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Classical Homeopathy”

Master thesis:
“Provings and Posology”

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Syros, 3-3-12
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Abstract

This study was performed with three main goals in mind. The first goal was to research Hahnemann’s posology on provings and understand his concept. The second goal was to collect data from modern methodologies on provings and made a critical review of them. The third goal was to investigate a novel approach to proving’s posology according to Hahnemann’s concept of the individual predisposition-idiomsyncrasy-sensitivity of the prover. Nowadays conducting valid provings is one of the most important research topics in Homœopathy. Consequently, many methodologies on provings are continually being proposed. The findings of this study strongly suggest that modern methodologies on provings should not be used as valid under any circumstance until homeœopathic community examine them closely and test them intently. Otherwise false provings with imaginary symptoms will cause tremendous confusion as to what symptoms belong really to the remedy. On the other hand, this thesis focuses on the introduction and analysis of a specific methodology related to Hahnemann’s proving-posology. The proper posology of the dose in a proving is not the same for all substances and for all provers. The proper dose depends on the power of the substance (strong or of milder power) (for example toxins or not toxins), that is the easiness of the substance to imprint its characteristic symptoms upon provers, and on the sensitivity of the prover to the substance. Accordingly, we could classify provings in those that are contacted from large doses, namely poisonings (according to medical terminology), and in those that are contucted from pontentized doses upon sensitive provers, namely hypersensitivity reactions (according to medical terminology). **We could classify provings in those that are contacted because of the toxicity of the substance, namely poisonings (according to medical terminology) and in those that are contucted because of the sensitivity of the prover, namely hypersensitivity reactions or side effects of alpathic-chemical drugs (according to medical terminology).** The best provings in potency are accomplished when the prover is sufficiently sensitive to the substance as to react to a single dose. G.Vithoulkas and P.Herscu propose a pre-selection methodology of the most sensitive provers for potency proving trials. This is a methodology that helps to identify true symptoms, separating the individual symptoms from the remedy-proving symptoms. The most sensitive provers can have reliable symptoms specific to the medicine. These symptoms are very likely to be verified clinically as keynotes of the proving substance. The pre-selection strategy could help homeopathy to build a valid Materia Medica and repertory on reliable provings. So, the European Committee for Homœopathy (ECH)-
Subcommittee Drug Provings could test this methodology through experiment in order to add it to the Homœopathic Drug Proving Protocol.
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Contents
Abstract ........................................................................................................................................i
Acknowledgements .........................................................................................................................iii
Contents ...........................................................................................................................................vi
List of Tables .................................................................................................................................xii
List of Figures .................................................................................................................................xiv
Provings and posology ....................................................................................................................1
1. Prologue .....................................................................................................................................1
2. Summary ...................................................................................................................................6
3. Preface .....................................................................................................................................26
3.1 Samuel Hahnemann’s biography and the birth of Homœopathy .............................................26
   3.1.1 Hahnemann’s life ...........................................................................................................26
   3.1.2 Hahnemann: one of the most distinguished of German physicians ...............................27
   3.1.3 Hahnemann made searching criticisms of empirical treatments .................................28
   3.1.4 The first proving: the proving of Cinchona ....................................................................29
   3.1.5 The principle of similars-like cures like .......................................................................30
   3.1.6 Hahnemann’s provings ...............................................................................................32
   3.1.7 He lived in fourteen different towns .............................................................................33
   3.1.8 The dose reduction .......................................................................................................34
   3.1.9 Hahnemann’s therapeutic rules ....................................................................................35
   3.1.10 Argument against homeopathy ................................................................................36
   3.1.11 The last years of Hahnemann’s life ..........................................................................37
   3.1.12 Samuel Hahnemann’s writings ..................................................................................37
      3.1.12.1 In Search of a New Principle for Ascertaining the Curative Powers of Drugs, with
              a few glances at those hitherto employed (Versuch über ein neues Prinzip zur Auffindung
              der Heilkraften der Arzneisubstanzen, nebst einigen Blicken auf die bisherigen) (Hahnemann,
              1796) .................................................................................................................................37
      3.1.12.2 Fragmenta de viribus medicamentorum positivis (Hahnemann, 1805) .....................38
      3.1.12.3 The Organon of the Healing Art (Hahnemann et al., 2004), (Organon der rationellen
              Heilkunde) (Hahnemann, 1810) .....................................................................................39
      3.1.12.4 Materia Medica Pura (MMP) (Hahnemann, 2004), Reine Arzneimittellehre .........40
      3.1.12.5 Chronic Diseases (CD) (Hahnemann, 2008), Die Chronischen Krankheiten 40
      3.1.12.6 Lesser Writings of Samuel Hahnemann (Dudgeon, 2004) .......................................41
      3.1.12.7 The Friend of Health ..............................................................................................42
      3.1.12.8 Asiatic Cholera .......................................................................................................42
3.2 The concept of provings ............................................................................................................43
   3.2.1 The administration of a medicine experimentally to healthy persons: the definition of a
        proving .................................................................................................................................43
   3.2.2 Albrecht von Haller-the only physician, before Hahnemann, who saw the necessity of
        testing medicines in healthy persons .................................................................................45
   3.2.3 Effects of powerful substances-histories of poisoning in toxicology ............................46
   3.2.4 The primary and the secondary action .........................................................................47
   3.2.5 The basis of Hahnemann’s pharmacographic record-Materia Medica ..........................50
   3.2.6 How a proving should be conducted according to Hahnemann ..................................50
3.2.7 A true Materia Medica—a collection of real, pure, reliable modes of action of simple medicinal substances ................................................................. 53
3.2.8 A repertory should be based on objective criteria ................................. 54
3.2.9 Provings should be distinguished from controlled clinical trials .......... 55
3.2.10 The development of proving methods since Hahnemann .................. 55

3.3 The Homœopathic Drug Proving Protocol edited by Subcommittee Drug
Provings of the European Committee for Homœopathy (ECH) .................. 59
3.3.1 Homœopathy’s medical testing protocols pre-date allopathy’s ......... 59
3.3.2 Every Drug Proving, as every trial, should have a proper methodology . 59
3.3.3 A protocol for provings-guidelines for clinical research .................. 61
3.3.4 The definition of a HDP according to the HDP Protocol .................. 62
3.3.5 The aim of a HDP ................................................................. 62
3.3.6 The diluting procedure-potentisation ........................................... 63
3.3.7 The volunteer ........................................................................ 63
3.3.8 The investigator ...................................................................... 64
3.3.9 A glossary in the Homeopathic Drug Proving Protocol ................. 64
3.3.10 General information ................................................................. 66
3.3.11 Substance information .............................................................. 67
3.3.12 The assessment of safety ......................................................... 68
3.3.13 The assessment of symptoms .................................................... 68
3.3.14 The Case Report Form—a record of the data—a document for quality
control .......................................................................................... 70
3.3.15 Three periods: a preliminary observation period, a period of
observation and a post observation period ........................................... 71
3.3.16 The administration of the proving substance ................................ 71

3.4 Summary and conclusions ............................................................... 72

4. The weight system and the weight standard that Hahnemann was using ..... 76
4.1 The apothecaries’ system of weights ............................................... 76
4.2 The special symbols ..................................................................... 76
4.3 The division ................................................................................. 78
4.4 The weight standards ................................................................... 78
4.5 Summary and conclusions ............................................................... 81

5. Hahnemann’s Posology in Materia Medica Pura and the Chronic Diseases .. 82
5.1 Materia Medica Pura ..................................................................... 84
5.1.1 ARSENICUM ....................................................................... 84
5.1.2 BELLADONNA .................................................................... 84
5.1.3 CAMPHORA ....................................................................... 85
5.1.4 CHINA ................................................................................. 85
5.1.5 COCCULUS ........................................................................ 86
5.1.6 DIGITALIS ........................................................................ 87
5.1.7 HYOSCYAMUS NIGER ......................................................... 87
5.1.8 IGNATIA ............................................................................. 88
5.1.9 MAGNES ........................................................................... 89
5.1.10 MOSCHUS ........................................................................ 90
5.1.11 NUX VOMICA .................................................................. 90
5.1.12 OPIUM ............................................................................. 91

5.2 The Chronic Diseases ..................................................................... 93
5.2.1 AURUM GOLD ...................................................................... 93
5.2.2 CONIUM MACULATUM, HEMLOCK .............................................. 94
5.2.3 COLOCYNTHIS, BITTER CUCUMBER ............................................ 95
5.2.4 CUPRUM, COPPER ............................................................... 95
5.2.5 MEZEREUM, DAPHNE MEZEREUM, SPURGE OLIVE .................96
5.2.6 NITRUM, NITRATE OF POTASH, SALTPETRE.........................96
5.2.7 PHOSPHORUS.................................................................97
5.3 Other resources ...........................................................................98
5.3.1 A treatise of the Materia Medica .................................................98
5.3.2 Popular View of Homœopathy ......................................................99
5.3.3 Hahnemann’s letter .....................................................................99
5.3.4 The story of the life of Hahnemann and his students from Dr. Franz
Hartmann..........................................................................................100
5.3.5 Dr. Sumit Goel denotions ..........................................................100
5.4 Recapitulation of Hahnemann’s Posology on provings in Materia Medica
Pura and The Chronic Diseases ..........................................................102
5.4.1 Provings from Apothecaries’ system of weights-doses .....................103
5.4.1.1 Grains (gr.) .........................................................................103
5.4.1.2 Scruple (ʒ) .........................................................................108
5.4.1.3 Drachm (ʒ) .........................................................................110
5.4.1.4 Ounce (℥) ..........................................................................112
5.4.2 Provings from other material doses ..............................................113
5.4.2.1 Centigrammes .......................................................................113
5.4.2.2 Bean ....................................................................................113
5.4.2.3 Pills .....................................................................................114
5.4.2.4 Tincture ..............................................................................114
5.4.2.5 Spoonful ..............................................................................116
5.4.2.6 Seeds ..................................................................................117
5.4.2.7 Juice .................................................................................118
5.4.2.8 Root ...................................................................................120
5.4.2.9 Leaves ...............................................................................123
5.4.2.10 Fruit ...............................................................................124
5.4.2.11 Berries .............................................................................124
5.4.2.12 Extract ..............................................................................125
5.4.2.13 Other indicated material doses .............................................126
5.4.3 Provings from potentized medicines ...........................................131
5.4.4 Especial provings .......................................................................133
5.5 Summary and conclusions ..........................................................135
6. Annotation of Hahnemann’s concepts of proving’s posology in Organon of
Healing Art .........................................................................................136
6.1 Every medicine can produce symptoms on everyone if the dose is large
enough ..............................................................................................136
6.2 Hahnemann classifies the substances in those that are strong and those of
milder power ......................................................................................137
6.3 Either the prover must be sensitive to the substance or the dose must be
large ..................................................................................................139
6.4 Hahnemann was giving to provers material doses .............................145
6.5 Primary and secondary action .......................................................145
6.6 Hahnemann recommends accomplishing provings with moderate doses that
produce the most worth knowing primary effects ...............................146
6.7 Hahnemann recommends the thirtieth potency as the best potency to give to
the experimenter ...............................................................................149
6.8 The best provings are accomplished when the prover is sufficiently sensitive
as to react to a single dose ..................................................................150
6.9 Summary and conclusions .................................................. 153
7. The proper methodology of proving’s posology according Hahnemann and the concept of the individual predisposition: idiosyncrasy-sensitivity of the prover ... 155
7.1 The first step: find the most sensitive organisms.......................... 155
7.2 G.Vithoulkas’ suggestion.................................................... 156
7.3 G.Vithoulkas’ approach to designing clinical trials....................... 161
7.4 P.Herscu’s suggestions ..................................................... 162
7.5 The point of a proving is to identify true symptoms...................... 167
7.6 F.Dantas’ suggestions ................................................................ 168
7.7 Methodologies for separating the individual symptoms from the remedy-proving symptoms.......................................................... 169
7.7.1 The use of placebo .................................................................. 169
7.7.2 The optional cross-over design .............................................. 170
7.7.3 The pre-selection of the most sensitives provers.................................. 171
7.7.4 The administration of individualised homoeopathic remedies on a double-blind basis .......................................................... 171
7.8 Signorini’s suggestions .......................................................... 173
7.9 Summary and conclusions ..................................................... 175
8. A glimpse at new provings-Do new ideas about provings follow Hahnemann’s concept? .............................................................. 178
8.1 Two studies that reveal many serious problems in the conduct of homeopathic pathogenetic trials. .............................................. 178
8.1.1 A review of 156 provings by F.Dantas ...................................... 179
8.1.2 J.Sherr and T.Quirk criticise this review as an excess of rigour ........ 180
8.1.3 F.Dantas’ response .................................................................. 181
8.1.4 A comparative study of placebo-controlled trials of homeopathy and allopathy ........................................................................ 182
8.2 G.Vithoulkas, G.Dimitriadis and P.Herscu admonish that the credibility of the provings is today being demolished by “new ideas” ........................................ 184
8.2.1 P.Herscu lists some of the fallacies in many current proving strategies 184
8.2.2 G.Dimitriadis and G.Vithoulkas admonishes that Hahnemannian homoeopathy is doomed to go into oblivion again .............................................. 188
8.3 Examples of “modern ideas” in current provings .............................. 190
8.3.1 The proving of Thiosinamine and the “new idea” of the “communal consciousness” .......................................................... 191
8.3.2 J.Sherr’s suggestions ............................................................ 193
8.3.3 M.Norland’s provings ............................................................ 194
8.3.4 J.Scholten’s suggestions on provings ........................................... 196
8.3.5 Presentiment provers and the theory of entanglement .................... 197
8.4 A proving in a cellular level of high dilutions of Apis mellifica and Lung histamine on human basophils ......................................................... 200
8.5 A proving from different dilutions of Cyclosporinum .................... 206
8.6 Provings from one dose of a high potency .................................... 207
8.6.1 J.Sherr’s proving of hydrogen (from 6CH to 200CH) .................... 207
8.6.2 Sankaran’s proving of Coca-Cola (30CH) .................................... 208
8.6.3 N.Herrick’s provings of animal remedies (30CH) ....................... 208
8.7 Placebo controlled provings from potentized, recurrent doses .......... 210
8.7.1 Proving of Veronica officinalis (12CH) ........................................ 211
8.7.2 A single blind proving of Mancinella (2x, 30CH) ....................... 212
8.7.3 The proving of Quercus robur (potentized doses) .......................... 213
8.7.4 Three single-blind pilot studies with Arsenicum bromatum (30CH) ... 214
### Provings and Posology: Contents

