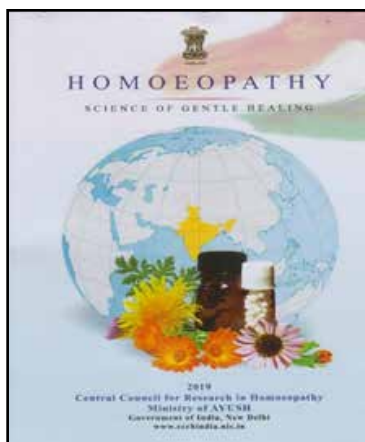
PRICED PUBLICATIONS:

1. Standard Treatment Guidelines in Homoeopathy Vol. 2 - 2019
2. Prognostic Factor Research in Homoeopathy - A Practical Guide for Researchers by Lex Rutten-2019
3. Coffee Table Book – Homoeopathy: Forging Ahead -2019



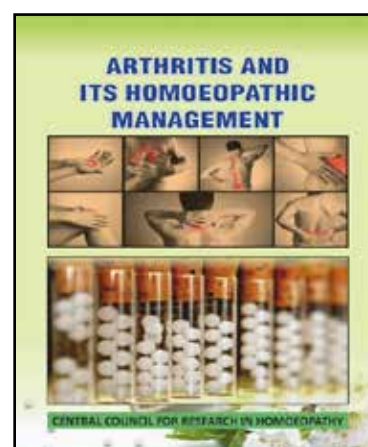
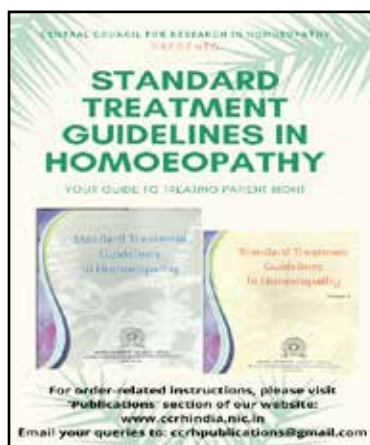
NON -PRICED PUBLICATIONS:

1. Dossier: Homoeopathy-Science of Gentle Healing - 2019
2. Hindi: Magazine- Aarohi - 2019



5. HANDOUTS

To create awareness among masses about the current health related issues and scope of Homoeopathy as a treatment method, following handout was published in the year.



6 ADVERTISEMENT

Designed and printed advertisement for Standard Treatment Guidelines in Homoeopathy Vol. I & II.

**Research Papers Published by CCRH
(2019-2020)**

S. No.	Title	Journal	Outcome
1	Managing pain and stiffness through individualized homoeopathy in lumbar spondylosis: Results of a prospective consecutive case series	International Journal of Homoeopathic Sciences Volume 4, issue 2 Page No. 18-91 2020	Mean VAS score for pain reduced from 78.07 ± 13.72mm (baseline) to 38 ± 25.55 mm (end); 95% CI: 22.05-58.09; P<0.05. Stiffness reduced from 65.10 ± 16.35 (baseline) to 16.50 ± 10.01 mm (end); 95% CI: 34.88-62.32; P<0.05. Mean RODQ score reduced from 31.64± 3.20 (baseline)

S. No.	Title	Journal	Outcome
			to 13.57± 7.06 (end); 95%CI: 13.21-22.93; P<0.05. The results has trend showing positive role of homoeopathic medicines in management symptoms related to lumbar spondylosis. Controlled clinical studies are warranted.
2	Evaluation of the Modified Naranjo Criteria for Assessing Causal Attribution of Clinical Outcome to Homeopathic Intervention as Presented in Case Reports	Homeopathy, 2020. https://doi.org/10.1055/s-0040-1701251	The validity of the Modified Naranjo Criteria for Homoeopathy tool was established for each of its domains, except for the two that pertain to direction of cure (domains 6A and 6B). The Modified Naranjo Criteria for Homeopathy—Causal Attribution Inventory was identified as a valid tool for assessing the likelihood of a causal relationship between a homeopathic intervention and clinical outcome. Improved wordings for several criteria have been proposed for the assessment tool, under the new acronym “MONARCH”. Further assessment of two MONARCH domains is required.
3	Role of <i>Silicea</i> in Diabetic Foot Ulcer: A Retrospectively Analysed Case Series	Homoeopathic Links Volume 33, issue 1, Page No. 53-58 2020	The analysis showed usefulness of <i>Silicea</i> in treating DFU. The baseline symptom score of DFU and sugar values were statistically analysed before and after treatment. The mean symptom scores at the baseline (8.41 ± 3.03) and at the end of treatment (0.27 ± 0.70) were found to be statistically significant (p = 0.001). The result of the role of <i>Silicea</i> in ulcer healing was found to be positive and encouraging. Further, to validate the effect of <i>Silicea</i> , randomised controlled trials can be undertaken.
4	Rheumatoid Arthritis & Its Homoeopathic Approach	International Journal of Advance Research Volume 10, issue 3, Page No. 30-32 2020	There is evidence to suggest abnormalities in components of the immune system that lead to the body developing abnormal immune & inflammatory reactions, particularly in joints. These changes may precede the symptomatic onset of RA by many year.
5	Homoeopathic treatment for sever depression with psychosis	International Journal of Homoeopathic Science Volume 4, issue 1, Page No. 82-86 2020	<i>Apis mellifica</i> 200 and <i>Stramonium</i> 200 were prescribed. Overall improvement was noticed in HDRS and BPRS after treatment. The outcome report of this case shows that the individualized homeopathic treatment for severe depressive episode with psychotic feature got full remission without support of any adjunctive therapy or conventional medication.

S. No.	Title	Journal	Outcome
6	Thlaspi Bursa Pastoris in Treatment of Urinary Stones: A Case Series	Homeopathy 10.1055/s-0040-1709705 2020	There was full recovery of all five patients and post-treatment ultrasonography showed no calculi remaining. The Modified Naranjo Criteria total score for each patient was either +8/13 or +9/13. TBP was observed to be effective in eliminating renal stones within a short span of time and without any complications.
7	Role of Homoeopathy in Tobacco Addiction-A Narrative Review	International Journal of Research and Review Volume 7, issue 3, Page No. 296-310 2020	This narrative review presents an overview of the magnitude of tobacco use, its health consequences and role Homoeopathy can play in addressing disorders related to tobacco use to help people to avoid or delay its addiction and to avert the development of the withdrawal symptoms in case of quitting.
8	Importance of mental symptoms in homoeopathy: A case report on vitiligo	International Journal of Homoeopathic Sciences Volume 4, issue 1, Page No. 142-148 2020	Case with abundance of mental symptoms was repertorized and Homoeopathic medicine Ignatia amara in different potencies was prescribed based on Homoeopathic principles. The disappearance of white patches proved the efficacy of Homoeopathy and its principles in Local maladies.
9	Gentry's repertory of haemorrhoids in management of a clinical case	International Journal of Homoeopathic Sciences Volume 4, issue 1, Page No. 149-151 2020	Judicious use of repertory makes it a significantly important tool of application in the clinics. Using Clinical repertories as a reference provide us an opportunity to find the best probable similimum. The underlying case report is a documentation of such helpfulness.
10	A Review of Homoeopathic Research in the Prevention and Treatment of Dengue Fever	Homoeopathic Links Volume 32, issue 1, Page No. 10-17 2019	A literary search through various databases helped identify a few significant studies as one double-blind placebo-controlled trial, one comparative clinical study, one case study and two community-based studies. The community-based studies showed positive results for the role of homoeopathic medicines as a prophylactic medicine. The double-blind placebo-controlled trial showed no difference in outcome between the two groups. The comparative clinical study showed that the homoeopathic combination appeared to be a more potent treatment against dengue fever when compare with standard maintenance therapy.

S. No.	Title	Journal	Outcome
			The case study shows favourable results, but the sample size is only of 10 cases. In future, high-quality randomised controlled trial (RCT), vitro and animal model studies are required to support the efficacy of homoeopathic therapeutics.
11	Effect of Suppressed Emotions on Health— Homoeopathic Aspect	Homoeopathic Links Volume 32, issue 3, Page No. 141-144 2019	There is an association between mental well-being and the immune system, which can be either overactive or suppressed, leading to related diseases disturbance of mind–body axis that has an effect on several aspects of the immune reaction through behavioural, neural and endocrine reactions to stimuli.
12	Constitutional Treatment of Tinea Cruris in Homoeopathy-A case report	International Journal of Health Sciences and Research Volume 9, issue 12, Page No. 54-61 2019	Homoeopathic medicine was given on the basis of totality of symptoms which restored the patient back to health. This case proves the efficacy of individualized constitutional homoeopathic treatment for the cure of Tinea Cruris along with the importance of concept of miasm in skin diseases.
13	Homoeopathic treatment of common warts with sarsaparilla officinalis: A case report	Advancements in Homoeopathic Research Volume 4, issue , Page No. 21-25 2019	Initially no changes was observed with homoeopathic medicine selected on the basis of totality of symptoms. On changing the medicine giving more priority to location of warts, he gradually showed remarkable improvement and reached remission by the end of 21 days. Remission maintained without any recurrence over the next 6 months. Hence, the main lesson from this case is the demonstration of importance of particular symptoms in the treatment of one-sided diseases.
14	Recommendations for designing, conducting and reporting observational studies in homeopathy (ReDCROSH Recommendations).	Homeopathy https://doi.org/10.1055/s-0040-1708045 2020	Within the conventional medical research field, two types of arguments have been employed in favor of observational studies. First, observational studies allow for a much more generalizable and robust estimation of effects in clinical practice, and if cohorts are large enough, there is no over-estimation of effect sizes, as is often feared. We argue that observational research is needed to balance the current overemphasis on internal validity at the expense of external validity. Thus, observational research can be considered an important research tool to describe real-world care settings and can assist with the design and inform the results of randomised controlled trails.

S. No.	Title	Journal	Outcome
			We present recommendations for designing, conducting and reporting observational studies in homeopathy (ReDCROSH) to complement the already existing observational research guidelines with data and information on homeopathic research questions.
15	Management of early years of simple and mucopurulent chronic bronchitis with pre-defined homeopathic medicines – a Prospective Observational Study with 2-Years Follow-Up	IJHDR Volume 18, issue , P age No. 3-4 & 47-62 2019	Results: 532 patients were analyzed based on the intention to treat principle using last observation carry forward method. Mean CBS score reduced from 29.86±4.5 at baseline to 12.33±7.6 at completion of 2 years. Repeated measures ANOVA, at time points 0 (baseline), 3, 6, 9, 12 ,15, 18, 21 and 24 months, showed significant reduction in CBS scores [Wilk's Lambda 0.104, F=564, df 524; p=00001]. The FEV1 and FEV1/FVC was maintained within normal limits. 86% prescriptions included <i>Lycopodium</i> , <i>Arsenicum album</i> , <i>Pulsatilla</i> , <i>Phosphorus</i> , <i>Stannum metallicum</i> , <i>Calcareo carbonica</i> , <i>Silicea</i> , <i>Bryonia alba</i> . Conclusion: The result suggests effectiveness of homeopathic treatment in early years of SCMB patients. Controlled trials are warranted.
16	Evidence- based homoeopathy: Case report of alopecia areata in an 11 year old boy	IJRH Volume 13, issue 4, Page No. 251-255 2019	Abstract: Alopecia areata (AA) is an autoimmune disease characterised by non-scarring hair loss in single or multiple areas of the scalp. The disease affects hair on the head or other parts of the body. AA occurs in people of all ages and affects 1-2% of human population. Homoeopathic literature shows that cases of AA have been treated successfully with homoeopathic medicines. Case Summary: This is the case of an 11 years old boy with alopecia areata. The case presented here is documented from Dermatology clinic at Regional Research Institute of Homoeopathy at Gudivada, Andhra Pradesh. The patient was treated with individualised homoeopathic medicine over a period of 3 years. There was significant improvement with homoeopathic treatment, with complete disappearance of bald patches without any recurrence.

S. No.	Title	Journal	Outcome
17	Homoeopathic treatment of hepatic haemangioma with ovarian cyst	IJRH Volume 13, issue 4, Page No. 244-250 2019	The patient not only improved in her presenting complaints but also there was change in diagnostic parameters. Post treatment outcome corroborated with follow up laboratory investigations that showed significant changes. Ultrasonography revealed no obvious abnormality after homoeopathic treatment with improvement in pelvic congestion syndrome. This case report suggests that a correctly chosen homoeopathic medicine can be beneficial even in complicated and unusual cases.
18	Catheter removed with homoeopathy in patient of benign prostatic hypertrophy and renal calculus: A case report	International Journal of Homoeopathic Sciences Volume 3, issue 4, Page No. 9-15 2019	The patient was under observation for more than one year and had required no subsequent catheterization or any other treatment. This case stands as an example of superiority of Homoeopathic system of medicine over the conventional or modern system of medicine. The main take away lesson is that Homoeopathy has the power to bring changes at functional as well as pathological levels in a person where other systems of medicine have little or no scope
19	A Case of Secondary Infertility With Uterine Fibroid Treated With Homoeopathic Medicine.	IJRAR Volume 6, issue 2, Page No. 1013-21 2019	A case report of 28 years old married female having secondary infertility with uterine fibroid and had history of miscarriage. She delivered a healthy full term girl child successfully with in 11 months of treatment by a single homoeopathic medicine <i>Sepia</i> in potency 30C and 200C with repetition as per requirement. <i>Rhus tox</i> , <i>Arsenic album</i> were also prescribed to take care of complaints during antenatal period. Ultrasonography of pelvis, Urine pregnancy test, haematological and serological test have been done to record the changes.
20	A study protocol on comparative randomised controlled trial of Homoeopathy -vs- allopathy in acute otitis media and its recurrence in Children	IJRH Volume 13, issue 3, Page No. 177-183 2019	The primary outcomes are changes in the Tympanic Membrane Examination Scale and Acute Otitis Media Severity of Symptoms scale, time to improvement in pain through the Facial Pain Scale Revised between the groups and recurrence (number of episodes, intensity and duration) of AOM between the groups at 1 year. The study will consolidate the findings observed during a pilot study conducted by the CCRH at Jaipur, India.

S. No.	Title	Journal	Outcome
			It is proposed to compare the role of individualised Homoeopathy over allopathy in the treatment of AOM and to assess its role in controlling the recurrence.
21	Case Report on Hyperuricemia Presenting as One-Sided Disease	Homoeopathic Links Volume 32, issue 2, Page No. 105-111 2019	The case is a one-sided disease, that is, disease in which symptoms are very few, which got cleared up with antisyctic drugs. <i>Thuja</i> and <i>Medorrhinum</i> prescribed in the beginning of the case on the guidelines for one-sided diseases mentioned in Organon of Medicine and later responded very well to <i>Bryonia alba</i> in higher potencies to lower the level of serum uric acid significantly along with long-lasting improvement in signs and symptoms of the patient.
22	Case Report on Colloidal Nodular Goiter	Homoeopathic Links Volume 32, issue 2, Page No. 112-117 2019	She was treated with homoeopathic medicines following holistic concepts of Homoeopathy, and the result was significant reduction in size of thyroid nodule. <i>Lycopodium</i> initiated the action, and <i>Sulphur</i> potentiated the cure.
23	Homoeopathy in Cancer Pain Palliation and End of Life with Future Perspectives	Homoeopathic Links Volume 30, issue 2, Page No. 95-104 2019	This article summarises the need of multidimensional approach towards the cancer pain palliation and at the end of life in which Homoeopathy may play a key role of supportive care. Homoeopathy may become a valuable treatment in palliative care to provide relief and comfort to the dying patient, and therefore the fear of death may reduce and the family may be better prepared for the bereavement. Homoeopathy can well integrate with standard oncologic cares to improve patient outcome including symptom burden, quality of life and end-of-life outcomes, all achieved with low associated costs.
24	Resolution of vocal cord nodules with individualised homoeopathic treatment	IJRH Volume 13, issue 3, Page No. 184-191 2019	He was, instead, successfully treated by individualised homoeopathic single medicine <i>Hepar sulphuricum</i> (30C, 200C and 1M) selected on holistic approach. Over the period of 5 months of homoeopathic treatment, the patient's presenting symptoms of VCNs were improved and with resolution of it. This case report suggests that homoeopathic intervention may be the treatment for the resolution of VCNs with its presenting symptoms.

S. No.	Title	Journal	Outcome
25	Case of lumbar spondylosis treated with Homoeopathic medicine <i>Calcarea fluorica</i>	IJRH Volume 13, issue 2, Page No. 125-130 2019	After careful case-taking, homoeopathic medicine <i>Calcarea fluorica</i> in different potencies was prescribed as per homoeopathic principles with ever-increasing improvement. Pain in the low back gradually diminished. Ultimately, the patient got rid of all the symptoms with general improvement. After that, he was on placebo for 5 months. X-ray of the L.S. spine done after treatment revealed no feature of lumbar spondylosis along with remission of osteophyte.
26	Effect of Adjuvant Homeopathy with Usual Care in Management of Thrombocytopenia Due to Dengue: A Comparative Cohort Study.	Homeopathy Volume 108, issue 3, Page No. 150-157 2019	There was a statistically significantly greater rise in platelet count on day 1 of follow-up in the H+UC group compared with UC alone (mean difference = 12,337; 95% confidence interval [CI], 5,421 to 19,252; p = 0.001). This trend persisted until day 5 (mean difference = 14,809; 95% CI, 1,615 to 28,004; p = 0.02). The time taken to reach a platelet count of 100,000/mm ³ was nearly 2 days earlier in the H+UC group compared with UC alone (H+UC: 3.44 days ± standard error of the mean [SEM] 0.18; 95% CI, 3.08 to 3.80; UC: 5.28 days ± SEM 0.29; 95% CI, 4.71 to 5.86; p < 0.001). These results suggest a positive role of adjuvant homeopathy in thrombocytopenia due to dengue. Randomized controlled trials may be conducted to obtain more insight into the comparative effectiveness of this integrative approach.
27	Systematic synthesis of Homoeopathic Case Series – An Overview Article	Journal of Homoeopathy University Volume 4 2019	Case series can be used for teaching and review, they can also play a role in research. Though case series is weak evidence in Research publication, yet it can help by complying to translational medical research from bench to bedside.
28	Treatment of Urinary Stones with Constitutional Homoeopathic Medicines—Two Evidence-Based Case Reports	Homoeopathic Links Volume 32, issue 1, Page No. 36-42 2019	Homoeopathy provided good relief in two cases of ureteric calculi; constitutional medicines were found useful in combating acute ureteric colic and facilitating expulsion of stones. Because the constitutional symptoms matched, the polychrest homoeopathic medicines like <i>Lycopodium</i> and <i>Phosphorus</i> produced their best effect.

S. No.	Title	Journal	Outcome
			But the inferences drawn from the two case reports may not be sufficient to reach a definitive conclusion. So clinical trials to establish the efficacy of constitutional remedies in the treatment of ureteric calculi are suggested.
29	Adenomyosis in a Perimenopausal Woman Treated by Potentized Poison Hemlock- A Case Report	Homoeopathic Links Volume 32, issue 4, Page No. 2020	A case of adenomyosis in a 41-year-old female who presented with continuous heavy bleeding and severe pelvic pain was successfully treated with homoeopathic medicine, <i>Conium maculatum</i> , which is commonly called as poison hemlock. The medicine prescribed on totality alleviated not only symptoms of the patient but also resolved adenomyosis completely.
30	Homoeopathic perspective of menopause: A literature review.	Advancements in Homoeopathic Research Volume 4, issue 2, Page No. 42-48 2019	Although Homoeopathy significantly improved subjective symptoms of hot flushes, frequency and severity, mood, fatigue, and anxiety in uncontrolled, open-label studies, but there is a need for additional investigations of Homoeopathy for the treatment of hot flushes and other menopausal symptoms. The purpose of this review was to evaluate the benefits of homoeopathic therapy for managing menopause-related symptoms. It was observed that homoeopathic therapy is useful in relieving distressing symptoms during Menopause transitional phase and normalizing the FSH and lipid levels. However further studies are required in order to develop evidence-based clinical recommendations.
31	Simple and Mucopurulent Chronic Bronchitis: A Case Study:	Advancements in Homoeopathic Research Volume 4, issue 3, Page No. 48-54 2019	This case was enrolled and treated as per the protocol provided by the CCRH, New Delhi & outcome showed marked improvement in the clinical status of the patient. The comparative study of radiology & pulmonary function tests (pre and post treatment) further showed the Homoeopathic medicinal efficacy. This article shows the importance of record keeping in Homoeopathy.

S. No.	Title	Journal	Outcome
32	An Analysis of the Efficacy of Sepia officinalis in the Management of Distress during Climacteric Years (DDCY).	Indian J. Integrative Med. Volume 1, issue 1, Page No. 14-18 2019	The mean symptom score at the base line was 13.68 (4.27) and at the end of treatment was 2.81 (2.63), which is statistically significant (P<0.05). Out of 53 patients who completed their follow up, 37 patients showed marked improvement, 14 patients showed moderate improvement and 2 patients showed mild improvement. Forty (40) patients were investigated for FSH both at entry and completion, the FSH value reduced in 24 cases. Out of 15 patients who were investigated for lipid profile on completion of the study, the level of lipid cholesterol and Triglycerides (TG) were reduced in 6 patients, HDL was increased in 12 patients which is statistically significant (P=0.024), LDL was decreased in 8 cases and VLDL was decreased in 7 cases. Results of the analysis showed the usefulness of Sepia in management of distress during climacteric years. Further RCT are being conducted to validate the effectiveness of Sepia in DDCY.
33	Retrospective Study On the effectiveness of Homoeopathic Medicine in Bipolar Affective Disorder, Manic Type	World Journal of Pharmaceutical and Medical Research Volume 6, issue 2, Page No. 90-96 2020	A Friedmann's test showed that the YMRS total score has significantly reduced from 37.87±3.58 to 22.30±12.35. (?2=71.64, p<0.001) over 4 weeks. Post Hoc analysis was done by applying Wilcoxon Signed rank test. Wilcoxon Signed rank test showed that there is significant reduction in the YMRS total score from first week onwards (z=-2.443, p=0.015). The findings are encouraging to open avenues for further studies on mania.
34	Homoeopathic Treatment of Hypothyroidism: A Case Report	World Journal of Pharmaceutical and Medical Research Volume 6, issue 1, Page No. 139-143 2020	After case taking, <i>Natrium muriaticum</i> 200 C was prescribed on the basis of totality of symptoms. TSH reports during follow up visit and the symptomatic improvement provided documentary evidence about the effectiveness of homoeopathic medicines to stimulate thyroid gland to produce normal production of hormone.
35	Importance Of Homoeopathy Medicine in Psoriasis: A Case Report	Paripex - Indian Journal of Research Volume 8, issue 9, Page No. 2019	After case taking, he was treated <i>Sulphur</i> 6C and <i>Psorinum</i> 200. He was completely recovered symptomatically from skin lesion, itching. This is the documentary evidence about the effectiveness of homoeopathic medicines for Psoriasis.

S. No.	Title	Journal	Outcome
36	An Assessment of a Public Health Initiative of Homeopathy for Primary Teething	Homeopathy. Volume 108, issue 1, Page No. 2-11 2019	Eleven thousand four-hundred and twenty-six children were followed up regularly. Amongst those who enrolled at 6-7 months, a larger proportion of children were approaching expected teething in successive months as compared with children enrolled at 12 months, thus indicating that teething delays, if any, were overcome during this period. Incidence of diarrhoea and URTI showed decrease in the months after enrolment. Children responded favourably to the medicines given by ASHAs at the time of diarrhoea/URTI episodes, and ASHAs expressed satisfaction with the programme. An approach with regular use of CP and home-based care with Homoeopathy through health workers for common problems in teething children is acceptable to the community and enhances outreach of services to the public at large. Observations in terms of the healthy teething period may be further validated through studies of Homoeopathy with suitable comparator group.
37	Constitutional healing of PCOS	The Homoeopathic Heritage. Volume 45, issue 1, Page No. 33-38 2019	PCOS case of 30 years old female was cured within a span of one year by <i>Natrum muriaticum</i> prescribed in LM potencies.
38	Athlete's foot (Tinea pedis)	International Journal of Homoeopathic Sciences. Volume 3, issue 2, Page No. 68-69 2019	Conditions related to foot mycoses like tinea pedis is the most common superficial infection that represents a public health problem worldwide. Treatment takes considerable amount of time and recurrence of infections affects quality of life. These fungal infections depend on many factors especially lifestyle and environmental and climatic conditions and can be influenced by individual factors such as age and host defenses. Every individual is identified by the minor changes occurring in his/her desires, aversions, thermal reactions, appetite, thirst, excretions, mental state apart from the objective signs (physical symptom). Homoeopathy system of medicine tries to obtain a drug from the list of materia medica which covers those changes in an individual in addition to the pathological disease state.

