The organisation and conduction of homeopathic provings

ECH Course
Brussels, November 12th, 2010

Jean Pierre Jansen MD
Coordinator ECH Subcommittee for Provings

jpjansen@antenna.nl

v1

1

1

2

Practical

- Introduce
- List of participants
- Papers
- Questions: do not wait
- Your experience: Pr, Sv, Mp, other research
- Who consider becoming a coordinator?

3

3

Plans

- EU proving with one remedy
- National coordinators are end responsible
- Disseminating experience and material
- Create a permanent group of provers and supervisors to answer research questions on improving the reliability of provings
- Provide a chance to gain experience with scientific research, for those interested to develop a research career into homeopathy
- Incorporating homeopathy into mainstream research
- Collecting information for the ECH Subcommittee for Provings, about situation in various EU countries
- Goal of SCP: To simplify procedures for future provings
- Consider to become permanent member of ECH Subcommittee for Provings

4

4

Introduction

- Practice
- Other relevant functions
- Previous experience with provings
- Future plans concerning provings

x

5

Procedure

Preparation	Decide, convince, plan, organise	1 year
Intake	Likely to recover from artificial disease?	1 month
Pre-observation	Baseline to compare	1 week
Observation	Establish reactions to remedy & watch for safety	2-4 weeks
Extraction	Destill proving symptoms	1 day
Post-observation	Prover health, cured symptoms	6 months
Analysis	Themes, generals, modalities	1-3 year
Publication	Bottle neck in many provings	6 months
Confirmation	Fe. CliFiCol project	30 years

6

7

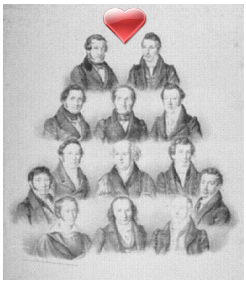
Overview course

- The core:
  - Symptoms as reactions of the prover
- Organisation
  - The protocol

8

I

The core: Remedy reactions & symptoms



9

Remedy reactions

- Artificial intoxication
- Absorption model:
  - To what extent does the VF match the influence of the remedy
- Homeopathic reaction
- Antipathic reaction
- Allopathic reaction

10

Homeopathic reaction

- Initial << and than >>: Simile reaction

OR...

- >>: Curative simillimum reaction
  - *Simillimum*: does not produce proving symtoms, only a curative action
- Organon: § 156 and 256;
  Kent lecture XXXV, type 3 and 4

§ 156 Organon

...there is seldom a medication (even one that is apparently fittingly selected homeopathically) that does not bring to pass, in irritable and fine-feeling patients, at least one small ailment which is not habitual for the patient—a small new symptom—.... This is because it is almost impossible for the symptoms of the medicine and those of the disease to cover one another as exactly as two triangles with equal sides and angles. ..., this insignificant deviation is easily wiped away by the living organism's own energy activity (autocracy).... In any case, the restoration proceeds on to the goal of recovery as long as it is not hindered by foreign medicinal influences on the patient, by errors in regimen or through passions.

§ 256 Organon

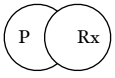
If, on the other hand, the patient mentions some newly arisen befallments and symptoms of consequence—features of a medicine that was not fittingly homeopathic in its selection—then we must regard the patient's state as having taken a turn for the worse, as it will soon be perfectly apparent that it has. We should conclude that his condition is worse even if the patient good-naturedly assures us that his condition is improving.

Antipathic reaction

- Initial >, than <, ends in >>
- Kent lecture XXXV, type 5
  - in *patient*.: sign of a weak condition
  - in *healthy prover*: Self-healing force leads to complete recovery
- Strategy in case of long duration: Antidote.
  - Conclusion: prover is not healthy enou

Allopathic reaction

- < After the dose
- Remedy force and patient disposition are dissimilar. Consequences:
  - need more doses
  - more local and common symptoms
- Most frequent type of reaction.
- Therefore more provers needed
- Organon § 180: Accessory symptom



§ 180 Organon

...a medicine has been selected as well as possible but, due to the one-sided nature of the disease, it is only imperfectly homeopathic, that is, it is only partially analogous to the disease. Consequently, the medicine will arouse *accessory* ailments... The medicine will mix several befallments from its own set of symptoms into the condition of the patient. These befallments are, however, at the same time, ailments of the disease itself, although they have rarely or never been felt by the patient up until now. Befallments that the patient had not perceived at all before will disclose themselves, or befallments that the patient had perceived only indistinctly will develop themselves to a higher degree.

