

In-vitro Evaluation of Impact of Forbidden Items on the Efficacy of Homoeopathic Medicines

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Background

Gupta *et. al.* in their experimental research work entitled “Anti-candidal activity of Homoeopathic drugs: An *in-vitro* evaluation” proved the efficacy of homoeopathic drug Mezereum 200 which caused maximum inhibition to the growth of *Candida albicans* in culture plate. He published the results of this experimental study in Vol. 9, Issue 2, April-June 2015 of Indian Journal of Research in Homoeopathy (IJRH)¹.

In earlier days of Homoeopathy and even today, we come across the prescription of Homoeopathic physicians having a list of food and drinks which are forbidden. It became a food for thought for Dr. Gupta and his research team. They demonstrated through *in-vitro* experiments conducted in the Medical Mycology lab. of Gaurang Clinic and Centre for Homoeopathic Research (GCCHR) based at Lucknow that various edible items like garlic (lehsun), onion (piyaz), cardamom (elaichi), clove (laung), caraway (jeera), ginger (adrak) etc fenugreek (methi), black pepper (kali mirch), asafoetida (heeng), red chilli (lalmirch), green chilli (harimirch), turmeric (haldi), lemon (neebu) and camphor (kapoor) do not neutralize the action of potentised homoeopathic medicines. Therefore, such dietary prohibitions imposed on patients are unscientific.

Further in this series, Dr. Gupta and his team also conducted experiment on the impact of prohibited beverages like tea, coffee and some intoxicants like tobacco and bhang.

Abstract

From the time of Dr. Hahnemann, Homoeopathic physicians have been very particular about the diet during treatment owing to general belief that the effect of remedy would be antidoted by anything which has strong odour or having medicinal properties. Even today, Homoeopathic physicians have varied opinion on these dietary restrictions. Majority of Homoeopathic physicians restrict all the articles which have strong smell or possess some medicinal property while restriction by some are limited considering the nature of disease and remedy. Another category of Homoeopathic physicians, though meagre in number, usually do not impose any dietary restrictions.

Gupta *et. al.* had already demonstrated through the *in-vitro* experiments that various commonly restricted edible items do not neutralize the action of

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Homoeopathic medicines and such restrictions are unscientific.

The aim of this *in-vitro* study was to provide experimental proof, to validate or dismiss the belief of contemporary homoeopathic physicians of restricting beverages like tea, coffee and some other items like tobacco and bhang.

The result of these experiments have shown that there is no effect of these restricted items on the inhibition in growth of human pathogenic fungus *Candida albicans* by Mezereum 200 in *in-vitro* condition.

This experiment is only an effort to elicit the effect of above mentioned items on the inhibition in growth of human pathogenic fungus *Candida albicans* by Mezereum 200 in *in-vitro* condition and it should not be taken that the authors by any means advocate the intake of above mentioned items.

Key words

Candida albicans, beverages, forbidden items, intoxicants, homoeopathic medicine, *in-vitro* inhibitory effect, biological experimental model, disc method, zone of inhibition technique.

Introduction

Dr. Hahnemann, the father of Homoeopathic science in aphorism 259 of *Organon of Medicine*² said that diet of the patient must be regulated and nothing of medicinal nature should be taken while on homoeopathic treatment. He wrote “*Considering the minuteness of the doses necessary and proper in homoeopathic treatment, we can easily understand that during the treatment everything must be removed from the diet and regimen, which can have any medicinal action, in order that the small dose may not be overwhelmed and extinguished or disturbed by any foreign medicinal irritant*”.

In support to what he said he put forth the example of the effect of music of flute on the human heart and mind. To specify why the treating physician should remove or prohibit every such thing in the diet and regimen of the patient which can have any medicinal action. He wrote “*The softest tones of a distant flute that, in the still midnight hours would inspire a tender heart with exalted feelings and dissolve it in religious ecstasy, are inaudible and powerless amid discordant cries and the noise of day.*”

In aphorism 260 of *Organon of Medicine*² Dr. Hahnemann further wrote about the importance of diet and regimen. He emphasized necessity of careful investigation into these obstacles to cure because diseases are usually aggravated by such noxious influences and disease causing errors which are often not noticed by the attending physician.

In the footnote to aphorism 260 of *Organon of Medicine*² he wrote that in chronic diseases the attending physician must be careful in diet and hygiene as they may easily upset the patient and gives a long list of things to be avoided the main being coffee; fine Chinese and other herbal tea yet permitted many tolerable things.