S. No.	Title	Journal	Outcome
			Now the difficulty of mastering those voluminous and rapidly increasing symptomologies had naturally led to the demand of development of repertories. Rubric analysis from such repertories often indicates several clinical conditions. This article is an attempt to show such an interpretation which indicates two drugs <i>Silicea</i> and <i>Tuberculinum</i> for tinea pedis and they may be used for treating tinea pedis infection effectively without any external local use of ointment.
39	Corneal opacity and key-note prescription	The Homoeopathic Heritage. Volume 45, issue 2, Page No. 12-14 2019	Case was helped with four doses of <i>Silicea</i> within a period of three months. The case was a referral from modern medicine practitioner, who declared surgery to be the only treatment of choice.
40	Amoebiasis and Pulsatilla	Advancement in Homoeopathic Research. Volume 4, issue 2, Page No. 29-33 2019	<i>Pulsatilla</i> 200 was given in fractional dilutional doses and the selection was not only based on miasmatic and repertorial analysis but also substantially supported by phytochemical analysis. This chemical analysis brought the simillimum from symptomatic level to molecular level.
41	An overview of clinically verified lesser known drugs of acidic group	International Journal of Homoeopathic Sciences Volume 3, issue 4, Page No. 66-68 2019	Symptoms of a drug need to be clinically substantiated on sick person before it is included in homoeopathic Materia Medica and which are known as clinically verified symptoms. Often it is found that the number of confirmed or verified symptoms were proportionally smaller when compared to the other symptoms obtained from proving or toxicological symptoms. A symptom produced upon a healthy person and cured in a sick person becomes doubly reliable. So, such clinically verified symptoms of few less commonly used medicines are registered below for clinical utility.
42	Verruca vulgaris of scalp annihilated by homoeopathic medicine- a case report	AYUHOM Volume 6, issue 1, Page No. 31-36 2019	A male patient, 51 years of age, who was coming to one of the Swasthya Rakshan Camp, complained of fleshy, sessile, indurated mass on the upper occipital part of the scalp which was growing conspicuously for the last 6 months. After detailed case taking, miasmatic evaluation and repertorization, <i>Carcinosin</i> was given in centesimal potency. In a span of four months, the verruca was nowhere to be found on the scalp.

S. No.	Title	Journal	Outcome
43	Staphylococcal Scalded Skin Syndrome Treated with Homoeopathy—A Case Report	Homœopathic Links Volume 32, Issue 3, Page no. 185-190 2019	It was treated successfully with individualised homoeopathic medicines <i>Rhus toxicodendron</i> with dilution 50 millesimal potency 4 (<i>Rhus tox</i> 0/4) with supportive care. Within 6 days of treatment, the patient responded well to the Homoeopathy medicine. All the symptoms and signs of staphylococcal skin blister lesions were healed completely within 10 days of treatment without development of any complications and recurrence. Homoeopathy treatment has a positive curative effect in bacterial blister skin lesions. This case report represents an alternative for the treatment of SSSS.
44	Homoeopathy treatment of hepatic haemangioma with ovarian cyst	Indian Journal of Research in Homoeopathy Volume 13, issue 4, Page No. 244-250 2019	Homoeopathic medicine <i>Pulsatilla</i> , was given to the patient on the basis of individualistic approach. The patient not only improved in her presenting complaints but also there was change in diagnostic parameters. Post treatment outcome corroborated with follow up laboratory investigations that showed significant changes. Ultrasonography revealed no obvious abnormality after homoeopathic treatment with improvement in pelvic congestion syndrome. This case report suggests that a correctly chosen homoeopathic medicine can be beneficial even in complicated and unusual cases.
45	Evidence based Homoeopathy : Case report of vitiligo	International Journal of Science & Research 2019	The case was treated with <i>Cina maritima</i> (200 and 1M) as evident from the photographs and follow ups.
46	<i>Lycopodium clavatum</i> for the management of urolithiasis: A randomised double blind placebo controlled trial	Indian Journal of Research in Homoeopathy Volume 13, issue 3, Page No. 139-149 2019	There was no statistical significance between the groups ($P = 0.31$) in reference to the number of cases in which stones expelled during the trial. The mean size of single stone expelled was 9.4 ± 4.9 and 13.9 ± 2.2 in <i>Verum</i> and <i>Placebo</i> groups, respectively ($P = 0.12$). There was also no significant difference in the mean size of mean size of multiple stones; in <i>Verum group</i> (10.1 ± 5.3) and <i>Placebo group</i> (16.1 ± 9.1) ($P = 0.11$). For assessment of pain and dysuria, Visual Analogue Scale was used, and a statistically significant difference was found between the groups ($P = 0.039$) for pain, and positive trend for Homoeopathy was noted for dysuria.

S. No.	Title	Journal	Outcome
			A verified symptom syndrome of <i>Lycopodium clavatum</i> has been observed. Future studies with pragmatic study design and individualistic Homoeopathy can be undertaken to assess the effectiveness of treatment in urolithiasis.
47	Protocol for efficacy of individualised homoeopathic medicine in cases of wrist ganglion: A prospective, parallel arm, randomised, double-blind, placebo-controlled trial	Indian Journal of Research in Homoeopathy Volume 13, issue 2, Page No. 118-124 2019	The study may help in generating evidences which may be helpful to validate the effectiveness of individualised homoeopathic medicine in the wrist ganglion.
48	Homoeopathic medicine–Sepia for the management of menopausal symptoms: A multicentric, randomised, double-blind placebo-controlled clinical trial	Indian J. Res. Homoeopathy Volume 13, issue 4, Page No. 219-228 2019	Eighty-eight patients were considered for primary outcome analysis. The primary outcome measure, i.e., total score of GCS, when compared after 6 months, was reduced from 30.23 ± 8.1 to 7.86 ± 4.6 in <i>Sepia</i> group (improvement of 73.9%) and from 30.05 ± 8.9 to 12.73 ± 8.3 in placebo group (improvement of 57.63%) ($P = 0.001$). There was a statistically significant difference between both the groups, when compared after 6 months ($P = 0.001$). With respect to secondary outcome, the total UQOL score was 59.09 ± 7.74 for <i>Sepia</i> group and 57.39 ± 7.80 for placebo group at baseline, and 62.43 ± 7.71 for <i>Sepia</i> group and 63.48 ± 7.53 for placebo group after treatment indicating slight difference in quality of life after 6 months. <i>Sepia</i> is able to allay the menopausal symptoms when prescribed on symptomatic indications as per homoeopathic principles.
49	Patella fracture healed by homoeopathic medicines	World Journal of Pharmaceutical Research. Volume 8, issue 1, Page No. 1179-1183 2019	All fractures do not require casting or surgical intervention. They are sometimes required to treat a fracture. The type of treatment for fracture required depends on the severity of the break, whether it is “open” or “closed,” and the specific bone involved. Conservative management with medicines for certain non-displaced, closed fractures may be enough for healing. The following case report is an evidence of such circumstances.

S. No.	Title	Journal	Outcome
50	Genus Epidemicus In Homoeopathy	International Journal of Advanced Ayurveda, Yoga, Unani, Siddha and Homoeopathy. Volume 8, issue 1, Page No. 545-550 2019	There are several studies published in the literature on the use of homoeopathic medicines as genus epidemicus for both preventive and curative purposes. In this paper an attempt has been to highlight certain evidence based specific prophylaxis.
51	Infertility cured by dynamic potencies	International Journal of Research and Analytical Reviews. Volume 6, issue 1, Page No. 566-570 2019	Abstract: Just like many other gynaecological diseases, Infertility is also one such condition where Homoeopathy has shown its efficacy. The present case report is to highlight the positive result of the specific treatment adopted for a 26 years female who was unable to conceive for 2 years despite of trying with several available methods. The most probable cause of infertility in this case was polycystic ovarian syndrome (diagnosed clinically and radiologically). After methodical case taking and analysis of symptoms (both miasmatic and reportorial) <i>Calc carb.</i> 1M was prescribed subsequently and ultimately after 11 months patient conceived and final ultrasonography also emphasized on the ovaries which were devoid of any abnormality now. Introduction Normal fertility has been defined as achieving a pregnancy within 2 years by regular unprotected sexual intercourse. Infertility can be primary (women who have never conceived) or secondary (women who have previously conceived) due to endometriosis, ovulation disorders, tubal infertility, and idiopathic 1. 90-95% of anovulatory women seeking treatment for infertility have polycystic ovary syndrome (PCOS) and it can be concluded that PCOS is the most common cause of anovulatory infertility 2. Infact in other words, the prevalence of infertility in women with PCOS varies between 70 and 80% 3. PCOS is a heterogeneous collection of signs and symptoms consisting of menstrual abnormalities, (70% of cases in the form of oligomenorrhoea, amenorrhoea or dysfunctional uterine bleeding), obesity, hirsutism, acne and acanthosis nigricans (especially associated with hyperinsulinaemia) 4,

S. No.	Title	Journal	Outcome
			5. Homoeopathy has been used in the past for treating a broad spectrum of diseases. However, in Gynaecology, its use remains limited when it comes to the context of evidence and publications. At least there are evidences of published case reports of infertility. For example, there is a study where the authors presented five cases of female infertility treated successfully with the use of homeopathic treatment in a large obstetrics-gynecology Hospital in Athens 6.
52	Frequently used medicines in cases of rectal bleeding – A pilot survey	The Homoeopathic Heritage. Volume 44, issue 11, Page No. 17-19 2019	A pilot study in a research institute is made just to glance on the medicines largely used in these with an estimation of its probable diagnosis.
53	Sense of Guilt	National Journal of Homoeopathy. Volume 21, issue 2, Page No. 39-42 2019	Homoeopathy is a science which deals with subjective sphere of humanity and provides a spectacular scope of management of the sense of guilt with constitutional polycrest homoeopathic remedies.
54	Parkinson disease and homoeopathic zinc	International Journal of Homoeopathic Sciences. Volume 3, issue 1, Page No. 74-75 2019	Research work proves that zinc supplements improve Parkinson disorder. Combing this clinical update with our homeopathic principles we can rationally approach to the use of <i>Zincum met</i> in the treatment of Parkinson disease. This article is petite attempt to correlate the dynamicity of homoeopathic zinc metal in the management in the age old known cases of paralysis Agitans.
55	Homeopathic treatment of combined pathology of kidney and ovarian cyst with bulky uterus	World Journal of Pharmaceutical Research. Volume 8, issue 4, Page No. 897-904 2019	After analyzing the symptoms of the case, the characteristic generals and particular symptoms were considered for framing the totality. Misamatic analysis and repertorial analysis both were done and <i>Pulsatilla</i> was prescribed in LM potency starting with 0/1. Within 6 months time patient became asymptomatic and all three pathological conditions disappeared (as detected by repeated ultrasonography done from the same centre). Once again the old saying “Homoeopathy can remove the symptoms, but the disease remains” proves to be utterly gibberish.

S. No.	Title	Journal	Outcome
56	Resolution of lacrimal gland tumour by Homoeopathic medicines - A case report	Indian Journal of Research in Homoeopathy. Volume 13, issue 1, Page No. 48-54 2019	After thorough case-taking followed by repertorisation, <i>Calcarea carbonica</i> 1M, two doses were prescribed. The patient reported after 2 months with zero Outcome in Relation to Impact on Daily Living instrument score. Further modification was done in repertorisation, and now <i>Silicea</i> 1M, two doses was prescribed. Treatment continued for 4 more months and no new medicine or further repetition was required. Documentation was done in the form of photographs of the patient from the same angle under similar light exposure in every follow-up.
57	Homoeopathic drug proving of <i>Magnolia grandiflora</i> : A Randomised Double-blind Placebo-controlled trial	Indian Journal of Research in Homoeopathy Volume 13, issue 1, Page No. 22-36 2019	Out of the 32 provers who were on the actual drug trial, 21 manifested symptoms. The drug was able to produce symptoms in each potency in most of the parts of the body. New and proved pathogenetic responses elicited during the proving trial expand the scope of use of the drug <i>Magnolia grandiflora</i> and will benefit the research scholars and clinicians. These symptoms will carry more value when verified clinically.
58	<i>Asclepias curassavica</i> —A Multicentric, Randomised, Double-Blind Homoeopathic Pathogenetic Trial	Homoeopathic Links Volume 32, issue 3, Page No. 174-180 2019	Out of the 44 provers who were on actual drug trial, 21 manifested symptoms. Drug was able to produce symptoms in both the potencies more or less related to every part of the body. The pathogenetic responses elicited during the proving trial expands the scope of use of the drug <i>Asclepias curassavica</i> and will benefit the research scholars and clinicians. These symptoms will carry more value when verified clinically.
59	Retrospective estimation of prevalence and likelihood ratio of general symptoms of 29 less frequently prescribed homoeopathic medicines by clinical verification	Indian Journal of Research in Homoeopathy Volume 13, issue 2, Page No. 72-80 2019	Of 166 general symptoms of 29 medicines, LRs and confined LRs >1.5 were elicited for 6 and 49 symptoms, respectively. In spite of considerable caveats, it is the first insight into prevalence and LRs of general symptoms of less frequently prescribed homoeopathic medicines. Further research is warranted.

S. No.	Title	Journal	Outcome
			Different potencies (3X, 6X and 12X) were also exhibited significant zone of inhibition, especially <i>Allium cepa</i> 6X (10.4 ± 0.89), <i>Caesalpinia bonducella</i> 6X and 12X (12.8 ± 0.54 and 10.4 ± 1.14 , respectively), <i>Eucalyptus globulus</i> 12X (11.3 ± 1.94), <i>Ruta graveolens</i> 12X (15.0 ± 2.23), <i>Thuja occidentalis</i> 6X (10.8 ± 0.83), and <i>Zingiber officinale</i> 3X and 6X (13.0 ± 2.73 and 11.4 ± 2.30 , respectively) as compared to control. The findings of study concluded that \ominus and potencies can effectively inhibit the growth of <i>A. niger</i> <i>in vitro</i> . This study paves the way for development of homoeopathic antifungal treatments. However, further investigations are required to get more information about the mechanistic approach, their mode of action and <i>in vivo</i> evaluation.
60	Exploring the predictive value of specific symptom as prognostic factor: Assessment of group-confined likelihood ratio for symptom 'Headache' in 20 lesser-known drugs.	Indian Journal of Research in Homoeopathy Volume 13, issue 1, Page No. 4-11 2019	The symptom 'Headache' was recorded in a part of the population: 4582 patients where 20 lesser-known medicines were prescribed. Of these medicines, 8 have a GCLR >1, indicating that the symptom headache could indicate these medicines out of the assessed group of 20. Only 5 had statistically significant confidence interval: <i>Allium sativum</i> , <i>Formicum acidum</i> , <i>Gymnema sylvestre</i> , <i>Avena sativa</i> and <i>Persea americana</i> . Among these, two medicines, <i>Allium sativum</i> and <i>Formicum acidum</i> , have significantly higher GCLR. Of 20 lesser-known homoeopathic medicines, two could be considered for the further evaluation of the relationship with headache. These findings should be confirmed in properly organised prognostic factor research in a larger population, not restricted to specific medicines, that enables proper comparison.
61	Observations on the Dicotylodonus Weed Flora of CMPRH, Indira Nagar, Emerald, The Nilgiris.	Bio Science Discovery Volume 10, issue 4, Page No. 185-195 2019	The present paper deals with weeds of cultivated fields of <i>Rosemary</i> , <i>Cineraria</i> , <i>Achillea</i> , <i>Thymus</i> and <i>Digitalis</i> occurring in and around the CMPRH garden in Emerald, The Nilgiris District. A total number of 78 Plants species belonging to 29 families have been recorded. These species have been enumerated alphabetically with correct binomial followed by basionym, brief description, Phenology and distribution.

S. No.	Title	Journal	Outcome
			<p>The Dominant family Asteraceae contains 26 species followed by Solanaceae 8 species, Caryophyllaceae 5 species, Brassicaceae, Oxalidaceae, Amaranthaceae, Polygonaceae 3 species each, Fabaceae, Rosaceae, Verbenaceae, Plantaginaceae, Amaranthaceae, families are represented by two species each remaining families are represented by single species each. The most commonly reported species are <i>Spergula arvensis</i> L., <i>Helichrysum bracteatum</i> (Vent.) Tzvelev, <i>Bidens pilosa</i> L., <i>Erigeron canadensis</i> L. and <i>Hypochaeris glabra</i> L., <i>Centella asiatica</i> (L.) Urban., <i>Wahlenbergia marginata</i> (Thunb.) A.DC., <i>Spermacoce hispida</i> L., <i>Leucas aspera</i> L. and <i>Coronopus didymus</i> (L.) Smith. were compete with <i>Rosemary</i>, <i>Cineraria</i>, <i>Achillea</i>, <i>Thymus</i> and <i>Digitalis</i> crops for nutrients and space and bringing down the yields.</p>
62	Plants In Family Lamiaceae Used Medicinally in the Homoeopathic System of The Nilgiris District, Tamil Nadu, India.	Asian Journal of Pharmaceutical and Clinical Research Volume 13, issue 4, Page No. 2020	<p>The present study deals with both wild and cultivated species of 15 genera belonging to 24 species of Lamiaceae family members reported in the Nilgiris District. Reported homoeopathy plants such as <i>Aloysia citriodora</i> Palau, <i>Lavandula officinalis</i> Chaix., <i>Leonurus cardiaca</i> L., <i>Leucas aspera</i> (Willd.) Link., <i>Mentha piperita</i> L., <i>Mentha spicata</i> L., <i>Melissa officinalis</i> L., <i>Mesosphaerum suaveolens</i> (L.) Kuntze, <i>Ocimum americanum</i> L., <i>Ocimum basilicum</i> L., <i>Ocimum gratissimum</i> L., <i>Ocimum tenuiflorum</i> L., <i>Origanum majorana</i> L., <i>Origanum vulgare</i> L., <i>Perilla frutescens</i> (L.) Britton, <i>Plectranthus amboinicus</i> (Lour.) Spreng, <i>Plectranthus barbatus</i> Andrews, <i>Plectranthus fruticosus</i> L'Her., <i>Prunella vulgaris</i> L., <i>Rosmarinus officinalis</i> L., <i>Salvia officinalis</i> L., <i>Salvia verbenaca</i> L., <i>Thymus vulgaris</i> L., and <i>Thymus serpyllum</i> L., the present article gives the scientific name, synonym, homoeopathic drug name, original author citation, English name, phenology, short description, and part of plant used for preparing homoeopathic medicine, whether indigenous or exotic and uses are given. Reported 24 homoeopathic medicinal plants are used in homoeopathic medicinal system to treat various diseases, and also present study reveals the importance of conservation and sustainable utilization.</p>

S. No.	Title	Journal	Outcome
63	PTEN-A REVIEW	International Journal of Pharmaceutical Sciences and Research Volume 11, issue 1, Page No. 35-40 2020	The present review focuses on the role of PTEN in pathological conditions and a comprehensive list of currently identified modulators of PTEN and explains potential new molecular targets which could be help in the development of drugs for the management of PTEN associated diseases like cardiovascular diseases, diabetes, obesity, cancer, autism, and Alzheimer's diseases.
64	Antimicrobial activity of different homoeopathic drugs and their potencies against 'Aspergillus niger' In-vitro	IJRH Volume 13, issue 3, Page No. 150-158 2019	The marked antifungal activity was observed with Θ of <i>Zingiber officinale</i> ; the growth of <i>A. niger</i> was inhibited and showed maximum zone of inhibition up to 15.4 ± 2.88 mm followed by <i>Holarrhena antidysenterica</i> (13.2 ± 1.09) and <i>Terminalia chebula</i> (10.6 ± 1.14).
65	Morphological Characterization of Homeopathic Medicinal Plants and Evaluation of their Biological Effect Against the <i>Microsporiumcanis</i>	International Journal of Pharmacognosy and Phytochemical Research Volume 11, issue 3, Page No. 122-128 2019	Some peculiar characters in plants were observed like elongated or polyhedral cells followed by storage parenchymatous cells and poor vasculature in <i>Allium sativum</i> , secretary canal and curved eye shaped vascular bundle in <i>Eucalyptus globules</i> , eye shaped vascular bundle in <i>Ficus religiosa</i> , hair pattern and quadrangular stem of <i>Ocimum sanctum</i> , rhomboidal prismatic crystals, laticifers and stone cells in <i>Holarrhena antidysenterica</i> . Mother tincture of <i>Terminalia chebula</i> was exhibited maximum zone of inhibition up to 13.6 ± 1.1 mm followed by <i>Ocimum sanctum</i> , <i>Eucalyptus globulus</i> , <i>Allium sativum</i> , <i>Ficus religiosa</i> and <i>Holarrhena antidysenterica</i> . In case of potencies (3X, 6X and 12X), significant zone of inhibition was observed with many medicines especially <i>Allium sativum</i> at 6X (9.6 ± 2.9 mm), <i>Ficus religiosa</i> at 3X (9.8 ± 0.4) and 12X (9.2 ± 1.1), <i>Ocimum sanctum</i> at 3X (9.8 ± 1.3), 6X (11.6 ± 1.7) and 12X (9.2 ± 0.8), compared to vehicle control against <i>M. canis</i> . These plants of medicinal importance were fully described macro- and micro-morphologically for easier and more accurate identification. The present study obtained results was that morpho-anatomical characters and biological activity not only provide characters for their correct taxonomic authentication, but also serve as standard data for the quality assessment of the pharmaceutical preparation of homoeopathic drugs.

S. No.	Title	Journal	Outcome
66	A review on animal-based homoeopathic drugs and their applications in biomedicine.	Indian J. Res. Homoeopathy Volume 13, issue 3, Page No. 159-176 2019	Considering the challenges, we envision that a review regarding the animal based therapeutics, used in Homoeopathy, may be useful. Our review, consistently has found that the discoveries of the modern biomedicine agree with the reports from the homoeopathic literature. In many cases, the recent biomedical and medicinal chemistry research aptly justifies the findings of the old homoeopathic literature. Even though there are many animalbased homoeopathic drugs, this review will focus only on those drugs which are included in Essential Drugs List of Homoeopathy. We believe this article will not only be beneficial towards homoeopathic community but also may provide needed information regarding homoeopathic findings for future biomedical research.
67	Pharmacognostical and physicochemical study of <i>Urticaurens</i> L.: A drug used in Homoeopathy.	Indian J. Res. Homoeopathy Volume 13, issue 2, Page No. 91-99 2019	The taproot is rounded, thick and brown; leaves are long petiolate, elliptic to broadly ovate; stem 0.5–1 cm thick, rounded and branched. Qualitative and quantitative microscopic studies showed the distinguishing characters of root stem and leaf. In physicochemical studies of the drug, extractive values in alcohol and water were ≤ 7.52 and $\leq 13.88\%$ w/w, respectively; loss on drying, total, acid insoluble and water-soluble ash were found to be ≤ 11.75 , ≤ 24.55 , ≤ 3.59 and $\leq 6.89\%$ w/w, respectively. In mother tincture, weight per millilitre, alcohol content, total solids, pH and λ_{\max} were found to be ≥ 0.97 g, 47% v/v–52% v/v, $\leq 1.88\%$ w/v, 7.93 and 266, 279 nm, respectively. The data presented in this communication may be used as diagnostic characters for identification and authentication of raw drug so as to ensure purity, quality and efficacy of homoeopathic drug <i>Urtica urens</i> .
68	“Morphoanatomical Observations on Homoeopathic Plant Drug <i>Hygrophila spinosa</i> T. Anderson”	Pharmacognosy Journal, Volume , issue , Page No. 286-192 2019	The drug was in form of dried pieces of leaves, small quadrangular pieces of stem with spines and roots.

S. No.	Title	Journal	Outcome
			Microscopy showed few features like aerenchymatous cortex in the middle region of root; semi-quadrangular outline, four vascular bundles at each corner in young stem and developing fascicular vascular bundles between them, in mature stem 6 vascular bundles viz. 4 vascular bundles at corner and 2 vascular bundles present in between opposite to each other; broad cortical aerenchyma in mature stem, leaf amphistomatous, anomocytic stomata, crescent-shaped meristele in leaf. Present study can assist the diagnostic characters of <i>Hygrophila spinosa</i> may be taken as pharmacognostical standards for the identification of plant drug.
69	A review on history of LM potency: Tracing its roots in the past	International Journal of Homoeopathic Sciences Volume 3, issue 3, Page No. 26-31 2019	Dr. CFS Hahnemann until the end of his life continued to refine his clinical methods. In order to discover his most perfected method, he was motivated to write the sixth edition of Organon in which he introduced new dynamic process today named as 50 millesimal (LM or Q). It was the solution to the aggravations he had observed with centesimal scale but due to delayed publishing of 6 th edition, the benefits of this scale remained hidden and were not accepted and practiced worldwide. Hahnemann himself used exclusively, 'medicament au globule' of 150 most important homoeopathic remedies in 10 lowest degree of dilutions and preferred in his later years of life. This is an attempt to explore and bring forward the hidden treasure of 50 millesimal potency, its history and experiences of various authors. For this, books, journals and available literatures were reviewed exhaustively.
70	A review on homoeopathic remedies and their relationship	Homoeopathic Links Volume 32 , issue 04 , Page No. 209-215 2019	The relationship of remedies is the most useful section in therapeutic pocket book. Even Kent advocated the use of this particular section which can be studied at various levels of mind, parts, sensations, modalities, etc. But it is the least understood and least used because of neglect on the part of physicians.