15

16

Exercise

- Make triplets
- 1 = prover, 1 = supervisor, 1 = observer
- Prover imagines a reaction, supervisor interrogates
- Do 2 rounds
- Discuss what the raction type is, make notes when in doubt and why, and other upcoming questions
- Report to class

16

17

Example of...

Two years ago a homeopath gave me Lycopodium once a week, first 200K, later MK, for mild acne which instead improved my mood and emotional state dramatically - Gee, I was "high" for about two weeks before it stopped and since then I haven't been able to "return" to that fantastic mental state of mad joy and well being! Afterwards, my mood changed for the worse and she gave me Sulphur for a short while, which didn't last either. However, even though I can positively say that Lycopodium DID have a permanent effect on me (I'm more open and relaxed with people & my skin actually improved a bit) I would like to try it once again. I know for sure that it's the remedy that pertains to me.

Suggestions? I just don't want to get really happy on Lycopodium again only to return to my old semi-depressed mental state again.

X

18

Primary & secondary symptoms

- I = Symptom compensates influence of remedy
- II = Vital force reaction on primary symptom
- Conclusions
  - Duration of proving matters for outcome
  - Opposites/tension energise the remedy picture
  - Frequent I reaction: feeling very 'high up' Is not a sense of harmony

I	II
>	<
<	>

17

19

Sensitivity

- Sensitive in general (Kent Lecture XXXV, type 8)
- Sensitive to particular remedy, Idiosyncrasy (Organon §117)
- Individualising symptoms come in many provings from 1 or 2 sensitive provers, the bulk of more common symptoms from the other provers (§ 116)
- Normal type in repertory: *Pitfall*: Bönninghausen gave a 1 or 2 by definition to proving symptoms. Only a 3, 4 or 5 if clinically confirmed. Kent took over von B's classification.
- A 'Symptom factory' prover is *not* a questionable prover, their proving symptoms have been confirmed many times.

18

20

Knowledge formation

- Toxicology (fe. Vipera)
- Proving(s)
- Repertory and Materia medica
- *Clinical* reports and *confirmation*. into repertory
- Monograph of collected sources (fe. Hering Guiding Symptoms, Kent's Lectures, Vithoulkas essences)
- And so on...

21

Mag-c. as example

- Hahnemann
- Kent
- Scholten

22

Humans only

- Most § 153 symptoms are subjective
- Therefore animals are inadequate as provers
- Lab tests not integrated, not clear if this is justifiable
- Dreams use open to different interpretations

23

II

Methodological considerations

24

Goals of a proving

- Finding new materia medica for clinical practice
- Demonstrating efficacy/effectivity of homeopathy
- Training, education, learning experience
  - Materia medica
  - Shamanistic self experience
- Detecting cross influencing of concurrent provings

25

Our goal

- Create new Materia medica
- Provers carry the information into the collective conscious, we should support them in this creativity
- Other purposes are left out of this course

Why supervision?

- We all live to some degree in our own dream
- External check always reveals that others observe other aspects
- In a proving we invite provers to dive even more into themself
- The 'internal self-observer' partakes itself into the proving, and misses aberrations from its usual state
- Establish rapport
- Thus justifies the role of the supervisor

Why a master prover?

- Coordinator has contact with all supervisors
- Experiences the totality
- Can give directions to supervisors and experience the response
- Good position during extraction to decide to ex- or include a symptom
- 'As-if-one-person' concept: Example

Effectivity proof

- Fixed outcome measures ('how many symptoms can be replicated in a new proving', etc.):
  - No positive conclusion (Walach, 1993, 1997, 2001; Vickers, 2001; Brien, 2003; Goodyear, 1998)
- Open, unstructured designs show positive results (Möllinger, 2004, 2009; Walach, 2004; Signorini, 2005)

Problems with specificity

- Parallel proving with Calendula and Ferrum muriaticum: More symptoms of Calendula in the Ferrum muriaticum proving than placebo symptoms (Möllinger, 2004).
- Authors offer quantum-physical entanglement as explanatory possibility

Can we recognise the remedy?