8.7.5 Provings of Plumbum metallicum (30CH) and Piper methysticum (30CH) ........................................... 215
8.7.6 Two provings of RNA (2x) (30CH, 7CH, 3x) ................................................................. 218
8.7.7 S.Brien’s double blind trial-proving of Belladonna (30CH) .................................................. 220
8.7.8 Attena’s trial of Oscillococcinum (potentized doses) ....................................................... 222
8.7.9 Provings of potentized Etna Lava (30CH) and potentized H2O2 (30CH) ................................. 223
8.7.10 A double blind trial with Belladonna (30CH, 12CH) ..................................................... 225

8.8 Placebo controlled, double blind, cross-over provings from potentized, recurrent doses ........................................................................................................ 226
8.8.1 Koster’s optional cross-over proving (6x, 30CH) ............................................................ 227
8.8.2 Vickers’ cross-over trial with Bryonia as the trial medication (12CH) .............................. 229
8.8.3 A clinical double-blind cross over study with Aconitum napellus (30CH) ...................... 232
8.8.4 Provings of Acidum malicum (12CH) and Acidum ascorbicum (12CH) ......................... 234
8.8.5 Dr. Templeton’s and Dr. Raeside’s provings (1x, 2x, 3x, 6x, 7x, 12x, 6CH, 8CH, 12CH, 30CH, 200CH) .............................................................................. 236

8.9 Examples of provings that agree with Hahnemann’s ideas ................................................. 238
8.9.1 A homœopathic proving based on accidental exposure to organophosphates ........................................................ 238
8.9.2 The proving of Parthenium hysterophorus (2x) ............................................................ 240
8.10 Summary and conclusions ........................................................................................................ 242

9. Does experience of homœopathy prove Hahnemann’s concepts? Provings on patients in daily practice-Kent observations and G.Vithoulkas’ health levels .............................................. 249
9.1 Provings from a wrong remedy ............................................................................................ 249
9.2 Overdose effects of unhomeopathic medicines in potency ................................................. 250
9.3 A close remedy can prove its action often upon week patients ..................................... 252
9.4 Provings from the correct remedy ..................................................................................... 253
9.5 The positive action of the medicines upon healthy provers ........................................ 254
9.6 A mirror image: the process of proving and the process of practice ........................ 255
9.7 Summary and conclusions ........................................................................................................ 258

10. Do conventional medicine’s observations of the reactions of the human organism and Hahnemann’s concept coincide? ............................................................ 261
10.1 Some provings are actually allergic reactions ..................................................................... 261
10.2 The predisposition concept in pharmacology and physiology ....................................... 263
10.3 Some provings are actually side-effects of allopathic-chemical drugs ....................... 267
10.4 Provings from toxicology .................................................................................................... 270
10.5 Summary and conclusions .................................................................................................. 274

11. Conclusions .............................................................................................................................. 276

12. Περιηγηση στην Ελληνική Γλώσσα ......................................................................................... 303

Abbreviations ................................................................................................................................. 347
References ....................................................................................................................................... 348
Bibliography .................................................................................................................................. 363
Urls .................................................................................................................................................. 371
List of Tables

Chapter 2 Summary
Table 2.1 Hahnemann’s concepts of proving’s posology 9
Table 2.2 Methodology-suggestions in order to identify true symptoms 12
Table 2.3 Two studies that reveal many serious problems in the conduct of provings 13
Table 2.4 Examples of “modern ideas” in current provings 14
Table 2.5 Provings from one dose of a high potency 16
Table 2.6 Placebo controlled provings from potentized, recurrent doses 17
Table 2.7 New proving methods 19
Table 2.8 Kent’s, Vithoulkas’, Dimitriadis’, Herscu’s observations 21
Table 2.9 Allergic reactions, side-effects of drugs, poisonings are provings 24
Table 2.10 New ideas need further exploration 25

Chapter 3 Preface
Table 3.1 Substantial or high diluted doses? An unresolved question 60

Chapter 4 The weight system and the weight standard that Hahnemann was using
Table 4.1 Medical recipes were written in Latin using special symbols 77
Table 4.2 The division 78
Table 4.3 Variation of standards-Nuremberg standard 80

Chapter 6 Annotation of Hahnemann’s concepts of proving’s posology in Organon of Healing Art
Table 6.1 Hahnemann’s concepts of proving’s posology 154

Chapter 7 The proper methodology and the concept of the sensitivity of the prover
Table 7.1 Sensitive provers give accurate provings 155
Table 7.2 G.Vithoulkas’ methodology-suggestion on provings 156
Table 7.3 G.Vithoulkas’ methodology-suggestions on clinical trials 161
Table 7.4 P.Herscu’s methodology-suggestions 162
Table 7.5 True symptoms: discriminating the signal from the noise 167
Table 7.6 Dantas’ suggestions in order to identify true symptoms 168
Table 7.7 Signorini’s suggestions in order to identify true symptoms 173
Table 7.8 Methodology-suggestions in order to identify true symptoms 177

Chapter 8 A glimpse at new provings-Do new ideas about provings follow Hahnemann’s concept?
Table 8.1 Two studies that reveal many serious problems in the conduct of provings 178
Table 8.2 An exploratory systematic review of 156 provings by F.Dantas reveals many serious problems 179
Table 8.3 F.Dantas’ response—the point of a proving 181
Table 8.4 A comparative study of placebo-controlled trials of homeopathy and allopathy 182
Table 8.5 Credibility of the provings is today being demolished by “new ideas” 184
Table 8.6 P.Herscu lists some of the fallacies in many current proving strategies 184
Table 8.7 P.Herscu’s warning: Huge lists of symptoms are added to repertories, making the repertories almost unusable 186
Table 8.8 P.Herscu’s proving of Alcoholus 165
Table 8.9 G.Dimitriadiis and G.Vithoulkas warning: The concepts of Hahnemann are unfamiliar to the present day homeopath 188
Table 8.10 Examples of “modern ideas” in current provings 190
Table 8.11 The proving of Thiosinamine and the “new idea” of the “communal consciousness” 191
Table 8.12 J.Sherr’s suggestions 193
Table 8.13 M.Norland’s provings 194
Table 8.14 J.Scholten’s suggestions on provings 196
Table 8.15 Presentiment provers and the theory of entanglement 198
Table 8.16 J.Benveniste’s in vitro experiment 200
Table 8.17 Inhibitory effect of histamine and Apis mellifica solutions on basophil degranulation 202
Table 8.18 Proving of Cyclosporinum 206
Table 8.19 Provings from one dose of a high potency 207
Table 8.20 J.Sherr’s proving of hydrogen 207
Table 8.21 Sankaran’s proving of Coca-Cola 208
Table 8.22 N.Herrick’s provings of animal remedies 208
Table 8.23 Placebo controlled provings from potentized, recurrent doses 210
Table 8.24 Proving of Veronica officinalis 211
Table 8.25 A single blind proving of Mancinella 212
Table 8.26 The proving of Quercus robur 213
Table 8.27 Three single-blind pilot studies with Arsenicum bromatum 214
Table 8.28 Provings of Plumbum metallicum and Piper methysticum 216
Table 8.29 Two provings of RNA 218
Table 8.30 S.Brien’s double blind trial-proving of Belladonna 220
Table 8.31 Attena’s trial of Oscilloccinum 222
Table 8.32 Provings of potentized Etna Lava and potentized H2O2 224
Table 8.33 A double blind experiment with Belladonna 225
Table 8.34 Placebo controlled, double blind, cross-over provings from potentized, recurrent doses 226
Table 8.35 Koster’s optional cross-over proving (6x, 30CH) 227
Table 8.36 Vickers’ cross-over trial with Bryonia as the trial medication (12CH) 229
Table 8.37 A clinical, randomized, double-blind, controlled cross over study with Aconitum napellus 232
Table 8.38 Provings of Acidum malicum and Acidum ascorbicum 234
Table 8.39 Dr.Templeton’s and Dr.Raeside’s provings 236
Table 8.40 Examples of provings that agree with Hahnemann’s ideas 238
Table 8.41 The proving of Parthenium hysterophorus 240
Table 8.42 G.Vithoulkas’ warning 241
Table 8.43 Two studies that reveal many serious problems in the conduct of provings 242
Table 8.44 Examples of “modern ideas” in current provings 243
Table 8.45 Provings from one dose of a high potency 245
Table 8.46 Placebo controlled provings from potentized, recurrent doses 246
Table 8.47 New proving methods 248
**Chapter 9 Does every day practice of homœopathy prove Hahnemann’s concepts? Provings on patients in daily practice-Kent observations and G.Vithoulkas’ health levels**

| Table 9.1 Provings from a wrong remedy | 249 |
| Table 9.2 Overdose effects of unhomœopathic medicines in potency | 250 |
| Table 9.3 A close remedy can prove its action often upon week patients | 252 |
| Table 9.4 Provings from the correct remedy | 253 |
| Table 9.5 The positive action of the medicines upon healthy provers | 254 |
| Table 9.6 The process of proving and the process of practice | 255 |
| Table 9.7 Kent’s, Vithoulkas’, Dimitriadis’, Herscu’s observations | 260 |

**Chapter 10 Do conventional medicine’s observations of the reactions of the human organism and Hahnemann’s concept coincide?**

| Table 10.1 Some provings are allergic reactions | 261 |
| Table 10.2 The predisposition concept in pharmacology and physiology | 263 |
| Table 10.3 Allergic reactions, side-effects of drugs, poisonings are provings | 275 |
List of Figures

**Chapter 3 Preface**
Figure 3.1 Samuel Hahnemann 26
Figure 3.2 Hahnemann: one of the most distinguished 27
Figure 3.3 William Cullen's A Treatise on the Materia Medica 29
Figure 3.4 Diluting in steps 34
Figure 3.5 The last years of Hahnemann’s life 35
Figure 3.6 Histories of poisonings 46

**Chapter 4 The weight system and the weight standard that Hahnemann was using**
Figure 4.1 The map shows the weight of 1 apothecaries’ ounce in grammes around 1800, before metrication and the Prussian weight reform. The dashed lines indicate three different ways to subdivide the ounce. 79