S. No.	Title	Journal	Outcome
			The practitioners are mastering the art of individualisation which is one of the pillars of homoeopathic treatment but more stress needs to be laid upon the grouping of remedies based on their relationship which has great importance in practice for the ideal cure. The homoeopathic literature was found to be very rich in describing the relationship which every remedy owes to each other. This review aims to bring forward the underlying facts and experiences of different authors regarding remedy relationship.
71	Assessment of Acute and 28-Days Repeated Dose Sub-Acute Toxicity Study of Selected Ultra-Diluted Preparations in Wistar Rats.	J. Forensic Chemistry Toxicol Volume 5, issue 2, Page No. 115-124 2019	Findings of the study revealed that the administration of homoeopathic drugs at single bolus dose in acute toxicity study there were no mortality or any signs of toxicity observed after oral administration of drugs up to the dose level that of 2000 μ l in rats. So, the LD50 was found to be greater than 2000 μ l/100g body weight. Sub-acute toxicity study was conducted for a period of 28 days and we noted that there were no pathological or biochemical alterations found. Study inferred that homeopathic drugs are safe on acute and sub-acute administration for 14 and 28 days respectively. The safety profile is established in experimental animals and further data can be corroborated in humans.
72	Attenuation of Complete Freund's Adjuvant-induced arthritis by different dilutions of <i>Eupatorium perfoliatum</i> and <i>Crotalus horridus</i> and their safety evaluation.	Indian J. Res. Homoeopathy Volume 13, issue 2, Page No. 107-117 2019	Findings of the study revealed that on CFA administration, there is a significant ($P < 0.01$) increase in joint diameter in all the tested animals. Maximum increase in joint diameter was observed on day 3 in all the treatment groups. <i>Eupatorium perfoliatum</i> 200CH showed significant decrease in joint diameter on day 21. In carrageenan study, the homoeopathic drugs produced a significant reduction in paw oedema at 5-h post-carrageenan administration. Study noted that the anti-inflammatory activity of <i>Eupatorium perfoliatum</i> was found to be superior to <i>Crotalus horridus</i> . Study inferred that <i>Eupatorium perfoliatum</i> and <i>Crotalus horridus</i> are safe at dilutions 6CH, 12CH, 30CH and 200CH and effective in minimising inflammation and arthritis in CFA-induced model.

S. No.	Title	Journal	Outcome
73	Prevalence of afebrile malaria and development of risk-scores for gradation of villages: A study from a hot-spot in Odisha.	PLoS ONE Volume14 , issue 9, Page No. 2019	The prevalence of malaria was 5.8% and afebrile malaria accounted for 79 percent of all confirmed cases. Higher proportion of Pv infections were afebrile (81%). We found the prevalence to be 1.38 (1.1664-1.6457) times higher in villages where the Accredited Social Health Activist (ASHA) didn't stay; the risk increased by 1.38 (1.0428-1.8272) and 1.92 (1.4428-2.5764) times in mid- and high-altitude tertiles. With regard to forest coverage, villages falling under mid- and highest-tertiles were 2.01 times (1.6194-2.5129) and 2.03 times (1.5477-2.6809), respectively, more likely affected by malaria. Similarly, villages of mid tertile and lowest tertile of education had 1.73 times (1.3392-2.2586) and 2.50 times (2.009-3.1244) higher prevalence of malaria. Conclusion: Presence of ASHA worker in villages, altitude, forestation, and education emerged as principal predictors of malaria infection in the study area. An easy-to-use risk-scoring system for ranking villages based on these risk factors could facilitate resource prioritization for malaria elimination.
74	In vitro assessment of homeopathic drug <i>Hydrastis canadensis</i> on hormone dependent breast cancer cells	Accepted for publication in Journal "Homeopathy" 2019	Results: Different potencies of <i>Hydrastis</i> displayed selective cytotoxic effects against MCF 7 cells, but only marginal effects against MDA-MB-468. The maximum cytotoxicity was established in the case of 1C following 72 hours of treatment. Treatment of breast cancer cells revealed an increase in the G0/G1 cell population, along with an increase in the caspase 3 levels and induction of apoptosis. Conclusion: <i>Hydrastis</i> may have a selective cytotoxic effect against hormone-dependent breast cancer MCF 7 cells, leading to cell cycle arrest in the G0/G1 phase, which could be the plausible reason for the induction of apoptosis. The results need to be validated in vivo.
75	<i>Symphytum officinale</i> augments osteogenesis in human bone marrow-derived mesenchymal stem cells in vitro as they differentiate into osteoblasts	Journal of Ethnopharmacology Volume 248, 2020	Results: Flow cytometry (CD90, CD105) detected MSCs isolated from bone marrow (93-98%). MTT assay showed that the selected doses of SO did not induce any cytotoxicity in MSCs (24 hours).

S. No.	Title	Journal	Outcome
			The efficiency of osteogenic differentiation (2 weeks) for different doses of <i>Symphytum officinale</i> was determined by flow cytometry (n = 10) for osteoblast marker, Osteocalcin, and most doses of <i>Symphytum officinale</i> enhanced osteogenesis. Interestingly, gene expression analysis for Runx-2 (n = 10), Osteopontin (n = 10), Osteocalcin (n = 10) and alkaline phosphatase activity (n = 8) also showed increased osteogenesis with the addition of <i>Symphytum officinale</i> to BDM, specially mother tincture. Our findings suggest that homoeopathic dose (specially mother tincture) of <i>Symphytum officinale</i> has the potential to enhance osteogenesis.
76	Effect of Cuprum metallicum potentised through both serial dilution and succussion in comparison to succussion alone on Escherichia coli bacterial system and electrical properties of poly (vinylidene fluoride-co-hexafluoropropylene) polymer	Indian Journal of Research in Homoeopathy Volume 13, issue 4, Page No. 209-218 2019	Field Emission Scanning Electron Microscopy shows that the particles get more agglomerated at higher potency in Set B. Antibacterial effect of <i>Cup. met.</i> in Set B at 30C and 200C was observed to be more significant as compared to Set A. Effect of <i>Cup. met.</i> on polymer matrix in Set A varied significantly with the potency as compared to Set B wherein less beta phase crystallization was produced followed by no significant change in electrical properties. Comparison of results using the medicine <i>Cup. met.</i> in two experimental set ups shows that serial dilution with succussion makes an important difference between the two sets.
77	Effect of Pure Atropine and Atropine Sulfate on Japanese Encephalitis Virus Infection in Chick ChorioAllantoic Membrane.	Asian Journal of Microbiology, Biotechnology & Environmental Sciences Volume 21, issue 2, Page No. 512-518 2019	Japanese Encephalitis (JE) virus is a mosquito-borne Flavivirus, which causes JE in humans. The virus modulates host's immune response which determines the fate of the infected person. The cytokines, specifically type I and type II interferons play important role in the pathogenesis of JE virus. In this study our aim was to observe changes in cytokine profile of JE virus challenged chick chorio allantoic membrane (CAM) and to observe whether the most active component of <i>Atropa belladonna</i> atropine along with its important compound atropine sulfate can modify the cytokine gene regulation as

S. No.	Title	Journal	Outcome
			<p>A. belladonna extract is a well known antiviral agent used in JE in alternative medicine. Eleven days old chicken eggs were inoculated with a standard dose of JE virus. The chick embryo was challenged with JE virus pretreated with atropine/ atropine sulfate keeping matched control sets After harvesting of eggs in different experimental sets it was found that there was no pock on atropine and atropine sulfate treated CAM, while they were present in significant numbers in virus challenged CAM without atropine or atropine sulfate. IFNα and IFNβ were markedly up regulated in atropine and atropine sulfate added virus challenged CAM respectively. Atropine mainly up regulates type II interferon and atropine sulfate mainly up regulates type I interferon mainly IFN alpha in CAM. Thus in this study we find that both atropine and atropine sulfate may restrict the JE viral pathology by modulating the on chick CAM.</p>
78	<p>Suppression of viral load by <i>Belladonna</i> 200C through modulation of TLR and type-I IFN signalling pathways.</p>	<p>International Journal of Biological & Medical Research Volume 10, issue 1, Page No. 6635-6640 2019</p>	<p>Toll like receptor (TLR) mediated intracellular signalling plays a pivotal role in regulating the pathogens in the initiation of the innate immune response via the induction of interferons (IFNs) controlling the viral replication and subsequent severity of the infection. In complementary medicine, ultradiluted extract of <i>Atropa belladonna</i> (<i>Belladonna</i> 200C) is widely used in Japanese encephalitis (JE) treatment. The antiviral property of <i>Belladonna</i> 200C has already been established by in-vitro and in-vivo experiments. However, the antiviral mechanism of <i>Belladonna</i> in connection with the TLRs has not been studied in detail for JE. Thus under this circumstances the present study was focussed to investigate the role of TLRs in experimentally infected chick eggs with JE virus. Pre-treatment with <i>Belladonna</i> 200C significantly reduced the overall viral load (p<0.0001) in chorioallantoic membrane (CAM) and brain which correlated with the morbid pathological changes of the organs.</p>

S. No.	Title	Journal	Outcome
			TLR4 expression was significantly upregulated among the direct virus infected group compared to the <i>Belladonna</i> 200C pretreated virus infected group. There were increased expressions of TLR3, TLR7 and TLR8 as well as IFN- α and IFN- β in CAM and brain among the <i>Belladonna</i> 200C pre-treated group. Taken together, the result indicates that <i>Belladonna</i> 200C exerts the antiviral effect by influencing the TLR signalling pathway which is one of the contributing factors in the immune-pathogenicity of JE virus infection. The present study may help in development of targeted immunotherapy by <i>Belladonna</i> 200C against JE virus in future by altering innate immune signalling.
79	Sub-lethal dose of atropine gives protection from Japanese encephalitis virus infection in chick embryo model	Proceedings of the Zoological Society Volume, issue, Page No. 2019	The histological changes showed significant reduction of necrosis, inflammation and other co-morbid pathology in the atropine sulphate pre-treated groups. Hence this study demonstrated the protective role of atropine in controlling the JE virus replication and its organ-tropic dissemination to brain which may pave way for a prospective therapy in the future treatment of JE.
80	Exploratory study to identify and categorise the symptoms of polychrest homoeopathic medicines as per the DSM -5 criteria for Personality Disorders	Journal of Homoeopathy University Volume , issue , Page No. 5-10 2019	The medicine indicated a combination of different PDs and none had a clear similarity to one specific personality disorder. Minimum 4-5 or more criteria are required for the diagnosis of PDs but most of the medicines covered 2-3 criteria. Based on the findings of this study, a group of medicines was identified of the clusters of Personality Disorder - <i>Lachesis</i> , <i>Hyoscyamus</i> , <i>Aurum metallicum</i> , <i>Cousticum</i> , <i>Aconitum napellus</i> , <i>Calcarea carb</i> , <i>Lycopodium</i> , <i>Nux vomica</i> , <i>Stramonium</i> , <i>Veratrum album</i> , <i>Sulphur</i> . The symptoms of mind in these medicines were identified and categorized as per the DSM-5 criteria for Personality Disorders. This exploratory study opens the new vista for further research on PDs regarding categorization of symptoms of other polychrest medicines as per the DSM-5 criteria which shall help finding similitude and reach similimum by further individualization in these cases. Subsequently, clinical verification and clinical research should be undertaken on PDs.

S. No.	Title	Journal	Outcome
81	Importance of Diet/ Nutrition and Regimen in Homoeopathic Treatment	Journal of Drug Delivery and Therapeutics (JDDT) Volume 9, issue 3, Page No. 1-9 2019	Homoeopathy is a safe and natural form of medicine, based on the principle of “Similia Similibus Curentur”. It means “like is cured by like” i.e. a disease may be cured by something that can cause similar symptoms. Homoeopathy is concerned with treating the whole person rather than the illness alone. The homoeopathic remedy selected will be based on all the symptoms of the patient including physical, mental and emotional states as well as past history, family history, and intrauterine history of the patient. Homoeopathic remedies stimulate the body’s own immune system and offer a long lasting cure rather than giving temporary relief. On the other hand, the action of the homoeopathic remedy becomes complete when proper guidance regarding instructions about diet and regimen mentioned by stalwarts of homeopathic physicians are followed. The objective of the present review article is to discuss how diet and regimen also are the key factors for successful treatment of a disease. Therefore, research on the nutritional values of different foods must be evaluated to be used as nutraceuticals, besides regimen is also important to treat different disease. Finally, combination of medicine, food (nutrition) and regimen are important for the successful treatment of a disease.
82	Obstacle to cure from Homoeopathic Perspective	Journal of Indian Medical Heritage (JIMH) 2019	This article portrayed about the obstacles to cure from homoeopathic point of view.
83	Prevalence of stress in patients attending Homoeopathic General Out Patient Department in Government Dispensaries at Siliguri, West Bengal, India: A multicentric cross sectional observational study	Research & Review : A Journal of Bioinformatics 2019	In the present study, prevalence of moderate-to-severe stress in Patients Health Questionnaire-9 (PHQ-9), GAD-7, Physical Care Post-Traumatic Stress Disorder (PCPTSD) and Alcohol Use Disorder Identification Test (AUDIT) scale was 68.6%, 63.3%, 40.3% and 10.8%, respectively. Limitations: There may be response bias and recall bias which cannot be ruled out. The compositeness of PSQ may be used as it caters the occurrence of stress in an individual in its holistic form.

S. No.	Title	Journal	Outcome
84	A survey regarding awareness and beliefs about Homoeopathy among general population during Magh Mela at Allahabad, Uttar Pradesh, India	Indian J. Res. Homoeopathy Volume 13, issue 1, Page No. 12-21 2019	Of 1144 total respondents, 68.1% had knowledge about Homoeopathy. About 46.6% of respondents believed that it has no side effects and 15.1% believed that it is cost-effective. The diseases for which most of the participants have taken homoeopathic treatment were fever, common cold, constipation and diarrhoea. General population has knowledge about Homoeopathy, but various misconceptions are also prevalent. Awareness campaigns are needed to make people more aware about Homoeopathy and its effectiveness in various disorders.
85	Susceptibility: The concept and its usage in homoeopathy.	The Homoeopathic Heritage Volume 45, issue 5, Page No. 20-23 2019	Susceptibility is one of the inherent, fundamental attributes of life. It is the general quality or power of the living organism to react to various stimuli. The cure and alleviation of diseases depend upon this power of susceptibility of the living organism to react to the impression of the curative remedy. Homoeopathy is a system of medicine, which is mainly based upon concept of individualisation where this susceptibility plays a vital role in selecting proper dose and potency of the simillimum for treatment purpose. Since the discovery of Homoeopathy, many stalwarts including Master Hahnemann discussed on susceptibility giving it various adjectives due to its importance in the line of individualistic approach in treatment.

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 2019-2020 library added number of 47 books and the total no. of books as on 31.03.2020 are 11267. In the year 2019-2020 library added number of 47 books in Hindi Accession register and the total no. of books as on 31.03.2019 are 336.

- Numbers of books purchased - 47
- Numbers of books procured (Hindi) - 87

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 2020.

- 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. Forschende Komplementarmedizin
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.

Archive on Homoeopathy: CCRH Library has been supporting research and development of Homoeopathy with its different services. In 40 years of its existence, the council Library has provided several services in its mission to propagate research findings. Taking the next step towards the development of Homoeopathy in India, the Council's Library has built a hub of homoeopathic knowledge, accumulating documents from all corners of world under one roof for the purpose of public and professional consumption.

'Archive on Homoeopathy' is a digital repository of accumulated knowledge in Homoeopathy, having collection of old and valuable books, old journals, research articles, event impressions, Annual Reports, Newsletters, bulletins and other grey literatures spread all over the world and total no. of archives as on 31.03.2019 are 4113.

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 2019.

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 Homoeopathy, Ayurveda, Unani and Yoga. 12 issues have been released during the year 2019-2020.

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 31.03.2020 are 732.

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

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

The Council's website (www.ccrhindia.nic.in) has been functioning as the "Mirror of the Council" outlaying updated information about various facets of homoeopathic research carried out by the Council. It provides access to information relating to policy, strategy and operational guidelines under the programme and the status of the facilities and programme interventions. Job advertisements, tender documents, updated status notes and proceedings of important events are regularly updated on the website.

During the 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 as per the directions of the Ministry of AYUSH 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 been posting the informative and educational events on its official Facebook page – 'AYUSH Homoeopathy' regularly. More officers are being trained at regional level to join hands to promote Homoeopathy.

Following initiative has been taken under website maintenance:

- The official website of CCRH is updated regularly;
- GIGW complains related points on the website have been resolved;
- CCRH related information is updated regularly;
- Contact details of all CCRH officials are available on the website;
- Tender, Procurement and Vacancy related documents are regularly updated on website;
- Training manuals, publications & guidelines related to various component of activities are updated on website;
- The contents of the website are reviewed on a monthly basis by the concerned section.

AYUSH HOSPITAL MANAGEMENT INFORMATION SYSTEM (A-HMIS)

A-HMIS is a comprehensive Electronic Health Record System developed under AYUSH Grid initiative of Ministry of AYUSH, Government of India. A-HMIS is a single point of contact for Citizens of India to seek Health Care Services from AYUSH medical systems across India. It is a technological revolution in the field of AYUSH healthcare system where IT platform is being efficiently utilised to manage all functions of health

care delivery systems and patient care in AYUSH facilities. Real time patient information is captured on a cloud based software platform in a usable format primarily aimed at understanding the morbidity pattern of patients visiting the OPD facilities of the Council. It is also aimed at efficient management, documentation and data retrieval of AYUSH hospital systems to derive comprehensive data of all hospitals which would help in research as well as the development of an effective AYUSH Health Policy. The software has registration, OPD and IPD consultation and pharmacy modules.



Scientists from Council who participated in the In-house Training workshop for A-HMIS Implementation (R-L): Dr. K.K. Avinash CVU(H), Patna, Dr. Uttam Singh, CRU(H), Port Blair, Dr. Gunjan Rai(SRF), Dr. Suhana.P. Azis, CCRH Headquarters, Dr. Bharti Wadhwa, DDPRCRI(H), Noida, Dr. Santosh Tamang, CRU(H), Gangtok and Dr. Anil Khurana, DG, CCRH, Dr. Lipi Pushpa, HDRI (H), Lucknow, Dr. Gurudev Choubey, CRU(H), Siliguri, Dr. R.V.R Prasad, CRU(H), Tirupati, Dr. Sunil Prasad, CRU(T), Ranchi, Dr. Sunil S. Ramteke, RRI(H), Shimla, Dr. Ravi K. Sadarla, CRU(H), Puducherry

After the implementation of A-HMIS in November 2018 in a phased manner, it has been functional in 20 health facilities of the Council where 3,71,466 patients have been registered and 2,45,552 patients have been consulted in the A-HMIS from April 2019 to March 2020. The Council has fully equipped these Institutes with respect to installation of specific hardware requirements. The AYUSH Grid cell of CCRH monitors the functionality of A-HMIS and reports to Ministry on the weekly basis. The following trainings have been imparted to the Research officers of CCRH and Medical officers of C.G.H.S dispensaries:

Trainings and Conference calls conducted by CCRH-

Trainings	S No.	Purpose	Date	Venue	Participants
	1	Sensitization Program on A-HMIS for CGHS doctors	07.11.2019 and 14.11.2019	DDPRCRI (H), Noida	CGHS Doctors, Research Officers (H), CCRH
	2	Implementation of AYUSH-Hospital Management System (A-HMIS)'	05.12.2019	CCRH Headquarters	09 Institute Nodal Officers of CCRH
Conference Calls	1	To understand the difficulties in A-HMIS implementation at the CCRH Institutes	22.01.2020	CCRH Headquarters	DG, CCRH, Dr. Suhana P. Azis, Nodal officer, A-HMIS and 09 Institute Nodal Officers
	2	For discussion and preparation of workflow and functional requirements for IPD, Pharmacy, Inventory and asset management modules to be developed in Homoeopathy module of A-HMIS	11.03.2020	CCRH Headquarters	Dr. Suhana P. Azis, RO(H), CCRH Headquarters, Dr. Arti Soren/RO(H), S-3, Dr.R.Bhuvanewari / RO(H), S-2, Dr. Bharti Wadhwa/ RO(H), S-2, Dr.B.Rajashekhar RO(H) S-1, Dr. Gunjan Rai, SRF(H).

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 provides collection of good quality research articles published in various peer-reviewed and other journals.

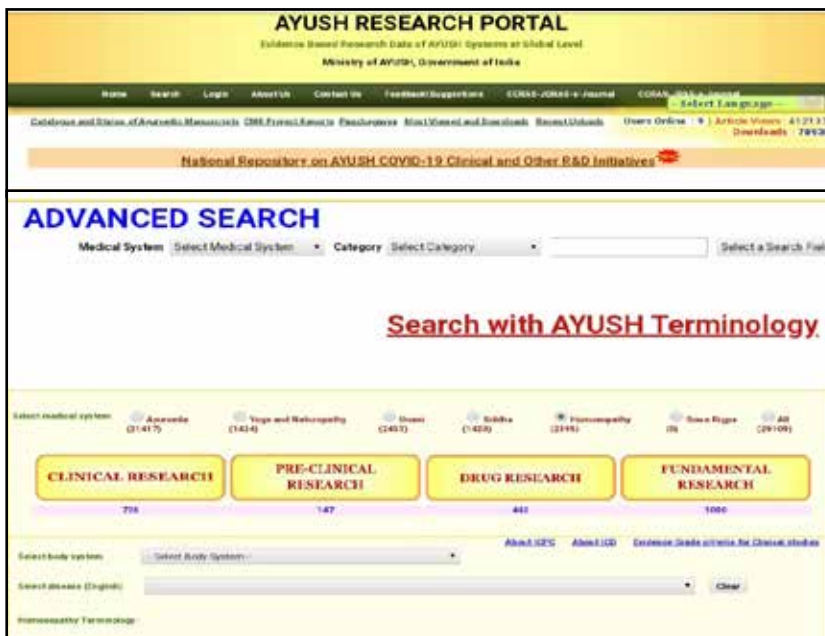
The information provided is categorized into individual AYUSH medical systems against a standard set of medical conditions, based on WHO disease classification ICD-10 and navigation is according to ICPC's (International Classification of Primary Care) 17 categories. It permits search of research articles 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	: 726
Pre- Clinical Research	: 147
Drug Research	: 442
Basic and fundamental Research	: 1080

The council has attributed in selection and uploading of 2395 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.





MISCELLANEOUS ACTIVITIES



IEC ACTIVITIES OF THE CCRH

I. PROFESSIONAL OUTREACH ACTIVITIES

One of the objectives of the Council is dissemination of its research findings, sensitization of professionals, and exchanging information with other research and educational institutions, professional associations and societies of international and national repute, with similar research objectives as that of the Council. This helps in sharing and updating the knowledge of the homoeopathic fraternity at large and giving a world view of cutting-edge research to the practitioners, teachers and students. Moreover, such activities help in idea exchanges and open doors for a multitude of interdisciplinary research activities which is the need of the hour to the science of Homoeopathy. For capacity building of researchers and to educate the profession about recent advancement in homoeopathic research, research methodology, scientific writing Council has been organizing CME programs/ Seminars and participating in different national and international seminars. In the period under report Council had organized and participated in the following International and National Seminars, Workshops, Conferences and CME programs: -

A. CME PROGRAMS/SEMINARS/WORKSHOPS/CONFERENCES (Organized by CCRH)

National Convention on World Homoeopathy Day: A two day convention was organised in New Delhi by CCRH on the occasion of the World Homoeopathy Day (WHD) from 9th -10th April 2019 at Ambedkar International Centre. The World Homoeopathy Day (WHD) is observed to commemorate the birth anniversary of the founder of Homoeopathy, Dr. Christian Fredrich Samuel Hahnemann. Council is organising this convention to pay tribute to Dr. Hahnemann, on his 264th birth anniversary. The Council is taking this as an opportunity to review the path trodden so far, taking stock of the challenges faced and to formulate future strategies for development of Homoeopathy. The theme of this convention was 'Linking research with education and clinical practice: Advancing Scientific Collaboration'. This year Council has partnered nationally with CCH and internationally with Faculty of Homoeopathy, UK who celebrated its 175th anniversary this year.



Inauguration of World Homoeopathy Day 2019



“Environmental Safety and Concerns-its impact on health” Conference for AYUSH officers

For the promotion of preservation of environment clean and hygienic surroundings for implementation of Sustainable Development Goals (SDG), Central Council for Research in Homoeopathy organized a one day conference on ‘Environmental Safety and Concerns-its impact on health’, as per directions of Ministry of AYUSH, Govt. of India. The onference was organized on 21st December 2019 at A.P. Shinde Memorial Hall, NASC Complex, Pusa, New Delhi with the objective to apprise the AYUSH officers about the effect of climate change, air pollution measures to protect human health from various environmental challenges along with deliberation on role of AYUSH therapies in pollution related health problems.

The conference was chaired by Sh. Roshan Jaggi, Joint Secretary, Ministry of AYUSH and attended by dignitaries like Mr. Sachin Gupta, Chancellor, Sanskriti University, Dr. Vaidya K. S. Dhiman, Director General, CCRAS, Dr. Raghuvendran, Director, CCRYN and Dr. Anil Khurana, Director General, CCRH.

A total of 200 delegates from Ministry of AYUSH and Research Councils attended the conference. The resource persons were invited from Central Pollution Control Board, SKYMET weather services, Delhi Pollution Control Committee, Centre for Environment, Occupation Health & Climate Change, Amity Institute of forestry and wildlife, CCRAS and Morarji Desai National Institute of Yoga.