- Experienced homeopaths guess the remedy from reading a proving.
- Poor results (Vickers, 2001; McCarney 2002; Walach, 2005)
- Caveat: very much depends on knowledge of the reviewers

31

Designs

- Contact vs. non-contact proving
- Full Hahnmannian
- Dream proving
- Seminar proving
- Meditation proving
- Partial proving (accidental; during treatment)
- Intoxication

32

	Advantage	Disadvantage
Full	Complete	Big investment
Dream	Pure	Subjective, one-sided
Seminar	Efficient	Influence atmosphere
Meditation	Immediate	Mostly M/E symptoms
Partial	Clinical use	1 or 2 organ systems only
Intoxication	Extensive literature	Severe symptoms only
Treatment	No set up needed	See: Partial

33

Comparison 19-20/21th century

- Impression that old provings had more modalities
- Pilot study: Slight difference
- Old tradition more persistent, took more sufferin to find modalities, young students (Fortier-Bernoville)

34

Problems with provings

- Not many colleagues study provings. Why?
- Lack of modalities and other characteristic properties of symptoms
- Mountains of dreams
- Mixing up of facts and interpretations, fe. from the doctrie of signatures
- Improper repertorisation (too many new rubrics, too many dreams)

35

Lack of characteristic symptoms

- Causes:
  - Short duration of proving
  - Lack of sufficient supervision
  - Old provers took more pains to experience modalities (Fortier-Bernoville, 1934; Dunham 1860)

30

36

Too much dreams

- Old provings had maybe 10 dreams, modern ones may have hundreds of dreams
- Processing 1 dream takes easily 15 minutes or more, so nobody studies the dreams
- Lack of skill to use the structure in a dream
- Uncritical addition of each element in a dream into the repertory

31

37

Questionnaires?

- Difficult to organise compared with questionnaire
- Advantages:
  - Direct contact promises to produce more detailed, and sometimes unexpected information
  - Direct check of health of prover
- Questionnaire produces less detailed info (Brien, 2005)

X

38

Placebo

- 'Nocebo' would be better word...
- Use of a placebo control group excludes ± 5% of the symptoms (pilot study, Jansen, 2008)
- Comparison with previous symptoms of prover seems more effective and reliable
- Some provings coordinators indicate, that knowing that 1 or 2 placebo's are used keeps the volunteers more sharp, critical and attentive
- EU regulations for phase I trials require a minimum placebo group, 4 provers

32

39

Placebo II

- Some provings coordinators indicate, that knowing that 1 or 2 placebo's are used keeps the volunteers more sharp, critical and attentive
- Therefore, the use of a large placebo group seems ethically disputable
- EU regulations for phase I trials require a minimum placebo group, 4 provers
- But proving is not the same as phase I trial (see ECH position paper)

X

40

Placebo III

- Bottom line:

  Clinical verification is the final criterion for incorporation of a symptom in the materia medica

- Reporting-structures for cured cases based on new proving information:
  - CliFiCol project
  - Notifications to repertory makers

x

41

Placebo IV

- Blinded random allocation procedure
  - Best done on pharmacist's location
  - Envelopes with key go to:
    - Coordinator
    - Coordinator replacant
    - Safety monitor
  - They should be reachable 24/7

x

42

Blinding

- Organise intermediate person to deal with all procedures that interfere with keeping the blinding
- This concerns:
  - Name of remedy
  - Allocation of potency and placebo
- Provers and supervisors should not speak about the symptoms except with each other and the master prover
- Blinding opened after extraction

33

43

Duration of observation

- 3 weeks attention span is a long period
- 2 weeks for remedy reactions to occur is a common experience
  - Catch also the secondary symptoms
- Pre-observation more important than placebo
  - 1 week pre-observation is only realistic
- Define end of proving, fe.: 2 weeks no NS

x

44

Post observation

- Observation for safety monitoring
- Check health of prover around 6 month after start of proving

34

45

Safety

- Two main rules:
  1. **<u>If symptoms of a clear proving reaction disappear, do not repeat the remedy.</u>**

  2. **<u>Discontinue dosage of remedy when the proving has clearly started.</u>**
- Therefore: Supervisor should check this before each new planned dose and instruct explicitly to continue or to discontinue
- In case of doubt, consult the coordinator, and stay on the safe side. But repetition is also an option.