**Chapter 5 Hahnemann’s Posology in Materia Medica Pura and the Chronic Diseases**
Figure 5.1 Homœopathic posology 82
Figure 5.2 Arsenicum Album 84
Figure 5.3 Belladonna 84
Figure 5.4 Camphora 85
Figure 5.5 Cocculus 86
Figure 5.6 Digitalis 87
Figure 5.7 Hyoscyamus Niger 87
Figure 5.8 Ignatia Amara 88
Figure 5.9 Ignatia seeds 88
Figure 5.10 Magnes 89
Figure 5.11 Moschus 90
Figure 5.12 Nux Vomica 90
Figure 5.13 Opium 91
Figure 5.14 Aurum Gold 93
Figure 5.15 Conium Maculatum 94
Figure 5.16 Colocynthis 95
Figure 5.17 Cuprum Copper 95
Figure 5.18 Daphne Mezereum 96
Figure 5.19 Nitrum 96
Figure 5.20 Phosphorus 97
Figure 5.21 Material doses 113
Figure 5.22 Seeds of Stramonium 117
Figure 5.23 Belladonna root 121
Figure 5.24 Belladonna leaves 123
Figure 5.25 Stramonium fruit 124

**Chapter 6 Annotation of Hahnemann’s concepts of proving’s posology in Organon of Healing Art**
Figure 6.1 Organon of Healing Art 136
Figure 6.2 The power of the substances 138
Chapter 7 The proper methodology and the concept of the sensitivity of the prover
Figure 7.1 The use of placebo 169

Chapter 8 A glimpse at new provings-Do new ideas about provings follow Hahnemann’s concept?
Figure 8.1 Double blind study reveals no effect for homeopathy 183
Figure 8.2 Meditation provings 195
Figure 8.3 Quantum entanglement occurs when two or more particles interact in a way that causes their fates to become linked: It becomes impossible to consider (or mathematically describe) each particle’s condition independently of the others’. 197
Figure 8.4 201
Figure 8.5 The inhibitory effect of highly diluted histamine and Apis mellifica solutions on anti-IgE induced basophil degranulation 201
Figure 8.6 Veronica officinalis 211
Figure 8.7 Hippomane mancinella: a tree known for its poisonous fruit 212
Figure 8.8 Quercus robur 213
Figure 8.9 Plumbum metallicum 215
Figure 8.10 Piper methysticum 215
Figure 8.11 RNA carries information between genes and protein-manufacturing cellular components. 218
Figure 8.12 A duck, whose heart and liver are used to make Oscillococcinum. Its feathers can also be used. 222
Figure 8.13 A lava flow from Mount Etna 223
Figure 8.14 Bryonia Alba 230
Figure 8.15 Aconitum napellus 232
Figure 8.16 Organophosphorus compounds or organophosphates are commonly used in the industrial, agricultural and home settings. 238
Figure 8.17 Organophosphates are defined as a chemical substance that is widely used as insecticide and in household cleaners. 239
Figure 8.18 Parthenium hysterophorus 240

Chapter 9 Does every day practice of homoeopathy prove Hahnemann’s concepts? Provings on patients in daily practice-Kent observations and G.Vithoulkas’ health levels
Figure 9.1 A mirror image: the process of proving and the process of practice 256

Chapter 10 Do conventional medicine’s observations of the reactions of the human organism and Hahnemann’s concept coincide?
Figure 10.1 Hypersensitivity diseases as provings 261
Figure 10.2 Genetic predisposition 263
Figure 10.3 Side-effects of drugs 267
Figure 10.4 Provings from toxicology 270

Chapter 11 Conclusions
Figure 11.1 Proving as a semiotic process 287
Figure 11.2 Interaction between a specific harassment and a living organism causes the primary reaction (symptoms) 293
Figure 11.3 Interaction between the organism and the homeopathic remedy 294
Figure 11.4 Chain of semiotic processes 295
Figure 11.5 The homeopathic medicine triggers a new chain of triads-semiotic processes

Figure 11.6 Organism constructs its secondary reaction in order to balance in a health state without symptoms

Chapter 12 Περίληψη στην Ελληνική Γλώσσα

Figure 12.1 Το proving ως σημειωτική διεργασία
Figure 12.2 Η αλληλεπίδραση του οργανισμού με ένα ερέθισμα προκαλεί τη πρωτογενή αντίδραση του οργανισμού (συμπτώματα)
Figure 12.3 Η αλληλεπίδραση του οργανισμού με το ομοιοπαθητικό φάρμακο
Figure 12.4 Αλυσίδα σημειωτικών διεργασιών
Figure 12.5 Το ομοιοπαθητικό φάρμακο πυροδοτεί μία νέα αλυσίδα σημειωτικών διεργασιών
Figure 12.6 Ο οργανισμός κατασκευάζει την δευτερογενή αντίδραση για να επανέλθει σε κατάσταση ισορροπίας χωρίς συμπτώματα
Provings and posology

1. Prologue

Homœopathy\(^1\) is a system of medical practice, aimed at methodologically improving the level of health of an organism by the administration of proven potentized medicines, which are individually selected in accordance with the law of similars. Homœopathy was regarded as part of orthodox medicine at first, as Hegel’s account of its pharmacological mechanism shows. (Hegel & Petry, 2004) Potentized medicines are medicines processed in a specific way, namely by succussion or trituration of serial dilutions. The diluting procedure specific for homœopathy is called potentisation or dynamisation.

The founder of Homœopathy is Samuel Hahnemann (1755-1843). Hahnemann had coined Homœopathie (Greek homoios, similar + pathos, suffering) together with the pejorative Allœopathie to describe unsystematic treatment (alloios, other, dissimilar) in 1807 in a scholarly literature review that became the Introduction to the Organon of Healing Art. (Dean, 2001) He performed his first drug proving in 1790 with China bark. Drug provings historically are the first systematic, experimental approach to detecting changes in healthy volunteers after exposure to a drug. A proving is an investigation which is designed to gather information on the potential areas of application for homœopathic remedies. The concept of provings has been outlined by S. Hahnemann in his Organon of Healing Art, §§ 105-142. The aim of a drug proving is to gain knowledge about the innate character of a drug, the “remedy picture”, which is more an aspect of quality, than of quantity. We prove a substance not for the proof of its efficacy, provings are to determine not efficacy, but effect.

As G.Dimitriadis denotes, from Hahnemann’s own writings it appears that dose refers to actual physical amount, whereas potency refers to the process of attenuation (dynamization, succussion/trituration). (Dimitriadis, Homœopathic Posology) In this thesis the subject is the amount of chemical remedy substance (posology) that should be used as a dose in a homœopathic experiment (proving).

\(^1\)It is important to denote the right spelling of Homœopathy in line with the Greek etymology OMOION PATHOS. By using the spelling Home-o-pathy (suffering at home) and not Homoeo-pathy (similar suffering) it removes reference from the Greek omoion (omoeo).

(Homeœopathy=Greek homoios, similar + pathos, suffering)
As Professor Flavio Dantas explains: “Every homœopathic prescription, if it is to be called homœopathic, should be based on comparison between the symptoms presented by the patient and the symptoms the medicine to be prescribed has produced in healthy volunteers. A crucial aspect in this clinical decision relates to the reliability of the symptoms presented in homœopathic repertories and materia medica textbooks.” (F Dantas, 1996)

So, provings (homœopathic pathogenetic trials) are the “corner stone” of homœopathy. (Vithoulkas, 2008) Hence, the importance of provings for homœopathy has to be marked, but also the difficulties, too.

G.Dimitriadis denotes that “it is a basic requirement for any scientific experiment to give the precise method and materials, so that others may attempt to reproduce the results in testing for falsifiability.” (Dimitriadis, On provings) So, did Hahnemann do that? Do Hahnemann’s provings fulfil the requirements for a scientific experiment? Do provings after Hahnemann fulfil the requirements for a scientific experiment?

Dr. Griesselich in his article The Homoion (Quarterly Homeopathic Journal, 1849, vol.1, p.9), states that Hahnemann's doctrine has been fully substantiated in its fundamental principles and that the reprovings of medicines instituted by the homœopathic physicians in Vienna have confirmed the correctness of Hahnemann's records. (Griesselich, 1849) Since Hahnemann’s pharmacography has not only withstood the test of time, but was the sole basis upon which Homœopathy first developed and later flourished, we should carefully examine his pharmacography in order to understand how a proving should be conducted.

Moreover, J.T.Kent, in his Presidential address, 7th annual meeting of the International Hahnemannian Association, 1887, declares that the Materia Medica is to be developed by careful and thorough provings of new drugs and that we should repeat, careful and thorough provings, for most of the modern provings are worthless, having been carelessly and improperly made. (Kent, 1887) Furthermore, J.T.Kent denotes that he is afraid to prescribe upon them and that he is afraid to trust valuable lives to such “careless work”. (Kent, 1887) Also, G.Vithoulkas states that “the credibility of the provings is today being demolished by “new ideas” concerning the ways provings could be conducted”. (Vithoulkas, 2008)

Walach denotes that “considering the great importance drug provings have in homeopathic theory and practice, it is surprising that so little scientific work has been done on the subject. Even within the homeopathic community there is no standard for provings. This is a weak point in research which will be taken up by critics of homeopathy in due time, as when they have understood homeopathy better and employ more sophisticated arguments.” (Walach, 1994)
So, the European Committee for Homœopathy (ECH)-Subcommittee Drug Provings created a protocol for provings, taking into consideration both homœopathic principles and International Conference on Harmonisation (ICH)-guidelines for clinical research, which are admittedly the standard guidelines for clinical research worldwide. (ECH Provings Subcommittee, 2004) But, nowhere in this protocol is there mentioned a proper posology, i.e. the physical amount of a substance, that should be used in a drug proving. So, what posology was Hahnemann using in his experiments? And, what is the posology in modern provings? Is there a difference? And, if it is, what is the proper amount of such substance that should be used in a proving?

“The true τέχνη” [Art, practice] implies not merely the possession of this or that ability, but also the “επιστήμη” [theory] of why this particular techné works and yields the desired results.” (Aristotle, 1953) So, does Hahnemann have a theory of why his methodology on posology in his provings works? Does a theory exist behind the methodology of posology in modern provings? Does Hahnemann’s theory agree with the theory of conventional medicine, with the theory of immunology?

Hahnemann's attitude towards knowledge was very modern; he took a very scientific approach. (Dean, 2001) To be regarded as “fully successful a scientific theory must provide us with a literally true description of what the world is like.” (Zynda, 1994) The “acceptance of a scientific theory involves the belief that it is empirically adequate,” (Zynda, 1994) which basically means it must be in accordance with all the observations of the matter concerned, not just some of them or some of them some of the time. A scientific theory “is “empirically adequate” if it gets things right about the observable phenomena in nature.” (Zynda, 1994) What counts as “observable” “is what could be observed by a suitably placed being with sensory abilities similar to those characteristic of human beings...” (Zynda, 1994) This attitude is called, “Sola Experientia: any claim to knowledge, any support for opinion, must come from experience; experience trumps all.” (Van Fraassen, 2002) “The empirical sciences do live by the rule of Sola Experientia: nothing trumps experience. The bottom line is agreement from experimental and observational fact.” (Van Fraassen, 2002) For Hahnemann experience did trump all. Repeatedly in his writings he mentions observation and experience as “the sole arbiters of truth, in contradistinction to the received authority and cherished theories of long-dead revered figures from the medical past”. (Dean, 2001)

In fact, “the technical term with the closet epistemological fit for Hahnemann’s conceptual innovation is abduction (or retroduction)”, introduced at the end of the nineteenth century by the philosopher C.S. Peirce. (Dean, 2001) This was his translation of apagoge, Aristotle’s third
form of inference, along with induction and deduction, which had hitherto been translated as reduction.² (Peirce, Hartshorne, & Weiss, 1931-35) “Apagoge has not only this dual function for Aristotle, to provide an intuitive hypothesis and then a concept or definition which figures as the major premises in syllogistic demonstration, but most importantly is required to factor out the truly essential from the natural incidents of the common-sense type.” (Peirce, Hartshorne, & Weiss, 1931-35) Hahnemann’s “surprising facts” were the “inexplicable empirical specifics”, long an embarrassment to rationalism, such as cinchona, mercury and sulphur. (Dean, 2001) The mercurial disease was often confused with syphilis and sulphur workers produced itching rashes. The similia hypothesis (Hahnemann, 1796) (Hahnemann & Stapf, 1829) (Hahnemann, 1852) (R.E. Dudgeon, 2004) allowed Hahnemann to reject the plausible explanations of his contemporaries, such as Cullen’s entirely orthodox claim that cinchona cured malaria because its bitter and astringent qualities being tonic to the stomach [Cullen writes (MM, vol.2):

“As a bitter and astringent conjoined, I consider the bark as a powerful tonic.” p.90
“We proceed therefore upon the supposition that the bark possesses a tonic power, and that the action of this power in the stomach sufficiently explains its operation in preventing the recurrence of the paroxysms of intermittent fever.” p.91](Cullen, 1789)

So, fulfilling Peirce’s requirement that the abductive hypothesis be subject to experimental validation (Dean, 2001), Hahnemann’s tests from 1790 onwards involved making careful records of what happened when he gave different drugs first to himself and then to other healthy volunteers, and what happened when he treated the sick with the same drugs capable of producing similar signs and symptoms. (Hahnemann, 1805)

Although our 2000-year-old legacy of separating theory from experience and knowledge from action has been traditionally associated with Aristotle (Parry, 2003), we should draw attention to a second, under-recognized, legacy of Aristotle, one that argues for the “integration of the universals and particulars” as the basis of true understanding and knowledge. (Schwartz, 2006) If we want homeopathy to reach the level of an academic knowledge we should remember that we have potentially

² “The form of inference, therefore, is this: The surprising fact, C, is observed. But if A were true, C would be a matter of course. Hence, there is reason to suspect that A is true. Thus, A cannot be abductively inferred, or if you prefer the expression, cannot be abductively conjectured until its entire content is already present in the premise: If A were true, C would follow as a matter of course.” (Peirce et al., 1966)
inherited from Aristotle “an additional model of doing science, one that celebrates the union of theory, experience, and practice as the bedrock of useful knowledge” (Schwartz, 2006). So, knowledge comes through experience. Does the experience of every day practice of homœopathy prove Hahnemann’s methodology on posology in provings? Does this experience justify the modern methodologies in new provings? Do conventional medicine’s observations from every day practice and Hahnemann’s concept coincide? Do these observations justify modern provings?