Sh. Roshan Jaggi, Joint Secretary, Ministry of AYUSH lighting the lamp on his right Sh. Sachin Gupta, Chancellor, Sanskriti University and Dr. Naval Kumar Verma, Honorary Physician to Minister of AYUSH. On his left Dr. Raghavendra, Director, CCRYN, Ms. Renu Arya, Dr. Bindu Sharma and Vaidya Sh. K. S. Dhiman, DG, CCRAS

The highlights of the conference were:

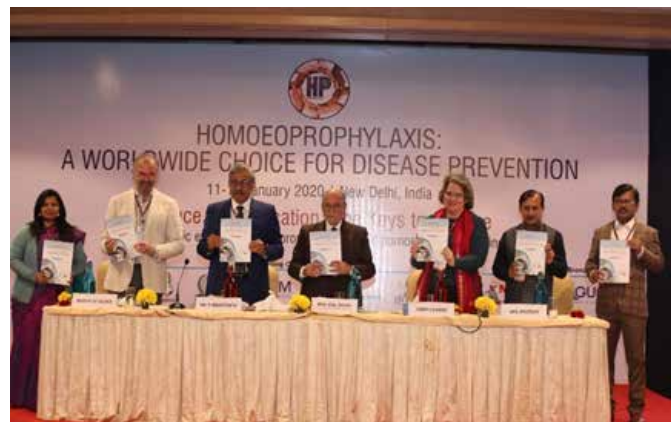
- Eco-friendly folders and unique seed-pen were provided to delegates along with IEC material advising about steps to reduce plastic waste
- Promote healthy environment.

- Resource persons were felicitated with planters
- Special exhibition displaying medicinal plants used as air purifiers, used in Homoeopathy along with their indications.

The conference concluded with the recommendation to carry out evidence based research to address the issue of Environmental Safety & Concerns & it's health impacts with target to reduce health morbidity & provide better health status to humanity which has to be achieved by 2030.

3RD INTERNATIONAL CONFERENCE ON HOMOEOPROPHYLAXIS A WORLDWIDE CHOICE FOR DISEASE PREVENTION "EVIDENCE AND EDUCATION - THE KEYS TO CHANGE"

Central Council for Research in Homoeopathy, an autonomous organisation under Ministry of AYUSH, Government of India and Homoeoprophylaxis-a Worldwide Choice (HPWWC) a not-for-profit organisation working to promote disease prevention and Homeoprophylaxis jointly organised the 3rd International Conference on Homoeoprophylaxis, "EVIDENCE AND EDUCATION - THE KEYS TO CHANGE" highlighting role of homoeopathic nontoxic alternative to disease prevention at hotel, The Radisson Blu, Dwarka, New Delhi, on 11th -12th January 2020. The conference was also supported by Directorate of AYUSH, Delhi Government.



Souvenir being released at 3rd International Conference on Homoeoprophylaxis

The eminent speakers at the conference were Dr. Raj K. Manchanda, Dr. Anil Khurana, Dr. Isaac Golden, Dr. Gustavo Bracho, Dr. Martin de Munck, Dr. Srinivasa Rao Nyapati, Prof. Surinder Singh, Dr Shailendra Saxena, Dr. Debadatta Nayak, Ms. Kate Birch, Dr. Varanasi Roja and Dr. Kavita Kukunoor. The conference was attended by 200 delegates from several countries like United Kingdom, Australia, Greece, USA and different parts of India, including renowned experts from different dimensions within Homoeopathy.

WORKSHOPS & SEMINARS/CME Programs Participated by CCRH

One of the objectives of the Council is dissemination of its research findings, sensitization of professionals, and exchanging information with other research and educational institutions, professional associations and societies of international and national repute, with similar research objectives as that of the Council. This helps in sharing and updating the knowledge of the homoeopathic fraternity at large and giving a world view of cutting-edge research to the practitioners, teachers and students. Moreover, such activities help in idea exchanges and open doors for a multitude of interdisciplinary research activities which is the need of the hour to the science of Homoeopathy. For capacity building of researchers and to educate the profession about recent advancement in homoeopathic research, research methodology, scientific writing Council has been organizing CMEs/Seminars and participating in different national and international seminars. In the period under report Council had organized and participated in the following International and National Seminars, Workshops, Conferences and CME programs:-

Miscellaneous Activities

S.No.	EVENT	VENUE	DATE	NAME OF SCIENTIST PARTICIPATED AS A RESOURCE PERSON OR DELEGATE
1.	3 rd National Workshop on capacity building of AYUSH professionals in AYUSH-hospital Management system (AHIMS)	Central Council for Research in Siddha, Chennai	3 rd and 4 th April 2019	-
2.	World Homoeopathic Day	Dr. Ambedkar International Centre, Janpath, New Delhi	9 th -10 th April' 2019	Dr. P Hima Bindu, Scientist-2(Resource person)
3.	Short term Training Programme on "Laboratory Animal Techniques, Ethics and Welfare"	CSIR-CFTRI, Mysuru	6 th -10 th May, 2019	Dr. Satvinder Singh, RO (Biochem.), DDPR CRI (H), Noida, Dr. G.V. Narasimha Kumar, RO (Pharma.), DDPRCRI(H), Noida
4.	Workshop on Research Methodology and Biostatistics	CCRIUM, Hyderabad	24 th May 2019	-
5.	Workshop on HIV/AIDS	CCRIUM, Hyderabad	25 th May 2019	-
6.	4 th HRI International Homoeopathy Research Conference	Windsor Hotel, London	14 th to 16 th June 2019	-
7.	"Communications and the Digital Age"	Committee Room, CCRUM, Hqrs., 5th Floor, J.L.N.A.A.B., Janakpuri, New Delhi	14 th June, 2019	Dr. Harleen Kaur, RO/S-1, CCRH, HQ, Dr. Anupriya, RO/S-1, CCRH, HQ, Dr. Suhana P. Azis, RO/S-1, CCRH, HQ, Mrs. Meenakshi, Junior Librarian, CCRH, HQ
8.	"National Symposium and Workshop on Yoga and Meditation for Neuro-Health"	Conference Hall, Megapode Resort, Haddo, Portblair	14 th June, 2019	Dr. Uttam Singh, RO, S-1, CRU(H)
9.	"National Homoeopathic Seminar (PRAXIS 2K19)"	Hotel Vijay Park, Chennai	27 th June, 2019	Dr. Kolli Raju, RO(H), S-4, HRID Chennai
10.	"3 rd Residential Course on Phytopharmaceuticals & Herbal Drugs Monograph Drafting, Verification & Validation"	Indian Pharmacopoeia Commission, Ghaziabad	5 th - 9 th August, 2019	Dr. Binit Kumar Dwivedi, RO (S-2), (Chemistry), DDPRCRI (H), Noida Ms. Renu Arya, RO(H), CCRH, HQ Sh. Digvijay Verma, ARO, DDPRCRI(H), Noida

S.No.	EVENT	VENUE	DATE	NAME OF SCIENTIST PARTICIPATED AS A RESOURCE PERSON OR DELEGATE
11.	“7 th Padmashri Dr. K. G. Saxena Memorial Seminar”	NDMC Convention Centre, Palika Kendra, Parliament Sreet, New Delhi	11 th August, 2019	Dr. Deepti Dewan, Consultant, CCRH, Hqrs.
12.	National Seminar on “Conservation of Bio resources of Medicinal Value: Current Scenario and way forward”	A.P. Shinde Symposium Hall, NAS Complex, ICAR Pusa Campus, New Delhi	13 th & 14 th August, 2019	Sh. Digvijay Verma, ARO, DDPRCRI(H), Noida Ms. Renu Arya, RO(H), CCRH, HQ.
13.	Integration of AYUSH(Homoeopathy) in NOHP	Gudivada	28 th August 2019	-
14.	“Radical Homoeopathy” a 3 days scientific convention	B.M. Birla Auditorium, Jaipur	30 th -31 st August & 1 st September, 2019	Dr. Ashish Mahajan, RO(H), S-1, CRI(H), Jaipur
15.	2 Days Homoeo Youth, National Homoeopathic Seminar 2019	Sarat Sadan, Howrah Maidan, Howrah , West Bengal	31 st August & 1 st September 2019	-
16.	Workshop on Research writing	Vinayak Mission’s Homoeopathic Medical College and Hospital, Salem	7 th September 2019	-
17.	“27 th Kent Memorial Lectures”	PHD Chamber of Commerce & Industry, 4/2, Siri Institutional Area, Hauz Khas, New Delhi	14 th & 15 th September, 2019	-
18.	“Ethics Committee Training” on “ICMR National Ethical Guidelines”	St. Johns Medical College, Bangalore	20 th September, 2019	Dr. Muralidharan, RO(H), S-4, NHRIMH, Kottayam Dr. Ramesh Bawaskar, RO(H),S-3, RRI(H), Mumbai Dr. Sivaprasad Goli, RO(H), S-1, HRID, Chennai Dr. Suhana P Azis RO(H), S-1, CCRH, HQ.
19.	Special Guest Lecture on “Importance of Nutrition during Antenatal care, post natal care & Lactating phase, Importance of Nutrition for the optimal growth of children”	AYUSH Auditorium, 1 st Floor Janakpuri, New Delhi	27 th September 2019	Scientists of CCRH, HQ

Miscellaneous Activities

S.No.	EVENT	VENUE	DATE	NAME OF SCIENTIST PARTICIPATED AS A RESOURCE PERSON OR DELEGATE
20.	2 nd International Conference of CGLA EAGID-GPL 2019 organised by CGLA in collaboration with IGNC, IFLA-Asia and Oceania & Government Libraries section	IGNCA CV Mess, Janpath, New Delhi	17 th - 19 th October	Mrs. Meenakshi, Junior Librarian, CCRH, Hqrs.
21.	5 days training course in "Application of Research Techniques to Assess Male Reproduction Functions"	NIHFW, near JNU & Munirka DDA flats, New Delhi 110067	October 21 to 25, 2019	Dr. Subhash Kaushik, S-4, CCRH Dr. Karunakaranmoorthi, S-1, NHRIMH, Kottayam Dr. Manas Sarangi, S-2, Ministry of AYUSH
22.	21 st All India Homoeopathic Scientific Seminar	Belagavi	16 th and 17 th November 2019	Dr. Anil Khurana, Director General, CCRH, HQ Dr. Renu Mittal, RO(H), S-4, CCRH, HQ Dr. Vaishali Shinde, RO(H), S-2, RRI(H), Mumbai
23.	Sensitization Programs for CGHS Doctors in the implementation of AYUSH Hospital Management System(A-HMIS)	Dr. DP Rastogi CRI (H) Nodia	14 th and 21 st November 2019	-
24.	The Golden Jubilee Celebration of Dr. Abhin Chandra Homoeopathic Medical College and Hospital, BBSR .	inside college premises (Dr. Abhin Chandra Homoeopathic Medical College)	23 rd and 24 th November 2019	Scientists of RRI(H), Puri
25.	8 th International Library and Information Professionals Summit (I-Lips 2019) on Empowering Libraries with Emerging Technologies For Common Sustainable Future 2019	Lucknow, U.P	22 nd - 24 th November ,2019	Mrs. Meenakshi, Junior Librarian, CCRH, HQ
26.	Participation in the G20 Stakeholder Consultation of Traditional and Complementary System of Medicine in the Context of SDGs, UHC and PHC	ICRIER Conference Room (India Habitat Centre, Lodhi Road, New Delhi)	29 th November 2019	Dr. Varanasi Roja, S-2, CCRH, HQ Dr. Harleen Kaur, RO(H), S-1, CCRH, HQ Dr. Deepti Singh, RO(H), S-1, CCRH, HQ

S.No.	EVENT	VENUE	DATE	NAME OF SCIENTIST PARTICIPATED AS A RESOURCE PERSON OR DELEGATE
27.	Sai Ram Homoeo Smart Info 2019, an International Homoeopathic Medical Conference	Chennai, Tamilnadu	30 th November, 2019 & 1 st December, 2019	Dr. Kolli Raju, RO(H), S-4, HRID, Chennai Dr. D. Karthikeyan, Ro(H), S-2, HRID, Chennai Dr. Siva Prasad Goli, RO(H), S-1, HRID, Chennai Dr. Anupriya Chaudhary, RO(H), S-1, CCRH, HQ
28.	Workshop on Bio-Statistical Analysis on SPSS & Research paper Writing	Noida (U.P).	2 nd -6 th Dec ,2019	Dr. Renu Mittal, RO(H), S-3, CCRH, HQ
29.	The Platinum Jubilee of the College & Silver Jubilee of the Alumini celebration of Midnapore Homoeopathic Medical College & Hospital	Paschim Medinipur, West Bengal, 721101.	3 rd & 4 th December, 2019	Scientists of DACRRI(H), Kolkata
30.	Training Workshop for 'Implementation of AYUSH-Hospital Management Information System (A-HMIS)' for Nodal Officers of CCRH	CCRH Hqrs.	5 th Dec 2019	-
31.	The "NDLI-UNESCO International Symposium on Knowledge Engineering for Digital Library Design 2019" to be held on 9 th to 11 th December 2019 at IIT Delhi	IIT Delhi	9 th to 11 th December 2019	Mrs. Meenakshi Bhatia, Junior Librarian, CCRH, HQ
32.	The "Umang 2019", annual NHMC Alumini meet on 15 th December 2019 inside college premises	Inside college premises (Nehru Homoeopathic Medical College)	15 th December 2019	-
33.	Orientation program of inspectors and visitors	Overseas Indian Central, 15-A, Rigal Marg, Chanakyapuri, New Delhi 110021	December 20, 2019	Scientists of CCRH, HQ
34.	Environmental Safety & Concerns Conference	AP Shinde Hall, NASC Complex, Pusa, Delhi.	21 st December 2019	Scientists of CCRH, HQ

Miscellaneous Activities

S.No.	EVENT	VENUE	DATE	NAME OF SCIENTIST PARTICIPATED AS A RESOURCE PERSON OR DELEGATE
35.	Golden Jubilee Celebration of Biju Pattnaik Homoeopathic Medical College & Hospital, Brahmapur to be organized	Inside Sanskruti Bhavan, BAM	26 th and 27 th December 2019,	4 scientists of CCRH
36.	Hindi Rashtrabhasha Workshop	DPRU, Bhubaneswar	27 th & 28 th December 2019	-
37.	Participation in the one day training Programme on "NABH Accreditation Training for AYUSH Professionals" conducted by NIS	Auditorium, NIS, Chennai	3 rd January 2020	-
38.	National Workshop on "Scope of Integrative Medical Treatment in Clinical Practice (SIMTI)"	Sri Padmavati Auditorium, Sri Venkateswara Institute of Medical Sciences (SVIMS), Tirupati	3 rd January 2020	-
39.	Participation in the National Seminar on "Integrated Research Approaches in Siddha system of Medicine"	L-T III, VMMC, Safdarjung Hospital Campus, New Delhi	9 th January 2020	Dr. Gautam Rakshit, RO(H), S-4, DDPR CRI (H), Noida Dr. Bindu Sharma, RO(H), S-4, CCRH, HQ.
40.	Third International conference of HPWWC (Homoeoprophylaxis: A Worldwide Choice for Disease prevention)	Hotel Radisson Blu, Dwarka, New Delhi, India	11 th -12 th January, 2020	Total 9 Resouce persons and Chairpersons from CCRH, HQ.
41.	National seminar and Exhibition on "Medicinal & Aromatic plants- production challenges and processing opportunities-Way forward"	PHD House, New Delhi	15 th January, 2020	-
42.	Pharmaco-Vigilance awareness programme for ASU&H drugs	Sharda Krishna Homoeopathic Medical College, Kulasekharam, Tamilnadu	31 st January 2020	Dr. K.C. Muralidharan, RO(H), S-4, NHRIMH, Kottayam
43.	World Congress on Cancer, at Mahatma Gandhi Medical College and Hospital, Jaipur	Mahatma Gandhi Medical College and Hospital, Jaipur	3 rd -5 th February 2020	Dr. Pritha Mehra, RO(H), S-2, DDPR CRI(H), Noida

S.No.	EVENT	VENUE	DATE	NAME OF SCIENTIST PARTICIPATED AS A RESOURCE PERSON OR DELEGATE
44.	" 4th International Conference on Integrative Oncology 2020- ICIO 2020"	Hotel Le Meridien Kochi, India	8 th to 9 th February, 2020	Dr. Anil Khurana, Director General, CCRH, HQ. Dr. Harleen Kaur, RO(H),S-1, CCRH, HQ.
45.	"Traditional Medicine- Modern Approaches For Affordable And Accessible Healthcare" organized by Amity University U.P. Noida	Amity University Campus Sector 125, Noida	10 th -14 th Feb'2020	Dr. Debadatta Nayak, RO(H), S-2, CCRH, HQ Dr. Varanasi Roja, RO(H), S-2, CCRH, HQ.
46.	"II nd International Workshop on Digital Archiving"	Indira Gandhi National Centre for the Arts New Delhi	11 th -19 th February 2020	-
47.	"All India Homoeopathic Postgraduate Seminar 2020"	Biswa Bangla Convention Centre, New Town, Kolkata-700156	24 th & 25 th February, 2020	Dr. PS Chakarvarti, RO (H)/S-4, DACRRI Dr. Chittaranjan Kundu, RO (S-4), DACRRI Dr. Baidurjya Bhattacharjee, RO (S-1), Aizwal, Dr. Pawan Sharma, RO(H)/ S-1, RRI(H), Guwahati

Sl. No.	CME programmes Organised by CCRH	venue	Date	Name of the scientists Participated as a Research Person or Delegate
1.	Two days National CME programme on Research Methodology and Clinical Research Perspectives with Homoeopathic Management Programme for Homoeopathic Doctors/Professionals	Portblair	16 th & 17 th December 2019.	Dr. Jaya Gupta, RO(H), S-4, CCRH, HQ. Dr. Ritika Narula Hasija, RO(H), S-1, CCRH, HQ.
2.	Two days National CME programme on Urogenital Disease Programme for Homoeopathic Doctors/professionals.	IIBM, Khanapara, Guwahati	27 th & 28 th December 2019	Dr. Subhash Kaushik, RO (H), S-4, DDPRI, (H) Noida Dr Gurudeb Chaubey, RO(H), S-2, CRU(H), Siliguri, Dr. Harleen Kaur, RO(H), S-1, CCRH, HQ. Dr, Ranjit Sonny, RO(H), S-1, RRI(H), Guwahati, Dr. Pawan Sharma, RO(H), S-1, RRI(H), Guwahati

Miscellaneous Activities

SI. No.	CME programmes Organised by CCRH	venue	Date	Name of the scientists Participated as a Research Person or Delegate
3.	Two days National CME Programme for Homoeopathic Doctors/professionals	NHRIMH, Kottayam	9 th & 10 th January 2020	Dr. K.C. Muraleedharan, RO(H), S-4, NHRIMH, Kottayam, Dr. Suhana P. Azis, RO(H), S-1, CCRH, HQ.
4.	2 days CME programme on "HIV AIDS: The disease and it's Homoeopathic management"	Aizawl	17 th -18 th January 2020	Dr. Baidurjya Bhattacharjee, RO(S-1), CRU(H), Aizawl, Dr. Swapnil Arvind Kamble, RO(H), S-1, CCRH, HQ. Dr. K.C. Muralidharan, RO(H), S-4, NHRIMH, Kottayam
5.	Two days National CME Programme for Homoeopathic Doctors/professionals	Classic Hotel Imphal, Manipur	7 th & 8 th February 2020	Dr. Varanasi Roja, RO(H), S-2, CCRH, HQ. Dr. Deepti Singh, RO(H), S-1, CCRH, HQ.
6.	Two days National CME Programme on "Scope of Homoeopathy in the Life style disorders"	Dimapur	21 st & 22 nd February' 2020	Dr. Rajpal, RO(H), S-4 HTCSH, Dr. Prabin Kumar Shaw, RO(H), S-1, CRU(H), Dimapur
7.	Two days National CME programme on "Role of Homoeopathy in life style disorders"	Gangtok	6 th and 7 th march 2020	Dr. Jaya Gupta, RO(H), S-4, CCRH, HQ.

PROMOTION AND AWARENESS PROGRAMS (AROGYAS/EXHIBITIONS)

HEALTH MELAS AND EXHIBITIONS FROM April 2019 TO DECEMBER 2019

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 created awareness among masses for Homoeopathy. Council showcases the strengths and potential of Homoeopathy and Research & development efforts in Homoeopathy. As a part of awareness campaign, the general population visiting these melas is sensitized about the role and scope of Homoeopathy in various diseases conditions through pamphlets, handouts, and publications. The Council also organizes free medical check-up camps and provide homoeopathic consultation and medicine during these melas. In this reporting period, Council had participated in 37 Arogya/Health Melas/Exhibitions as follows:

S.No.	EVENT	VENUE	DATE	UNIT/INSTITUTES PARTICIPATED
1.	International Health & Wellness Exhibition-“The Yogshala Expo 2019”	Hall No. 7, Pragati Maidan, New Delhi	10 th –12 th May, 2019	DDPRCRI (H), Noida
2.	“Health Expo 2019”-A mega Exhibition and Business and Summit	Dehradun, Uttarakhand	18 th – 20 th July, 2019	DDPRCRI (H), Noida
3.	AYUSH Natural World Expo 19	Dr. Shyama Prasad Mukherjee AC Stadium, Nr. Panaji, Goa	1 st – 3 rd August, 2019	RRI (H), Mumbai
4.	National Level Arogya Fair organized by Dr. GD Pol Foundation Mumbai	CIDCO Exhibition Centre, Sector-30, Vashi, Navi Mumbai	22 nd – 25 th August, 2019	RRI (H), Mumbai
5.	Exhibition “Rise in Haryana 2019”-A mega Exhibition	Hansi, Haryana	29 th – 31 st August, 2019	DDPRCRI (H), Noida
6.	“8 th Bhopal Vigyan Mela (BVM)”	Bhopal	13 th –16 th September, 2019	HDRI (H), Lucknow
7.	“7 th Indian National Exhibition-cum-Fair-2019”	Kolkata Metropolitan Dev. Authority (KMDA) Ground Patuli, Kolkata	25 th –29 th September, 2019	DACRRI (H), Kolkata
8.	2 nd UDMA day	New Delhi	11 th to 13 th October, 2019	DDPRCRI (H), Noida
9.	“11 th East Himalayan Expo”	Shillong, Meghalaya	16 th –22 nd October, 2019	RRI (H), Guwahati

Miscellaneous Activities

S.No.	EVENT	VENUE	DATE	UNIT/INSTITUTES PARTICIPATED
10.	Vibrant Goa Expo and Summit 2019 at Goa	Goa	17 th -19 th October, 2019	RRI(H), Mumbai
11.	The Arogya Mela at SAS Nagar, Mohali, Punjab	Mohali, Punjab	18 th -20 th October, 2019	DDPRCRI (H), Noida
12.	The Arogya Mela at Govt. Fateh Sr. Sec. School, Play Ground, Udaipur, Rajasthan	Udaipur, Rajasthan	19 th -22 nd October 2019	CRI(H), Jaipur
13.	“CII Chandigarh Fair, 2019”	Parade Ground, Sector 17, Chandigarh	18 th -21 st October, 2019	RRI (H), Shimla
14.	“26 th Year of Perfect Health Mela”	Jawaharlal Nehru Stadium, New Delhi	18 th - 20 th October, 2019	CCRH, HQ.
15.	“India International Science Festival-2019, a mega Science, Technology and Industry Expo”	Kolkata, West Bengal	5 th -8 th November, 2019	DACRRI (H), Kolkata
16.	02 Homoeopathic Doctors during “Swasthya Chetna Evam Jan Sampark Abhiyan” in the IITF	Pragati Maidan, New Delhi	14 th -27 th November’ 2019	DDPRCRI (H), Noida
17.	Arogya Mela/Yoga Utsav/ Yog Shivar/ Exhibition/ Naturopathy Day	Tanakpur, Uttarakhand	16-18 th November, 2019	RRI (H), Shimla
18.	“Expo at Parliament Annexe”	CGHS, Paliament Annexe	18 th -29 th November, 2019	DDPRCRI (H), Noida
19.	Global Exhibition on Services (GES) organised by services Export Promotion Council (SEPC)	Palace Grounds, Bangalore, Karnataka	26 th -28 th November, 2019	HRID(H), Chennai
20.	“State Level Arogya Fair”	Panjim, Goa	30 th November to 2 nd December, 2019	RRI (H) Mumbai
21.	“State level Arogya Fair”	Codissia Trade Fair Complex, Coimbatore, Tamilnadu	13 th -15 th December, 2019	CMPRH, Ooty
22.	“Punjab International Trade Expo (PITEX) 2019”	Amritsar, Punjab	12 th -16 th December, 2019	CCRH, HQ.