35

46

Exercise

- Form triplets
- 1 = prover, 1 = supervisor, 1 = observer
- Each member on his/her turn invents a difficulty in order ot make the supervisor doubt. The supervisor tries to reach a decision by inventing questions
- Do 2 rounds
- Discuss what the raction type is, make notes when in doubt and why, and other upcoming questions
- Report to class

36

47

Safety II

- Conventional research: Placebo can even produce liver function disturbances in the lab
- Nocebo effect = expectation effect of provers, esp. if they are homeopaths
- Some provers feel that it is better, for various reasons, if they produce more symptoms, and they therefore risk unjustified continuation of dosage!
- Literature does not indicate any danger of lege artis applied therapeutic homeopathy

X

48

Safety: Role of intake

- Main purpose of intake: Check if participation is safe
  (Other purpose: Record baseline symptom picture)
- Is the vital force strong enough to recover from the artificial disease
- Check previous reactions on homeopathic remedies
- Check parameters (see next slide)

37

49

Parameters vital force: MOPMEC (thanks to Jeremy Sherr)

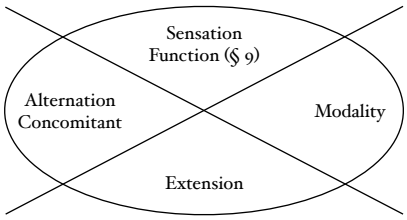
- *M*odalities: Reactions to other external influences
- *O*bstacles to reaction, rigidity of regulation
- *P*athology
- *M*ental pathology is contra indication
- *E*nergy level
- *C*reativity, the higher purpose of existence (§ 9)

38

50

Classification of symptoms I

- Bönninghausen system: Ask for each symptom



39

51

Classification of symptoms II

- Determines inclusion or exclusion of symptom
  - NS = New symptom
  - AS = Altered symptom
  - CS = Cured symptom
  - OS = Old symptom (> 1 year by convention)
  - RS = Recent symptom (< 1 year)
  - ES = Existing symptom (at start of proving)

40

52

Classification of symptoms III

- Many systems exist, serve many purposes
  - Sections of repertory: easy to find
  - Primary and secondary: fysiological order
  - Miasmatic. Stages and series: clinical
  - Other suggestions? 🔨
- Main task of proving report is to present facts. Others can thematise, play and interpret.
- Repertory sections is good starting point for further work because familiar to all

41

53

Dreams: recording

- Record dreams verbatim
  - Most dreamers will record best immediately after waking up from the dream (keep pencil & writing pad!)
- Keep dream text and conscious interpretations apart in the recording
- Context is important, but there may be a conflict of interest with privacy of the prover. Privacy is always the priority!

42

54

Dreams: Drama structure

- Derived from Greek drama, if complete:
- *Place, person, time*: Where, who, when
- *Exposition*: There is a problem
- *Crisis*: The problem comes to a culmination
- *Epicrise*: The compensation of the crisis ('and they lived happily eversince')

43

55

Subpersonalities

- Hypothesis:
  - Each entity in a dream represents a subpersonality
  - The I figure represents the subpersonality that looks te most like the dreamer
  - All the subpersonalities are aspects of the remedy, and constitute together the themes of the remedy.

56

Dreams: Supervision

- Stimulate verbatim recording
- Do not offer any interpretation
- Make sure to keep dream text, context, and any conscious interpretations by the prover apart in recording
- Drama structure: Present the dream text in this framework, but don't hint at any interpretations you might see as a supervisor

57

The prover

- No information about provers concerning psychological type
- Parapsychology: There is no ideal volunteer, fe. intuitive types achieve no better than other types
- Mostly homeopathic doctors/practitioners
- Select most sensitive provers in a pilot study, and see if they produce more specific symptoms in the next proving?

