
होम्योपैथी — पारिभाषिक शब्दावली
होम्योपैथी से संबंधित सामान्यतः प्रयुक्त
शब्दों की मानकीकृत शब्दावली

**Homoeopathy — Glossary of Terms
Standardized Terminology for
Commonly Used Terms Related to
Homoeopathy**

ICS 01.020

© BIS 2024



भारतीय मानक ब्यूरो
BUREAU OF INDIAN STANDARDS
मानक भवन, 9 बहादुर शाह ज़फर मार्ग, नई दिल्ली - 110002
MANAK BHAVAN, 9 BAHADUR SHAH ZAFAR MARG
NEW DELHI - 110002
www.bis.gov.in www.standardsbis.in

FOREWORD

This Indian Standard was adopted by the Bureau of Indian Standards after the draft finalized by the Homoeopathy Sectional Committee had been approved by the Ayush Division Council.

Homoeopathy, a system of medicine originating in the late 18th century, drew upon prevalent ideas and concepts of that era. The terms utilized today were initially translated from German in the original 18th century writings. Many of these words and expressions have evolved from their original meanings and have taken on new connotations within the context of homoeopathic practice.

These terminology standards have been developed to cater to the needs of pharmaceutical professionals, practitioners, academicians, students and the public.

The aim is to provide standardized definitions for these terms as they pertain to homoeopathic practice, prescriptions, pharmaceutical preparations and homoeopathic philosophy. This standardization is intended to facilitate better understanding and consistent usage among various stakeholders. This document is not a treatise on homoeopathic philosophy and practice; therefore, operational modalities in the concepts are not elaborated upon.

The definitions presented here have been drawn from authoritative sources such as the Homoeopathic Thesaurus of the European Committee for Homeopathy (2016), the Homoeopathic Pharmacopoeia of India, incorporating an understanding of writings of renowned figures in homoeopathy, including Dr Samuel Hahnemann, Dr J T Kent, Dr Stuart Close and Dr B K Sarkar. All efforts are made to compile the different ideas given by the authorities into single definitions.

All definitions are attempted to be in the contemporary English language for better understanding across different stakeholders.

Issues have been raised by various stakeholders regarding the spelling of 'Homoeopathy'. The system is also spelled as Homeopathy in some parts of the world. Currently, the legislature in India uses the spelling Homoeopathy in all its legislative and regulatory documents, which are mandatory provisions. BIS, though it considers the contemporary structure, does not attempt to create a terminology and spelling debate and therefore, uses the spelling 'Homoeopathy' only in the title and elsewhere.

The terminologies in this document are arranged alphabetically to avoid hierarchical conflicts and it is not a thesaurus/indexing document to provide a tree format of terms. The terms that have substantial overlap between modern medical terminology and their usage in homoeopathy have not been included in this compilation.

It's important to note that these standards are subject to any relevant rules and regulations that may apply. It's also worth mentioning that these definitions do not encompass the operational mechanisms and procedures associated with the terms.

The composition of the Committee responsible for the formulation of this standard is given in [Annex A](#).

Indian Standard

HOMOEOPATHY — GLOSSARY OF TERMS STANDARDIZED TERMINOLOGY FOR COMMONLY USED TERMS RELATED TO HOMOEOPATHY

1 SCOPE

This standard covers a brief description/definition of commonly used terminologies relevant to homoeopathy.

2 TERMINOLOGY

2.1 Acute Disease — An illness with rapid onset tends to finish its course in a short period of time. It can be in the form of a sporadic, endemic, epidemic or pandemic magnitude.

2.2 Aggravation — Worsening or increase in severity, intensity, frequency, or duration of symptoms, sensations, signs or general condition of an individual.

This aggravation can be:

2.2.1 Disease Aggravation — An increase in intensity or severity of existing disease condition.

2.2.2 Medicinal Aggravation — An increase in intensity or appearance of new symptoms due to the medicine given for the treatment.

2.2.3 Homoeopathic Aggravation — A transient aggravation of existing symptoms with the general well-being of the patient. It is essentially an immune response of the body to the similimum. The symptoms follow the natural course of the disease, leading to recovery.

2.3 Amelioration — Any improvement in the severity, frequency, duration, or intensity of the existing symptoms, sensations and signs of the patient.

2.4 Anamnesis — Anamnesis is the process of aggregation of information gathered during a thorough history-taking, considering every minute aspect in detail, which is used for the repertorization and prescribing the similimum.

2.5 Antidotes — Substances or drugs which, when taken, nullify the effect of a medicine given to an individual.

2.6 Aqua Purificata — Purified water used for the preparation and dispensing of medicines other than those that are required to be both sterile and pyrogenic free.

2.7 Artificial Disease — Artificial disease is described in the Organon of Medicine in Aphorism 29 and 74 in different contexts.

An artificial morbid affection develops following administration of a medicinal agent selected on account of accurate similarity of symptoms used in potentized form, which is similar to the natural disease and is overcome by the natural healing reaction of the individual, leading to cure (Aphorism 29).

Artificial chronic disease is produced by prolonged use of violent heroic drugs in large and increasing doses, which leads to organic alteration (Aphorism 74).

2.8 Autonosodes — A homoeopathic preparation in potentized form from pathological discharges or substances of an individual, used for treatment in the same individual.

2.9 Aversions — Strong and specific dislikes related to food, drinks, environmental factors, situations and activities that may or may not affect the individual's health.