S.No.	EVENT	VENUE	DATE	UNIT/INSTITUTES PARTICIPATED
23.	“Sanrachna 2019”	Kathua, Jammu & Kashmir	05 th -07 th December, 2019	RRI (H), Shimla
24.	“Chutka Scientific Literacy cum Health and Wellness Festival”	Mandla, Madhya Pradesh	05 th -07 th December, 2019	CRU (H), Ranchi
25.	“State level Arogya Fair”	IG Park, Itanagar, Arunachal Pradesh	5 th -8 th December, 2019	RRI (H), Guwahati
26.	The “Destination Gujarat 2019”	Suredranagar, Gujarat	18 th - 20 th December, 2019	RRI (H), Mumbai
27.	“National level Arogya Fair”	Banaras Hindu University, Varanasi, Uttar Pradesh	19 th -22 nd December, 2019	HDRI (H), Lucknow
28.	“6 th Annual AYUSH Natural World Expo’19-India’s 2nd Best After WAC”	Nehru Center Halls, Worli, Mumbai	27 th -29 th December, 2019	RRI (H), Mumbai
29.	107 th Indian Science Congress	Bengaluru	3 rd -7 th January, 2020	NHRIMH, Kottayam
30.	Programme ‘Lakshay’ – A Health & career hub for students and parents of private & government schools of the adjoining area	Rajouri Garden, New Delhi	11 th January, 2020	CCRH, HQ
31.	“Mahakumbh Mela”	Allahabad, U.P.	14 th January to 13 th February 2020	HDRI, (H) Lucknow, DDPRCRI (H), Noida, CTU(H), Gorakhpur
32.	International event being organized by Services Export Promotion Council (SEPC) titled “2 nd Edition of India Heals” International Reverse Buyer Seller Meet for Indian Healthcare Services	Hotel Grant Hyatt, Kochi, Kerala	30 th January to 2 nd February, 2020	NHRIMH, Kottayam

Miscellaneous Activities

S.No.	EVENT	VENUE	DATE	UNIT/INSTITUTES PARTICIPATED
33.	“Swadeshi Mela”	Ballia, Uttar Pradesh	25 th January to 3 rd February’ 2020	HDRI (H), Lucknow
34.	“National Level Arogya Fair”	Dehradun, Uttarakhand	12 th to 16 th February,2020	DDPRCRI (H), Noida
35.	“Rise in Uttar Pradesh 2020”	H.R.I.T. College, Ghaziabad, Uttar Pradesh	14 th to 16 th February’ 2020	DDPRCRI (H), Noida
36.	“7 th International Congress of society for Ethnopharmacology	Jamia Hamdard, New Delhi	15 th -17 th February,2020	DDPRCRI (H), Noida
37.	Exhibition Darshan Arogya Wellness Expo	Thrissur, Kerala	14 th -18 th February, 2020	NHRIMH, Kottayam



LINKING RESEARCH WITH EDUCATION



AYUSH Awards for Achievements in Homoeopathy

In order to promote quality research and to recognize contribution in development of homoeopathic sciences, CCRH with the approval of Ministry of AYUSH, has initiated the scheme of felicitation and awards to achievers for their contribution in growth of homoeopathic system of medicine. The focus of the scheme is to recognize excellence in research in Homoeopathy at individual level, within organized institutional settings. The Awards were launched in 2016 and are in four categories viz. Lifetime Achievement Award, Best Teacher Award, Best Research Paper Award and Young Scientist Award.

The Lifetime Achievement Award recognizes distinctive, arduous contribution in research, practice and academics. The Best Teacher Award seeks active contribution in research translating to academic excellence.

Best Research Paper award is for peer reviewed publications in Homoeopathy research in recent years which is of high quality in terms of study design, conduct and publication standards.

The Young Scientist Award recognizes upcoming talent in Homoeopathy research, which has a potential to steer progress of Homoeopathy in the country in coming years.

The awards are open to professionals (of either disciplines, too) not only from India but for other countries, who have active contribution in Homoeopathy. The applicants can apply/nominate applicants (within the scheme provisions) in response to the advertisement issued in national newspapers and on Council's website.

Sl. No.	Category of Award	No. of awards	Recipient	Award carries (per award)
1	Lifetime Achievement Award	03 (01 each for – a. Best Practitioner b. Best Researcher c. Best Academician)	a. Dr. R. P. Patel b. Dr. Kanjaksha Ghosh c. Dr. Ravi M. Nair	i) Cash award: ₹ 2,00,000 (Rupees two lakh only) ii) Certificate of honour
2	Best Teacher Award	03 (01 each for – a. Clinical research b. Literary research c. Drug research)	Dr. L. K. Nanda	i) Cash award: ₹ 2,00,000 (Rupees two lakh only) ii) Certificate of honour
3	Young Scientist Award	03 (01 each for – a. Clinical research b. Drug research c. Literary research)	a. Dr. P. Hima Bindu & Dr. Munmun Koley (jointly) b. Dr. Shailendra Kr. Saxena c. Dr. Divya Taneja	i) Cash award: ₹ 1,00,000 (Rupees one lakh only) ii) Certificate of honour
4	Best Research Paper award	03 (01 each for a. Clinical research b. Drug research c. Literary research)	a. Dr. Tapas Kundu b. Dr. Moonmoon Sinha	i) Cash award: ₹ 50,000 (Rupees fifty thousand only) ii) Certificate of honour

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 2018:** 91 students submitted the final report which was evaluated, and studentship was awarded to 70 students. The scholarship amount (Rs.10,000/-) was transferred to student's bank account under the intimation of college.
2. **Under STSH 2019:** 726 students have registered themselves on the portal while 446 have submitted the proposals. 142 candidates have been shortlisted after the review and shall be considered for the studentship programme, subject to acceptance of their final reports.

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

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 considered for award under STSH Scheme
STSH2018	456	269	108	91	70
STSH2019	726	446	142	-	-

Quality MD Dissertations in Homoeopathy

The Scholarship for Quality MD Dissertations in Homoeopathy was initiated in the year 2012. It is 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. The selected candidates are awarded a scholarship of Rs. 25,000/- (twenty-five thousand only) after submission of final reports.

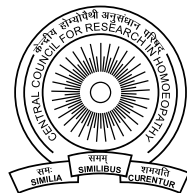
In the year 2017, the scheme was revised, thereafter which applications are invited only once in a year between 1st to 31st December. Medical postgraduates in Homoeopathy who completed their MD (Hom.) course in first attempt through recognized College/University included in the Second Schedule of Homoeopathy Central Council Act, 1973 can submit their dissertations and manuscripts within 1 year of declaration of result of their MD course. Applicants are then 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. The details of guidelines, methodology and timeline of scheme are available at the URL: www.ccrhindia.nic.in.

In the reporting year 2019-20, 11 applications from various colleges were received. Further, these 11 candidates had given their presentations on 12th March 2020, before the panel of experts. As per the decision of experts, following 5 candidates were selected for the scholarship of Rs. 25,000/-

Sl. No.	Name of the candidate	Name of the college	Title
1.	Dr. Radhika Agarwal	Bakson Homoeopathic Medical College and Hospital, Greater Noida, UP	Usefulness of Robinia pseudoacacia in the treatment of Gastroesophageal Reflux Disease
2.	Dr. Anum Zaheer	Dr. D.Y.Patil Homoeopathic Medical college and Research Center Pimpri Pune Maharashtra	A Study of Efficacy of Piscidia Erythrina in treatment of Insomnia
3.	Dr. Srishti Mahajan	Bakson Homoeopathic Medical College and Hospital, Greater Noida, UP	Effectiveness of individualized homoeopathy over Sabal serrulata \emptyset in cases of Benign hypertrophy of prostate – a prospective control single blind trial
4.	Dr. Shilpi Agrawal	Jawaharlal Nehru Homoeopathic Medical College, Parul University, Vadodara	Understanding The Constitutional Approach In Cases Of Major Depressive Disorder
5.	Dr. Christina Ekka	Dr.B.D. Jatti Homoeopathic Medical College, Hospital and Post graduate Research Centre, Dharwad, Karnataka	A Clinical study of various forms of Tinea Manifestations and their Homoeopathic Management

FINANCIAL STATEMENTS YEAR 2019-2020

CENTRAL COUNCIL FOR RESEARCH IN HOMOEOPATHY
(Non-profit organization)



(An Autonomous Body under Ministry of AYUSH, Govt. of India)
Jawahar Lal Nehru Bhartiya Chikitsa ayum
Homoeopathy Anusandhan Bhawan,
61-65, Institutional Area, opp. D-Block
Janakpuri, New Delhi-110058

Form of Financial Statements (Non -Profit Organisation)
Name of Entity : Central Council for Research in Homoeopathy
BALANCE SHEET AS AT 31st MARCH, 2020

(Figure in Rupees)

Liabilities	Page No	Schedule/ Annexure	Current year 2019-20	Previous year 2018-19
Capital Fund	181	1	2,019,154,865.00	2,221,289,848.00
Current Liabilities	182-183	7	2,130,974.00	1,087,918.00
G.P.F. Account	226	Annexure - I (Part - II)	204,079,629.00	219,860,047.00
Pension Fund Account	228	Annexure - II (Part - II)	84,752,235.00	3,731,079.00
New Pension Scheme Account	230	Annexure - III (Part - II)	67,549.04	346,788.04
TOTAL			3,073,015,252.04	2,446,315,680.04


Accounts Officer
CCRH, New Delhi


Asstt. Director (Admn.)
CCRH, New Delhi


Director General
CCRH, New Delhi

**Form of Financial Statements (Non-Profit Organisation)
Name of Entity : Central Council for Research in Homoeopathy
BALANCE SHEET AS AT 31st MARCH, 2020**

(Figure in Rupees)

Assets	Page No.	Schedule/ Annexure	Current year 2019-20	Previous year 2018-19
Fixed Assets	184	8	807,706,776.00	725,271,571.00
Current Assets	185-187	11	1,213,579,063.00	1,497,106,195.00
G.P.F. Account	226	Annexure - I (Part - II)	204,079,629.00	219,860,047.00
Pension Fund Account	228	Annexure - II (Part - II)	84,752,235.00	3,731,079.00
New Pension Scheme Account	230	Annexure - III (Part - II)	67,549.04	346,788.04
TOTAL			2,310,185,252.04	2,446,315,680.04



**Accounts Officer
CCRH, New Delhi**



**Asstt. Director (Admn.)
CCRH, New Delhi**



**Director General
CCRH, New Delhi**

Form of Financial Statements (Non-Profit Organisation)
Name of Entity: Central Council For Research in Homoeopathy
Schedule forming part of Balance Sheet as at 31st March., 2020

(Figure in Rupees)

SCHEDULE - 1 - CAPITAL FUND	Amount	Current year 2019-20	Previous year 2018-19
Opening Balance	1,067,238,209.00		
Add: Assets Created during the year	152,045,670.00		
	1,219,283,879.00	1,219,283,879.00	1,067,238,209.00
Excess of Income Over Expenditure			
Opening Balance	1,154,051,639.00		
Less: Excess of Expenditure over Income	354,180,653.00		
	799,870,986.00	799,870,986.00	1,154,051,639.00
TOTAL		2,019,154,865.00	2,221,289,848.00


Accounts Officer
CCRH, New Delhi


Asstt. Director (Admn.)
CCRH, New Delhi


Director General
CCRH, New Delhi

**Form of Financial Statements (Non-Profit Organisation)
Name of Entity: Central Council For Research in Homoeopathy
Schedule forming part of Balance Sheet as at 31st March, 2020**

		(Rupees)		
SCHEDULE - 7 - CURRENT LIABILITIES		Amount	Current year 2019-20	Previous year 2018-19
FULL & FINAL SETTLEMENT OF GIS FUND		80,519.00		
	Opening Balance	1,324,056.00		
	Add: Received during the year	1,404,575.00		
	Less: Paid during the year	1,404,575.00		80,519.00
EARNEST MONEY		649,550.00		
	Opening Balance	445,720.00		
	Add: Received during the year	1,095,270.00		
	Less: Refunded during the year	125,000.00	970,270.00	649,550.00
Employees Contribution towards New Pension Scheme		-		
	Opening Balance	12,037,413.00		
	Add: Recovered during the year	12,037,413.00		
	Less: Transferred during the year	12,037,413.00		
Amount payable on account of GIS		7,576.00		
	Opening Balance	406,950.00		
	Add: Recovered during the year	414,526.00		
	Less: Transferred during the year	414,526.00		7,576.00
Amount payable to IWAI, Noida being cheque issued to the authority, not presented for payment (HRA and Licence Fee) Add: Recovered during the year (7,15,432 + 22,740)		13,736.00		
	Op. Bal	738,172.00		
		751,908.00		
Less : Opening Balance transferred to Misc. Rec. (General A/C.)		13,736.00		
Less : Remitted during the year (7,15,432 + 22,740)		715,432.00		
Income Tax		751,908.00		13,736.00
	Opening Balance (General Account)	-		
	Add: Received during the year	45,854,949.00		
	Less: Paid during the year (General Account)	45,854,949.00		
	(Pension Fund A/c (Dr. B.C. Lakhera)	44,926,677.00	928,272.00	
		92,872.00	15,503.00	
TOTAL			1,914,045.00	751,381.00



Accounts Officer
CCRH, New Delhi


Asstt. Director (Admn.)
CCRH, New Delhi


Director General
CCRH, New Delhi

SCHEDULE - 7 - CURRENT LIABILITIES	Amount	Current year 2019-20	Previous year 2018-19
Publication Account			
Opening Balance (Transferrable previous year)	336,537.00		
Add :Minimum Balance to kept in the account	3,000.00		
	339,537.00		
Less : Minimum balance to keep in the account	3,000.00		
Balance transferrable previous year	336,537.00		
Addition during the year	2,448,489.00		
Total	2,785,026.00		
Less : Transaction made during the year	2,737,275.00		
Transferrable to General Account	47,751.00	47,751.00	336,537.00
CGST/SGST Tax			
Opening Balance	-		
Add: Received during the year	919,396.00		
Less: Refunded during the year	919,396.00		
	750,218.00	169,178.00	
Recovery of Deputationist			
Opening Balance	-		
Add: Recovered during the year	201,200.00		
Less: Transferred during the year	201,200.00		
	201,200.00	-	
Thrift & Credit Society Recovery			
Opening Balance	-		
Add: Recovered during the year	1,572,066.00		
Less: Transferred during the year	1,572,066.00		
	1,572,066.00	-	
Income Tax Liability lying in the Income Tax Amount			
Opening Balance	-		
Addition during the year (Dr. B.C. Lakhera)	15,503.00		
	15,503.00	15,503.00	
	-		
TOTAL		2,130,974.00	336,537.00


Director General
CCRH, New Delhi


Asstt. Director (Admn.)
CCRH, New Delhi


Accounts Officer
CCRH, New Delhi

FINANCIAL STATEMENTS (NON-PROFIT ORGANISATION)
Name of Entity: Central Council for Research in Homoeopathy, Janak Puri, New Delhi
SCHEDULE FORMING PART OF BALANCE SHEET AS AT 31st MARCH, 2020

SCHEDULE - 8 FIXED ASSETS

(Figure in Rupees)

S. No.	Particulars	GROSS BLOCK			DEPRECIATION			NET BLOCK			
		Cost/Valuation as at beginning of the year	Addition during the year	Deduction during the year	Cost/Valuation at the year end	As at the beginning of the year	On addition during the year	On deduction during the year	Total up to the year end	As at the current year	As at the previous year end
1	Land	231,605,354.00	-	-	231,605,354.00	-	-	-	-	231,605,354.00	231,605,354.00
2	Donated Build.	2,171,041.00	-	-	2,171,041.00	1,400,473.00	77,057.00	-	1,477,530.00	693,511.00	770,568.00
3	Building	591,785,643.00	130,128,000.00	-	721,913,643.00	160,391,654.00	49,645,799.00	-	210,037,453.00	511,876,190.00	431,393,989.00
4	Office Equip.	44,762,966.00	2,794,622.00	-	47,557,588.00	30,444,213.00	2,485,926.00	-	32,930,139.00	14,627,449.00	14,318,753.00
5	Vehicle	3,800,109.00	-	-	3,800,109.00	2,835,903.00	144,631.00	-	2,980,534.00	819,575.00	964,206.00
6	Furniture & Fixture	48,940,305.00	1,926,479.00	-	50,866,784.00	25,579,035.00	2,497,975.00	-	28,077,010.00	22,789,774.00	23,361,270.00
7	Computer & Peripheral	58,891,748.00	6,950,825.00	-	65,842,573.00	51,758,239.00	5,293,307.00	-	57,051,546.00	8,791,027.00	7,133,509.00
8	Elect. Install.	2,475,368.00	82,957.00	-	2,558,325.00	1,466,432.00	107,648.00	-	1,574,080.00	984,245.00	1,008,936.00
9	Library Books	8,119,603.00	352,119.00	-	8,471,722.00	7,966,793.00	184,514.00	-	8,151,307.00	320,415.00	152,810.00
10	Tubewell	1,607,647.00	-	-	1,607,647.00	768,698.00	83,895.00	-	852,593.00	755,054.00	838,949.00
11	Lab. Equip	54,823,220.00	9,810,668.00	-	64,633,888.00	41,099,993.00	9,089,713.00	-	50,189,706.00	14,444,182.00	13,723,227.00
	TOTAL	1,048,983,004.00	152,045,670.00	-	1,201,028,674.00	323,711,433.00	69,610,465.00	-	393,321,898.00	807,706,776.00	725,271,571.00



Accounts Officer
CCRH, New Delhi



Asstt. Director (Admn.)
CCRH, New Delhi




Director General
CCRH, New Delhi

Form of Financial Statements (Non Profit Organization)
Name of Entity: Central Council For Research in Homoeopathy
Schedule forming part of Balance Sheet as at 31st March, 2020

(Figure in Rupees)

SCHEDULE - 11 - CURRENT ASSETS	Amount	Current year 2019-20	Previous year 2018-19
Bank Balance			
Council's	82,384,427.00		
Internet Banking Account	22,434.00		
Internet Banking Account	50,751.00		
User Charges Account	750,407.00		
	83,208,019.00	83,208,019.00	226,645,691.00
Loan & Advances to Employees			
Computer Advance	343,507.00		
	Op. Balance		
	Less: Adjusted		
	142,111.00		
	Add : Granted		
	-		
	Balance	142,111.00	343,507.00
Scooter Advance	111,500.00		
	Op. Balance		
	Less: Adjusted		
	48,700.00		
	Add : Granted		
	-		
	Balance	48,700.00	111,500.00
House Building Advance	308,144.00		
	Op. Balance		
	Add : Granted		
	2,000,000.00		
	2,308,144.00		
	Less : Adjusted		
	383,952.00		
	Balance	1,924,192.00	308,144.00
	1,924,192.00	1,924,192.00	308,144.00


Accounts Officer
CCRH, New Delhi


Asstt. Director (Admn.)
CCRH, New Delhi


Director General
CCRH, New Delhi

(Figure in Rupees)

SCHEDULE - 11 - CURRENT ASSETS	Amount	Current year 2019-20	Previous year 2018-19
Other Advances to Units/Institutes			
Contingent Advance			
Op. Balance	209,846,196.00		
Less: Adjusted	43,036,943.00		
	166,809,253.00		
Add : Granted	64,103,162.00		
Balance	230,912,415.00	230,912,415.00	209,846,196.00
TA Advance			
Op. Balance	575,780.00		
Less: Adjusted	207,971.00		
	367,809.00		
Add : Granted	244,280.00		
Balance	612,089.00	612,089.00	575,780.00
LTC Advance			
Op. Balance	64,460.00		
Less: Adjusted	64,460.00		
	-		
Add : Granted	23,300.00		
Balance	23,300.00	23,300.00	64,460.00
Medical advance			
(16,84,514 (-) 16,84,514 = Nil)	-	-	1,684,514.00
Advance for Work in Progress			
Opening Balance	1,036,108,146.00		
Less: Adjusted	332,242,545.00		
	703,865,601.00		
Add: Granted during the year	164,987,273.00	868,852,874.00	1,036,108,146.00
Sundry Debtors (Health Mela)			
Op. Balance	9,629,065.00		
Less Received	3,986,471.00		
Balance	5,642,594.00		
Addition during the year (Health Mela)	9,012,463.00	14,655,057.00	9,629,065.00
Total recoverable	14,655,057.00		


Director General
CCRH, New Delhi


Asstt. Director (Admn.)
CCRH, New Delhi


Accounts Officer
CCRH, New Delhi

SCHEDULE - 11 - Continued			
Imprest Advance			
Opening Balance		351,543.00	
Add: Granted during the year		115,000.00	
		466,543.00	
Less: Adjusted during the year	-	-	466,543.00
			351,543.00
Security Deposit -			
Opening Balance		3,207,578.00	
Add: Granted during the year		396,000.00	
		3,603,578.00	
Less: Received back		-	3,603,578.00
			3,207,578.00
Amount recoverable from Staff on account of Individual L.I.C.			
Opening Balance		-	
Add: Recovered during the year		262,950.00	
		262,950.00	
Less: Paid during the year		-	-
			-
Priced Publications			
Opening Balance		8,230,071.00	
Add: Addition during the year	(Pub. 927991+ IJRH 418733)	1,346,724.00	
Add: Surplus	(Pub. 529620 + IJRH 00)	529,620.00	
		10,106,415.00	
Less: Sale proceed during the year	(Pub. 14275+557622+ IJRH 131471+272862)	976,230.00	
		9,130,185.00	8,230,071.00
TOTAL			1,213,579,063.00
			1,497,106,195.00


Director General
 CCRH, New Delhi


Asstt. Director (Admn.)
 CCRH, New Delhi


Accounts Officer
 CCRH, New Delhi

Form of Financial Statements (Non-Profit Organisation)
Name of Entity: Central Council for Research in Homoeopathy
INCOME & EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31st March, 2020

(Figure in Rupees)

INCOME	Schedule	Current year 2019-20	Previous year 2018-19
Grants/Subsidies			
General		1,288,300,000.00	
Total	13	1,288,300,000.00	
Less Capitalised	8	152,045,670.00	
		1,136,254,330.00	796,821,554.00
		-	-
GIA All India Inst. of Ayurveda for Pharmacovigilence		925,000.00	-
GIA for Publication		-	400,000.00
Share for Capital Work received from CCRUM		-	154,000,000.00
Interest Earned	17	13,764,398.00	29,615,445.00
Other Income	18	17,768,852.00	19,557,455.00
User Charges		-	-
Excess of Expenditure over Income		354,180,653.00	125,077,325.00
Total		1,522,893,233.00	1,125,471,779.00


Director General
 CCRH, New Delhi


Asstt. Director (Admn.)
 CCRH, New Delhi


Accounts Officer
 CCRH, New Delhi


Form of Financial Statements (Non-Profit Organisation)
Name of Entity: Central Council for Research in Homoeopathy
INCOME & EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31st March, 2020

(Figure in Rupees)

EXPENDITURE	Schedule	Current year 2019-20	Previous year 2018-19
Establishment Expenditure			
General			
General Area	20	714,068,113.00	580,192,401.00
Other Administrative Expenditure			
General Area &	21		
Med. Edu. Trg. (NER)	21	573,627,737.00	
Spl. Comp. Plan	21	19,782,519.00	
Tribal Area Plan	21	13,636,389.00	
Total	21 (A)	9,211,635.00	
Swachta Action Plan		616,258,280.00	
Refund to AVUSH		857,209.00	
Refund of unspent GIA received from RAV		617,115,489.00	486,765,657.00
Amount transferred from User Charges Account to Pension Fund Account		118,500,000.00	-
Loss : Due to IJRH given as Complementary during the year		26,304.00	444,722.00
Loss: on auctioned items		3,300,000.00	-
Depreciation		272,862.00	330,872.00
Excess of Income over Expenditure*		69,610,465.00	71,748.00
Significant Accounts Policy	24	-	57,666,379.00
Total		1,522,893,233.00	1,125,471,779.00

* To the extent the expenditure on account of advances not routed through Income & Expenditure Account.