Dr. Hahnemann was very strict in diet and hygiene but some of his followers wanted to outdo him in their strictness thus he wrote “*some of my disciples seem to increase the difficulties of patient’s diet by forbidding the use of many more, tolerably indifferent things which is not to be commended.*”

To unveil the mystery as what to eat and what to avoid, we picked the two most prohibited beverage during homoeopathic treatment i.e. tea and coffee and two other items tobacco and bhang which are universally accepted to cause ill-effect on human health and observed the effect of these items on the action of homoeopathic medicines in *in-vitro* conditions in the Medical Mycology lab. of GCCHR to ascertain the efficacy of Mezereum 200 in the inhibition of growth of human pathogenic fungus *Candida albicans* in biological experimental model.

Objective

To observe the impact of tea, coffee, tobacco and bhang on the efficacy of Mezereum 200 in the inhibition of growth of human pathogenic fungus *Candida albicans*.

Materials and Methods

1. Isolation of human pathogenic *Candida albicans*:

The samples were collected from the oral cavity of the patients suffering from Oral candidiasis who presented themselves at Gaurang Clinic and Centre for Homoeopathic Research (GCCHR) for treatment. Part of the oral swab was examined directly in Potassium hydroxide (10%) slide mount for the

presence of yeast cells. KOH preparation of swab showed fair number of yeast like cells and fungal mycelium. For isolation, rest part of swab was inoculated in petridishes poured with Sabouraud's Dextrose Agar (SDA) with and without Cycloheximide and Chloramphenicol (HI Media B. No. 9039) incubated at $37 \pm 1^\circ \text{C}$ for 72 hours. Microscopic examination of 4 days old culture showed globose, short, ovoid sometimes elongated blastoconidia (3 to 6 μm) on corn meal agar. Reynold's Braude phenomenon was observed by incubating blastoconidia in human serum at 37°C and germination was found to be more than 70%.

Fermentation and assimilation test further confirmed the identity of the species as *Candida albicans*. Swab from healthy oral mucosa were kept as Control. However, for contamination, if any, petridishes poured with Sabouraud's Dextrose agar in four replicates were exposed to the environment which gave several mycelial fungi dominated by species of *Aspergillus* but there was no *Candida albicans* in the working environment.

2. Method of preparation of forbidden items:

All the prohibited items mentioned above were converted to very fine dry powder and weighed 500 mg using electronic balance (CAMRY-Model EHA701: $d=0.01 \text{ g}$) and dissolved in 5 ml distilled water. This solution was autoclaved at 15-pound pressure. 5 ml of this autoclaved solution of each item was mixed with 5 ml of Mezereum 200 so that the total solution was 10ml.

3. Methodology:

Disc method was used to assess the impact of above mentioned forbidden items on the efficacy of homeopathic medicine Mezereum 200 in *in-vitro* conditions against human pathogenic *Candida albicans* by using "Inhibition Zone Technique".^{3,4}

20 ml sterilized SDA was plated on nine (9) sterilized petridishes and allowed to solidify. 1 ml of SDA medium was seeded with the culture broth, mixed well and poured over the surface of all the petridishes already plated with medium. The discs (12 mm in diameter) of sterilized Whatman No. 1 filter paper dipped in mixture of Mezereum 200 (5ml) and above mentioned forbidden item (5ml) each were placed on the centre of each petridish separately. Disc soaked in Mezereum 200 (5ml) was kept as control.