2.10 Basic Research/Fundamental Research in Homoeopathy — Research concerned with fundamental aspects of Homoeopathy. These include studies conducted in basic sciences such as mathematics, chemistry, physics, biology, genomics, etc, validating the drugs, medicines and principles of homoeopathy. These include but are not limited to studies on the mechanistic action of homoeopathy, physicochemical properties, pharmacological properties, biological action, the use of high dilutions in environmental, microbiological, plant, or animal models and models based on basic scientific principles.

2.11 Biochemic Drugs/Schüssler Tissue Salts/Tissue Remedies — Triturated preparations of 12 inorganic salts developed by Dr Schussler (1821 to 1895), a German physician. The drugs are prescribed based on the premise that an illness is caused by a deficiency of these salts and is corrected by giving these salts in low potencies as indicated by the characteristic symptoms. These 12 biochemic drugs are Calcarea fluorica, Calcarea phosphorica, Calcarea sulphurica, Ferrum phosphoricum, Kalium muriaticum, Kalium

phosphoricum, Kalium sulphuricum, Magnesia phosphoricum, Natrum muriaticum, Natrum phosphoricum, Natrum sulphuricum, Silicea.

2.12 Boenninghausen Method — A case analysis method developed by Dr CMF von Boenninghausen (1785 to 1864), a European physician. This method involves analysis and evaluation of the case based on ‘Complete Symptom’, which includes location(s), sensation(s), modality(ies) and concomitant(s). The theory of grand generalization is used to complete the symptoms, that is, what is true to a part is true to a whole.

2.13 Bowel Nosodes — Group of homoeopathic drugs prepared from endotoxins or exotoxins of human intestinal flora, (non-lactose fermenting bacteria) in a favourable liquid broth medium. This process was invented by Dr Edward Bach (1886 to 1936) and was further developed by Dr John Paterson (1822 to 1880) and Dr Elizabeth Paterson (1874 to 1963).

2.14 Case Analysis — A step undertaken by a physician to find the most suitable medicine by identifying the characteristics of the clinical picture of a patient, which includes the lifetime history of the evolution of the disease. The symptoms and signs of the patient are segregated in a specific method (for example, Kentian method, Boenninghausen method, etc) and are correlated with the characteristics in the homoeopathic *Materia Medica*. This may or may not involve the use of repertory.

2.15 Causa Occasionalis — Maintaining or exciting cause; referring to the idea that certain external factors or events can trigger or influence a person’s illness (exciting cause) or can maintain it (maintaining cause).

2.16 Characteristic Symptom(s) — The characteristic symptom is identified as a symptom or a sign that is particularly striking, singular, uncommon and peculiar to which the symptoms of the selected medicine must correspond. These are well-marked and have a typical feature(s), attribute(s), or trait(s), which serve as a distinguishing peculiarity of an individual.

2.17 Chronic Disease — Diseases with imperceptible beginnings that continue to derange the health of an individual, usually for a long duration and terminate in death unless treated with proper anti-miasmatic remedies.

2.18 Classical Homoeopathy — Method of prescribing, wherein a single homoeopathic medicine is used in an appropriate dosage form, based on the totality of symptoms of the patient in

accordance with homoeopathic principles defined in the organon of medicine.

2.19 Clinical Homoeopathy — Method of homoeopathic therapeutics in which homoeopathic medicine is selected according to the clinical diagnosis and the corresponding indications based on somatic symptoms, organ affinities, tissue affinities, disease affinity, etiological prescribing, or specifics.

2.20 Clinical Research in Homoeopathy/ Homoeopathic Clinical Research — Clinical research is clinical investigations on humans and animals using homoeopathic drugs (or drugs prepared as per homoeopathic principles) to establish the safety and efficacy of diagnostic, therapeutic, or prophylactic drugs or techniques, as well as to collect epidemiological data.

2.21 Clinical Trial in Homoeopathy/ Homoeopathic Clinical Trial — Systematic study of homoeopathic drugs or investigational homoeopathy products (IHP) on participants (whether patients or healthy volunteers) to discover or verify the clinical, pharmacological (including pharmacodynamics/pharmacokinetics) action of drugs with the objective of determining their safety and/or efficacy and/or clinical utility.

2.22 Clinical Validation — A method by which the pathogenesis of drugs is confirmed in pre-identified clinical conditions and diseases to develop more precise and confirmed prescribing indications for the drugs used in homoeopathy.

2.23 Clinical Verification — A process of applying drugs based on symptoms to confirm that the symptoms produced during drug proving in healthy persons are alleviated by the same drug in persons with the disease. This process identifies the clinical utility of the drugs in different disease conditions and the symptomatology of the patients on which future prescriptions can be based.

2.24 Comparative Materia Medica — Comparative study or comparisons of the drug pictures of closely running homoeopathic medicines to identify the similarities and dissimilarities between them.

2.25 Complementary Effects — The effects of certain homoeopathic drugs that augment (assist or reinforce) the action of the previously prescribed medicine, which has acted and tends to complete the action of the previous medicines.

2.26 Concomitant Symptoms — Symptoms manifesting simultaneously or in succession with the chief complaint without any physiological or pathological relation with it.

2.27 Constitution — Unique morphological, physiological and psychological characteristics of an individual, having a balance and functional output of its own, a given capacity for adaptation and a mode of reaction towards its environmental stimuli. These qualities and tendencies are determined by the inherent peculiarities of the individual and by the influences exercised by the environment upon the individual.

Case analysis based on the study of a patient's constitution is called constitutional analysis. Prescription based on the assessment of the constitution is called constitutional prescribing. Medicines that match a patient's constitution is called constitutional medicine. A homoeopathic medicine prescribed based on the constitutional characteristics of an individual is known as a constitutional remedy.