As Morrell denotes “a good scientist should be able to view all results, all patterns and all outcomes neutrally, willing and able to accept as valid any result. It is clear that Hahnemann was of this attitude as he changed his opinion many times (in the Fragmenta, the Materia Medica Pura and The Chronic Diseases certain remedies seem to come in and then go out of favour) and that reveals his neutral stance; rather than building a new medical system on fine-spun theories to which he doggedly clung, he built a system on experiment, experience and meticulous observation.” (Morrell)

If we want a conscious choice between Hahnemannian homœopathy and modern ideas we have to reach the level of an academic knowledge, we have to be concerned about the achievement of true practice, which is a practice, according to Aristotle, that draws on wisdom (phronesis) that arises from an integral complex of experience (empeiria), craft (technē), and theory (epistēmē). (Aristotle, 1953) In his opinion it is only “this kind of knowledge that enables a conscious choice possible between true and false, good and bad, benefit and hurt, and, generally, between ‘good’ and ‘evil’ ” (Parry, 2003) (Schwartz, 2006)

In this project, all bold faced, italics and underlined paragraphs were selected and pointed out by the researcher of this thesis.

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3 As G. Dimitriadis states, the inclusion criteria for CD as opposed to MMP are different. Moreover, the Fragmenta was also a different work, with different structure and intentions – merely fragmentary observations on drug effects. From this, it is not accurate to conclude that it was a matter of ‘favour’ which determined the inclusion of one or other remedy, in one or other work.
2. Summary

Drug provings (homœopathic pathogenetic trials) are the “corner stone” of homœopathy (Vithoulkas, 2008), because the validity of homœopathic Materia Medica and homœopathic repertory depends on provings reliability. So, it is very important to preserve provings credibility with a Homœopathic Drug Proving Protocol. Drug provings historically are the first systematic, experimental approach to detecting changes in healthy volunteers after exposure to a drug. G.Dimitriadis denotes that it is a basic requirement for any scientific experiment to give the precise method and materials, so that others may attempt to reproduce the results in testing for falsifiability (Dimitriadis, On provings). So, the European Committee for Homeœopathy (ECH)-Subcommittee Drug Provings created a protocol for provings, taking into consideration both homœopathic principles and International Conference on Harmonisation (ICH)-guidelines for clinical research, which are admittedly the standard guidelines for clinical research worldwide. (ECH Provings Subcommittee, 2004)

But, nowhere in this protocol (ECH Provings Subcommittee, 2004) is mentioned the proper posology, which means the amount of chemical remedy substance, that should be used in a drug proving. Is the proper posology the same for all substances? Is the proper posology the same for all provers? Do all provers need the same amount of a chemical remedy substance in order to have symptoms? Should the health level and the predispositions of the provers affect the posology in provings? Which are the preconditions to be a dose of a medicine capable to alter the health of a healthy person? In a drug proving an important problem is to distinguish reliable symptoms specific to a medicine from random, non-specific symptoms. Does the proper posology in provings help to have reliable symptoms? So, in this thesis we will try to explore the proper posology of medicines in provings.

Since “Hahnemann's doctrine has been fully substantiated in its fundamental principles and the repovings of medicines instituted by the homœopathic physicians in Vienna have confirmed the correctness of Hahnemann's records” (Griesselich, 1849), and since “our written record of provings originated with Hahnemann and the value of his works on materia medica may be measured by the subsequent success and growth of Homœopathy, which itself relied on their accuracy” (Dimitriadis), in this thesis was explorator, in order to denote the proper posology in provings, firstly the posology that Hahnemann was using in his experiments and his theory behind the methodology on posology in provings and, lastly, the posology in modern provings. But there was
ascertained a difference in posology between Hahnemann’s provings and some modern provings.

Hahnemann’s initial provings were conducted with simple, crude substances and tinctures. (Hahnemann, 2004) (Hahnemann, 2008) In Europe, between the decline of the Roman Empire and metrication, the use of different measure and weight systems depending on the purpose was an almost universal phenomenon (Ely.), 1854. Since ancient times, and until the adoption of the metric system by pharmacists in the first half of the twentieth century, physicians and apothecaries used for medical recipes the apothecaries' system of weights, which is a historical system of mass units. And sometimes this weight system was used also by scientists. Propably apothecaries' system was Hahnemann’s weight and measure system, but we cannot conclude this with certainty. The apothecaries' system of weights divides a pound into 12 ounces, an ounce into 8 drachms, and a drachm into 3 scruples or 60 grains.

From a careful study of Materia Medica Pura, The Chronic Diseases and other resources it appears that Hahnemann was using in his provings grain doses, scruple doses, drachm doses, even ounce doses and other material doses like the seeds, the juice, the root or the leaves of the plant. (Hahnemann, 2004) (Hahnemann, 2008) Also, there are several provings in Materia Medica Pura and in The Chronic Diseases that Hahnemann and his associates did with potentized medicines, such as from the 1st trituration and 9th dilution, from the 30th dilution, from the 3d trituration, from the 18th dilution. (Hahnemann, 2004) (Hahnemann, 2008) Furthermore, there have been recorded some especial provings from touching the magnet and from wearing or handling or carrying the medicine. (Hahnemann, 2004) (Hahnemann, 2008)

Moreover, from studing Hahnemann’s concepts of proving’s posology in Organon of Healing Art (Hahnemann et al., 2004) we conclude that every medicine can produce symptoms on everyone if the dose is large enough. Hahnemann classifies the substances in those that are strong and those of milder power, but for every medicinal substance there is a large enough dose to produce proving on an organism. (Hahnemann et al., 2004) The precondition to be a dose of a medicine capable to alter the health of a healthy person is either to be a large dose, or, if the dose is small, the prover must be sensitive to this substance. (Hahnemann et al., 2004) Potentized doses can produce symptoms only in sensitive provers. (Hahnemann et al., 2004)

Hahnemann was giving to provers material doses, something that changed later on, according to Hahnemann’s most recent observations. (Hahnemann et al., 2004) “In a proving the primary effects are the most worth knowing.” (Hahnemann et al., 2004) “Moderate doses of medicines produce primary effects and do not produce the reaction of the organism
(secondary action), as large doses do, with the exception of the narcotic substances.” (Hahnemann et al., 2004) So, Hahnemann recommends accomplishing provings with moderate doses that produce the most worth knowing primary effects. (Hahnemann et al., 2004) Also, he recommends that “it is best to test the peculiar effects of a substance by giving to the experimenter the medicinal substance in high dilutions”. (Hahnemann et al., 2004) “The thirtieth potency of the substance we prove is the best potency to give to the experimenter.” (Hahnemann et al., 2004) “The best provings are accomplished when, by chance, a prover is sufficiently sensitive as to react to a single dose, for then the genius of the symptoms can be seen due to the clear distinction between the primary effects (those most important) and the after-effects (secondary). (Hahnemann et al., 2004) But we cannot know beforehand the sensitivity to a particular substance, and therefore, it is a matter of luck, that is why he suggests in aphorism 129 to begin with a smaller dose and gradually increase. (Hahnemann et al., 2004) So, the correct method, according to Hahnemann, is to begin with the higher potencies, and gradually increase the dose, and decrease the potency.

So, the proper dose for a proving is the smallest single dose that can produce proving effects on a prover. (Hahnemann et al., 2004) The proper dose depends on the power of the substance (strong or of milder power) and on the sensitivity of the prover to the substance. (Hahnemann et al., 2004)
1. **Hahnemann classifies the substances in those that are strong and those of milder power.**

2. **Potentized doses can produce symptoms only to sensitive provers.**

3. **The best provings are accomplished when, by chance, a prover is sufficiently sensitive as to react to a single dose, for then the genius of the symptoms can be seen due to the clear distinction between the primary effects (those most important) and the after-effects (secondary). But we cannot know beforehand the sensitivity to a particular substance, and therefore, it is a matter of luck, that is why Hahnemann suggests beginning with a smaller dose and gradually increasing.**

4. **Begin with the higher potencies, and gradually increase the dose, and decrease the potency.**

5. **The proper dose for a proving is the smallest single dose that can produce proving effects on a prover. The proper dose depends on the power of the substance (strong or of milder power) and on the sensitivity of the prover to the substance.**

Table 2.1 Hahnemann’s concepts of proving’s posology

According to Hahnemann, **the most accurate provings are accomplished by giving potentized doses on sensitive organisms.** (Hahnemann et al., 2004) So, **the first step** of a proving should be **to find the most sensitive organisms.** G.Vithoulkas’ suggestion, in order to pre-select the most sensitive provers, is: “**Start** giving the substance in **sub-**
**Provings and Posology: 2. Summary**

1. **Toxic doses. Then increase the dose by more frequent repetitions.** So, those that started having symptoms on the first, second or third day are the most sensitives.” (Vithoulkas, 2000) (Vithoulkas, 2002) “It is only those sensitive individuals that should take part in the second step of a proving with high potencies of this remedy. In the second step with high potencies some of these sensitive provers will develop symptoms from a repetition of such high potencies.” (Vithoulkas, 2000) (Vithoulkas, 2002)

   Also, **P. Herscu denotes** that the concept of the individual predisposition has been missing in many current provings and many studies. (Herscu, 2002) He suggests: “Take each prover’s case prior to the beginning of the proving to determine his or her “constitutional” remedy(ies). Then **collect symptoms of only those provers who demonstrate a definite sensitivity to the substance** and conduct the proving in three phases. Phase One is represented by the substance’s toxic symptoms. Phase Two is conducted with the 6C, 12C, or 30C potencies (expected to produce more general symptoms). Phase Three - a critical, final step - is conducted with 200C or 1M potencies, which are given to only those provers who in the earlier phase were identified as being sensitive test subjects.” (Herscu, 2002)

   However, G.Vithoulkas’ and P.Herscu’s suggestions, that are alike, are the exact opposite of what Hahnemann states. **The correct method, according to Hahnemann, is to begin with the higher potencies, and gradually increase the dose, and decrease the potency.** (Hahnemann et al., 2004) Hahnemann is clear in stating that the dose should be gradually increased, and he recommends, at the end of his career, provings to be made using the 30th potency. (Hahnemann et al., 2004) But, Hahnemann states, also, that **“the best provings are accomplished when, by chance, a prover is sufficiently sensitive as to react to a single dose”**. (Hahnemann et al., 2004) However, we cannot know beforehand the sensitivity to a particular substance, and therefore, it is a matter of luck, that is why Hahnemann (Hahnemann et al., 2004) suggests to begin with a smaller dose and gradually increase. So, **G.Vithoulkas’ and P.Herscu’s suggestions** offer an extension, for the sake of practicality, by **proposing a pre-selection methodology for potency provings trials.**

   Also, **F. Dantas** denotes that “the point of a proving is to identify true symptoms, discriminating the signal (symptoms caused by the substance being tested) from the noise (confounding factors such as the myriad events, incidents and spontaneous changes of daily life, and the symptoms and sensations related to them)” (Flávio Dantas et al., 2007b) So, F.Dantas suggests to explore the sensitivity of individual volunteers (those volunteers who react strongly to a particular medicine may be the ‘constitutional type’), the relationship between toxicity of the medicine
and number of effects, the effects of different routes of administration. (Flávio Dantas et al., 2007b)

Some methodologies for separating the individual symptoms from the remedy-proving symptoms are the use of placebo, the 'optional cross-over design', the pre-selection of the most sensitives provers, the administration of 'individualised' homœopathic remedies on a double-blind basis. (Koster, Van Haselen, Jansen, & Dicke, 1998) (Ernst, E., Resch, K. L., 1995) (Vickers, McCarney, P Fisher, & van Haselen, 2001)

As D.Riley states, in a proving, it is difficult to distinguish reliable symptoms specific to a medicine from random, non-specific symptoms. (David Riley, 2005) Many well-proven and commonly prescribed homœopathic remedies have keynotes that did not appear in a homeopathic drug proving. It is difficult to be sure that what was experienced during the proving period was different from background noise. Furthermore, there is no way to determine which symptoms are specific for placebo, because there is no standard. Placebo can generate virtually any symptom. But this problem could be solved with the pre-selection of the most sensitive provers. The most sensitive provers can have reliable symptoms specific to the medicine.