58

III

Organisation

59

Procedure

Preparation	Decide, convince, plan, organise	1 year
Intake	Likely to recover from artificial disease?	1 month
Pre-observation	Baseline to compare	1 week
Observation	Establish reactions to remedy & watch for safety	2-4 weeks
Extraction	Destill proving symptoms	1 day
Post-observation	Prover health, cured symptoms	6 months
Analysis	Themes, generals, modalities	1-3 year
Publication	Bottle neck in many provings	6 months
Confirmation	Fe. CliFiCol project	30 years

60

Stages: Before

- Decide
- Prepare
  - Obligatory first
- Arrange finances
- Recruit personnel
- Recruit supervisors
- Get approval
- Plan dates (holidays, time for recruitment)

61

Decide

- Be smart before you start
- 10 provers seems worthwhile, 15-20 desirable
- Coordinator invests large amount of time, consider delegation and division of work and tasks
- Getting insurance is mandatory
- See if ethical approval is possible
- Determine more time windows, feasible for participants
- Consider secondary endpoints

62

Ethical objections

- Provings looks most like phase I trial, but with different purpose and design
- Deal with proving like any other trial: Normal objections all preventable

But...

- Homeopathy sometimes considered implausible and/or ineffective, thus:
- No ethical approval because it is deemed unethical to subject volunteers to an a priori ineffective method

63

6 Ethical principles

- Autonomy of the patient
- Beneficience: best interest of the patient
- Primum non nocere
- Justice: share scarce resources
- Dignity
- Truthfullness and honesty: Informed consent

See also last 4 pages of handout.

64

Stages: During

- Instruct supervisors
- Recruit provers
- Make duos, intake and inclusion of provers
- Pre-observation: 1 week
- Observation: Taking the remedy: 2 days maximum
- Observation: 2-4 weeks
- Extraction day

65

Stages: After

- Arrange last health check after 6 months
- Edit and check symptoms
- Edit proving
- Prepare publication
- Organise final closure with all personnel and provers
- PM: Clinical verification

52

66

Personnel

- Sponsor: Initiator (not the money provider!)
- Coordinator: Master prover, as-if-one-person
- Pharmacy (medicines, blinding, EudraCT, M)
- Supervisors
- Independent physician
- Data monitor
- Safety monitor
- Intermediate for blinding purposes
- Provers
- Secretary
- Minutes recorder during extraction day

53

67

Budget

- Insurance: Volunteers, supervisors, sponsor
- Medical Ethical Board (M.E.B.)
- Remedies
- Miscellaneous: Mail, phone, photocopies, printing, presents, travel

54

68

Paper work I

- Protocol and amendments
- Supervisors
  - Insurance policy
  - CV: esp. training, experience with provings
  - Declaration of conformity to protocol
  - Declaration of financial interest

55

69

Paper work II

- Coordinator: as supervisor
- M.E.B. required forms
- EudraCT form: Blind. Pharmacist is best person to manage this. https://eudract.ema.europa.eu/
- Trial register: www.controlled-trials.com
- Privacy regster
- Instructions for remedy selector

56

70

Paper work III

- Recruitment text
- Information letter for volunteer
- Information letter for prover
- Instructions for taking remedy
- Instructions for observation and recording
- Diary record page
- Instruction and fill-out form extraction

57

71

Paper work IV

- Instructions intake
- Fill out sheet intake anamnesis and physical investigation
- Checklist inclusion and exclusion criteria
- Template letter to general practitioner of prover
- Insurance text
- Informed consent form 2-fold
- Termination one prover
- Termination of entire proving

58

72

Archive paper work

- All correspondence
- All forms from provers and supervisors
- After extraction day: notes, diaries, e-mails, etc.
- After extraction day: All forms that were inaccessible beforehand for blinding purposes
- Provers material: Save 10 years in closed place
- Digital scans should be passworded

59

73

Guidelines homeopathic

- Most guidelines provide a *minimum* standard
  - ECH
  - Sherr
  - National guidelines (fe. Germany)
- Possibility to adapt to personal preferences
- Sense of freedom might reflect practice context

60

74

Guidelines national

- Law on medical experiments
- Pharmaceutical laws
- Privacy laws
- Rules of scientific associations i/a
- Rules of insurance policy
- Rules of publication media, trial register
- Standard operating procedures (SOP's) of medical ethical board

61

75

Guidelines EU

- ICH
- EMEA: EudraCT form, IMPD
- Pharmaceutical: GMP: Good manufacturing Practice
- Pharmacopoea, fe. German (HAB, Homöopathisches Arzneimittel Buch) or American (HPUS)
- EU: Directive 2001/83/EC consolidated update