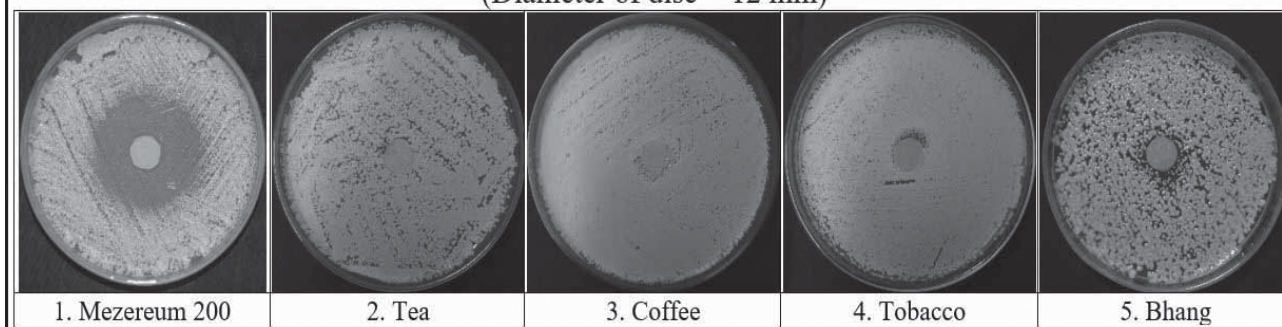
Petridishes were then incubated at $37 \pm 1^\circ \text{C}$ for 72 hours. The impact of prohibited item on the efficacy of homeopathic medicine Mezereum 200 was judged by comparing the zone of inhibition to the growth of *Candida albicans* produced by Mezereum 200 alone to the zone of inhibition produced by Mezereum 200 admixed with these prohibited items. An appreciable reduction in the zone of inhibition by Mezereum 200 admixed with prohibited items as compared with that of Mezereum 200 alone was considered as negative impact. Similarly, same zone of inhibition was considered as no impact while increase in the same was considered as positive impact on the inhibition in growth of human pathogenic fungus *Candida albicans* by Mezereum 200 in *in-vitro* condition.

TABLE-1
Impact of forbidden items alone on the growth of *Candida albicans* in comparison to Mezereum 200 assessed by "Inhibition Zone Technique"
(Diameter of disc = 12 mm)

Sn	Photo No.	Control	Forbidden edible item	Zone of Inhibition against <i>Candida albicans</i> (in mm diameter)
1.		Mezereum 200	-	37.00 mm
2.	6784	-	Tea	12.00 mm
3.	6783	-	Coffee	12.00 mm
4.	6782	-	Tobacco	12.50 mm
5.	6785	-	Bhang	13.00 mm

PLATE-1

Impact of forbidden items alone on the growth of *Candida albicans* in comparison to Mezereum 200 assessed by "Inhibition Zone Technique"
(Diameter of disc = 12 mm)

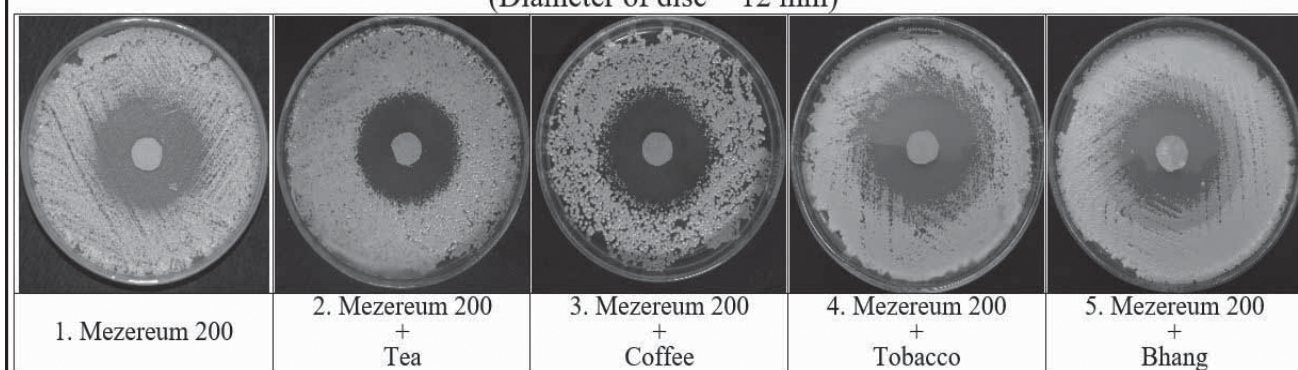
**TABLE-2**

Impact of forbidden items admixed with Mezereum 200 on the growth of *Candida albicans* in comparison to Mezereum 200 alone assessed by "Inhibition Zone Technique"
(Diameter of disc = 12 mm)

Sn	Photo No.	Control	Homoeopathic drug + Forbidden edible item	Zone of Inhibition against <i>Candida albicans</i> (in mm diameter)
1.		Mezereum 200	-	37.00 mm
2.	6796	-	Mezereum 200 + Tea	34.80 mm
3.	6795	-	Mezereum 200 + Coffee	37.00 mm
4.	6794	-	Mezereum 200 + Tobacco	37.00 mm
5.	6797	-	Mezereum 200 + Bhang	35.00 mm

PLATE-2

Impact of forbidden items admixed with Mezereum 200 on the growth of *Candida albicans* in comparison to Mezereum 200 alone assessed by "Inhibition Zone Technique"
(Diameter of disc = 12 mm)



The experiment was repeated three times and the mean effective area of zone of inhibition was calculated.