Some symptoms derived from historical provings initially appeared unimportant and may have been experienced by only one subject in a proving. Some of these symptoms were subsequently verified clinically and are now major keynotes of homœopathic medicines. This was happening because some of the provers were accidentally sensitive to the proving substance and had symptoms that are keynotes of the proving drug. So, if a pre-selection of the most sensitive provers occurs in a proving, then more symptoms from this proving will be verified clinically as keynotes of the proving substance.

Furthermore, Signorini suggests that toxins should be the first choice to use in provings, in order to compare known actions of active compounds with the actions of their correspondent dilution and he encourages repeating provings until the symptoms are almost always the same. (Andrea Signorini, 2007b) He also denotes that “better comprehension and lesser interpretation of the curative action gives better opportunities to cure the sick”. (Andrea Signorini, 2007b)
• The correct method, according to Hahnemann, is to begin with the higher potencies, and gradually increase the dose, and decrease the potency.

• But, Hahnemann states, also, that the best provings are accomplished when, by chance, a prover is sufficiently sensitive as to react to a single dose.

• G.Vithoulkas’ suggestion in order to pre-select the most sensitives provers is to start giving the substance in sub-toxic doses. Then increase the dose by more frequent repetitions. So, those that started having symptoms on the first, second or third day are the most sensitives.

• P.Herscu suggests to collect symptoms of only those provers who demonstrate a definite sensitivity to the substance.

• G.Vithoulkas’ and P.Herscu’s suggestions offer an extension, for the sake of practicality, by proposing a pre-selection methodology for potency provings trials.

• F.Dantas denotes that the point of a proving is to identify true symptoms, discriminating the signal (symptoms caused by the substance being tested) from the noise (confounding factors such as the myriad events, incidents and spontaneous changes of daily life, and the symptoms and sensations related to them).

• Signorini suggests that toxins should be the first choice to use in provings and he encourages to repeat provings until the symptoms are almost always the same.

Table 2.2 Methodology-suggestions in order to identify true symptoms
However, a glimpse at new provings denotes that modern ideas of provings have come along, like meditation provings or dream provings and there is a difference in posology between Hahnemann’s provings and some modern provings.

<table>
<thead>
<tr>
<th>Two studies that reveal many serious problems in the conduct of homœopathic pathogenetic trials:</th>
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<tr>
<td>1. An exploratory systematic review of 156 provings by F.Dantas.</td>
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Table 2.3 Two studies that reveal many serious problems in the conduct of provings

Two studies, an exploratory systematic review of 156 provings by F.Dantas (Flávio Dantas et al., 2007a) (Flávio Dantas et al., 2007b) and a comparative study of placebo-controlled trials of homœopathy and allopathy (Shang et al., 2005), reveal many serious problems in the conduct of homœopathic pathogenetic trials.

A review of 156 provings by F.Dantas reveals heterogeneity of design in current provings, poorly reported criteria for selection of effects, lack of consistency in the way symptoms are extracted from provings, inadequate use of placebo, inadequate dosage and repetition in volunteers who are not highly sensitive. (Flávio Dantas et al., 2007a) (Flávio Dantas et al., 2007b)

In a comparative study of placebo-controlled trials of homœopathy and allopathy, 110 homœopathy trials and 110 matched conventional-medicine trials were analysed and, according to the study, there was weak evidence for a specific effect of homœopathic remedies. (Shang et al., 2005)

Moreover, G.Vithoulkas, G.Dimitriadis and P.Herscu admonish that the credibility of the provings is today being demolished by “new ideas” and Hahnemann’s concepts of provings are now being interspersed with meditation provings or dream provings or other modern ideas. (Vithoulkas, 2006) (Vithoulkas, 2008) (Dimitriadis) (Herscu, 2002)

P.Herscu denotes that some of the fallacies in many current proving strategies are lack of blinding and placebo control, excessive emphasis on dreams, failure to take into account the “Hawthorne effect” (how a
patient’s focusing on his symptoms can cause even more, imagined symptoms to arise—behavior is changed if the person knows he is the subject of a study), the inclusion of symptoms noted by those participants taking placebo, lack of the concept of the individual predisposition. (Herscu, 2002)

P.Herscu states: “In some examples of current provings: - meditation provings, song provings, seminar provings, dream provings, and provings where N = infinity, i.e. everyone even near the proving, whether they have taken the remedy or not, is believed to have symptoms elicited by the proving. So, huge lists of symptoms are added to repertories, making the repertories almost unusable. But, once the “noise” is included in the repertory, there is no easy way to extricate it. In the end your practice will suffer.” (Herscu, 2002)

Moreover, G.Dimitriadis states that the concepts of Hahnemann are unfamiliar to the present day homœopaths (Dimitriadis) and G.Vithoulkas denotes that Hahnemannian Homœopathy is doomed to go into oblivion again. (Vithoulkas, 2006) (Vithoulkas, 2008)

### Examples of “modern ideas” in current provings:

1. **The “new idea” of the “communal consciousness” from Sunkaran.**
2. **The proving of Thiosinamine from Tony Grinney.**
3. **J.Sherr, also, supports the idea of provers comparing experiences among each other.**
4. **M.Norland’s “meditation provings”.**
5. **J.Scholten’s “metaphysical” way of proving.**
6. **The idea of presentiment provers.**
7. **Walach’s theory of entanglement.**

**Table 2.4 Examples of “modern ideas” in current provings**

Some examples of “modern ideas” in current provings are the “new idea” of the “communal consciousness” from Sunkaran (Sankaran, 1998), J.Scholten’s “metaphysical” way of proving (Scholten, 1993) (Scholten, 2007), the experimental idea of presentiment provers (Brien, 2003) (G.T. Lewith, Sarah Brien, & Hyland, 2005), Walach’s theory of entanglement (Walach H, Sherr J, Schneider R, Shabi R, Bond A, Rieberer G, 2004). Some examples of “modern” provings are the proving of Thiosinamine...
from Tony Grinney (Grinney, 2001) and M.Norland’s “meditation provings” (Norland, 2000). Furthermore, J.Sher, also, supports the idea of provers comparing experiences among each other and the idea that dreams uncover the deeper meaning of the remedy. (Sher, 1994)

According to the “new idea” of the “communal consciousness” from Sunkaran, the effect of the dose multiplies when taken collectively. (Sankaran, 1998) Sunkaran suggests an entire group of persons to take a dose of the remedy, a few days before or even during a seminar, and then discussing the effects of the dose during the seminar. (Sankaran, 1998) In the proving of Thiosinamine from Tony Grinney placebo doses we were enough to produce a lot of symptoms. (Grinney, 2001)

M.Norland’s “meditation group provings” were conducted by meditating upon the medicine, by holding it, by looking at it, by one member holding the concept/image of a thing in their mind (the sender) while the group has sat in a period of silence and self-observation (the receivers). (Norland, 2000)

J.Scholten’s method of group analysis is a “metaphysical” way of proving. (Scholten, 1993) (Scholten, 2007) His suggestion is to predict the picture of the remedy. (Scholten, 1993) (Scholten, 2007)

According to Walach’s theory of entanglement, there is entanglement between verum and placebo in all clinical trials and people respond to homœopathy even if they do not take the medicine. (Walach H, Sherr J, Schneider R, Shabi R, Bond A, Rieberer G, 2004)

Lewith, Brien and Hyland present results of the proving of Belladonna (Brien, 2003). Among their results they mention that subjects who reported symptoms during the placebo run-in period (“presentiment provers”) were more likely to report symptoms during the treatment period. (G.T. Lewith, Sarah Brien & Hyland, 2005) And they define presentiment provers as those individuals who reported true proving symptoms during the placebo run-in week. (G.T. Lewith, Sarah Brien, & Hyland, 2005) This is not the basic idea of their research; this is more likely an idea in an experimental level. In fact, this observation agrees with Hahnemann’s conception, “presentiment provers” are the “predisposed” provers, the provers that have the tendency (predisposition) (idiosyncrasy) to produce symptoms similar to those caused by the substance of the proving, when they interact with various environmental stimuli.

Moreover, Benveniste J. in his in vitro experiment explores the inhibitory effect of highly diluted histamine and Apis mellifica solutions on anti-IgE induced basophile degranulation. (B Poitevin, Davenas, & Benveniste, 1988) It is a proving in a cellular level of high dilutions of Apis mellifica and Lung histamine on human basophiles. B.Poitevin explains that differing sensitivity between individual blood donors plays a
crucial role. (B Poitevin, Davenas, & Benveniste, 1988) So, even in this proving in a cellular level it is denoted the importance of the individual sensitivities of the provers.

**Provings from one dose of a high potency:**

1. **J. Sherr’s proving of hydrogen (potencies ranging from 6CH to 200CH).**
2. **Sankaran’s proving of Coca-Cola (30CH).**
3. **N. Herrick’s provings of eight new animal remedies (30CH).**

**Table 2.5 Provings from one dose of a high potency**

Some examples of provings from one dose of a high potency are J. Sherr’s proving of hydrogen (potencies ranging from 6CH to 200CH) (School & Sherr, 1992), Sankaran’s proving of Coca-Cola (30CH) (Sankaran, 1998), N. Herrick’s provings of eight new animal remedies (30CH) (Herrick, 1998).
Provings from potentized, recurrent doses:

1. Placebo controlled trials:
   - Riley’s proving of Veronica officinalis (12CH).
   - A single blind proving of Mancinella (2x, 30CH).
   - Savulescu’s proving of Quercus robur.
   - Three single blind pilot studies with Arsenicum bromatum (30CH).
   - Double blind provings of Plumbum metallicum (Plumbum) (30CH) and Piper methysticum (30CH).
   - Riley’s and Zagon’s double blind proving of RNA (2x).
   - Julian’s single blind proving of RNA (30CH, 7CH, 3x).
   - S.Brien’s double blind proving of Belladonna (30CH).
   - Attena’s double blind trial of Oscillococcinum.
   - Double blind provings of potentized Etna Lava (30CH) and potentized H2O2 (30CH).
   - A double blind trial with Belladonna (30CH, 12CH).

2. Placebo controlled, double blind, cross-over trials:
   - Koster’s optional cross-over proving (6x, 30CH).
   - Vickers’ cross-over trial with Bryonia as the trial medication (12CH).
   - A clinical cross-over study with Aconitum napellus (30CH).
   - Provings of Acidum malicium (12CH) and Acidum ascorbicum (12CH).
   - Dr.Templeton’s and Dr.Raeside’s provings (1x, 2x, 3x, 6x, 7x, 12x, 6CH, 8CH, 12CH, 30CH, 200CH).

Table 2.6 Placebo controlled provings from potentized, recurrent doses
Some examples of placebo controlled trials-provings from potentized, recurrent doses are Riley’s proving of Veronica officinalis (12CH) (David S. Riley, 1995b), a single blind proving of Mancinella (2x, 30CH) (Lentheric, 1997), Savulescu’s proving of Quercus robur (Savulescu et al., 2000), three single blind pilot studies with Arsenicum bromatum (30CH) (Signorini, 2000), two double blind provings of Plumbum metallicum (Plumbum) (30CH). and Piper methysticum (30CH) (A Signorini et al., 2005), Riley’s and Zagon’s double blind proving of RNA (2x) (Riley, 1994) (Riley, 2003), (D Riley & Zagon, 2005), Julian’s single blind proving of RNA (30CH, 7CH, 3x) (Julian, 1978), S.Brien’s double blind proving of Belladonna (30CH) (Brien, 2003), Attena’s double blind trial of Oscillococcinum (Attena, Toscano, Agozzino, & Del Giudice, 1996), two double blind provings of potentized Etna Lava (30CH) and potentized H2O2 (30CH) (Dominici, Bellavite, di Stanislao, Gulia, & Pitari, 2006) and a double blind trial with Belladonna (30CH, 12CH) (A. Walach & Ernst-Heiber, 1995).