62

76

Guidelines general

- WHO Helsinki Declaration
- Oviedo declaration
- Vancouver declaration for medical publications

63

77

Safety

- EU Directive 2001/83/EC: Safe if:
  - does not contain > 1 part per 10.000 of the mother tincture, or
  - > 1/100th of the smallest dose used in conventional medicine
- Review of literature: Safe if sufficient quality control according to GMP requirements
- WHO 2008 report on safety of homeopathic remedies
- Initial aggravation not considered serious problem

64

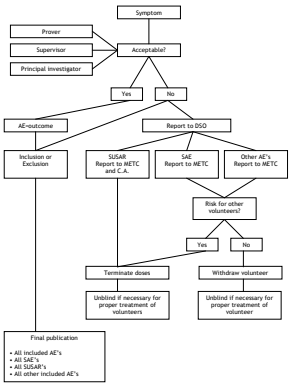
78

Serious adverse events

- SAE: Any serious event.
- SUSAR: Suspected Unexpected Serious Adverse Reaction: Possible relation with remedy
- Exceeds limits of normal proving symptom to potentially dangerous degree of health imparment
- Needs report to competent authorities and provers
- Special form includes follow up of care for provers

65

79



80

Blinding

- Remedy selection
- Allocation verum placebo
- Allocation potency
- Best is that pharmacist does all paperwork concerning remedy, after agreement of MEB
- Provers and supervisor may not speak each other
- Unblind during extraction day

x

81

Selection of substance

- Define secundary purposes of proving fe.
  - Group of remedies
  - Other provings exist yes/no
  - Etc.
- Blinded choosing procedure, fe. 1 out of list of 20
- Producing pharmacy's role in selection process should be mentioned in publication

x

82

Recruitment population

- Define secundary purposes of proving, fe.
  - training of homeopathic doctors
  - stimulating interest in a particular group
  - studying influence of subpopulation on proving result
  - etc.
- Age: older than 18 or 21 years? Old age no problem

x

83

Recruitment supervisors

- Must be physicians
- > 5 years homeopathic experience
- Set time free to supervise
- 2-3 or more provers possible, depending on available time. Sense of hurry is reason to supervise a smaller number of provers
- Insurance for medical liability
- Signs to confirm to protocol
- Each solist is center in a multicenter trial
- Sign financial ties declaration

67

84

Tasks supervisor I

- Performs intake prover
- Safety and well-being of prover
- If health problems occur, take care for proper referral to curative care, and inform safety monitor
- Go over symptoms, check for completeness
- Decide over continuation of test dose yes/no
- Decide with prover on final text

68

85

Tasks supervisor II

- Decide on termination
  - due to condition of prover
  - due to non-compliance
- Supervisor's notes go to Case Report Form (=prover's file)
- Contact with coordinator
- From day 1 per-observation - extraction day

69

86

Instruction day

- Organise meeting with supervisors and provers
- Present entire process
- Outline the tasks, see protocol
- Exercise each task that you think is vulnerable, fe.
  - reaction types
  - when to discontinue remedy intake
  - recording dreams

70

87

Tasks coordinator

- Incorporates the as-if-one-person function
- Consultation of supervisors
- Report to competent authorities
- Decide on termination of entire proving
- Inform all provers if serious adverse event (SAE) occurs
- Check health status provers after 6 months

71

88

Stages: Before

- Decide
- Prepare
- Arrange finances
- Recruit personnel
- Recruit supervisors
- Get approval
- Plan dates

x

89

Stages: During

- Instruct supervisors
- Recruit provers
- Make duos, intake and inclusion of provers
- Pre-observation: 1 week
- Observation: Taking the remedy: 2 days maximum
- Observation: 2-4 weeks
- Extraction day

x

90

Pre-observation goals

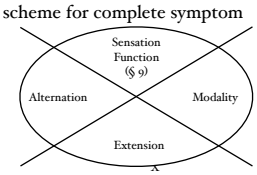
- Establish baseline: Important: >10% exclusion!
- Establish rapport and communication routine
- Exercise the drill of observation and recording
- Detect problems and solve with coordinator

x

91

Record symptoms

- Spontaneous experience
- Avoid local idiom
- Use sections list for completeness
- Use scheme for complete symptom



x

92

Code prover: ..... Date: ..... Day-nr: ..... Pag.