2.28 Desires — Strong and specific likes related to food, environmental factors, situations and activities which may or may not affect the individual's health but may be associated with their physical or emotional comfort.

2.29 Diathesis — A mental or physical chronic predisposition or disease state, which can be inherited or acquired.

2.30 Diluent — A neutral vehicle used to prepare dilutions while preparing homoeopathic drugs.

2.31 Dilution — Reduction of the concentration of a substance or mixture of substances by adding suitable vehicles. This process decreases the quantity of the original matter in a given portion of the mixture/solution. The potentized liquid homoeopathic preparations are also called dilutions.

2.32 Direction of Cure/Law of Cure/Hering's Law of Cure/Hering's Rule — Progressive improvement in a patient's state is indicated by directional changes in the symptoms from above downwards, from within outwards, from more vital to less vital organs and in the reverse order of their appearance.

2.33 Dispensing Material — Homoeopathic medicines prepared in liquid potencies are dispensed by adding liquid or solid dispensing medium. This medium may be purified water, sugar of milk, sugar globules, tablets of neutral material or other forms depending upon the application of the medicines. The medicines used orally are added in sugar globules and dispensed in plastic or glass bottles, usually labeled with the name of the medicine and its potency. The dosage for oral medicines is identified as the number of globules or drops of medicine to be taken at a time.

2.34 Doctrine of Signature — A postulate that was first proposed in the middle ages, suggesting that the external characteristics of a substance can indicate its possible therapeutic effects by matching its physical appearance or characteristics with the body organs that it resembles.

2.35 Dosage Form — The form in which the patient is advised to use the prescribed medicine(s), including liquid, solid, or semisolid (such as dilutions, globules, cream, ointments, gels, etc.).

2.36 Drug Affinity/Sphere of Action — The attraction between a drug and part of an organism (maybe receptor, tissue, organ, or system). It refers to how strongly a drug tends to affect a body organ or system. Based on the affinity of a drug, that is, its organ affinity or tissue affinity, the sphere of action is defined.

2.37 Drug disease — Diseases which are induced by drugs.

2.38 Drug Families/Family Relationships — A group of homoeopathic medicines belonging to a particular class by virtue of its chemical composition or source used. This may include family/genus/species of plants or animals such as Liliaceae, chemical constituents such as Kali salts (having potassium cation), or biological families such as snake medicines derived from snake venoms, etc.

2.39 Drug Pathogenesis — Mechanism by which a drug produces its patho-physio-psycho-behavioral effects or influences in the development and/or progression of a disease condition in an individual.

2.40 Drug Picture/Remedy Picture — Group of symptoms belonging to a specific medicine comprising all the recorded characteristic symptoms and signs for which the medicine can be used to treat an individual. It includes the constitution, sphere of action, pharmacological action, symptoms produced during drug proving, toxicological symptoms and clinical symptoms.

2.41 Drug Proving/Homoeopathic Pathogenetic Trials (HPT)/Experimental Pathogenesis (EP)/Homoeopathic Drug Proving (HDP) — Drug proving is a process unique to Homoeopathy and is a preliminary step of inclusion of a drug in Homoeopathy. Controlled trials are conducted on healthy human volunteers (called Provers) using a drug prepared according to homoeopathic pharmaceutical techniques to identify symptoms and signs developing in the volunteers, which forms the proving data (proving symptoms) of the drug.

2.42 Drug relationships/Concordance/Drug interactions/Relationship of Drugs — The interactive relationship of different homoeopathic

drugs may have beneficial or detrimental effects on the organism. The relationship also guides towards remedies that should precede or succeed drugs for a favorable result. These can be antidoted by, antidotes, inimical, complementary to, cognates, follows well, followed by, relieves ailments from, etc.

2.43 Eliminating Symptoms — A characteristic symptom of the patient due to its peculiarity in the case is chosen as the defining criterion for determining the similimum and to eliminate closely running medicines which do not include that symptom prominently in their therapeutics or drug proving records.

2.44 Essence of the Remedy/Genius of the Remedy/Remedy Essence — The unique character of a medicine that gives its individuality and serves as the central theme around which the symptomatology of the drug revolves. The patient must exhibit these characteristics for the prescription of such remedies or finding the similimum.

2.45 Evaluation of Symptoms/Grading of Symptoms/Hierarchization of Symptoms — A process of segregating and ranking of symptoms and signs gathered during case taking based on their significance and intensity utilized for repertorization and selection of remedy.

2.46 Excipients — Inert substances (like lactose, purified water, ethyl alcohol, etc) used as diluents to ensure dilution, preservation and stability in homoeopathic drug preparation.

2.47 General Symptoms/Generalities — Symptoms that are not descriptive of the local pathology, but relate to the patient as a whole. For example, bodily reactions to the environment, mental and physical states, aversions and desires, body secretions and discharges and modalities etc.

2.48 Genus Epidemicus/Epidemic Remedy — A remedy that is found to be indicated in most cases of the same disease during an outbreak (epidemic or pandemic) by identifying symptoms common to many cases of similar conditions. Such medicine can be used both as a preventive and as a curative for that particular outbreak.

2.49 Globules — These are solid, globular preparations in different sizes made from sucrose or a combination of sucrose and lactose used as a vehicle for homoeopathic medicines intended for oral use.

2.50 Good Clinical Practice Guidelines for Clinical Trials in Homoeopathy/GCP Homoeopathy — A standard document outlining a comprehensive set of minimum standards for

conducting clinical, public health, social and behavioral research using homoeopathic medicines or new substances to be incorporated in Homoeopathy.