Director General
CCRH, New Delhi


Asstt. Director (Admn.)
CCRH, New Delhi


Accounts Officer
CCRH, New Delhi

Form of Financial Statements (Non-Profit Organization)
Name of Entity : Central Council for Research in Homoeopathy
Schedule forming part of Income & Expenditure Account as at 31.03.2020

(Figure in Rupees)

SCHEDULE - 13 - GRANTS/SUBSIDIES	Current year 2019-20	Previous year 2018-19
Central Government		
Salary	712,300,000.00	
General Area	364,900,000.00	
General Area Plan (Capital Work)	190,000,000.00	
Spl. Comp. Plan for Sch. Caste	10,000,000.00	
Tribal Area Plan	-	
Swachta Action Plan	1,100,000.00	
Medical Edu. Research (NER - General)	10,000,000.00	
Medical Edu. Research (NER)	-	
TOTAL	1,288,300,000.00	
GIA for Research Activities	1,288,300,000.00	1,091,350,000.00
GIA received from All India Instt. Of Ayurveda for Pharmacovigilence	925,000.00	-
GIA (for Publication)	-	400,000.00
	-	-
TOTAL	1,289,225,000.00	1,091,750,000.00
SCHEDULE -17 - INTEREST EARNED	Current year 2019-20	Previous year 2018-19
Saving Bank Account With State Bank of India	13,249,273.00	29,034,632.00
On Internet Banking Account (Publication)	68,215.00	
(Income Tax)	3,931.00	
(User Charges)	175,433.00	289,801.00
On Interest bearing loan to employees. Interest on leave encashment received back	339,692.00	252,122.00
	-	38,890.00
TOTAL	13,764,398.00	29,615,445.00


Asstt. Director (Admn.)
CCRH, New Delhi


Director General
CCRH, New Delhi


Accounts Officer
CCRH, New Delhi

Form of Financial Statements (Non-Profit Organization)
Name of Entity : Central Council for Research in Homoeopathy
Schedule forming part of Income & Expenditure Account as at 31.03.2020

(Figure in Rupees)

SCHEDULE -18 - OTHER INCOME	General	Current year 2019-20	Previous year 2018-19
Staff Car use charges	2,845.00		
Surplus on sale of Publication	529,620.00		
Journals Subs. Received back from various Councils	615,872.00		
Sale of Plants	75,300.00		
Leave Salary & Pension Contribution Recovery	1,246,803.00		
WHD Fee (Through Pub. A/c.)	1,185,644.00		
WIMF Fee (Through Pub. A/c.)	497,935.00		
User Charges	10,839,145.00		
C.G.H.S. Recovery	895,450.00		
NPS (CC) Recovery	27,367.00		
Royalty (Gen. A/c. 79196+ Pub. A/c. 269204)	348,400.00		
Total (A)	16,264,381.00	16,264,381.00	18,741,002.00
Misc. Receipts			
Donation	37,500.00		
Application Fee	1,279,605.00		
Cost of I. Card/PRAN Card	1,250.00		
Unidentified amount/other receipts	40,846.00		
Sale of Tender Form	22,800.00		
Rent received from Vender CRI (H), NOIDA	54,000.00		
Sale(Old Raddi papers, Occup. Therapist Product & other items)	68,470.00		
Total (B)	1,504,471.00	1,504,471.00	816,453.00
TOTAL (A + B)		17,768,852.00	19,557,455.00



Asstt. Director (Admn.)
CCRH, New Delhi



Director General
CCRH, New Delhi



Accounts Officer
CCRH, New Delhi

Form of Financial Statements (Non-Profit Organization)
Name of Entity : Central Council for Research in Homoeopathy
Schedule under General Area forming part of Income & Expenditure Account as at 31.03.2020

(Figure in Rupees)

Schedule - 20	Current year 2019-2020			Previous year 2018-2019		
			GAP			GAP
STATEMENT (A) - ESTABLISHMENT EXPENSES						
Salaries			256,320,756.00			313,406,519.00
Allowances & Bonus			131,781,783.00			107,464,756.00
Other (Specify)						
Pay advance						
NPS (Council's Contribution)			16,405,068.00			11,469,167.00
Over Time Allowance			9,315.00			25,206.00
Medical Reimbursement			5,721,953.00			4,870,877.00
L.T.C. Expenses			1,581,170.00			3,931,965.00
Transferred to Retirement Benefit A/c.			294,500,000.00			136,460,000.00
LS/PC			1,061,392.00			1,875,119.00
CGHS Payment			6,686,676.00			688,792.00
Refund of LE/int.						
TOTAL			714,068,113.00			580,192,401.00


Accounts Officer
CCRH, New Delhi


Asstt. Director (Admn.)
CCRH, New Delhi

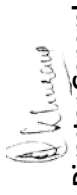

Director General
CCRH, New Delhi

Form of Financial Statements (Non-Profit Organization)
Name of Entity : Central Council for Research in Homoeopathy
Schedule under General Area forming part of Income & Expenditure Account as at 31.03.2020

(Figure in Rupees)

Schedule - 21 Other Administrative Expenses etc.	Current year 2019-2020			Previous year 2018-2019			
	General Area	SCPSC	TAP	General Area	GAP	SCPSC	TAP
Wages	155,512,741.00				122,140,711.00		
Transferred to Retirement Benefit A/c.					99,561,719.00		
Electricity & Power	11,049,689.00				8,995,963.00		
Water Charges	1,161,719.00				1,502,276.00		
Insurance	45,735.00				51,768.00		
Repair & Maintenance	12,881,844.00				8,714,204.00		
Rent, Rates & Taxes	4,900,351.00				4,300,018.00		
Lease Rent	355,600.00				355,600.00		
Vehicle Running & Maintenance	621,048.00				941,091.00		
Vehicle Hiring	1,544,958.00				1,349,060.00		
Postage, Telephone & Communication Charges	1,784,073.00				3,204,692.00		
Printing & Stationery	6,497,259.00				6,847,076.00		
Travelling & Conv. Expenses	13,566,046.00				12,296,851.00		
TA Exp. On foreign Tour	1,796,316.00				3,341,333.00		
Documentary Film					796,500.00		
Exp. on HM/Seminar/WS (Cont. 4905574+TA 161610) (Ann. H)	5,067,184.00				6,433,272.00		
Subscription Expenses	1,110,752.00				1,139,521.00		
Expenses on Fees	787,834.00				1,072,729.00		
Audit Remuneration	94,120.00				98,400.00		
Consultant Exp.	21,338,436.00				20,397,571.00		
Exp. on Investigation	1,016,213.00				920,415.00		
Professional Charges	904,768.00				974,177.00		
Expenses on Advertisement and Publicity	2,299,480.00				4,990,872.00		
Exp. on Hindi Committee (Cont. 1709227 + TA 616450)	1,147,763.00				2,325,677.00		
Medicine	1,971,972.00				1,813,940.00		
Diet	3,140,108.00				3,509,626.00		
Sundries	5,577,248.00				4,533,706.00		
Provers	2,460,984.00				2,538,180.00		
Miscellaneous Expenses	3,588,871.00				4,777,658.00		
Exp. Wages (Sch. Health Programme)	165,000.00						
Exp. On WIMF (Annexure - F)	260,184.00				6,173,226.00		
Cont. Expenditure (International Yoga Conf.) (Annexure - F)	236,089.00				123,080.00		
Expenditure (WHD) (Annexure - F)	4,437,543.00				5,570,781.00		
Exp. on Medical Edu. Training (NER) (Annexure - G)	19,782,519.00				17,464,158.00		
Contingent Expenditure (HCP) (Annexure - H & I)	4,802,181.00	26,000.00	2,287,391.00		4,911,105.00	1,550,074.00	711,742.00
Contingent Expenditure (SRP) (Annexure - H & I)	16,373,251.00				19,271,892.00		
Cont. Expenditure (NPCDGS) (Annexure - H & I)	38,257,294.00		6,924,244.00		29,075,832.00		8,933,421.00
Contingent Expenditure (Health Camp) (Annexure - I)		13,610,389.00				22,268,836.00	961,545.00
Cont. Expenditure (CME) (Annexure - H & I)	123,696.00				568,427.00		
Exp. on Coll. Study (Annexure - J)	2,516,489.00				14,550,967.00		
Exp. On Homoeopathy for Healthy Child Prog. (Annexure - I)						558,408.00	
Cont. Expenditure (Coordination Cell) (Annexure - J)	19,893,756.00				23,096,142.00		
Cont. Expenditure (HealthyTeething Prog.) (Annex. H & I)	269,142.00				236,396.00		147,010.00
Contingent Expenditure (Research Activities)					12,700.00		
Exp. On Building for AIIMS Narela	224,070,000.00						
TOTAL	593,410,256.00	13,636,389.00	9,211,635.00	450,979,312.00	24,377,318.00	10,753,718.00	


Asstt. Director (Admn.)
CCRH, New Delhi


Director General
CCRH, New Delhi


Accounts Officer
CCRH, New Delhi


Form of Financial Statements (Non-Profit Organization)
 Name of Entity : Central Council for Research in Homoeopathy
 Expenditure Schedule forming part of Income & Expenditure Account as at 31.03.2020

EXPENDITURE STATEMENT OF World Homoeopathic Day Conference - 2019		(Figure in Rupees)	
	Current year 2019-2020	Previous year 2018-2019	
Printing & Stationery	482,709.00	1,201,557.00	
Award	1,200,000.00	775,000.00	
Exp. On Travelling Allowance	706,864.00	466,475.00	
Rent/Venue Charges	322,140.00	80,000.00	
Advt. & Publicity	-	379,419.00	
Exp. On Fabrication work	208,344.00	-	
Vehicle Hiring	-	92,091.00	
Professional Charges	208,830.00	412,174.00	
Expenditure on Logistic	216,682.00	408,458.00	
Misc. Exp.	1,091,974.00	1,755,607.00	
TOTAL	4,437,543.00	5,570,781.00	

EXPENDITURE STATEMENT OF World Integrated Medicine Forum (WIMF)		(Figure in Rupees)	
	Current year 2019-2020	Previous year 2018-2019	
Logistic	-	443,318.00	
Misc.	-	1,809,231.00	
Printing & Stationery	14,000.00	301,978.00	
Venue Charges	226,560.00	-	
Exp. On Travelling Allowance	19,624.00	3,366,042.00	
Vehicle Hiring	-	252,657.00	
TOTAL	260,184.00	6,173,226.00	

EXPENDITURE STATEMENT OF International Yoga Conference		(Figure in Rupees)	
	Current year 2019-2020	Previous year 2018-2019	
Honorarium/Wages	-	33,750.00	
Printing & Stationery	-	14,722.00	
TA Expenditure	-	400.00	
Misc. Expenditure	16,609.00	73,758.00	
Water Charges	-	450.00	
Stall/Space Charges	219,480.00	-	
TOTAL	236,089.00	123,080.00	


Accounts Officer
 CCRH, New Delhi


Asstt. Director (Admn.)
 CCRH, New Delhi


Director General
 CCRH, New Delhi

Annexure - G

Form of Financial Statements (Non-Profit Organization)

Name of Entity : Central Council for Research in Homoeopathy

Schedule under Medical Education Training (NER) forming part of Income & Expenditure Account as at 31.03.2020

(Figure in Rupees)

Expenditure	EXPENDITURE STATEMENT (Medical Edu. Trg. - North East Region)					Current year 2019-2020	Previous year 2018-2019
	MET - NER	NER	NER	MCCH			
Wages/Honorarium	13,404,114.00	14,000.00	1,818.00	-	-	13,419,932.00	12,387,179.00
Elect. & Power	376,320.00			-	-	376,320.00	369,037.00
Water Charges	6,660.00			-	-	6,660.00	13,140.00
Repair & Maint.	232,896.00			-	-	232,896.00	133,166.00
Rent , Rates & Taxes	1,067,896.00			-	-	1,067,896.00	1,474,380.00
Postage & Telephone Exp.	829,276.00			-	-	829,276.00	116,926.00
Vehicle Hiring Exp.	207,616.00		8,494.00	-	-	216,110.00	152,017.00
Printing & stationary	645,523.00	18,682.00	10,440.00	-	-	674,645.00	579,283.00
TA & Conveyance Expenditure	1,233,438.00	12,000.00	-	-	-	1,245,438.00	1,059,140.00
Exp. On Subscription	1,200.00						
Fee	2,000.00					2,000.00	2,000.00
Professional Charges	4,720.00						
Miscellaneous Expenditure	850,499.00	73,935.00	46,426.00	-	-	970,860.00	477,125.00
Exp. On Lab. Investigation	64,770.00			-	-	64,770.00	13,110.00
Medicine	245,911.00			24,000.00		269,911.00	349,147.00
Sundries	279,885.00			-	-	279,885.00	310,692.00
Provers				-	-	-	-
Consultant	120,000.00			-	-	120,000.00	21,000.00
Insurance				-	-	-	6,816.00
TOTAL	19,572,724.00	118,617.00	67,178.00	24,000.00	24,000.00	19,782,519.00	17,464,158.00



Accounts Officer
CCRH, New Delhi



Asstt. Director (Admn.)
CCRH, New Delhi



Director General
CCRH, New Delhi

Annexure - H

**Form of Financial Statements (Non-Profit Organization)
Name of Entity : Central Council for Research in Homoeopathy
Expenditure Schedule forming part of Income & Expenditure Account as at 31.03.2020**

(Figure in Rupees)

	EXPENDITURE STATEMENT OF Various Schemes (General)				Current year 2019-20			
	Healthy Teething Programme	Health Mela	CME	SRP	NPCDCS	HCP		
TA & Conveyance Expenditure		161,610.00	77,079.00		5,978.00	61,800.00		
Mela Share								
Wages/Honorarium	269,142.00	15,000.00	8,000.00	11,046,997.00	35,701,645.00	4,665,995.00		
Printing & Stationery		61,100.00	27,808.00	161,770.00	169,484.00			
Repair & Maintenance					11,846.00			
Rent/Stall Charges		1,662,449.00						
Advertisement & Publicity								
Fee		18,000.00						
Medicines				599,357.00	205,512.00			
Sundries				104,831.00	223,749.00			
Vehicle Hiring		9,000.00	7,269.00	4,370,515.00	168,716.00	14,186.00		
Misc. Exp.		3,140,025.00	3,540.00	89,781.00	77,674.00	60,200.00		
Lab. Investigation Charges					1,692,690.00			
TOTAL	269,142.00	5,067,184.00	123,696.00	16,373,251.00	38,257,294.00	4,802,181.00		


Accounts Officer
CCRH, New Delhi


Asstt. Director (Admn.)
CCRH, New Delhi


Director General
CCRH, New Delhi

Annexure - I

Form of Financial Statements (Non-Profit Organization)
Name of Entity : Central Council for Research in Homoeopathy
Expenditure Schedule forming part of Income & Expenditure Account as at 31.03.2020

EXPENDITURE STATEMENT OF Various Schemes (SCSP)	Current year 2019-20	
	Health Camp	HCP
Wages	10,002,752.00	
TA Expenditure	680.00	
Elect. & Power		
Printing & Stationery	126,225.00	
Postage & Telephone		
Repair & Maintenance	37,435.00	
Rent		
Medicines	308,700.00	
Sundries	123,917.00	
ASHA		
Vehicle Hiring	2,495,528.00	26,000.00
Misc. Exp.	515,152.00	
TOTAL	13,610,389.00	26,000.00

(Figure in Rupees)

EXPENDITURE STATEMENT OF Various Schemes (TAP)	Current year 2019-20	
	NPCDCS	HCP
Wages	6,801,812.00	878,789.00
TA Expenditure		
Elect. & Power	74,885.00	919,250.00
Repair & Maintenance	10,500.00	
Rent	2,900.00	
Postage & Telephone	886.00	
Printing & Stationery	15,005.00	14,750.00
Provers		
Medicines	7,961.00	15,050.00
Sundries	5,487.00	
Vehicle Hiring	3,538.00	52,271.00
Misc. Exp.	1,270.00	407,281.00
TOTAL	6,924,244.00	2,287,391.00

(Figure in Rupees)


Director General
CCRH, New Delhi


Asstt. Director (Admn.)
CCRH, New Delhi


Accounts Officer
CCRH, New Delhi

Form of Financial Statements (Non-Profit Organization)
 Name of Entity : Central Council for Research in Homoeopathy
 Expenditure Schedule forming part of Income & Expenditure Account as at 31.03.2020

(Figure in Rupees)

EXPENDITURE STATEMENT OF Collaborative Study		Current year 2019-2020	Previous year 2018-2019
Wages/Honorarium		1,310,340.00	5,801,439.00
TA Expenditure		3,523.00	119,484.00
Repair & Maintenance		98,530.00	
Printing & Stationery			29,023.00
Postage & Telephone		4,120.00	5,604.00
Fee		246,998.00	
Professional Charges		98,400.00	68,807.00
Exp. On Advt. & Publicity			288,858.00
Exp. On Lab. Investigation		24,000.00	113,600.00
Medicine		114,975.00	515,794.00
Sundries		444,856.00	7,290,468.00
Consultant		148,000.00	
Misc. Exp.		22,747.00	317,890.00
TOTAL		2,516,489.00	14,550,967.00

(Figure in Rupees)

STATEMENT - (D)	Expenditure statement of Coordination Cell	Current year 2019-20	Previous year 2018-19
Printing & Stationery		4,071.00	46,976.00
Wages		8,025,197.00	10,783,736.00
Postage & Telephone		46,179.00	60,476.00
Elect. & Power		10,088,700.00	10,864,940.00
Water Charges		171,597.00	601,625.00
Repair & Maintenance		533,623.00	461,069.00
Consultany		315,000.00	211,935.00
Rent/Taxes		577,520.00	-
Vehicle Hiring			
Misc. Exp.		131,869.00	65,385.00
TOTAL		19,893,756.00	23,096,142.00


 Accounts Officer
 CCRH, New Delhi


 Asstt. Director (Admn.)
 CCRH, New Delhi



 Director General
 CCRH, New Delhi

Form of Financial Statements (Non-Profit Organization)
Name of Entity : Central Council for Research in Homoeopathy
Expenditure Schedule forming part of Income & Expenditure Account as at 31.03.2020

(Figure in Rupees)

Schedule - 21 (A)	Swachta Action Plan	Current year 2019-20	Previous Year 2018-19
	Solid Waste Management	7,617.00	141,050.00
	Liquid Waste Management	3,625.00	20,754.00
	Water Supply	2,370.00	28,564.00
	Workshop/Seminar	30,685.00	51,164.00
	Clean Office Premises	336,916.00	153,194.00
	Toilet Renovation	53,121.00	22,299.00
	Office Digitisation	203,049.00	40,739.00
	Innovation Activity	5,818.00	91,221.00
	Green & Clean Belt	129,065.00	48,576.00
	Information & Education	84,943.00	57,748.00
	TOTAL	857,209.00	655,309.00


Director General
CCRH, New Delhi


Asstt. Director (Admn.)
CCRH, New Delhi


Accounts Officer
CCRH, New Delhi

Form of Financial Statements (Non-Profit Organization)
Name of Entity : Central Council for Research in Homoeopathy
STATEMENT OF ADVANCES TO GOVERNMENT SERVANTS

(Fig. in rupees)

Head	Opening Balance	Granted during the year 2019-20	Total	Adjusted during the year 2019-20	Balance outstanding as on 31.03.2020
Computer Advance	343,507.00	-	343,507.00	201,396.00	142,111.00
					-
Scooter Advance	111,500.00	-	111,500.00	62,800.00	48,700.00
					-
House Building Advance	308,144.00	2,000,000.00	2,308,144.00	383,952.00	1,924,192.00
					-
Medical Advance	1,684,514.00	-	1,684,514.00	1,684,514.00	-
					-
TOTAL	2,447,665.00	2,000,000.00	4,447,665.00	2,332,662.00	2,115,003.00


Accounts Officer
CCRH, New Delhi


Asstt. Director (Admn.)
CCRH, New Delhi


Director General
CCRH, New Delhi

**Form of Financial Statements (Non-Profit Organization)
Name of Entity : Central Council for Research in Homoeopathy
(STATEMENT OF LAST YEAR ADVANCES ADJUSTMENT)2019-20**

(Figure in Rupees)

Head	General Area *	Spl. Comp Plan Sch. Caste	Tribal Area Plan	SAP	MET NER	TOTAL	Adjusted through Bills	Recd. through Cash	Total Adjustment
LTC Expenses	49,840.00				-	49,840.00	49,840.00	14,620.00	64,460.00
Medical Expenses (A)	1,459,329.00				-	1,459,329.00	1,459,329.00	225,185.00	1,684,514.00
	1,509,169.00				-	1,509,169.00	1,509,169.00	239,805.00	1,748,974.00
TA & Conveyance (GAP+HM) (B)	136,211.00				25,000.00	161,211.00	161,211.00	46,760.00	207,971.00
Contingent Expenditure						-			
Wages Exp.	1,484,047.00	251,962.00			25,818.00	1,761,827.00		21,952,822.00	21,952,822.00
Venue Charges (WHD)	302,080.00	-				302,080.00			
Venue Charges (WIMF)	219,480.00					219,480.00			
Venue Charges (IYD)	226,560.00					226,560.00			
Elect. & Power	-	-	10,500.00			10,500.00			
Advrt. & Publicity	-					-			
Exp. On Seminar/WS						-			
TA & Conveyance Exp.	280,626.00	-	675,635.00		93,544.00	1,049,805.00			
Repair & Maintenance	5,157,165.00		2,900.00			5,160,065.00			
Rent, Rates & Taxes	-	-	-			-			
Vehicle Hiring	4,016,602.00	1,796,185.00	26,253.00		35,740.00	5,874,780.00			
Postage & Telephone	38,953.00	-	886.00			39,839.00			
Printing & Stationery	286,367.00	49,431.00	29,755.00		74,190.00	439,743.00			
Miscellaneous Exp.	716,583.00	496,142.00	61,270.00		149,730.00	1,423,725.00			
Professional charges	7,422.00					7,422.00			
Provers			15,050.00			15,050.00			
Medicine	678,929.00	248,421.00	7,961.00		24,000.00	959,311.00			
Sundries	896,866.00	59,912.00	5,487.00			962,265.00			
Fees	-					-			
Exp. For AIIMS (Narela)	224,070,000.00					224,070,000.00			
Swachta Action Plan				227,266.00		227,266.00			
TOTAL (C)	238,381,680.00	2,902,053.00	835,697.00	227,266.00	403,022.00	242,749,718.00	242,749,718.00		242,749,718.00
Assets									
Land & Building	101,650,664.00					101,650,664.00			
Furniture	658,850.00					658,850.00			
Computer/Printer	821,380.00					821,380.00			
Lab. Equipments	7,228,100.00					7,228,100.00			
Office Equipment	143,960.00					143,960.00			
Books	-					-			
Sanitation Infrastructure				47,690.00		47,690.00			
TOTAL (D)	110,502,954.00			47,690.00		110,550,644.00	110,550,644.00		110,550,644.00
TOTAL (A)+(B)+(C)+(D)	350,530,014.00	2,902,053.00	835,697.00	274,956.00	428,022.00	354,970,742.00	354,970,742.00	22,239,387.00	377,210,129.00

* Please see Annexure F for detail under GAP, MCCCH, HIM, MET-NER



**Accounts Officer
CCRH, New Delhi**



**Asstt. Director (Admn.)
CCRH, New Delhi**



**Director General
CCRH, New Delhi**

Form of Financial Statements (Non-Profit Organization)
Name of Entity : Central Council for Research in Homoeopathy
(STATEMENT OF LAST YEAR ADVANCES ADJUSTMENT) (2018-19)

Head	B/F	Swachta Action Plan	TOTAL	Adjusted through Bills	Recd. through Cash	Total Adjustment
LTC Expenses	-					-
Total (A)	-					-
T.A. & Conveyance(GAP + HM)	-					-
Total (B)	-					-
Solid Waste Management						
Liquid Waste Management						
Water Supply		2,000.00	2,000.00			
Workshop / Seminar						
Clean Office Premises		126,457.00	126,457.00			
Toilet Renovation		13,130.00	13,130.00			
Office Ditzitisation		19,624.00	19,624.00			
Innovation Activity		272.00	272.00			
Green & Clean Belt		60,253.00	60,253.00			
Information & Education Activity		5,530.00	5,530.00			
TOTAL (C)	-	227,266.00	-	-	-	-
Assets						
Sanitation Infrafrcture		47,690.00	47,690.00			
TOTAL (D)	-	47,690.00	-	-	-	-
TOTAL (A) + (B)+(C) + (D)	-	274,956.00	-	-	-	-


 Director General
 CCRH, New Delhi


 Asstt. Director (Admn.)
 CCRH, New Delhi



 Accounts Officer
 CCRH, New Delhi

(STATEMENT OF LAST YEAR ADVANCES ADJUSTMENT) (2019-20)

Head	General Area	CME	SRP	HCP	Health Meala/WS	NPCDCS	Capital Work	Int Yoga Day WHD	TOTAL
LTC Expenses	49,840.00								49,840.00
Medical Reimbursement	1,459,329.00								1,459,329.00
Total (A)	1,509,169.00								1,509,169.00
T.A. & Conveyance(GAP + HM)	123,990.00							12,221.00	136,211.00
Total (B)	123,990.00							12,221.00	136,211.00
Wages Exp.	169,500.00		8,106.00	1,306,441.00					1,484,047.00
Elect. & Power									
Venue Charges (WHD)								302,080.00	302,080.00
Venue Charges (IYD)								219,480.00	219,480.00
Venue Charges (WIMF)								226,560.00	226,560.00
Exp. On Seminar/WS									
TA & Conveyance Exp.	218,706.00			61,800.00		120.00			280,626.00
Repair & Maintenance	3,610,539.00					11,846.00	1,534,780.00		5,157,165.00
Rent , Rates & Taxes									
Vehicle Hiring	49,773.00		3,801,767.00	14,186.00		150,876.00			4,016,602.00
Postage & Telephone	38,953.00								38,953.00
Printing & Stationery	92,532.00		102,710.00			91,125.00			286,367.00
Miscellaneous Exp.	550,165.00		88,511.00	60,200.00		17,707.00			716,583.00
Professional charges	7,422.00								7,422.00
Provers									
Medicine			571,196.00			107,733.00			678,929.00
Sundries	746,184.00		95,635.00			55,047.00			896,866.00
Exp. On release for AIIMS(H)							224,070,000.00		224,070,000.00
TOTAL (C)	5,483,774.00		4,667,925.00	1,442,627.00		434,454.00	225,604,780.00	748,120.00	238,381,680.00
Assets									
Land & Building									
Furniture	553,924.00					104,926.00	101,650,664.00		101,650,664.00
Computer/Printer	821,380.00								658,850.00
Lab. Equipments	7,228,100.00								821,380.00
Office Equipment	143,960.00								7,228,100.00
Books									143,960.00
Elect. Installation									
TOTAL (D)	8,747,364.00					104,926.00	101,650,664.00		110,502,954.00
TOTAL (A) + (B) + (C) + (D)	15,864,297.00		4,667,925.00	1,442,627.00		539,380.00	327,255,444.00	760,341.00	350,530,014.00