Some examples of placebo controlled, double blind, cross-over trials-provings from potentized, recurrent doses are Koster’s optional cross-over proving (6x, 30CH) (Koster et al., 1998), Vickers’ cross-over trial with Bryonia as the trial medication (12CH) (Vickers et al., 2001), a clinical cross-over study with Aconitum napellus (30CH) (Piltan D, Rist L, Simões-Wüst P, Saller R, 2009), two provings of Acidum malicum (12CH) and Acidum ascorbicum (12CH) (P Fisher & F Dantas, 2001) and Dr.Templeton’s and Dr.Raeside’s provings (1x, 2x, 3x, 6x, 7x, 12x, 6CH, 8CH, 12CH, 30CH, 200CH) (Raeside, 1962).

Some examples of provings that follow Hahnemann’s ideas are a proving based on accidental exposure to organophosphates (Edwards, D. A., Ibarra-Ilarina, C., Ibarra, M., 1994) and the proving of Parthenium hysterophorus. (Kennedy, 1995)

So, indeed many “new ideas” are demolishing the credibility of the provings and destroying the principles, theory, and practice of real Hahnemannian homoeopathy. But, also, many of today’s provings are placebo-controlled trials from potentized, recurrent doses, according to Hahnemann’s ideas. However the results of these provings are not satisfactory. In the strategy of the most of the current provings there is lack of Hahnemann’s concept of the individual predisposition-sensitivity. So, new proving methods, as G.Vithoulkas’ and P.Herscu’s suggestions, based on Hahnemann’s concepts should be developed.
Table 2.7 New proving methods

But, why some “modern teachers” disregard Hahnemannian Homœopathy? Is it because their daily practice falsifies Hahnemann’s concepts? Does daily practice of homœopathy or the theory of conventional medicine testify Hahnemann’s ideas about provings? So, it was explorated if Hahnemann’s theory of posology in provings agrees with the theory of conventional medicine, with the theory of immunology and if daily practice of homœopathy confirms Hahnemann’s ideas about provings.

G.Vithoulkas has observed that *a high potency of a dissimilar remedy, (unhomœopathic) to the disease, will seldom affect a patient.* (Vithoulkas, 2008) “In daily practice we often prescribe the wrong remedy yet ‘proving’ symptoms are seldom seen.” (Vithoulkas, 2008) If a practitioner gives the wrong remedy (not the one that is really indicated) in a high potency to a patient then in most of the cases there is no effect at all. (Vithoulkas, 2000) So, according to G.Vithoulkas’ observations, provings from a wrong remedy in a high potency in patients in daily practice are seldom which testifies Hahnemann’s concept that *potentized doses can produce symptoms only to sensitive provers.*
Also, G.Dimitriadis denotes that the likelihood of over-dose from a medicine perfectly dissimilar (unhomeopathic) to the disease, given in high potency, is very small and a high potency of a dissimilar remedy will seldom produce an observable effect. (Dimitriadis)

J.T.Kent writes in his eighth observation that “some patients prove every remedy they get”. (Kent, 2009) G.Vithoulkas explains that some patients with week defence, that belong to lower health levels, prove a close remedy. (Vithoulkas, 2002)

As G.Vithoulkas observes, when a medicine ameliorates the patient’s health after an initial aggravation and at the same time produces new symptoms to the patient that belong to the symptomatology of the remedy, this means that the medicine was the right one and that it proves it’s action on the patient. (Vithoulkas, 2002) Also, Hahnemann in his daily practice has observed new symptoms from a suitably chosen homeopathic medicine in “very irritable and sensitive patients”, as he states in Organon of Healing Art in aphorism 156, even if the dose was insufficiently minute. (Hahnemann et al., 2004) So, it is possible, not only the wrong medicine (if it is a close remedy and the prover belong to lower health levels), but also the right medicine to prove its action on a sensitive patient.

Healthy provers are always benefited by provings, if they are properly conducted. (Kent, 2009) G.Vithoulkas explains that “when the prover-patient belongs to upper health level, the proving action of the medicine ameliorates his health”. (Vithoulkas, 2002)

Moreover, P.Herscu draws parallels between the phenomena we witness daily in clinical practice and those observed in provings. (Herscu, 2002) “In the ideal proving the remedy is given and it is such a perfect simillimum to the prover that all the prover’s symptoms disappear. So, in the ideal world, the practice is the same as the proving. The process of proving and the process of practice is at the same time a mirror image. The successful outcome depends upon the homeopath's ability to select the symptoms that are characteristic.” (Herscu, 2002)
• **G.Vithoulkas’ observation**: Provings from a wrong remedy in patients are seldom.

• **G.Dimitriadis’ observation**: A high potency of a dissimilar remedy will seldom produce an observable effect.

• **Kent’s observation**: Some patients prove every remedy they get.

• **G.Vithoulkas’ observation**: Some patients with week defence, that belong to lower health levels, prove a close remedy.

• **G.Vithoulkas’ observation**: Not only the wrong medicine, but also the right medicine prove its action on a sensitive patient.

• **Kent’s observation**: Healthy provers are always benefited by provings.

• **G.Vithoulkas’ observation**: When the prover-patient belongs to upper health level, the proving action of the medicine ameliorates his health.

• **P.Herscu’s observation**: In the ideal proving the remedy is given and it is such a perfect simillimum to the prover that all the prover's symptoms disappear. So, in the ideal world, the practice is the same as the proving.

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Table 2.8 Kent’s, Vithoulkas’, Dimitriadis’, Herscu’s observations
It is important to add that not only the practice of homœopathy confirms Hahnemann’s concepts of provings, but also daily practice of conventional medicine. Conventional medicine’s observations and Hahnemann’s ideas have common ground, because both prescribe the reactions of the human organism.

Hypersensitivity diseases, such as asthma, hay fever, allergies, food hypersensitivities are, according to conventional medicine, the reaction of the immune system of the organism to some substances. Allergic constitutions produce symptoms either by smelling, eating or touching a substance, just like Hahnemann’s records of provings. (Hahnemann, 2004) In fact, all allergic reactions that have been recorded so far are, actually, provings.

According to Hahnemann, “sensitive subjects are best suited for provings”. (Hahnemann et al., 2004) But this is no different to what is accepted in pharmacology, that is, that a substance is only able to effect a physiological response because there are already receptors present to which their molecules fit precisely. “Even in physiology, it is accepted that there must be some level of predisposition for any substance to actually evoke a response.” (Dimitriadis, 2007)

Up-to-date reports of the dangerous effects of medicines (side-effects) are actually provings. (Hahnemann et al., 2004) (Hahnemann, 2004) (Hahnemann, 2008) As G.Vithoulkas states, “all side-effects of allopathic-chemical drugs are nothing else but provings”. (Vithoulkas, 2000)

Also, Hahnemann records a lot of symptoms from poisonings from toxicology as provings. (Hahnemann et al., 2004) (Hahnemann, 2004) (Hahnemann, 2008) Up-to-date reports of symptoms from poisonings are proofs of the effects of the substances, which mean that are provings. “The proving is in fact merely a mild and subtle form of poisoning, what we might term a micro-poisoning.” (Morrell)

Accordingly, we could classify provings in those that are contacted from large doses, namely poisonings (according to medical terminology), and in those that are contucted from pontentized doses upon sensitive provers, namely hypersensitivity reactions (according to medical terminology). We could classify provings in those that are contacted because of the toxicity of the substance, namely poisonings (according to medical terminology) and in those that are contucted because of the sensitivity of the prover, namely hypersensitivity reactions or side effects of allopathic-chemical drugs (according to medical terminology).

So, the difference between Hahnemannian homœopathy and conventional medicine lies in interpretation on the reactions of the human organism (hypersensitivity diseases, side-effects of allopathic-chemical
drugs, poisonings from toxicology) and, according to this interpretation, in the method of the cure.
● All allergic reactions (according to medical terminology) that have been recorded so far are, actually, provings (according to Hahnemann's terminology).

● Sensitive subjects are best suited for provings. Even in physiology, it is accepted that there must be some level of predisposition for any substance to actually evoke a response.

● All side-effects of allopathic-chemical drugs (according to medical terminology) are nothing else but "provings" (according to Hahnemann’s terminology).

● Hahnemann records a lot of symptoms from poisonings from toxicology as provings. The proving is in fact merely a mild and subtle form of poisoning, what we might term a 'micro-poisoning'.

● We could classify provings (according to Hahnemann’s terminology) in those that are contacted from large doses, namely poisonings or side effects of allopathic-chemical drugs (according to medical terminology), and in those that are contacted from potentized doses upon sensitive provers, namely hypersensitivity reactions (according to medical terminology).

Table 2.9 Allergic reactions, side-effects of drugs, poisonings are provings
On the contrary, in daily practice of conventional medicine there have never been observed hypersensitivity diseases, such as asthma, hay fever, allergies, that are the reaction of the immune system of the organism, from meditation or dreams or communal consciousness or by looking at the medicine. To-date, we have never had reports of poisonings from meditation or dreams or communal consciousness. But knowledge comes through experience and so far only the experience of modern teachers justifies new ideas about provings. Is that enough to rely on? Of course not, these new ideas and these modern provings need further exploration before trusting them.

- In daily practice of conventional medicine there have never been observed hypersensitivity diseases, such as asthma, hay fever, allergies, that are the reaction of the immune system of the organism, from meditation or dreams or communal consciousness or by looking at the medicine.

- To-date, we have never had reports of poisonings from meditation or dreams or communal consciousness.

- Knowledge comes through experience and so far only the experience of modern teachers justifies new ideas about provings. Is that enough to rely on?

- These new ideas and these modern provings need further exploration before trusting them.

Table 2.10 New ideas need further exploration
3. Preface

3.1 Samuel Hahnemann’s biography and the birth of Homœopathy

3.1.1 Hahnemann’s life

The founder of homœopathy Christian Friedrich Samuel Hahnemann (1755-1843) was born in Meissen, Saxony, in Germany on April 10th, 1755. (Hobhouse, 2002) (Francois-flores, 2007) (Cook, 1981) His father had brought him up according to Rousseau’s principles. (Dean, 2001) By the age of twenty he had mastered English, French, Italian, Latin and Greek, and was able to make a living at the University of Leipzig as a translator and teacher in languages. He subsequently added to these, Arabic, Syriac, Chaldaic and Hebrew. (Hobhouse, 2002) (Francois-flores, 2007) (Cook, 1981)

After finishing school in Meissen in 1775, Hahnemann enrolled in the University of Leipzig to study medicine. However, he was frustrated with the quality of the teaching and left in late 1776 for Vienna. (Hobhouse, 2002) (Francois-flores, 2007) (Cook, 1981) In Vienna, Hahnemann received medical training but was only able to remain a short time, due to lack of funds. Nearly two years later, once he had saved up enough money, he entered the University of Erlangen and completed his medical studies. He graduated in medicine with special honours at Erlangen in the year 1779 and began to practice medicine in 1780. (Hobhouse, 2002) (Francois-flores, 2007) (Cook, 1981)

He was a member of various scientific societies in Leipsic and other cities, and was highly honoured for his researches in chemistry. He was well versed in many branches of science unconnected with medicine, was proficient in botany, astronomy and meteorology; in fact from his broad learning and naturally philosophical mind he easily took rank as one of the most profound scholars of his day. (Hobhouse, 2002) (Francois-flores, 2007) (Cook, 1981)

In 1781, Hahnemann took a village doctor’s position in the copper-mining area of Mansfeld, Saxony. He soon married Johanna Henriette Küchler and would eventually have eleven children. Hahnemann’s next big change was to move to Dresden in 1784. (Hobhouse, 2002) (Francois-flores, 2007) (Cook, 1981) By this time he had a great unhappiness and frustration with the ineffective and detrimental practices in medicine. He writes in an annotation to the Treatise of material medica of W.Cullen: “Blood-letting, fever remedies, tepid baths, lowering drinks, weakening diet, blood cleansing and everlasting aperients and clysters [enemas] from the circle in which the ordinary German physician turns round unceasingly.” (Cullen, 1789) So, he gave up medicine altogether and took up full-time work as a translator. It was through this work that he became noted for his scientific and medical translations. Translation work opened up for him "a world rich in the most glorious prospects," (Goethe, 1917) of medical data, therapeutic hints, clinical observations and notes about drug actions, which must have enormously enriched his medical thinking. (Hobhouse, 2002) (Francois-flores, 2007) (Cook, 1981)