2.51 Grades of Medicines — A hierarchical representation of the medicines in the form of different typographies based on the validation of their clinical use, to indicate their importance under specific rubrics in repertories.

2.52 Guiding Symptoms — These symptoms are highly characteristic of a particular drug.

2.53 Hahnemannian Potentization/Multi Glass Method/Hahnemannian Dilution — The potentization technique requiring the formation of each successive potency in a new, fresh, clean glass bottle. A new well-cleaned stoppered glass vial is used for succussion for each potency made by combining 1 part of the original volume and adding 99 parts of diluent to the new vial for each attenuation. It is represented as CH. This method was given by Dr Samuel Hahnemann (1755 to 1843).

2.54 Homoeopathic Drug — Any therapeutic agent prepared pharmaceutically from a standardized substance according to the rules, regulations and methods outlined in a recognized Homoeopathic Pharmacopoeia. In homoeopathic parlance, drug, medicine and remedy are differentiated. A drug is a substance capable of therapeutic action. A medicine is a proven drug whose action on various constitutions and in various dosages is well established and predictable prior to its administration for a disease. An indicated homoeopathic medicine, when given to the sick on the basis of individual symptom similarity and resulting in a cure (in curable diseases), is termed a remedy.

These drugs can be classified based on the sources from which they are prepared. Homoeopathic drugs can be:

2.54.1 Plant Drugs — Sourced from the plant kingdom, for example, Aconitum napellus, Belladonna, Lycopodium clavatum, etc.

2.54.2 Animal Drugs — Sourced from the animal kingdom, for example, Apis mellifica, Lachesis, Tarantula cubensis, etc.

2.54.3 Mineral Drugs — Sourced from the mineral kingdom, i.e., from elements and their compounds, for example, gold, silver, lead, aluminum, copper, sodium chloride, potassium chloride, etc.

2.54.4 Sarcodes — Prepared from healthy organisms, healthy animal tissues, glands, or their secretions, for example, Thyroidinum, Adrenaline, Cholesterinum, etc.

2.54.5 Nosodes — Prepared from biological materials that are taken from diseased tissues, microbes and clinical materials (secretions, discharges, etc), that are subsequently potentized, for example, Tuberculinum, Medorrhinum, Syphilinum, Influenzinum, Morbillinum etc.

2.54.6 Imponderabilia — Prepared from dynamic energies, for example, magnets, electricity, radium, x-ray etc. Imponderabilia means not weighable, that is, substances that have no perceptible weight; hence, these medicines are prepared from energies from natural or artificial sources. They are immaterial dynamic energies that are utilized as potentized homoeopathic medicines.

2.55 Homoeopathic Medicine — Any drug which is recorded in homoeopathic provings or whose therapeutic efficacy has been established through long clinical experience and recorded in authoritative literature of Homoeopathy and which is prepared according to the techniques of homoeopathic pharmacy.

2.56 Homoeopathic Stocks — Substance or preparation used as the starting material for dilution or trituration in the preparation of homoeopathic potencies. This includes both raw material and starting material.

Homoeopathic raw material is a substance used to make a starting material, but it may not itself be used directly to produce homoeopathic potency.

Homoeopathic starting material is the substance used to directly manufacture the first homoeopathic preparation usually a tincture or the first potency (1X or 1C trituration or attenuation, respectively).

2.57 Homoeopathy — Homoeopathy is a system of personalized medicine that aims to stimulate the patient's natural healing capacities. It is based on the principle of 'similia similibus curentur' (let like be treated by like), which uses medicines whose effects on healthy individuals match the symptoms of the patients. Homoeopathic medicines are prepared by process of potentization (serial dilution followed by trituration or succussion) and are administered in minimal doses.

2.58 Homoeopathic Materia Medica — A comprehensive collection of information about the therapeutic properties and effects of various substances derived from different sources and used as homoeopathic medicines. As a branch of Homoeopathy, it involves study of symptomatology of the drugs, their drug picture, which is matched with that of the patient to select the most suited medicine. It also includes study of origin, preparation, doses and administration of drugs.

2.59 Homoeopathic Physician/Homoeopath/Homoeopathic Practitioner — Practitioners trained and qualified in Homoeopathy as per the applicable laws and regulations, for practicing in the specific country.

In Indian context, this refers to persons holding qualifications granted by universities, boards, or medical institutions recognized under the *National Commission for Homoeopathy Act, 2020* and registered with a state board/state council and/or national commission for homoeopathy.

2.60 Homoeopathic Pharmacopoeia of India — Official document prepared, developed and published by the pharmacopoeia commission for Indian medicine and homoeopathy comprising drug monographs dealing with standards of homoeopathic medicines (raw drugs and finished products), including their methods of preparation.

2.61 Hormesis — A biphasic adaptive response of cells and organisms to an environmental agent based on dose-response where low doses stimulate or have a beneficial effect in contrast to high doses exhibiting an inhibitory or a toxic effect.

2.62 Idiosyncrasy — Peculiar corporeal constitution which, although otherwise healthy, has a disposition to be brought into a more or less morbid state by certain things that seem to produce no impression and no change in many other individuals.

2.63 Impregnation — The process or act of saturation of globules with liquid homoeopathic potencies.

2.64 Incompatible Medicine/Inimical Medicine — A drug known to produce an undesirable effect or adverse drug interaction when administered after another homoeopathic medicine in an individual patient.

2.65 Intercurrent Medicine — A medicine used during treatment to restore activity in a stalled case. The application of the intercurrent drug facilitates the completion of the action of the initially prescribed indicated medicine.