Day	Time Hr	Time Min	Section	Nat	Text
2	13	45	Ear	NS	Diary page free text
				OS	
				AS	
				etc	

93

Extraction day

- ± 1 month after first dose (if all started at same time)
- Phase I:
  - Inclusion/exclusion of symptoms
  - Prover and supervisor draft final text and mark disputable problems
- Phase II:
  - Exchange of experience and other comments

72

94

Layout extraction form

Prover # Section Page #

Nr diary	Time dd-hh-mm	Nature fe. NS/AS	Text

x

95

In- exclusion symptoms

- NS = New symptom
- AS = Altered symptom
- CS = Cured symptom
- OS = Old symptom
- Instruct all rules (see 'in case of doubt' list in protocol) at beginning of extraction day

96

Coordinator's role extraction

- Several rules refer to 'totality', 'perceived meaning', occurrence in other provers, etc.
- Coordinator may decide during extraction day to include under precaution, and decide finaly later.
- Clincial verification is the final judge
- Repertories should reflect this (but don't always)

97

Stages: After

- Arrange last health check after 6 months
- Edit and check symptoms
- Edit proving
- Prepare publication
- Organise final closure with all personnel and provers
- PM: Clinical verification

98

Symptom presentation

- Sympathise with your reader!
- Arrange symptoms from common to § 153 level
- Arange themes from § 153 to common (more interesting reading)
- May arrange according to 'themes'
  - Problem: One symptom can belong to more than one theme. Repeating of symptoms
  - Subjective procedure.
  - Example: Ruta proving: Police and/or bush?
- Sy# - Pr# - Potency - Day# - Hour - Minutes (fe. 03:13:xx)

99

Generalities

- By convention:
  - A symptom occurs in ≥ 3 sections
  - Section in this context is organ system
    - Bönninghausen generalised within organ system too
- Symptom is everything related throughout its development in a prover.
  Do not count separately symptoms that occur fe. on different days, that would be an artefact!

100

Repertorisation

- Done by expert in repertorising
- Be cautious about adding new rubric. Up to 75% of new rubrics suggested by ineperienced repertorisers are unnecessary!
- Bönninghausen: Only 3-5th degree are clinically confirmed. 1-2nd degree: Proving symptom only
- So this is not in a § 153 framework of likelihood
- Many famous symptoms started as a '1'!
- ECH Subcommittee for Provings works on a new Likelihood Ratio (Bayesian) framework:

x

101

$LR_{sy\text{-}remedy}$ = § 153

- Chance that symptom is curative, divided by
- Chance that symptom occurs in general population

	curative	same	
sy_{rem} +	a	b	a+b
sy_{rem} -	c	d	c+d
	a+c	b+d	a+b+c+d

$$\frac{a}{a+c} : \frac{b}{b+d}$$

x

102

Statistics

- Descriptive
  - Counts, enumerations
  - Themes
- Likelihood ratio (Bayes)
  - In preparation by ECH Subcommittee for Provings

x

103

QRISP criteria

- Q = Quality (design, nr. of provers)
- R = Replication (ID of substance)
- I = Integration (in EU health care)
- S = Safety (of provers and future patients)
- P = Publication (accessibility, completeness)

x

104

Clinical verification

- Publications
- CliFiCol: www.clificol.net *or* info@clificol.net
- Other data collections

75

105

Plans

106

Plans

- EU proving with one remedy
- National coordinators are end responsible
- Disseminating experience and material
- Create a permanent group of provers and supervisors to answer research questions on improving the reliability of provings
- Provide a chance to gain experience with scientific research, for those interested to develop a research career into homeopathy
- Incorporating homeopathy into mainstream research
- Collecting information for the ECH Subcommittee for Provings, about situation in various EU countries
- Goal of SCP: To simplify procedures for future provings

107

Acknowledgements

- Members of ECH Subcommittee for provings
- D. for the iD!
- My proving teacher, Jeremy Sherr
- All provers and supervisors with whom I worked wih
- VSM Pharmacy
- David Riley, mr. 'K.', Ien Brethouwer
- Johan Molendijk-den Brok, translation of forms
- The family

108

Thank you!

109