3.1.2 Hahnemann: one of the most distinguished of German physicians

Christoph Hufeland (1762-1836) is often cited as the greatest German clinician of the late eighteenth century, and he described Hahnemann as one of the most distinguished of German physicians. (Nutton & Medicine, 1991) A quantitative survey of peer citations found in Lorenz Crell’s Chemische Annalen in the years 1784-89 ranks Hahnemann in the first fifteen German chemists. (Hufbauer, 1982) Translations of scientific, medical, and literary works into German from English, French, Latin and Italian were highly regarded enough to earn him awards and many commissions for further translations and also original textbooks. (Hobhouse, 2002) (Francois-flores, 2007) (Cook, 1981) A review of his translation of the influential Wholesale manufacture of chemicals by J.F. Demachy considered it to be an improvement on the French original, because of Hahnemann’s many critical annotations and amplifications. (Demachy & Hahnemann, 1784) His Apotheker Lexicon treated every aspect of best practice in pharmacy so definitively and comprehensively that it constituted a major reform,
superseding its competitors in the opinion of reviewers. (Hahnemann, 1793-99)

3.1.3 Hahnemann made searching criticisms of empirical treatments

After 1790, for the remaining five decades of his life, Hahnemann mounted a sustained attack on blood-letting, purging, blistering, polypharmacy, massive doses and the abusive treatment of the mentally ill. (Hobhouse, 2002) (Francois-flores, 2007) (Cook, 1981) Hahnemann made searching criticisms of empirical treatments aimed at ill-defined “diseases” that were hardly more than a vague symptom or two, such as “rheumatism” and “dropsy”, and not just the sorts of cause that rationalism claimed to know. (Hahnemann, 1801, Monita über die drey gangbaren Kurarten) He pointed out that the empiricists had known how to observe but not how to cure, hence their reliance on diet and the “healing power of nature” above all. (Hobhouse, 2002) (Francois-flores, 2007) (Cook, 1981) He, also, criticized the random nature of testing one substance after another in each disease: “the tiny number of known specifics, scarcely more than mercury for syphilis, cinchona bark for malaria and sulphur for skin eruptions in the 1500 years since Galen, had been discovered by the empiricists as if by chance, or appropriated from folk medicine”. (Hahnemann, 1852)

Hahnemann realised from his studies of drugs that single drugs in moderate doses offered up the best hope of creating a gentle and effective system of curative medicine. (Hahnemann, 1796) So, he rejected the Galenic diktat of using mixed drugs in strong doses. As Gumpert reports, he was “a most passionate opponent of mixed doses that contained a large number of ingredients.” (Gumpert, 1945)
3.1.4 The first proving: the proving of Cinchona

In 1790 Hahnemmann was translating William Cullen's A Treatise on the Materia Medica (Cullen, 1789) and he questioned some of the author's conclusions on Cinchona. (Ameke, 1885) Cinchona bark (Cortex Peruvian) had been used by the indigenous natives of South America for the treatment of malaria and had been brought to Europe by missionaries. It was given its name by the Swedish Botanist Linnaeus, after the Duchess of Cinchon, Vice-Queen of Peru, who was cured by it. (Nagpaul, 1987) Cullen explains the efficacy of Cinchona in intermittent fever by the strengthening power it exerts on the stomach, and adds, that he has never met with anything in any book which made him doubt the truth of his view. (Cullen, 1789) So, the proving of Cinchona was aimed merely at seeing what effects upon the physiology were excited by the bark, in small yet therapeutic dose. (Cook, 1981) Hahnemann wanted to see if the drug would indeed affect the stomach as Cullen suggested. (Cook, 1981) To his surprise, he found it did not do that and his testing of it proved to be a revelation in other ways. (Cook, 1981) So, Hahnemann took a dose of the substance and then observes its effects. Morrell denotes a possible peculiar sensitivity of Hahnemann himself to Cinchona bark, as he had contracted malaria in his youth, during his Hermanstadt journey. (Morrell) This was the first proving to be conducted.

In this first proving experiment, Hahnemann observed symptoms broadly similar to those of malaria, including spasms and fever. (Cook, 1981) (Haehl, 1922) With Cinchona, he had “produced in himself the symptoms of intermittent fever.” (Haehl, 1922)

Hahnemann writes: “Let us consider the following: Substances which produce some kind of fever (very strong coffee, pepper, arnica, ignatia bean, arsenic) counteract these types of intermittent fever. I took for several days, as an experiment, four drachms of good Cinchona twice daily. My feet and finger tips, etc at first became cold; I became languid and drowsy; then my heart began to palpate, my pulse became hard and quick; an intolerable anxiety and trembling (but without a rigor),
prostration in all the limbs, then pulsation in the head, redness of the cheeks, thirst; briefly, all the symptoms usually associated with intermittent fever appeared in succession, yet without the actual rigour.

To sum up: all those symptoms which to me are typical of intermittent fever, as the stupefaction of the senses, a kind of rigidity of all joints, but above all the numb, disagreeable sensation which seems to have its seat in the periosteum over all the bones of the body - all made their appearance. This paroxysm lasted from two to three hours every time, and recurred when I repeated the dose, not otherwise. I discontinued the medicine and I was once more in good health.”(Cullen, 1789)

Hahnemann remarked, in opposition to Cullen “If the author had detected that the bark had the power of producing artificial, antagonistic fever . . . certainly he would not have held so firmly to his mode of explanation. Peruvian bark, which is used as a remedy for intermittent fever, acts because it can produce symptoms similar to those of intermittent fever in healthy people.”(Cullen, 1789)

So, he criticised the opinion of Cullen that the action of Peruvian bark [quinine] was that of a tonic to the stomach. It is true that china bark is a tonic to the stomach (bitter & astringent), but it is not true that this is the reason for its efficacy in intermittent. Furthermore, Hahnemann proceeded to argue that quinine acts in malaria because in healthy people it can produce symptoms similar to intermittent fever. (Bodman, 1955)

3.1.5 The principle of similars-like cures like

On noticing that Cinchona produced fever symptoms, Hahnemann was led him to postulate a healing principle: “that which can produce a set of symptoms in a healthy individual, can treat a sick individual who is manifesting a similar set of symptoms.” (Hahnemann, 1796) (Hahnemann & Stapf, 1829) (Hahnemann, 1852) (R.E. Dudgeon, 2004) Hahnemann only suggests a similars principle may be in play in the specific case of intermittent fever and bark. In 1796, in his Versuch... he first states that it is definitely a similars principle in general, as evidenced by all (over 60) substances he tested 1790-1796. (Hahnemann, 1796) This new principle, “was to him what the falling apple was to Newton, and the swinging lamp in the Baptistery at Pisa was to Galileo.” (Dudgeon, 1853) Dudgeon denotes that “from this single experiment his mind appears to have been impressed with the conviction that the pathogenetic effects of medicines would give the key to their therapeutic powers”. (Dudgeon, 1853)

So, day after day, he tested medicines on himself and others. He collected histories of cases of poisoning. His purpose was to establish a doctrine of medical remedies, free from all suppositions, and based solely
on experiments. (Gumpert, 1945) Over the next six years he systematically examined a number of other substances with known therapeutic effect, and published the results of his definitive findings in his article In Search of a New Principle for Ascertaining the Curative Powers of Drugs (Hahnemann, 1796), with a few glances at those hitherto employed, wherein we read:

“In my additions to Cullen’s Materia Medica, I have already observed that bark, given in large doses to sensitive, yet healthy individuals, produces a true attack of fever, very similar to the intermittent fever, and for this reason, probably it overpowers, and thus cures the latter. Now after mature experience, I add, not only probably, but quite certainly.” (Hahnemann, 1796)

Hahnemann later published his first experiments with the greatly attenuated therapeutic doses in 1801 in Hufeland’s Journal, and several important critical and homoeopathic articles followed, which invariably appealed to clinically validated experience as the arbiter of therapeutic efficacy, not theory or tradition. (Hahnemann, 1801, Ueber die Kraft kleiner Gaben der Arzneien überhaupt und der Belladonna insbesondere) (Hahnemann, 1801, Fragmentarische Bemerkungen zu Brown’s Elements of Medicine) (Hahnemann, 1801, Monita über die drey gangbaren Kurarten) (Hahnemann, 1805) (Hahnemann, 1806) (Hahnemann, 1807)

So, after many years of experimentation and inductive reasoning, he confirmed his discovery of a general law of cure, and upon this discovery based a rule of practice, scientific and of universal application, which he expressed in the now famous dictum, "Similia Similibus Curantur". This idea had first been mentioned by Hippocrates and then by Paracelsus. "Paracelsus's system...was a rude form of homoeopathy...but it was not equal in value to Hahnemann's system..." (Dudgeon, 1853) Paracelsan ideas are still regularly imputed to Hahnemann even by post-positivist historians, such as G. Flaherty. (Fox, Porter, & Wokler, 1995) This new principle, like cures like, became the

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5 The original motto was “similia similibus curantur”. In 1883 the president of the AIH declared that the high potencies were not naturally universal law but comparable with other scientific laws and their transitory nature and in 1899 the principle of similars was diluted also by changing the indicative to a subjunctive in the motto. Similia similibus curantur became curentur. The weakening of the principle, in the English translation, is even clearer: “like is cured by like” becomes “let like be cured by like” whereby it is diminished from a supposed “law of nature” to a “method of treating disease”.

6 Hippocrates, ‘Peri topon ton kat’ anthropon’, 42. “dia ta omoia nousos gignetai, kai dia ta omoia prosferomena ek noseunton ygeienontai, dia tou emeein emetos payetai”
basis for an approach to medicine which he gave the name homœopathy and a new, pure, material medica was any longer a necessity.

So, the strict definition of homœopathy is considering it to be therapy or medical art based on the law of similars. (Adler et al., 1996) Note that Hahnemann's homœopathic law of similars did not refer to infinitesimal doses, experimental provings or single medicines: a weak dynamic affection is permanently excluded from the living organism by another, stronger one, if this (different in quality) is very similar to the first in its manifestations. Hahnemann in the first cases he treated homœopathically used weighed not dynamized doses, e.g. 6.5mg Arsenic and 260mg Veratrum album. But, he had to face the problem of the aggravations which principally followed repetition of a medication that had homœopathic effects. So, progressive reduction of dose was one way of minimizing aggravations.

It is true that Hahnemann favoured the biographical natural-history-of-disease approach of the empirical school, exemplified by Hippocrates and Sydenham: “We were never nearer the discovery of the science of medicine than in the time of Hippocrates. This attentive, unsophisticated observer sought nature in nature. He saw and described the diseases before him accurately, without addition, without speculation.” (Hahnemann, 1805)

### 3.1.6 Hahnemann’s provings

In 1796, in his article In Search of a New Principle for Ascertaining the Curative Powers of Drugs (Hahnemann, 1796) Hahnemann mentions 64 remedies. Valeriana, Hyoscyamus, Stramonium, Ignatia, Mercury and Belladonna, were among the first drugs proved in the 1790s. In 1792-3, for almost a whole year, Hahnemann was resident in Georgenthal treating the insane patient, Herr Klockenbring. (Hobhouse, 2002) (Francois-flores, 2007) (Cook, 1981) So, Hahnemann started to regard mental symptoms as very valuable and to widen his concept of the nature of sickness beyond a small compass of physical symptoms, which was at that time the standard allopathic conception in which he had been trained. (Morrell)

So, Hahnemann methodically recorded the observed effects of substances upon the health, i.e., provings (prüfungen) and nine years later (1805) published his first such work Fragmenta de viribus medicamentorum positivis… (Hahnemann, 1805), followed by Reine Arzneimittellehre (Hahnemann, 1833) (Materia Medica Pura) and, lastly Die Chronischen Krankeiten (Hahnemann, 1839) (The Chronic Diseases). It is worth stating that very little of a hard factual nature is known about
precisely which drugs he proved and when. Although in 1790 Hahnemann had only proved one drug in Cinchona, yet he had proved 27 by 1805, when he published his Fragmenta: “Hahnemann’s Fragmenta de viribus medicamentorum positivis...gives us, for the first time, an insight into the remarkable, and so far unknown, methods of investigation, which he employed. It supplies reports on the tests of twenty seven medicines the results of years of experiment on himself and his family.” (Gumpert, 1945) Morrell denotes that Hahnemann had proved 27 drugs in only 14 years, almost two per year, given that the Fragmenta probably contained work completed up to the year 1804, when he settled in Torgau, and that even by modern standards that is impressive progress. (Morrell)