2.66 Individualization — A process of identifying a similitum, wherein the drug pathogenesis is matched with the symptom complex of an individual, rather than being based on the name of the disease and includes responses on the physical, mental, emotional and social planes by the individual on various factors during health and disease state.

2.67 Investigational Homoeopathic Product (IHP) — Investigational Homoeopathic Product is any new substance that is not recorded in any

homoeopathic authoritative literature and has been prepared according to homoeopathic pharmaceutical processes intended for being tested as a homoeopathic drug in a study. This also includes combinations of existing drugs, where standardization parameters differ from those of the individual constituents.

2.68 Isopathy — Treatment of a disease using potentized drugs prepared from the causative agent of the disease itself, including organisms and allergens.

2.69 Kentian School/Kent's Method — The approach of practicing Homoeopathy with analysis of symptoms as mental symptoms, physical generals and particulars and using the repertory developed by Dr JT Kent (1849 to 1916) or its later versions and adaptations based on his teachings. This approach is included in classical Homoeopathy.

2.70 Keynotes/ Keynote Symptoms — Leading characteristics of a drug which are relatively specific and unique to that drug. This term was coined by Dr HN Guernsey (1817 to 1885).

2.71 Korsakov Potentization/Jarricot Potentization/Single Glass Method/Single Flask Method/K Potencies — Potentization technique in which a well-cleaned stoppered glass vial is used for succussion, involving the removal of 99 parts of the original volume and addition of 99 parts of diluent to the remaining volume at each level of potentization. For further potencies potentization continues in the same vial instead of using individual vials for each potency, as is done in the Hahnemannian method.

It is represented as "CK" or "C" instead of "CH" to distinguish it from the Hahnemannian method of potentization. This method was given by Count Iseman von Korsakoff (1788 to 1853).

2.72 Local Symptoms/Locals/Particular Symptoms/Particulars/Physical Symptoms/Somatic Symptoms — Changes and ailments that appear or are felt on the external parts of the body, reflecting the local expression of the illness in relation to a particular organ, organ system or regional anatomy.

2.73 Maceration — The specific process in which pulp or finely divided drug is soaked for a pre-specified number of days in a solvent of alcohol and water in percentage as defined in the Pharmacopoeia and is agitated occasionally until the solvent penetrates the cellular structure of the dissolved substance to extract the active principles of a drug. Maceration is done with agitation twice a day using a clean stirrer.

2.74 Mental Symptoms/Mentals/Mind Symptoms — Characteristics of the mental and emotional state of the patient, irrespective of whether the presenting features of the illness involve the mind. This includes symptoms of will, understanding, memory and emotions. These can be interpreted as symptoms when there are characteristic changes in the thinking, action and behavior of a person noted during an illness.

2.75 Miasms — In the context of homoeopathic philosophy, miasms are the root cause of chronic diseases. Dr Samuel Hahnemann (1755 to 1843) proposed this theory in his text 'Chronic Diseases' in 1828 and in the 4th edition of the organon of medicine in 1829.

Case analysis based on the study of the miasmatic burden of the patient is called miasmatic analysis (or miasmatic approach or miasmatic prescribing).

2.76 Modalities (Singular Modality) — Factors that modify the behavior, level, intensity, or severity of a clinical state (symptom, sign, pathology, or disorder). These can be related to the time of the day or night, season, environmental factors, weather, movement or position of the body, situations, food, drinks or intake of any other substance and emotional status or physical conditions of an individual, etc. Factors that cause aggravation or amelioration in an individual are aggravation modalities or amelioration modalities respectively.

2.77 Mother Tincture — The first liquid hydroalcoholic preparation made from raw drug material as per the homoeopathic pharmaceutical techniques given in recognized Homoeopathic Pharmacopoeia. It can be used independently or can be used for preparation of further potencies and preparation of other forms of usage.

2.78 M Potencies — Part of the centesimal scale of potentization where the Roman numeral "M" is used to denote 1 000, such as 1M, 10M and CM etc.

2.79 Observational Study — In homoeopathic treatment studies, observational study designs collect data on therapeutic or prophylactic treatments under routine clinical conditions. This clinical research involves assessing health outcomes in groups of participants according to a research plan or protocol, where participants receive interventions or procedures as part of their routine medical care. The participants are not assigned to novel interventions by the investigator as in a clinical trial. These studies may be conducted with or without a control group. It is a clinical research method wherein the investigators/researchers just observe the clinical phenomenon to find a relation between drug administration (exposure) and a disease/symptom (outcome).

2.80 Organon of Medicine — Authoritative text written by Dr Samuel Hahnemann (1755 to 1843), which incorporates the philosophy, rules and guiding principles for the practice of homoeopathy in the form of aphorisms. Five editions of the organon of medicine were published during his lifetime and the sixth was published posthumously. The fifth and the sixth editions are the most frequently referred editions. It is also a branch of homoeopathy that involves the study of philosophy, principles and practice of Homoeopathy.

2.81 Organotherapy — Organotherapy is a method of identifying the similitum for a patient by focusing on the diseased, imbalanced, or dysfunctional organ instead of the organism as a whole. This approach aims to remove certain blocks acting as obstacles to cure. Small and frequently repeated material doses are usually used in this mode of treatment.

2.82 Percolation — Percolation is a method of extraction of phytochemicals and other constituents from dried drugs of plant/animal origin using alcoholic (ethyl-alcohol) or hydro-alcoholic solvent using a percolator. It is a specific process adopted for the extraction of dried, non-gummy and non-mucilaginous drugs of vegetable and other organic (animal) substances using an apparatus called percolator, made up of glass, stainless steel, or porcelain. Drug substances are reduced to powder form according to the grades of fineness as specified in the respective drug monographs of homoeopathic pharmacopoeia. The usual time taken for collecting extract/tincture from the percolator is 24 h to 30 h.