Director General
CCRH, New Delhi



Asstt. Director (Admn.)
CCRH, New Delhi



Accounts Officer
CCRH, New Delhi

(STATEMENT OF LAST YEAR ADVANCES ADJUSTMENT) (2019-20)

Head	HHC SCS	Health Camp SCS	TOTAL SCS	MET NER	NER	NER/ MCCH College	CME NER	TOTAL NER	TOTAL
LTC Expenses	-								-
Total (A)									-
T.A. & Conveyance(GAP + HM)				25,000.00				25,000.00	-
Total (B)				25,000.00	-			25,000.00	-
Wages Exp.		251,962.00	251,962.00	2,000.00	14,000.00	1,818.00	8,000.00	25,818.00	
Elect. & Power									
Water Charges									
Advt. & Publicity									
Exp. On Seminar/WS				4,465.00	12,000.00		77,079.00	93,544.00	
TA & Conveyance Exp.									
Repair & Maintenance									
Rent, Rates & Taxes									
Vehicle Hiring	26,000.00	1,770,185.00	1,796,185.00	19,977.00		8,494.00	7,269.00	35,740.00	
Postage & Telephone									
Printing & Stationery		49,431.00	49,431.00	17,260.00	18,682.00	10,440.00	27,808.00	74,190.00	
Miscellaneous Exp.		496,142.00	496,142.00	25,829.00	73,935.00	46,426.00	3,540.00	149,730.00	
Professional charges									
Provers									
Medicine		248,421.00	248,421.00				24,000.00	24,000.00	
Sundries		59,912.00	59,912.00						
Documentary Film									
ASHA									
Exp. On Diet									
Lab. Investigation charges									
Build. Maintenance									
Consultant									
TOTAL (C)	26,000.00	2,876,053.00	2,902,053.00	69,531.00	118,617.00	67,178.00	147,696.00	403,022.00	
Assets									
Land & Building									
Furniture									
Computer/Printer									
Lab. Equipments									
Office Equipment									
Tube Well									
Elect. Installation									
TOTAL (D)									
TOTAL (A) + (B)+(C) + (D)	26,000.00	2,876,053.00	2,902,053.00	94,531.00	118,617.00	67,178.00	147,696.00	428,022.00	


 Director General
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(STATEMENT OF LAST YEAR ADVANCES ADJUSTMENT) (2019-20) D

Head	B/F	Healthy Child Prog. Tribal	Health Camp Tribal	NPCDCS Tribal	TOTAL TRIBAL		
LTC Expenses	-						
Total (A)	-						
T.A. & Conveyance(GAP + HM)	-						
Total (B)	-						
Wages Exp.							
Water Charges							
Elect. & Power			10,500.00		10,500.00		
Advt. & Publicity							
Exp. On Seminar/WS							
TA & Conveyance Exp.		600,750.00		74,885.00	675,635.00		
Repair & Maintenance				2,900.00	2,900.00		
Rent , Rates & Taxes							
Vehicle Hiring		22,715.00		3,538.00	26,253.00		
Postage & Telephone				886.00	886.00		
Printing & Stationery		14,750.00		15,005.00	29,755.00		
Miscellaneous Exp.		60,000.00		1,270.00	61,270.00		
Professional charges							
Provers		15,050.00			15,050.00		
Medicine				7,961.00	7,961.00		
Sundries				5,487.00	5,487.00		
Documentary Film							
ASHA							
Exp. On Diet							
Lab. Investigation charges							
Build. Maintenance							
Consultant							
TOTAL (C)	-	713,265.00	-	122,432.00	835,697.00	-	-
Assets							
Land & Building							
Furniture							
Computer/Printer							
Lab. Equipments							
Office Equipment							
Tube Well							
Elect. Installation							
TOTAL (D)	-	-	-	-	-	-	-
TOTAL (A) + (B)+(C) + (D)	-	713,265.00	-	122,432.00	835,697.00	-	-


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(STATEMENT OF LAST YEAR ADVANCES ADJUSTMENT) (2019-20)

Head	B/F	Swachta Action Plan						TOTAL
LTC Expenses	-							-
Total (A)	-							-
T.A. & Conveyance(GAP + HM)	-							-
Total (B)	-							-
Solid Waste Management								-
Liquid Waste Management								-
Water Supply		2,000.00						2,000.00
Workshop / Seminar								-
Clean Office Premises		126,457.00						126,457.00
Toilet Renovation		13,130.00						13,130.00
Office Digitisation		19,624.00						19,624.00
Innovation Activity		272.00						272.00
Green & Clean Belt		60,253.00						60,253.00
Information & Education Activity		5,530.00						5,530.00
								-
								-
TOTAL (C)	-	227,266.00						227,266.00
Assets								-
Sanitation Infrastructure		47,690.00						47,690.00
								-
								-
TOTAL (D)	-	47,690.00						47,690.00
TOTAL (A) + (B)+(C) + (D)	-	274,956.00						274,956.00


 Director General
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FINANCIAL STATEMENTS (NON-PROFIT ORGANISATION)

Name of Entity: Central Council For Research in Homoeopathy, Janak Puri, New Delhi
SCHEDULE FORMING PART OF BALANCE SHEET AS AT 31st MARCH 2020


SCHEDULE - 24 SIGNIFICANT ACCOUNTING POLICIES

- 1 **Accounting Convention:** The financial statement are prepared on the basis of historical cost convention and on accrual basis.
- 2 **Inventory Valuation :** Stores (Including machinery and spares) are valued at cost.
- 3 **Fixed Assets :** Fixed assets are stated at cost of acquisition inclusive of taxes, incidental and direct expenses related to acquisition are capitalized at cost.
- 4 **Depreciation :** Fixed Assets are valued at cost less accumulated depreciation. Depreciation of fixed assets for the year has been provided on the Written down value of assets at the following rates

Item	Rates
1 Office Equipment	15%
2 Electrical Installation	10%
3 Laboratory/Hospital Equipment	40%
4 Vehicle	15%
5 Furniture & Fixture	10%
6 Computer & Peripherals	40%
7 Books	40%
8 Building	10%
9 Tubewell and Waterpipe	10%

The above rates of depreciation has been adopted from the Income Tax Rules as provided under Income Tax Rules 1962 and approved by competent authority..


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- 5 General Provident Fund :** The Council is maintaining a separate General Provident Fund Account for its employees as per G.P.F. Rule, 1960 at Annexure - I.
- The Receipt and Payment Account and the Balance Sheet for the General Provident Fund Account is attached with the Annual Account of the Council at Annexure - I..
- 6 Retirement Benefits :** Retirement benefits have been met out from the amount transferred from the Grants-in-Aid received from Department of AYUSH and Credited to the Pension Fund Account.
A Separate account viz. Pension Fund Account is being maintained by the Council.
Receipt and Payment Accounts and Balance Sheet of Pension Fund Account is attached with the Annual Accounts of the Council at Annexure - II.
- 7 New Pension Scheme :** The Council is maintaining a separate New Pension Scheme Account for its employees joined after 01.04.2004.
- The Receipt and Payment Account and the Balance Sheet for the New Pension Scheme Account is attached with the Annual Account of the Council at Annexure - III.
- 8 Investment :** Council has not made any investment other than the amount deposited in fixed/ term deposit with the State Bank of India..
- 9 Corpus/Capital Fund :** This represents the accumulated balance of Excess of Income over expenditure mainly, the values of fixed assets acquired from grants-in-aid.
- 10 Contingent liability :** Council has no contingent liability on the Balance sheet date.
- 11 Change of Accounting policies and material effect:** During the year accounts has been prepared in uniform format of accounts, which is applicable to central autonomous bodies, on or after 1.04.2001. Since the new format does not provide place for G.P.F., Pension Fund Account and New Pension Scheme Account, the same has been separated from the financial statement and annexed to this financial statement (may be seen at Annexure - I, II and III)


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- 12 The current assets includes cash and bank balances, advances to the employees and Advances to other Units/Institutes etc.
- 13 Previous year figures have been regrouped wherever necessary.
- 14 Figures have been rounded off to nearest rupees from 2019-2020.



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Statement of Surplus stock of Publication and IJRH 2019-2020

Publication

Opening Balance	7,621,121.00	Sale during thr year	571,897.00
Addition during the year	927,991.00	Complementary	-
Surplus	529,620.00	Closing Stock	8,506,835.00
Total	9,078,732.00		9,078,732.00

IJRH

Opening Balance	608,950.00	Sale during thr year	131,471.00
Addition during the year	418,733.00	Loss due to Complementary	272,862.00
Surplus	-	Closing Stock	623,350.00
Total	1,027,683.00		1,027,683.00



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CCRH, New Delhi



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Interest Received				Expenditure on Fixed Assets	
a) On Bank Deposit					
Headquarter	3,793,946.00				
Unit/Institutes	9,455,327.00	13,249,273.00	29,034,632.00	PLAN	
				GAP (State. - E)	39,461,372.00
b) On Loan & Advances		339,692.00	252,122.00	SCPSC (State. - E)	
Interest on Pub. A/c.		68,215.00	82,807.00	TAP (State. E)	
On I B A/c. (I. Tax.)		3,931.00	5,647.00		
Int. on User Charges A/c		103,287.00	201,347.00	MET (NER) (St.E)	1,973,588.00
					41,434,960.00
Other Income					
a) Misc. Receipts		1,504,471.00	816,453.00	SAP	60,066.00
Receipt against auctioned items		-	85,164.00		41,495,026.00
Sale of Publication (Gen. A/c)		14,275.00			
Tfd from Publication Account (23,65,999 (-) 12,909)		2,353,090.00	349,560.00	Other Payments	
e) Sale of Journals			120,276.00	Loans & Advances to Staff	
f) Sale of Plants		75,300.00	85,646.00	i Computer Advance	-
g) Staff car use		2,845.00	8,400.00	ii House Building Advance	2,000,000.00
h) User Charges		10,839,145.00	10,104,968.00		
i) Royalty (79196+269204)		79,196.00	39,628.00	c) Payment made against recoveries	
Any other Receipts				i. Income Tax	44,926,677.00
a) Cash receipts against Adv.				ii. GPF	47,355,952.00
i. TA Advance		4,960.00	65,630.00	iii. GIS Premium	414,526.00
ii TA Adv. (NER)		39,021.00	31,839.00	iv. Individual LIC Prem.	262,950.00
iii LTC Advance		14,620.00	37,181.00	v. Deputationist Rec.	201,200.00
iv Contingent Advance(Gen + HM)		3,591,810.00	10,182,897.00	vi T & Credit Soc.	1,572,066.00
v Contingent Advance (SRP)		1,401,896.00	4,359,304.00	vii Remittance of HRA	729,168.00
vi Contingent Advance (IYD)		5,000.00	-	viii Licence Fee	22,740.00
vii Contingent Advance (HC- SCSP)		5,984,422.00	38,922,938.00	ix GST Tax	750,218.00
viii Cont. Advance (NER -Capital Work)		4,987,101.00	135,654.00		
ix GIA/Cont. adv. (MET - NER)		-	9,815,465.00	d) Payment made against receipt of G.I.	
x GIA/Cont. adv. (MCCH Gen.)		120,000.00	-	Scheme fund	1,404,575.00
xi GIA/Adv. (Coll. Study)		3,911.00	960,142.00		
xii Cont. Advance (Capital Work)		-	463,329.00	e) Employee's Cont. tfd to NPS A/c.	
xiii Cont. Advance (NPCDCS-TAP)		4,109,184.00	5,000,000.00		11,474,024.00
xiv Cont. Advance (HCP - General)		48,556.00	769.00		



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CCRH, New Delhi


Director General
CCRH, New Delhi

xv	Cont Adv. (NPCDCS - Gen.)	1,347,006.00	-	-	Security Deposit by the Council to various Departments	396,000.00	171,000.00
xvi	Cont. Adv. (NER - General)	182,111.00	-	-			
xvii	Contingent Advance (HCP- SCSP)	-	114,926.00	-			
xviii	Cont. Adv. (HC - TAP)	-	1,813,321.00	-	Refund E.M.D.	125,000.00	10,000.00
xix	Cont. Adv. (HCP - TAP)	19,141.00	1,754,682.00	-	Payment of Imprest Advance	115,000.00	41,000.00
xx	TA/Cont. Adv. (Res. Activity)	-	200,000.00	-	Refund of Unspent GIA received from RAV	26,304.00	444,722.00
xxi	Cont. Adv. (S A P)	152,684.00	225,155.00				
xxii	Medical Advance	225,185.00			Advance for CME	-	150,000.00
xxiii	Cont. Adv. (CME - Gen.)	26,304.00					
xxiv	TA Adv. (WIMF)	2,779.00			Refund to Ministry of AYUSH	118,500,000.00	
b)	Received from L.i.C. of India towards full & final Settlement						
		1,324,056.00	2,180,951.00		User Charges Transferred to Pen Fund A./c.	3,300,000.00	-
					Closing Balance		
c)	Recoveries against Advances						
i	Scooter Advance	62,800.00	98,600.00		a) Bank Balance		
ii	Computer Advance	201,396.00	295,998.00		Council's regular grant (Incl. Rec & Rec.)	82,384,427.00	
	Recd back for Journals Subs.	615,872.00				82,384,427.00	225,395,179.00
	Earnest Money Deposit/Caution Money						
	received by the Council	445,720.00	55,000.00		b) Internet Banking Account (I. Tax .)	22,434.00	3,000.00
					c) Internet Banking Account (Publication)	50,751.00	339,537.00
					d) User charges Account	750,407.00	907,975.00
	Employee Contribution Tier - I						
	(New Pension Scheme)	12,037,413.00	11,474,024.00				
	Other Recoveries						
i.	Income Tax	45,854,949.00	51,942,407.00				
ii.	GPF Subs. & Adv.	47,355,952.00	51,834,848.00				
iii.	GIS Premium of Staff	406,950.00	448,900.00				
iv	Individual LIC premium of Staff	262,950.00	298,993.00				
v.	Deputationist's recoveries	201,200.00	602,280.00				
vi	Rec. of H.B. Advance	383,952.00	213,552.00				
vii.	T & C.S. Society	1,572,066.00	1,456,810.00				


Director General
 CCRH, New Delhi


Asstt. Director (Admn.)
 CCRH, New Delhi


Accounts Officer
 CCRH, New Delhi

Form of Financial Statements (Non-Profit Organization)
Name of Entity : Central Council for Research in Homoeopathy
Schedule under General Area forming part of Receipt & Payment Account as at 31.03.2020

(Figure in Rupees)

STATEMENT (A) - ESTABLISHMENT EXPENSES	Current year 2019-2020		Previous year 2018-2019	
		GAP		GAP
Salaries		256,320,756.00		313,406,519.00
Allowances & Bonus		131,781,783.00		107,464,756.00
Other (Specify)				
Medical advance		-		1,684,514.00
NPS (Council's Contribution)		16,405,068.00		11,469,167.00
Over Time Allowance		9,315.00		25,206.00
Medical Reimbursement		4,262,624.00		4,870,877.00
L.T.C. Expenses		1,531,330.00		3,688,717.00
Transferred to Retirement Benefit A/c.		294,500,000.00		136,460,000.00
LS/PC	-	1,061,392.00	-	1,875,119.00
CGHS Payment	-	6,686,676.00	-	688,792.00
L.T.C. Advance	-	23,300.00	-	64,460.00
Total	-	712,582,244.00	-	581,698,127.00


Accounts Officer
CCRH, New Delhi


Asstt. Director (Admn.)
CCRH, New Delhi


Director General
CCRH, New Delhi

Form of Financial Statements (Non-Profit Organization)
Name of Entity : Central Council for Research in Homoeopathy
Schedule under General Area , Spl. Comp. Plan for Sch. Caste and Tribal Area Plan forming
part of Receipt & Payment Account as at 31.03.2020

STATEMENT - (B) -- Other Administrative Expenses etc.	Current year 2019-2020			Previous year 2018-2019		
	General Area	SCPSC	TAP	GAP	SCPSC	TAP
Wages (149824701 + 5518540)	155,343,241.00			119,436,451.00		
Transferred to Retirement Benefit A/c.	-			99,561,719.00		
Electricity & Power	11,049,689.00			8,913,632.00		
Water Charges	1,161,719.00			1,392,086.00		
Insurance	45,735.00			39,339.00		
Repair & Maintenance	7,736,525.00			4,628,541.00		
Rent, Rates & Taxes	4,900,351.00			4,231,018.00		
Lease Rent	355,600.00			355,600.00		
Vehicle Running & Maintenance	621,048.00			941,091.00		
Vehicle Hiring	1,495,185.00			1,042,505.00		
Postage, Telephone & Communication Charges	1,745,120.00			2,553,755.00		
Printing & Stationery	6,404,727.00			6,601,729.00		
Travelling & Conv. Expenses	13,223,350.00			11,783,670.00		
TA Exp. On foreign Tour	1,796,316.00			3,291,333.00		
Documentary Film	-			796,500.00		
Exp. on HM/Seminar/WS (TA 161610+ Cont. 4905574) (Ann. C)	5,067,184.00			6,345,977.00		
Subscription Expenses	1,110,752.00			1,139,521.00		
Expenses on Fees	787,834.00			884,189.00		
Audit Remuneration	94,120.00			98,400.00		
Consultant Exp.	21,338,436.00			20,397,571.00		
Exp. on Investigation	1,016,213.00			920,415.00		
Professional Charges	897,346.00			974,177.00		
Expenses on Advertisement and Publicity	2,299,480.00			4,847,364.00		
Exp. on Hindi Committee (TA 188093 + Cont. 959670)	1,147,763.00			2,325,677.00		
Medicine	1,971,972.00			1,780,638.00		
Diet	3,140,108.00			3,509,626.00		
Sundries	4,831,064.00			4,190,286.00		
Provers	2,460,984.00			2,538,180.00		
Miscellaneous Expenses	3,038,706.00			4,263,715.00		
Exp. (Wages on SHP)	165,000.00					
Exp. On WIMF (Annexure - A)	21,403.00			6,173,226.00		
Expenditure (WHD) (Annexure - A)	4,135,463.00			4,613,151.00		
Cont. Expenditure (International Yoga Conf.) (Annexure - A)	16,609.00			123,080.00		
Exp. on Medical Edu. Training (NER) (Annexure - B)	19,478,193.00		1,574,126.00	4,881,874.00		
Contingent Expenditure (HCP) (Annexure - C & D)	3,359,554.00			13,140,732.00		
Contingent Expenditure (SRP) (Annexure - C)	11,705,326.00			29,075,832.00		
Cont. Expenditure (NPCDCS) (Annexure - C & D)	37,822,840.00		6,801,812.00			7,710,686.00
Contingent Expenditure (Health Camp) (Annexure - D)	-	10,734,336.00		7,646,705.00		695,632.00
Exp. on Coll. Study (Annexure - E)	2,516,489.00			3,819,183.00		
Exp. on Coordination Cell (Annexure - E)	19,893,756.00			23,096,142.00		
Cont. Exp. (Healthy Teething Programme) (Ann. C & D)	269,142.00			236,396.00		
TOTAL	354,464,343.00	10,734,336.00	8,375,938.00	404,944,321.00	7,646,705.00	8,553,328.00

(Figure in Rupees)


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CCRH, New Delhi


Director General
CCRH, New Delhi

STATEMENT - (B) -- Other Administrative Expenses etc.	Current year 2019-2020			Previous year 2018-2019		
	General Area	SCPSC	TAP	GAP	SCPSC	TAP
B/F	354,464,343.00	10,734,336.00	8,375,938.00	404,944,321.00	7,646,705.00	8,553,328.00
T.A. Advance	240,000.00			143,950.00		
TA Advance (Health Mela) (Annex. E)	4,280.00					
Contingent Advance (WHD) (Annexure - A)				302,080.00		
Contingent Advance (WIMF) (Annexure - A)				226,660.00		
GIA/Cont. Advance (International Yoga Conf.) (Annexure - A)				5,000.00		
T.A. Advance (NER) (Annexure - B)	-					
Grant-in-aid/Contingent Adv. (NER - General) (Ann. B)	8,003,362.00					
Grant-in-aid/Contingent Adv. (For Cap. Work) NER (Ann. B)						
Contingent Advance (Gen.)	8,219,839.00					
Contingent Advance (Health Mela) Annex. E	599,149.00			4,355,994.00		
Contingent Advance (Hindi WS)	743,450.00					
Cont Advance (HCP) (Annexure - C & D)			47,180.00	821,183.00		
Cont Advance (NPCDCS) (Annexure - C)	2,463,775.00			1,886,386.00		
Cont. Advance (SRP) (Annexure - C)	2,716,182.00			4,856,170.00		
Cont. Advance (NPCDCS) (Annexure - D)						
Contingent Advance (Health Camp.) (Annexure - D)		8,826,837.00				
Cont. Advance (CME)						
Advance for Capital Work	164,987,273.00			137,352,941.00		
Contingent Advance (Pharmacovigilence)	900,000.00					
Contingent Advance (Trigeminal Neuralgia Project)	1,500,000.00					
Contingent Advance (School Health Programme)	1,796,000.00					
GIA & Cont. Adv. for Collaborative Study (Annexure - E)	11,152,904.00			16,168,445.00		
GIA & Cont. Adv. for Coordination Cell (Annexure - E)	16,161,768.00			10,254,290.00		
TOTAL	573,952,325.00	19,561,173.00	8,423,118.00	581,317,420.00	7,646,705.00	8,553,328.00


Director General
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CCRH, New Delhi


Accounts Officer
CCRH, New Delhi

Form of Financial Statements (Non-Profit Organization)
 Name of Entity : Central Council for Research in Homoeopathy
 Expenditure Schedule forming part of Receipt & Payment Account as at 31.03.2020

(Figure in Rupees)

EXPENDITURE STATEMENT OF World Homoeopathic Day Conference - 2019 and 2020	Current year 2019-2020	Previous year 2018-2019
Printing & Stationery	482,709.00	1,201,557.00
Award	1,200,000.00	775,000.00
Exp. On Travelling Allowance	706,864.00	466,475.00
Rent	20,060.00	80,000.00
Advt. & Publicity		379,419.00
Vehicle Hiring	208,344.00	92,091.00
Fabrication	208,830.00	
Professional Charges	216,682.00	412,174.00
Logistic Expenditure	1,091,974.00	408,458.00
Misc. Exp.	4,135,463.00	797,977.00
TOTAL	4,135,463.00	4,613,151.00
Contingent Advance	-	302,080.00
TOTAL	4,135,463.00	4,915,231.00

(Figure in Rupees)

EXPENDITURE STATEMENT OF World Integrated Medicine Forum (WIMIF)	Current year 2019-2020	Previous year 2018-2019
Logistic		443,318.00
Misc.		1,809,231.00
Printing & Stationery	14,000.00	301,978.00
Exp. On Travelling Allowance	7,403.00	3,366,042.00
Vehicle Hiring		252,657.00
TOTAL	21,403.00	6,173,226.00
TA Advance	-	-
Contingent Advance	-	226,660.00
TOTAL	21,403.00	6,399,886.00

(Figure in Rupees)

EXPENDITURE STATEMENT OF International Yoga Conference	Current year 2019-2020	Previous year 2018-2019
Wages		33,750.00
Printing & Stationery		14,722.00
Misc. Expenditure	16,609.00	
TA Expenditure		400.00
Misc. Expenditure		73,758.00
Water Charges		450.00
TOTAL	16,609.00	123,080.00
Cont. Advance		5,000.00
TOTAL	16,609.00	128,080.00


 Accounts Officer
 CCRH, New Delhi


 Asstt. Director (Admn.)
 CCRH, New Delhi


 Director General
 CCRH, New Delhi

Annexure - B

Form of Financial Statements (Non-Profit Organization)

Name of Entity : Central Council for Research in Homoeopathy

Schedule under Medical Education Training (NER) forming part of Receipt & Payment Account as at 31.03.2020

(Figure in Rupees)

EXPENDITURE STATEMENT (Medical Edu. Trg. - North East Region)	Current year 2019-2020	Previous year 2018-2019
Expenditure		
Wages/Honorarium	13,402,114.00	11,031,779.00
Elect. & Power	376,320.00	369,037.00
Water Charges	6,660.00	13,140.00
Repair & Maint.	232,896.00	133,166.00
Rent , Rates & Taxes	1,067,896.00	1,474,380.00
Postage & Telephone Exp.	829,276.00	116,926.00
Vehicle Hiring Exp.	187,639.00	96,408.00
Printing & stationary	628,263.00	377,067.00
TA & Conveyance Expenditure	1,203,973.00	659,728.00
Exp. On Subscription	1,200.00	
Exp. On Fee	2,000.00	2,000.00
Professional Charges	4,720.00	
Miscellaneous Expenditure	824,670.00	242,261.00
Exp. On Lab. Investigation	64,770.00	13,110.00
Medicine	245,911.00	304,445.00
Sundries	279,885.00	277,103.00
Consultant	120,000.00	21,000.00
Insurance	-	6,816.00
TOTAL (A)	19,478,193.00	15,138,366.00
Advances		
TA Advance	-	64,021.00
Contingent advance	8,003,362.00	604,278.00
Contingent advance (Capital Work)	-	1,070,400.00
TOTAL (B)	8,003,362.00	1,738,699.00
TOTAL (A + B)	27,481,555.00	16,877,065.00