Result

The results of these experiments have shown that there is no effect of tea, coffee, tobacco and bhang on the effect of Mezereum 200, a homeopathic remedy, in causing inhibition of growth of pathogenic fungus *Candida albicans* in biological experimental model in *in-vitro* condition.

Discussion

The idea about strict dietary regulation and removing everything of medicinal nature from the diet of the patient seems to have permeated our belief so much so that we find mention of it in nearly all the homeopathic literature. Thus we see in the writings of the earlier homeopathic physicians a list of food and drinks allowed or prohibited. A few practitioners used to give such literature to their patients and had been very rigid about dietary restrictions.⁵⁻⁹

Tea and coffee are such common dietary articles with medicinal properties and are often considered as universal antidote thus restrictions for tea and coffee are unanimous in the homeopathic community. Similarly, tobacco and bhang are prohibited as these are universally known to cause ill-effect on human health.

According to Dr. Vithoulkas, coffee is a common homeopathic 'antidote' because it is a stimulant and possess medicinal property which can have effects as powerful as medicines. There is such a wide variation in the individual sensitivity that for some patients a rare cup of mild coffee may have no effect, while for others even this exposure is enough to interfere. For this very reason he suggests that all patients taking homeopathic treatment should avoid coffee.⁸

Sankaran P. states that '*In the beginning of my homeopathic practice, I, like my colleagues, took such instructions seriously and was very strict in applying them. If a patient refused to abide by these restraints, I would mercilessly refuse to treat him.*' He further writes about his later experiences based on a methodical study that '*On finding that the control group given freedom in diet improved as well as the other group, I permitted all my patients to have all these articles of diet which are usually*

forbidden by other homoeopaths.'⁶

Sankaran has also quoted Gallavardin as: '*We see in the writings of the earliest homoeopaths a list of food and drinks allowed or forbidden, and the practitioners used to give this list to their patients. The strictness of this list was founded on simple supposition and not on experiment. But these apprehensions, still founded on supposition, have disappeared before a much more careful observation; this has shown in fact, that the attenuated remedy will cure even while the patients live in the midst of these hostile conditions.*'⁶

Castro also mentions being rigid about dietary restrictions. He wrote: '*In my early years of practice I embraced enthusiastically every homoeopathic notion including the concept of antidotes. I wrote a patient information leaflet that forbade everything from mint toothpaste to coffee, ice cream and cough lozenges. I believed patients were glad to have something they could do towards their own healing because this is what I had been taught. I believed that my medicines were rather vulnerable, delicate, easily affected by external influences-by heat and x-rays and strong odors. I wouldn't even let my patients touch their own remedies ... the tablets they were taking. Although I never went to the extremes like some homoeopaths who forbade their patients to cook with garlic. My Italian blood simply freaked out at the very thought!*'⁷

Kent states: '*In accordance with a principle and not by rule ... do not have one list of foods for your patients; do not have a list of things for everybody. There is no such thing in Homoeopathy. When patients are under constitutional remedies, they need caution about certain kinds of food that are known to disagree with their constitutional remedy.*'¹⁰

Schepper also echoes similar sentiments: '*But if people drink one or two cups I never have seen it stop the action of the remedy! An exception: forbid coffee when it is a black type remedy the patient needs and that remedy is black type under coffee aggravates (generalities)*'¹¹

McCabelater states: '*A good rule of thumb is this: the foods, chemicals and what-have-you to which you are very sensitive or to which you know you are allergic, should be avoided during treatment.*

*Therefore, the person who would be strung out and awake for two days if they had a single cup of coffee should certainly avoid coffee during treatment. But not the person who is already drinking coffee every morning and has a system that is already infused with caffeine and will have no interference with their remedy.*⁵

Dr. Treuherz has also cited cases of some of his patients showing varied response to coffee and found that as far as response to treatment is concerned some patients hold better than others even after taking coffee. He opined though coffee has a bad effect on remedies but if the remedy is perfect then it would not have such a bad effect in moderation.⁹

On the other hand, there are homoeopathic physicians who believe that blanket restriction on all dietary articles of medicinal nature is not necessary. Boenninghausen writes that *'Even more important, in this direction is the observation frequently made that, as a rule, only such medicinal substances act in a disturbing manner on substances given before as have homoeopathic relation to it, i.e. which have the tendency and virtue of producing similar effects on healthy persons. On this alone, the antidotal virtue rests'*¹²