2.83 Polychrests/Polychrest Medicines — Drugs that are sufficiently proven and used in homoeopathic clinical practice and can be used for the treatment of a number of diseases because of their wide therapeutic action.

2.84 Posology — The science of doses, which includes the particular preparation of medicine used, its quantity and form of preparation and its route of administration.

2.85 Potency/Succussed Dilutions/Potencies — The potency of homoeopathic medicine represents the number of times it has undergone the potentization on a prefixed scale.

2.86 Potentization/Potentisation — Potentization is a homoeopathic pharmaceutical process of serial reduction or dilution of the crude drug substance in a pre-fixed ratio on decimal, centesimal, or millesimal scale along with mechanical processing (either grinding called trituration or succussion) to develop homoeopathic preparations of different strengths called potencies. The process was introduced in the organon of medicine in the 5th and 6th edition.

2.87 Potentization in Centesimal Scale — Potentization, where each stage of dilution is at a scale of 1 in 100 (1:99). It is based on the principle that the first potency contains one-hundredth part of the original drug and each succeeding potency contains one-hundredth part of the potency preceding it. It is denoted by C, CH, or CK depending on the method of preparation after dilution number or simply by dilution number. C or CH implies Hahnemannian potentization and CK implies Korsakovian potentization.

2.88 Potentization in Decimal Scale — Potentization, where each stage of dilution is at a scale of 1 in 10 (1 : 9). It is based on the principle that the first potency contains one-tenth part of the original drug and each succeeding potency contains one-tenth part of the potency preceding it. It is denoted by D or X after the dilution number.

2.89 Potentization in Fifty Millesimal Scale/50 Millesimal Dynamizations — Potentization, where each stage of dilution is 1 in 50,000. It is based on the principle that the first potency contains one-fifty-thousandth part of the original drug and each succeeding potency contains one-fifty-thousandth part of the potency preceding it. It is denoted by 0/1, 0/2 and so on to denote the extent of dilution of medicines. Such prepared potencies are also called LM Potencies/Q Potencies/Quinquagen Millesimal potencies.

2.90 Pragmatic Trials — Pragmatic trials are clinical research studies conducted in real-life routine practice conditions designed to evaluate the effectiveness of interventions in flexible, practical conditions.

2.91 Remedies that follow well — Medicines that are helpful on follow-up prescriptions from the previous one.

2.92 Repertorization — The technique of shortlisting a group of homoeopathic medicines using a repertory whose symptomatology given in the Materia Medica corresponds most closely to the clinical picture of the patient and from amongst which the similitum may be selected.

2.93 Repertory — Systematic cross-reference index of symptoms and disorders (called rubrics) with a list of the medicines (usually graded) which are known to have produced the symptom or disorder in homoeopathic pathogenetic trials, or have remedied it in clinical practice. This reference work is extracted from the materia medica, where various symptoms are listed with detailed, staggered information on site, time, concomitant, circumstances and conditions.

2.94 Saccharum Lactis/Sugar of Milk/Lactose — It is a disaccharide sugar synthesized by galactose

and glucose subunits. It is prepared from milk and frequently used as a solid vehicle in homoeopathic pharmacies for the preparation of tablets and globules. It is also used as a vehicle for trituration. IUPAC: 4-O- β -D-Galactopyranosyl-D-glucose.

2.95 Second Prescription/Follow-up Prescription — The second prescription is the medicine prescribed after the first medicine that has acted. It may be either repetition, antidote, or complementary to the previous medicine or change of plan of treatment.

2.96 Similia Principle/Law of Similars/Principle of Similarity — The principle based on the Latin maxim “similia similibus curentur” (let like be treated by like) on which Homoeopathy is based, wherein a substance can therapeutically treat disorders with symptoms similar to those which it can induce in a healthy individual.

2.97 Similimum — The most similar remedy that matches the totality of the symptoms of a given case and that cures/relieves the patient.

2.98 Succussion — The pharmaceutical process of potentization involving forcefully striking of a homoeopathic drug mixed with a diluent or liquid vehicle like dispensing alcohol or purified water in a glass bottle and shaken against a firm surface in a uniform definite manner as prescribed by the homoeopathic pharmacopoeias to deliver the mechanical energy to the preparation.

2.99 Sucrose/ Saccharose — It is a disaccharide composed of glucose and fructose subunits. It is prepared from cane sugar or beet sugar, used in Homoeopathy for the preparation of globules, pellets and syrups and rarely as a vehicle for trituration. It is produced naturally in plants and is the main constituent of white sugar. IUPAC β -D-Fructofuranosyl α -D-glucopyranoside.

2.100 Susceptibility — Susceptibility is a sum total of such factors, which are responsible for the individual's reaction to disease stimuli and therefore, govern the identification of the most similar medicine, appropriate potency and dosage affecting the outcome of treatment. It is the ability and capacity of an individual to deal effectively in health and disease conditions.

2.101 Tautopathy — The use of a potentized form of a conventional drug or drugs used in other

systems prepared, as per the recognized homoeopathic pharmacopoeia and primarily used to antidote their side effects or over effects.

2.102 Trituration — A pharmaceutical process of potentization involving grinding and mixing of a raw drug material with an inert solid material (usually lactose) in a prefixed concentration, as defined in the homoeopathic pharmacopoeias. This process aims to reduce the insoluble drug substance to its finest possible state and imprint the pharmacological properties of the original drug substance onto the molecules of the diluent. The potency thus prepared is called triturate.