Asstt. Director (Admn.)
CCRH, New Delhi



Director General
CCRH, New Delhi



Accounts Officer
CCRH, New Delhi

Annexure - C

**Form of Financial Statements (Non-Profit Organization)
Name of Entity : Central Council for Research in Homoeopathy
Expenditure Schedule forming part of Receipt & Payment Account as at 31.03.2020**

(Figure in Rupees)

EXPENDITURE STATEMENT OF Various Schemes (General)	Current year 2019-20			HCP
	HTP	Health Mela	SRP	
TA & Conveyance Expenditure				
Wages	269142.00	161,610.00		5,858.00
Stall/Space Charges		15,000.00	11,038,891.00	35,701,645.00
Printing & Stationery		1,662,449.00		
Medicines		61,100.00	59,060.00	78,359.00
Sundries			28,161.00	97,779.00
Vehicle Hiring		9,000.00	568,748.00	168,702.00
Misc. Exp.		3,140,025.00	1,270.00	17,840.00
Fee		18,000.00		59,967.00
Lab. Investigation Charges				1,692,690.00
TOTAL	269142.00	5,067,184.00	11,705,326.00	37,822,840.00
TA Advance		4,280.00		
Contingent Advance		599,149.00	2,716,182.00	2,463,775.00
TOTAL	269142.00	5,670,613.00	14,421,508.00	42,750,390.00
				3,359,554.00

Annexure - C

**Form of Financial Statements (Non-Profit Organization)
Name of Entity : Central Council for Research in Homoeopathy
Expenditure Schedule forming part of Receipt & Payment Account as at 31.03.2020**

(Figure in Rupees)

EXPENDITURE STATEMENT OF CME Seminar (RAV)	Current year 2019-2020		Previous year 2018-2019
	Current year 2019-2020	Previous year 2018-2019	
Contingent advance		-	150,000.00
TOTAL			150,000.00


Accounts Officer
CCRH, New Delhi


Asstt. Director (Admn.)
CCRH, New Delhi


Director General
CCRH, New Delhi

Annexure - D


Form of Financial Statements (Non-Profit Organization)
Name of Entity : Central Council for Research in Homoeopathy
Expenditure Schedule forming part of Receipt & Payment Account as at 31.03.2020

EXPENDITURE STATEMENT OF Various Schemes (SCSP)	Current year 2019-20	
	Health Camp	NPCDCS
TA & Conveyance Exp.	680.00	HCP
Wages	9,750,790.00	
Printing & Stationery	76,794.00	
Repair & Maintenance	37,435.00	
Medicines	60,279.00	
Sundries	64,005.00	
Vehicle Hiring	725,343.00	
Misc. Exp.	19,010.00	
TOTAL	10,734,336.00	
Contingent Advance	8,826,837.00	
TOTAL	19,561,173.00	

(Figure in Rupees)

EXPENDITURE STATEMENT OF Various Schemes (TAP)	Current year 2019-20	
	Healthy Child Programme	Healthy Teething Programme
TA & Conveyance Exp.	318,500.00	
Wages	878,789.00	6,801,812.00
Vehicle Hiring	29,556.00	
Misc. Exp.	347,281.00	
TOTAL	1,574,126.00	6,801,812.00
Contingent Advance	47,180.00	
TOTAL	1,621,306.00	6,801,812.00

(Figure in Rupees)


 Asstt. Director (Admn.)
 CCRH, New Delhi


 Director General
 CCRH, New Delhi


 Accounts Officer
 CCRH, New Delhi

Form of Financial Statements (Non-Profit Organization)
 Name of Entity : Central Council for Research in Homoeopathy
 Expenditure Schedule forming part of Receipt & Payment Account as at 31.03.2020

(Figure in Rupees)

EXPENDITURE STATEMENT OF Collaborative Study	Current year 2019-2020	Previous year 2018-2019
Wages/Honorarium	1,310,340.00	937,650.00
Exp. On Travelling Allowance	3,523.00	
Repair & Maintenance	98,530.00	
Professional Charges	98,400.00	68,807.00
Advt. & Publicity	-	288,858.00
Exp. On Lab. Investigation	24,000.00	113,600.00
Consultant	148,000.00	
Medicine	114,975.00	515,515.00
Sundries	444,856.00	1,884,525.00
Expenditure on Fee	246,998.00	
Postage & Telephone Charges	4,120.00	5,604.00
Misc. Exp.	22,747.00	4,624.00
TOTAL	2,516,489.00	3,819,183.00
Contingent Advance	11,152,904.00	16,168,445.00
TOTAL	13,669,393.00	19,987,628.00

(Figure in Rupees)

STATEMENT - (D) Expenditure statement of Coordination Cell	Current year 2019-20	Previous year 2018-19
Printing & Stationery	4,071.00	46,976.00
Wages	8,025,197.00	10,783,736.00
Postage & Telephone	46,179.00	60,476.00
Elect. & Power	10,088,700.00	10,864,940.00
Water Charges	171,597.00	601,625.00
Repair & Maintenance	533,623.00	461,069.00
Consultancy	315,000.00	211,935.00
Rent/Taxes	577,520.00	-
Misc. Exp.	131,869.00	65,385.00
TOTAL	19,893,756.00	23,096,142.00
Contingent Advance	16,161,768.00	10,254,290.00
TOTAL	36,055,524.00	33,350,432.00


 Accounts Officer
 CCRH, New Delhi


 Asstt. Director (Admn.)
 CCRH, New Delhi


 Director General
 CCRH, New Delhi

Form of Financial Statements (Non-Profit Organization)
Name of Entity : Central Council for Research in Homoeopathy
Expenditure Schedule forming part of Receipt & Payment Account as at 31.03.2020

(Figure in Rupees)

STATEMENT - (C) EXPENDITURE STATEMENT OF Swachta Action Plan	Current year 2019-20		Previous year 2018-19
Solid waste management		7,617.00	7,915.00
Liquid Waste Management		3,625.00	20,754.00
Water Supply		370.00	16,150.00
Workshop/Seminar		30,685.00	43,990.00
Clean Office Premises		210,459.00	53,038.00
Toilet Renovation		39,991.00	5,400.00
Office Ditzitisation		183,425.00	40,739.00
Innovation Activity		5,546.00	18,590.00
Green & Clean Belt		68,812.00	38,846.00
Information & Education Activity		79,413.00	20,985.00
TOTAL		629,943.00	266,407.00
Contingent Advance		972,716.00	407,640.00
TOTAL		1,602,659.00	674,047.00


Accounts Officer
CCRH, New Delhi


Asstt. Director (Admn.)
CCRH, New Delhi


Director General
CCRH, New Delhi

Form of Financial Statements (Non-Profit Organization)
 Name of Entity : Central Council for Research in Homoeopathy
 Schedule under G.A., S.C.P for SC, T.A.P., NER forming part of Receipt & Payment as at 31.03.2020

(Figure in Rupees)

STATEMENT (E) - ASSETS CREATED DURING THE YEAR 2019-2020	Head	General Area	Coord Cell	WHD	SRP	Total	SAP	MET (NER)
Land & Building		28,477,336.00				28,477,336.00		
Laboratory Equipment ()		2,577,368.00				2,577,368.00		5,200.00
Vehicle								
Furniture & Fixture								
	Cabinet/Racks	253,287.00	-			253,287.00		102,162.00
	Table/Chair	459,754.00	37,500.00		3,500.00	500,754.00		328,746.00
	Wooden Partition/Sign Board/Transl	82,680.00				82,680.00		
Computer & Peripherals								
	UPS/Voltage Stabilizer	251,897.00	-			251,897.00		35,162.00
	Computer/Server	3,472,897.00				3,472,897.00		910,091.00
	Printer	501,304.00				501,304.00		176,732.00
Software/Networking		781,362.00				781,362.00		
Books		319,169.00				319,169.00		32,950.00
Office Equipments								
	Telephone Instruments/EPABX	-	-			-		
	Photocopier Machine/Scanner	871,783.00				871,783.00		314,951.00
	Camera/CCTV/Scanner/Projector	197,151.00				197,151.00		
	Refrigerator/Water Cooler	192,383.00				192,383.00		15,699.00
	Inverter	-				-		16,500.00
	Air Conditioner/Room Heater	483,350.00	118,164.00			601,514.00		12,476.00
	Token Printer	13,511.00				13,511.00		13,269.00
	Voltage Stabilizer	8,470.00				8,470.00		
	lintraction Board	151,400.00				151,400.00		
	Drill Machine	24,940.00				24,940.00		
	Emplifier	24,780.00				24,780.00		
	Attendance Dev./Finger Print Reader	53,000.00				53,000.00		-
	Drill Machine & other Equipments	28,279.00				28,279.00		2,800.00
	Sanitation Infrastructure						60,066.00	
Elect. Installation		76,107.00				76,107.00		6,850.00
	TOTAL	39,302,208.00	155,664.00	-	3,500.00	39,461,372.00	60,066.00	1,973,588.00


 Accounts Officer
 CCRH, New Delhi


 Asstt. Director (Admn.)
 CCRH, New Delhi


 Director General
 CCRH, New Delhi

Form of Financial Statements (Non-Profit Organization)
Name of Entity : Central Council for Research in Homoeopathy


Annexure - I (Part-I)

Receipt & Payment Account for the year ended 31.03.2020 in respect of General Provident Fund Account

(Figure in Rupees)

RECEIPTS	Current year 2019-20	Previous year 2018-19	PAYMENTS	Current year 2019-20	Previous year 2018-19
Opening Balance			Payment on account of GPF i) Advance & withdrawals made during the year	76,336,145.00	88,734,885.00
Bank Balance	5,013,276.15	111,889,445.00	Investment made during the year		88,500,000.00
Amount transferred from General Account on account of GPF Subs.	47,355,952.00	51,834,848.00	Closing Balance		
Amt. tfd. From Pen. Fund A/c.	64.00		Bank Balance	1,567,897.15	5,013,276.00
Amount of G.P.F. Received in r/o Sh. O.P. Verma	70,000.00	120,000.00			
Amount of STDRs matured and encashed during the year	22,700,655.00	16,717,990.00			
Income on Investment and Deposits Int. on STDR	2,544,138.00	1,254,133.00			
Int. on SB A/ c.	219,603.00	431,745.00			
Excess credit given by Bank	354.00				
GRAND TOTAL	77,904,042.15	182,248,161.00	GRAND TOTAL	77,904,042.15	182,248,161.00


Accounts Officer
CCRH, New Delhi


Asstt. Director (Admn.)
CCRH, New Delhi


Director General
CCRH, New Delhi

Form of Financial Statements (Non-Profit Organization)
Name of Entity : Central Council for Research in Homoeopathy.

Annexure - I (Part-II)

Balance Sheet as at 31.03.2020 in respect of General Provident Fund Account

		(Figure in Rupees)	
LIABILITIES	Current year 2019-20	Previous year 2018-19	ASSETS
GPF Capital Fund			Investment account
a) Opening Balance	198,743,964.00	223,853,346.00	a) Opening Balance
b) Add: Subs. Of the staff	47,426,016.00	51,954,848.00	b) Add: amount of STDRs purchased during the year
c) Add: Interest allowed on GPF A/C of the subs.	15,012,789.00	11,670,655.00	c) Less: Amount of STDR matured during the year
d) Less: Withdrawal	261,182,769.00	287,478,849.00	(A)
i) Withdrawal	76,336,145.00	88,734,885.00	
(A)	184,846,624.00	198,743,964.00	174,965,146.00
Reserve & Surplus			Amount of interest accrued on STDRs but not received
a) Opening Balance	21,116,083.00	19,010,176.00	
b) Interest recd on SB A/C.	219,603.00	431,745.00	
c) Int. accrued on STDR	12,909,754.00	13,344,817.00	a) Opening Balance
d) Excess credit given by bank	354.00		b) Add: during the year
	34,245,794.00	32,786,738.00	
Less: Interest allowed on G.P.F. A/C	15,012,789.00	11,670,655.00	Less: Received during the year
(B)	19,233,005.00	21,116,083.00	(B)
			Closing Balance
			Bank Balance (C)
TOTAL (A) + (B)	204,079,629.00	219,860,047.00	TOTAL (A)+(B)+(C)
			197,665,801.00
			125,883,791.00
			88,500,000.00
			214,383,791.00
			16,717,990.00
			197,665,801.00
			174,965,146.00
			197,665,801.00
			17,180,970.00
			12,909,754.00
			30,090,724.00
			1,254,133.00
			27,546,586.00
			1,567,897.00
			204,079,629.00
			5,013,276.00
			219,860,047.00


Director General
CCRH, New Delhi


Asstt. Director (Admn.)
CCRH, New Delhi


Accounts Officer
CCRH, New Delhi

Annexure - II (Part-I)

Form of Financial Statements (Non-Profit Organization)
Name of Entity: Central Council for Research in Homoeopathy.
Receipt & Payment Account for the year ended 31.03.2020 in respect of Pension Fund Account

RECEIPT	Current year 2019-20	Previous year 2018-19	Payment	Current year 2019-20	Previous year 2018-19
Opening Balance					
Saving Bank Account No. 19806	3,731,079.00	30,352,671.00	Pension Payment made during the year	121,509,783.00	106,309,660.00
Last year cheque credited	5,000,000.00		Arrear of Pension + DA Arrear	2,250,276.00	24,411,622.00
Amount received back on account of L.S and Pension Contribution in respect of Sh. S. Yobu			Payment made during the year on account of Retirement Gratuity and Comm. Value of Pension	52,680,508.00	33,487,534.00
Sh. S.C. Dhama		209,378.00		45,798,680.00	93,547,462.00
Interest on Saving Bank Account	439,603.00	295,617.00	Income Tax paid to the Govt. A/c.	6,520,856.00	9,198,397.00
Amount transferred from General Account to Pension Fund Account	294,500,000.00	212,837,140.00	LS/PC paid in respect of Mrs. Maya Padmanabhan		392,028.00
User Charges Account	3,300,000.00	18,184,579.00			
Amount recovered on account of Income Tax from pensioners	6,541,656.00	9,198,397.00	Recovered amount transferred to GPF Account (Sh. K.K. G. Nair)	64.00	
Excess payment of GPF recovered from Sh. KKG Nair	64.00		Colising Balance Saving Bank Account No. 19806		3,731,079.00
Int. on STDR received during the year				84,752,235.00	
GRAND TOTAL	313,512,402.00	271,077,782.00	GRAND TOTAL	313,512,402.00	271,077,782.00


Accounts Officer
 CCRH, New Delhi


Asstt. Director (Admn.)
 CCRH, New Delhi


Director General
 CCRH, New Delhi

**Form of Financial Statements (Non-Profit Organization)
Name of Entity : Central Council for Research in Homoeopathy
Balance Sheet as at 31.03.2020 in respect of Pension Fund Account**

LIABILITIES	(Figure In Rupees)		
	Current year 2019-20	Previous year 2018-19	Previous year 2018-19
Pension Fund Account			
Opening Balance	3,731,079.00	30,352,671.00	3,731,079.00
Last year Cheque credited	5,000,000.00		
Add: Amount of Interest received on S.B. A/c.	439,603.00	295,617.00	
Amount transferred from General Account	294,500,000.00	212,837,140.00	
Amt. transferred from User Charges	3,300,000.00	18,184,579.00	
Amount received from concerned Deptt. on account of LS & PC in respect of Sh. S.C. Dhama (Recd back)	-	209,378.00	
TOTAL	306,970,682.00	261,879,385.00	
Less: Payment made on account of DCRG/Gratuity/Comm. Value of Pension			
RG	52,680,508.00		
CVP	45,798,680.00		
Less: Pension Payments & arrear			
123,760,059.00			
Total	222,239,247.00	257,756,278.00	
TOTAL	84,731,435.00	4,123,107.00	
Less: LS/PC paid in respect of Mrs. Maya Padmanabhan			
Income Tax Payable in r/o Dr. H. Baig	20,800.00	392,028.00	
GRAND TOTAL	84,752,235.00	3,731,079.00	3,731,079.00
		GRAND TOTAL	84,752,235.00


Director General
CCRH, New Delhi


Asstt. Director (Admn.)
CCRH, New Delhi


Accounts Officer
CCRH, New Delhi

Annexure - III (Part I)

Form of Financial Statements (Non-Profit Organization)
Name of Entity: Central Council for Research in Homoeopathy
Receipt & Payment Account for the year 2019-2020 for New Pension Scheme

(Figure In Rupees)

RECEIPTS	Current year 2019-20	Previous year 2018-19	PAYMENTS	Current year 2019-20	Previous year 2018-19
Opening Balance	346,788.04	1,624,040.00	Amount of NPS paid to CR Agency, PFRDA	28,735,154.00	24,234,061.92
Employee's Contribution transferred from General Account	12,037,413.00	11,469,167.00	Coising Balance	67,549.04	346,788.04
Employer's contribution transferred from General Account	16,405,068.00	11,469,167.00			
NPS with Employers Cont. received from Allahabad Bank	-	3,864.96			
Interest on STDR	-	-			
Interest on S.Bank account	13,434.00	14,611.00			
TOTAL	28,802,703.04	24,580,849.96	TOTAL	28,802,703.04	24,580,849.96


Accounts Officer
CCRH, New Delhi


Asstt. Director (Admn.)
CCRH, New Delhi


Director General
CCRH, New Delhi

Form of Financial Statements (Non-Profit Organization)
Name of Entity: Central Council for Research in Homoeopathy
Balance Sheet as at 31.03.2020 for New Pension Scheme

LIABILITIES	Current year 2019-20	Previous year 2018-19	ASSETS	Current year 2019-20	Previous year 2018-19
Capital Fund					
New Pension Scheme	346,788.04	1,624,040.00	Closing Balance	67,549.40	346,788.04
Amount transferred from Gen. A/c	-	-			
Employees contribution	12,037,413.00	11,469,167.00			
Employer's contribution	16,405,068.00	11,469,167.00			
NPS with Employer's Contribution received from Allahabad Bank in respect of Sh. Himanshu Arora, Ex-LDC	-	3,864.96			
Interest on Employees contribution tfd. From General Account	-	-			
Interest on S.B. Account	13,434.00	14,611.00			
TOTAL	28,802,703.04	24,580,849.96			
Less: Paid to CRA, PFRDA	28,735,154.00	24,234,061.92			
Less :Interest transferred to General Account	-	-			
TOTAL	67,549.04	346,788.04	TOTAL	67,549.40	346,788.04


Director General
CCRH, New Delhi


Asstt. Director (Admn.)
CCRH, New Delhi


Accounts Officer
CCRH, New Delhi

Separate Audit Report of the Comptroller & Auditor General of India on the accounts of Central Council for Research in Homoeopathy for the year ended March 2020

1. We have audited the attached Balance Sheet of Central Council for Research in Homoeopathy (Council) as at 31 March 2020, the Income & Expenditure Account and Receipts & Payments Account for the year ended on that date under Section 20(1) of the Comptroller & Auditor General's (Duties, Powers & Conditions of Services) Act, 1971. The audit has been entrusted for the period up to 2022-23. These financial statements are the responsibility of the Council's management. Our responsibility is to express an opinion on these financial statements based on our audit.
2. This Separate Audit Report contains the comments of the Comptroller & Auditor General of India (CAG) on the accounting treatment only with regard to classification, conformity with the best accounting practices, accounting standards and disclosure norms etc. Audit observations on financial transactions with regard to compliance with the Law, Rules & Regulations (Propriety and Regularity) and efficiency-cum- performance aspects, etc., if any, are reported through Inspection Report / CAG's Audit Reports separately.
3. We have conducted our audit in accordance with auditing standards generally accepted in India. These standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatements. An audit includes examining on a test basis, evidences supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall presentation of financial statements. We believe that our audit provides a reasonable basis for our opinion.
4. Based on our audit, we report that:
 - i) We have obtained all the information and explanations, which to the best of our knowledge and belief were necessary for the purpose of our audit;
 - ii) The Balance Sheet, Income and Expenditure Account/ Receipt& Payments Account dealt with by this report have been drawn up in the format prescribed by the Government of India, Ministry of Finance.
 - iii) In our opinion, proper books of accounts and other relevant records have been maintained by the Council, in so far as it appears from our examination of such books.

iv) We further report that:

A Balance Sheet

A.1. Liabilities

A.1.1 Current Liabilities (Schedule-7)- Rs. 21.31 lakh

- A.1.1.1. Balance Sheet shows current liabilities amounting to Rs. 21.31 lakh. However, there was an unutilized grant of Rs. 1.43 crore as on 31 March 2020, for which the Council has not depicted liability in the annual accounts ended March 2020. This has resulted in understatement of Current Liabilities and overstatement of Capital Fund by Rs. 1.43 crore.

B. Income & Expenditure Account

B.1 Expenditure

- B.1.1 As per Schedule-21 (Other Administrative Expenses etc.) of the annual accounts for the year 2019-20, an amount aggregating Rs. 22.41 crore was booked as expenditure without any supporting documents on the building of the All India Institute of Homoeopathy (AIIH), Narela, New Delhi.

Scrutiny of records revealed that this expense pertained to the funds amounting to Rs. 25 crore (Rs. 3.25 crore dated 31.12.2016 and Rs. 21.75 crore dated 24.02.2017) received during the year 2016-17 from Ministry of AYUSH (Ministry) for transfer to contractor (M/s MECON Ltd.) to construct the building of All India Institute of Homoeopathy (AIIH), Narela, New Delhi in annual accounts of the year 2016-17, the Council had booked funds worth Rs. 25 crore as income in the Income & Expenditure Account and out of this an advance payment of Rs. 22.41 crore made to M/s MECON Ltd and was booked as Advance for Work in Progress in Schedule-11 (Current Assets).

As the funds received from Ministry were for specific purpose and as per Uniform Format of Accounts, the funds received as grants or assistance, or retained by the entity to be utilized for specific or earmarked purposes are required to be disclosed under Schedule-3 (Earmarked/Endowment Funds).

However, Council did not pass these entries through Schedule-3 (Earmarked/Endowment Funds), resulting into understatement of Liabilities (earmarked fund) by Rs. 25 crore and overstatement of Current Assets by Rs. 2.59 crore and overstatement of Expenditure by Rs. 22.41 crore.

C. General

- C.1 In Schedule-11 (Current Assets), Contingent Advances amounting to Rs. 23.09 crore were outstanding since 2009 to March 2020. This needs to be settled.
- C.2 Provision for gratuity and leave encashment was not made on actuarial basis as required in the common format of accounts for the central autonomous bodies and also in contravention of AS-15.

D. Grants-in-aid:

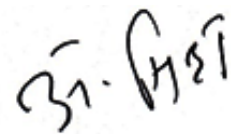
During the year 2019-20, the Council had received Grant-in-aid of Rs. 128.83 crore from the Ministry. The Council had an unspent balance of Rs. 15.89 crore for previous year 2018-19 and interest earned including internal receipt of Rs. 5.55 crore. The Council had refunded an amount of Rs. 11.85 crore to the Ministry. Thus, out of available funds of Rs. 138.42 crore, Council incurred an expenditure of Rs. 136.99 crore leaving an unutilized balance of Rs. 1.43 crore as on 31 March 2020.

E. Management Letter

Deficiencies which have not been included in the Audit Report have been brought to the notice of management of Council through a management letter issued separately for remedial/corrective action.

- v. Subject to our observations in the preceding paragraphs, we report that the Balance Sheet, Income & Expenditure Account and Receipts & Payments Account dealt by this report are in agreement with the books of accounts.
- vi. In our opinion and to the best of our information and according to the explanations given to us, the said financial statements read together with the Accounting Policies and Notes on Accounts and subject to the significant matters stated above and other matters mentioned in Annexure to this Audit Report give a true and fair view in conformity with accounting principles generally accepted in India;
- a. In so far as it related to the Balance Sheet, of the state of affairs of the Central Council for Research in Homoeopathy as at 31 March 2020 and
- b. In so far as it related to Income and Expenditure Account of the deficit for the year ended on that date.

For and on behalf of C&AG of India



**Principal Director of Audit
(Health, Welfare & Rural Development)**

Place: New Delhi

Date: 22/12/2020

Annexure

1. Adequacy of Internal audit system

The Internal audit of the Council for the period 2013-16 was conducted by the Pr. PAO, M/o Health & Family Welfare.

2. Adequacy of Internal Control System

7 paras for the transaction audit for the period 2009-12 were outstanding as on 31.03.2020.

3. System of physical verification of Assets.

The physical verification of fixed assets was conducted up to 31.03.2013.

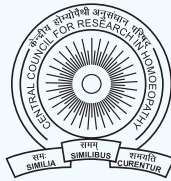
4. System of physical verification of inventory

The physical verification of inventory like books and publications was conducted up to 2014-15.

The physical verification of stationery and other consumable was conducted up to 2012-13.

5. Regularity in payment of dues

As per accounts, no payments over six months in respect of statutory dues were outstanding as on 31.03.2020.



(An Autonomous Body under Ministry of AYUSH, Govt. of India)

Jawahar Lal Nehru Bhartiya Chikitsa Avum Homoeopathy Anusandhan Bhawan
61-65, Institutional Area, Opp. D-Block, Janakpuri, New Delhi-110058

Tel: 91-11-28525523 Fax: 91-11-28521060

E-mail: ccrreports@gmail.com

Website: www.ccrhindia.nic.in