We find that most Homoeopathic physicians still carry the belief about dietary restrictions and possible antidotes to some extent. The early homoeopaths like Boenninghausen and Clarke (referred in Sankaran, 1996) were not so keen on blanket restrictions on foods of medicinal nature. Although prevalent since the beginning of Homoeopathy, it seems to me that the idea has come into vogue more after the re-emergence of homoeopathy in the western world after 1970's. One of the reasons for it could be that Homoeopathy primarily survived and grew only in India from 1920's to 1970's. Most classical Indian Homoeopaths followed Hahnemann's words blindly and many of the early contemporary western Homoeopaths (even Vithoulkas) learned Homoeopathy in India. With each generation, the belief seems to have become stronger, even if it stemmed from anecdotal evidence.

In recent times there appears to be a shift in following the words of Hahnemann blindly. Many Homoeopaths have experimented by loosening the dietary restrictions and have found that it usually does not have any effect on the overall results in practice.

Another group of homoeopaths now feel the need for 'individualized' restrictions depending upon the sensitivity of the patient, choice of remedy, dietary habits and aggravating articles in diet. Instead of restricting all articles of medicinal nature from diet, they restrict only those items which are not part of the routine diet of the patient or which have an adverse relation with the disease or the medicine.

Many homoeopaths also argue that since homoeopathic remedies are dynamised, they are not affected by the 'material' substances in one's diet and have even experimented by giving the remedy with food, wine and even coffee!¹²

It is also believed by many that if a remedy is antidoted easily by coffee or any medicinal food item, it reflects that it is not the perfect simillimum. Medicinal substances in material dose do not easily affect a true simillimum. Moreover, it does not matter much to explicitly avoid everything that has medicinal property. Only those things should be avoided which have a medicinal effect because most dietary items used frequently do not exert medicinal influence on the patient as their bodies are used to it. In India, it is hard to imagine a meal that is not full of spices, garlic, ginger, onion, capsicum and other herbs that have medicinal properties but they do not seem to affect any medicinal influence in people who are accustomed to taking them. Similarly, it is a common habit for people in North India to take tea and in South India have a similar preference for coffee.

Still these restrictions are mentioned everywhere in the available literature and similar references about regulation of diet during homoeopathic treatment can be found in Hahnemann's Lesser Writings, Chronic Diseases and Materia Medica Pura.¹³⁻¹⁵ The diet restrictions mentioned by Dr. Hahnemann were based on deductive logic on the basis of changes observed in response to treatment after particular diet but the results differ from individual to individual. Here is a big question whether these restrictions hold some ground or these are just empirical. Homoeopathic medicines are potentised and are dynamic in nature while the prohibited items are in crude form then how the later can hinder the action of former in human subject as their level of action is different. It was not possible to demonstrate this phenomenon in human subjects owing to the risk that tea and coffee may act as disease modifying substance while tobacco and bhang are

intoxicants. It was also difficult to quantify the amount of restricted item taken by the subject. Over and above the involvement of human psychology was the main bottle neck behind one's inability to conduct such study.

Thus to observe the effect of these restricted items on the efficacy of homoeopathic medicines, an experiment was planned by our team in Medical Mycology lab. of Gaurang Clinic and Centre for Homoeopathic Research, Lucknow demonstrating the effect of tea, coffee, tobacco and bhang, if any, on the efficacy of homoeopathic medicine, Mezereum 200, on the inhibition in the growth of human pathogenic fungus *Candida albicans* in biological experimental model.

The result of this *in-vitro* experiments has shown that there is no significant effect of tea, coffee, tobacco and bhang on the inhibition in growth of human pathogenic fungus *Candida albicans* by homoeopathic medicine Mezereum 200 which prove that these dietary restrictions have no scientific basis and they do not by any means hinder the efficacy of Homoeopathic medicines.

The outcome of this study boosted our morale to undertake another study to see the impact of Allopathic medicines like antibiotics, steroids and pain killers etc. on the efficacy of potentised homoeopathic medicines. This study is underway and its outcomes will be published in due course of time.

Conclusion

It is evident from this experiment that there is no interference in the action of homoeopathic medicine Mezereum 200 even in the presence of tea, coffee, tobacco and bhang.

This experiment is only an effort to elicit the effect of above mentioned items on the inhibition in growth of human pathogenic fungus *Candida albicans* by Mezereum 200 in *in-vitro* condition and it should not be taken that the authors by any means advocate the intake of above mentioned items.

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