2.103 Totality of Symptoms/Symptom Complex/Symptom Totality — It is the outwardly reflected picture of the internal essence of the disease, representing the sum total of all the characteristic symptoms gathered during the process of case-taking and examination of the patient. It is the logical combination of the symptoms and signs into a harmonious and consistent whole, having form, coherency and individuality, not the mere numerical totality of symptoms. This syndrome forms a base on which an indicative curative remedy can be selected.

2.104 Vehicle — In the context of Homoeopathy, a vehicle is an agent that is therapeutically inert and used as a solvent or carrier in the preparation, preservation, or administration of homoeopathic medicine. They are non-reactive with the drug substance and serve as a medium for the extraction of the properties of the drug, its preservation and the conveyance of its therapeutic properties to the intended site. There are three types of vehicles: solid, liquid and semisolid, used in Homoeopathy for trituration, succussion, external applications and for dispensing medicine.

2.105 Vital Force/Dynamis/Entelechy/Vital Energy/Vis Mediatrix Naturae/Vitalism/Life Force/Vital Principle/Life Principle — It is the dynamic force that animates living organisms and is assumed to account for organic life and its phenomena. The term was defined by Dr Samuel Hahnemann in the organon of medicine, in Aphorism 9 to 18, implying the entity that provides sensation and function to a living organism as compared to a dead and harmonious flow of which is health, whereas disharmony causes disease.

ANNEX A

(Foreword)

COMMITTEE COMPOSITION

Homoeopathy Sectional Committee, AYD 07

| <i>Organization</i> | <i>Representative(s)</i> |
|---|---|
| Govt of NCT, Directorate of Ayush, New Delhi | DR RAJ K. MANCHANDA (Chairperson) |
| Anchrom Enterprises Private Limited, Mumbai | SHRI AKSHAY CHAREGAONKAR SHRI VISHWAJIT PRAKASH KALE (<i>Alternate</i>) |
| ARP Industries, Meerut | SHRI RAVEENDRANATH ACHARYA |
| Bakson Drugs and Pharmaceuticals Private Limited, Greater Noida | DR MUDITA ARORA |
| Bhargava Phytolab Private Limited, Noida | SHRI RAJESHWAR SAHAI BHARGAVA SHRI KARAN BHARGAVA (<i>Alternate I</i>) MS NEHA VASHISHTHA (<i>Alternate II</i>) |
| Biosimilia Private Limited, Mumbai | DR RAJESH SHAH SHRIMATI GITANJALI TALELE (<i>Alternate</i>) |
| BJain Pharmaceuticals Private Limited, Noida | SHRI NISHANT JAIN DR PRIYANKA MOTWANI (<i>Alternate</i>) |
| Botanical Survey of India, Kolkata | DR D. K. AGRAWALA DR UMESHKUMAR L. TIWARI (<i>Alternate</i>) |
| Central Council for Research in Homoeopathy, New Delhi | DR DIVYA TANEJA DR MANAS SARANGI (<i>Alternate</i>) |
| Central Drugs Standard Control Organization, New Delhi | SHRI SUSHANT SHARMA DR RACHNA PALIWAL (<i>Alternate</i>) |
| Centre of Medicinal Plants Research in Homoeopathy, The Nilgiris | DR J. SHASHIKANTH SHRIMATI ANAGH D (<i>Alternate</i>) |
| Delhi Institute of Pharmaceutical Sciences and Research, New Delhi | PROF P. K. SAHOO DR BEAUTY BEHERA (<i>Alternate</i>) |
| Dr Anjali Chatterjee Regional Research Institute for Homoeopathy, Kolkata | DR BIBASWAN BISWAS DR SURAIYA PARVEEN (<i>Alternate I</i>) SHRI G. V. NARASIMHA KUMAR (<i>Alternate II</i>) |
| Dr BR Sur Homoeopathic Medical College, Hospital and Research Centre, New Delhi | DR NEERAJ GUPTA DR AMAR BODHI (<i>Alternate</i>) |
| Dr DP Rastogi Central Research Institute for Homoeopathy, Noida | DR SWAPNIL A. KAMBLE DR BINIT DWIVEDI (<i>Alternate I</i>) DR ANAMIKA KOTIYA (<i>Alternate II</i>) |
| Dr Willmar Schwabe India Private Limited, Noida | SHRI SUNIL VISHWAKARMA DR R. VALAVAN (<i>Alternate I</i>) DR POORVA TIWARI (<i>Alternate II</i>) |

| <i>Organization</i> | <i>Representative(s)</i> |
|--|---|
| Hahnemann Publishing Company Private Limited, Kolkata | DR DURGA SANKAR BHAR DR KAUSHIK BHAR (<i>Alternate</i>) |
| Indian Institute of Technology Bombay, Mumbai | PROF JAYESH BELLARE PROF VENKATESH V. KARENHALLI (<i>Alternate I</i>) DR SWAPNIL ROHIDAS SHINDE (<i>Alternate II</i>) |
| Indian Pharmacopoeia Commission, Ghaziabad | SHRIMATI RITU TIWARI |
| King George's Medical University, Lucknow | DR SHAILENDRA K. SAXENA |
| Medisynth Chemicals Private Limited, Navi Mumbai | DR PRAKASH V. JOSHI SHRI NIHAR J. VAKNALLI (<i>Alternate I</i>) DR DHARA R. BHATT (<i>Alternate II</i>) |
| Mind Technologies Private Limited, Mumbai | DR JAWAHAR SHAH SHRI PARAG SHAH (<i>Alternate I</i>) DR TARANA MALICK (<i>Alternate II</i>) |
| Ministry of Ayush, New Delhi | DR SANGEETA A. DUGGAL DR ABHIJIT DUTTA (<i>Alternate I</i>) |
| National Commission for Homoeopathy (NCH), New Delhi | DR MANGESH R. JATKAR DR LAXMI MAHTO (<i>Alternate</i>) |
| National Homoeopathy Research Institute in Mental Health, Kottayam | DR K. C. MURALEEDHARAN DR DASTAGIRI P. (<i>Alternate I</i>) DR ARUN KRISHNAN P. (<i>Alternate II</i>) |
| National Institute of Homoeopathy, Kolkata | DR SUBHAS SINGH DR RAJA MANOHARAN (<i>Alternate</i>) |
| Nehru Homoeopathic Medical College and Hospital, New Delhi | DR LEENA V. CHHATRE DR VANDANA CHOPRA (<i>Alternate</i>) |
| Pharmacopoeia Commission for Indian Medicine & Homoeopathy, Ghaziabad | SHRIMATI DEVKI PANT SHRI LALIT TIWARI (<i>Alternate I</i>) SHRI KULDEEP SINGH (<i>Alternate II</i>) |
| The All India Plastics Manufacturers Association, Mumbai | SHRI MAYUR D. SHAH SHRI DEEPAK BALLANI (<i>Alternate</i>) |
| The Kerala State Homoeopathic Co- operative Pharmacy Limited (HOMCO), Alappuzha | DR SOBHA CHANDRAN R. DR SURESH S. (<i>Alternate I</i>) DR VINEETHA L. (<i>Alternate II</i>) |
| BIS Directorate General | SHRI UNNIKRISHNAN A. R., SCIENTIST 'G'/ HEAD (AYUSH) [REPRESENTING DIRECTOR GENERAL (<i>Ex-officio</i>)] |

Member Secretary
DR KUMAR VIVEKANAND
SCIENTIST 'D'/JOINT DIRECTOR
(AYUSH), BIS

Panel for Homoeopathic Terminology and Abbreviations of Medicines, AYD 07/Panel 02

| <i>Organization</i> | <i>Representative(s)</i> |
|---|-------------------------------------|
| Central Council for Research in Homoeopathy, New Delhi | DR DIVYA TANEJA (Convener) |
| BJain Pharmaceuticals Private Limited, Noida | DR PRIYANKA MOTWANI |
| Dr BR Sur Homoeopathic Medical College, Hospital and Research Centre, New Delhi | DR AMAR BODHI |
| National Commission for Homoeopathy (NCH), New Delhi | DR LAXMI MAHTO |
| National Institute of Homoeopathy, Kolkata | DR RAJA MANOHARAN |

Bureau of Indian Standards

BIS is a statutory institution established under the *Bureau of Indian Standards Act, 2016* to promote harmonious development of the activities of standardization, marking and quality certification of goods and attending to connected matters in the country.

Copyright

BIS has the copyright of all its publications. No part of these publications may be reproduced in any form without the prior permission in writing of BIS. This does not preclude the free use, in the course of implementing the standard, of necessary details, such as symbols and sizes, type or grade designations. Enquiries relating to copyright be addressed to the Head (Publication & Sales), BIS.

Review of Indian Standards

Amendments are issued to standards as the need arises on the basis of comments. Standards are also reviewed periodically; a standard along with amendments is reaffirmed when such review indicates that no changes are needed; if the review indicates that changes are needed, it is taken up for revision. Users of Indian Standards should ascertain that they are in possession of the latest amendments or edition by referring to the website-www.bis.gov.in or www.standardsbis.in.

This Indian Standard has been developed from Doc No.: AYD 07 (23330).

Amendments Issued Since Publication

| Amend No. | Date of Issue | Text Affected |
|-----------|---------------|---------------|
| | | |
| | | |
| | | |
| | | |

BUREAU OF INDIAN STANDARDS

Headquarters:

Manak Bhavan, 9 Bahadur Shah Zafar Marg, New Delhi 110002

Telephones: 2323 0131, 2323 3375, 2323 9402

Website: www.bis.gov.in

Regional Offices:

Central : 601/A, Konnectus Tower -1, 6th Floor,
DMRC Building, Bhavbhuti Marg, New
Delhi 110002

Telephones

{ 2323 7617

Eastern : 8th Floor, Plot No 7/7 & 7/8, CP Block, Sector V,
Salt Lake, Kolkata, West Bengal 700091

{ 2367 0012
2320 9474

Northern : Plot No. 4-A, Sector 27-B, Madhya Marg,
Chandigarh 160019

{ 265 9930

Southern : C.I.T. Campus, IV Cross Road, Taramani, Chennai 600113

{ 2254 1442
2254 1216

Western : 5th Floor/MTNL CETTM, Technology Street, Hiranandani Gardens, Powai
Mumbai 400076

{ 25700030
25702715

Branches : AHMEDABAD, BENGALURU, BHOPAL, BHUBANESHWAR, CHANDIGARH, CHENNAI, COIMBATORE, DEHRADUN, DELHI, FARIDABAD, GHAZIABAD, GUWAHATI, HARYANA (CHANDIGARH), HUBLI, HYDERABAD, JAIPUR, JAMMU, JAMSHEDPUR, KOCHI, KOLKATA, LUCKNOW, MADURAI, MUMBAI, NAGPUR, NOIDA, PARWANOO, PATNA, PUNE, RAIPUR, RAJKOT, SURAT, VIJAYAWADA.