3.1.7 He lived in fourteen different towns

Moreover, Hahnemann in between 1789-1805 he lived in fourteen different towns. (Hobhouse, 2002) (Francois-flores, 2007) (Cook, 1981) He lived in Leipzig, (1789-92), then in 1791, poverty compelled him to remove from Leipzig to the little village of Stötteritz. In 1792 he was in Gotha (1792), then Georgenthal (summer 1792 to May 1793), nursing Klockenbring; Molschleben (1793-4), Göttingen (1794), Bad Pyrmont (Oct 1794-Jan 1795), Wolfenbüttel (1795), Brunswick (1795-6), Königslutter (1796-8), Hamburg, Altona (summer 1799), Mölln, near Hamburg (Sept 1800-1801), Machern & Eilenberg, nr Leipzig (1801), Dessau (1802-4), Torgau (June 1805 to summer 1811). (Morrell) (Hobhouse, 2002) (Francois-flores, 2007) (Cook, 1981)
3.1.8 The dose reduction

Hahnemann also had to come through the barrier of toxicity and there was always some dissatisfaction with the amount of aggravation he observed. Hahnemann as his accuracy of prescribing homeopathically increased found that the dose of medicine had to be reduced in order to avoid unnecessary aggravations. (Hobhouse, 2002) (Francois-flores, 2007) (Cook, 1981) His initial experiments in dose reduction involved the prescribing of the homeopathically selected medicine in quantities of only a small portion of a drop. Many substances which produced symptoms also produced toxicity in the body unless they were diluted to such a degree that they not only lost their toxicity but also their ability to produce, and therefore to cure, symptoms. (Hobhouse, 2002) (Francois-flores, 2007) (Cook, 1981) Hahnemann experimented variously with this problem and discovered a curious phenomenon which had not been known before. Whereas simple dilution of a substance, in water for example, weakened the power of a substance to produce an effect, the act of diluting in steps (each step could be, for example, diluting 1/100 or later, 1/50,000 (approximately) – the decimal scale was developed later by the pharmacists to assist in thorough and even mixing of medicines in the preparation stage) and vigorously shaking or impacting the mixing vessel after each step, resulted in a substance which still produced symptom effects on a healthy person, and curative effects on a sick person, also potentiated the effects of otherwise innocuous substances. (Hobhouse, 2002) (Francois-flores, 2007) (Cook, 1981) So, Hahnemann began to systematically prepare medicines by serial dilution (& succussion) in the proportion of 1:100, and this was kept up until the
adoption of his latest method which he called the "new altered but perfected method"; wherein he directed the preparation of medicines in the proportion of approximately 1:50,000. Hahnemann's later method was not published until the publication of the 6th edition Organon in 1921 by Boericke & Tafel of Philadelphia. So, as Walach records: “Hahnemann initially had given the substances in crude form, as he did in his famous self experiment with china. Later on, he seems to have preferred potentized substances. For quite a long period he experimented with 6ch potencies. In the 6th edition of his Organon he gave 30ch as the standard potency for proving and therapy alike.” (Walach, 1994)

### 3.1.9 Hahnemann’s therapeutic rules

Hahnemann gave to medical science and the world three great generalizations:
First: The therapeutic rule “similia similibus curantur” = likes cures likes;
Second: That the only correct method of accurately ascertaining the effects of medicinal substances on the human body is by proving them singly upon the healthy organism; and
Third: That drugs acquire increased medicinal value from trituration or attenuation.
To this he added the important supplemental rule-that as the effects of drugs are only accurately ascertained singly, they can only be properly

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7 The sixth edition of the Organon has had a clouded history. Hahnemann published the fifth edition in 1833. At the end of his life he was working on a 6th edition, but did not publish it. His widow admitted to possessing it and getting it ready for publication, but she kept it unpublished for unknown reasons, and it passed to the Boenninghausen family at her death. The Boenninghausens guarded it "almost as a sacred relic" and would let no one even see it, according to Dr. Richard Haehl, a German homeopath and biographer of Hahnemann. In this way the homœopathi world was denied any knowledge of the sixth edition for nearly 80 years after its writing. On a visit to Haehl in 1891, Dr. James Ward and Dr. William Boericke, having read allusions to Hahnemann's later correspondence of his being at work on a 6th edition, inquired about the work, and when Haehl told them of its possession by the Boenninghausens, they offered to purchase it. Twenty-nine years later the Boenninghausens, ruined by World War 1, accepted their offer. Haehl published the German sixth edition in 1921. (Haehl, 1922) (Hobhouse, 2002) (Francois-flores, 2007) (Cook, 1981)
applied singly, thus dealing a fatal blow to the unscientific polypharmacy which was then, and to some extent is still, in vogue. (Hobhouse, 2002) (Francois-flores, 2007) (Cook, 1981) Allopathy mixes even today, commonly, many patients, especially in chronic illness, are on a multitude of various medications each targeted for one or other part of the overall illness.

Furthermore, as Dean denotes Hahnemann emphasized the individuality of each sick person, and the crucial importance of emotional and cognitive states in determining the simillimum, the most similar and thus most suitable medicine. (Dean, 2001)

### 3.1.10 Argument against homœopathy

Hahnemann's theories were met with scorn by the medical community. This inevitably placed him in an awkward position, in the position of a heretic. (Hobhouse, 2002) (Francois-flores, 2007) (Cook, 1981) He was even portrayed as a quack unable to earn a living from orthodox medicine, (Holmes, 1842) dishonest or insane, (Guy, 1860) and, in a dismissal extending to all who followed his precepts, as “too weak mentally to practice medicine or even to take care of himself”. (Spooner, 1882)

Hahnemann regarded the ideas of allopathy as “constructions of the intellect, something that was not found but made...an enormous fallacy”. (Berlin, 2001) He was concerned, to “confuse our own constructions with eternal laws or divine decrees is one of the most fatal delusions of men.” (Berlin, 2001) Such pretty formulas are “artificial constructions, logical figments with no necessary relation to the outside world,” (Berlin, 2000) which always “leave out the richest and most important part of human experience...daily life, history, human laws and institutions, the modes of human self-expression.” (Berlin, 2000)

A major argument against homœopathy is that substances are diluted so much that they no longer exist in a solution. The skeptical opponents of homœopathy based their entire critique on the a priori impossibility of infinitesimal doses, ignoring more fundamental components of the therapy, such as drug tests, the similia principle and individualization of prescriptions, as it is noted by August Bier, the influential Berlin surgeon who critically investigated the subject in the 1920s. (Bier, 1949) (Dean, 2001) Nevertheless, as Dean records, infinitesimal doses were not part of the homœopathic hypothesis, were rarely used in drug tests, and were only gradually introduced into treatment as Hahnemann’s experience with the method increased. (Hahnemann, 1801a) (Hahnemann, 1801b) (Hahnemann, 1801c) (Hughes, 1867) (Dean, 2001) They were a
refinement and not a requirement of the system. Hahnemann repeatedly claimed that chemistry was as inappropriate to the analysis of his triturated and succussed medicines as it was to detecting the difference between plain and magnetized iron. (Dean, 2001) Furthermore, Homœopathy has always been open to clinical testing, regardless of prior beliefs, which suggests that explanations of homœopathy’s comprehensive rejection by official medicine should be sought elsewhere. (Hahnemann, 1852) (Hahnemann, 2004) (Dean, 2001) In several places, laws against the dispensation of medicines by anyone other than a pharmacist were passed. To avoid prosecution and to continue his studies, Hahnemann and his family moved frequently.

3.1.11 The last years of Hahnemann's life

In 1830 Hahnemann was to lose his first wife. He remarried in 1835 at the age of eighty to Melanie D'Herveilly Gohier, a rich and beautiful young woman. (Handley, 1993) The last years of Hahnemann's life were spent in Paris, he arrived 21 June 1835, where he was received with every mark of respect and honour, and where his great ability was recognized by an enormous clientage. (Hobhouse, 2002) (Francois-flores, 2007) (Cook, 1981) It is said that people flocked from all parts of Europe to be under his care, and that his clientele included many of the noblest families of Europe. (Hobhouse, 2002) (Francois-flores, 2007) (Cook, 1981) Hahnemann died in Paris of bronchitis at 88 years of age, 2 July 1843. (Hobhouse, 2002) (Francois-flores, 2007) (Cook, 1981)

3.1.12 Samuel Hahnemann’s writings

Hahnemann wrote a number of books, essays, and letters on the homœopathic method, chemistry, and general medicine (Hobhouse, 2002) (Francois-flores, 2007) (Cook, 1981):

3.1.12.1 In Search of a New Principle for Ascertaining the Curative Powers of Drugs, with a few glances at those hitherto employed (Versuch über ein neues Prinzip
zur Auffindung der Heilkräfte der Arzneisubstanzen, nebst einigen Blicken auf die bisherigen) (Hahnemann, 1796)

This article was reprinted in Versuch über ein neues Prinzip zur Auffindung der Heilkräfte der Arzneisubstanzen, nebst einigen Blicken auf die bisherigen. (Haug, 1988) In this article Hahnemann mentions the following 64 remedies, of which 19 [41.3%] later appear in the Fragmenta as fully proven drugs: Nux vomica [p.318 p.278] Mercury [287], Chamomilla [267], Achillea [269], Valeriana [269], Viscum [269], Conium [270], Aethusa [271], Cicuta [271], Cocculus [271], Paris [271], Coffee [271], Dulcamara [272], Belladonna [273], Hyoscyamus [275], Stramonium [276], Tabaccum [277], Ignatia [279], Digitalis [279], Viola [281], Ipecac [281], Arbutus [282], Rhododendron [282], Ledum [282], Opium [283], Plumbum [287], Arsenic [288], Taxus [290], Aconite [291], Helleborus [292], Anemone [293], Geum [293], Drosera [294], Sambucus, [295], Rhus [295], Camphor [295], Ulmus [298], Cannabis [298], Crocus [298], Scilla [299], Veratrum alb [300], Sabadilla [302], Agaricus [303], Nux moschata [303], Rheum [Rhubarb] [303], Arnica [268], Anagallis [269], Solanum nigrum [272], Oleander [282], Nerium-antidysentericum [282], Prunus cerasus [293], Prunus padus [293], Amygdalus persica [293], Amygdalus communis [293], Aesculus hippocastanum [297], Phytolacca decandra [298], Lolium temulentum [299]. (Hahmmann, 1796) Also, the cluster of 6 remedies mentioned on the last paragraph on p.303 brings the total number mentioned to 64. As Morrell records the drugs in this list are ones that Hahnemann was using, ones he had read about and had an interest in, and some that he was proving or had proved. (Morrell)

3.1.12.2 Fragmenta de viribus medicamentorum positivis (Hahmmann, 1805)

This book was published in Latin in 1805, a collection of the pathogeneses of twenty-seven medicines, twenty-two of which were incorporated into RA. Of the remaining five, Cuprum and Mezereum appeared later in the second edition of CK (vol.3 (1837) and vol.4 (1838) respectively), whilst Cantharis, Copaiva, and Valeriana, were not furthered by Hahnemann. Two later (Latin) editions, the 1824 (Naples), and 1834 (London, of F.F.Quin) appeared. A French translation was published in 1855, and more recently (Wetteman, 2000), a German translation of the original Latin. Regrettably, Fragmenta has never been translated into English. This was the first of Hahnemann’s true pharmacographic works. The 27 drugs proved in the Fragmenta are as follows (Haehl, 1922):
aconitum napellus, acris tinctura (Causticum), arnica Montana, belladonna, camphora, cantharis, capsicum annuum, chamomilla, cinchona, coccus, copaifera balsamum, cuprum vitriolatum, digitalis, drosera, hyoscyamus, ignatia, ipecacuanha, ledum, helleborus, mezereum, Nux vomica, (Papaver somniferum) opium, pulsatilla, rheum, stramonium, valeriana, veratrum album.

3.1.12.3 The Organon of the Healing Art (Hahnemann et al., 2004), (Organon der rationellen Heilkunde) (Hahnemann, 1810)

This book is a detailed delineation of what he saw as the rationale underpinning homeopathic medicine, and guidelines for practice. It provides theoretical and practical instructions for the new approach to therapy Hahnemann had created in the previous twenty years, and integrates his similia hypothesis with a Hippocratic natural-history approach to nosology, Stahl’s homeostatic vitalism, Plenciz’s germ theory, John Hunter’s theory of medicinal counter-irritants, placebo controls, and many other disparate and previously unrelated influences. (Dean, 2001) Hahnemann published the 5th edition in 1833; a revised draft of this (1842) was discovered after Hahnemann's death and finally published as the 6th edition in 1921. (Dean, 2001)

The term Organon can be a conceptual tool, systematic treatise or physical instrument and echoes the collective title traditionally given to Aristotle’s treatises on logic, and Francis Bacon’s novum organum of 1620. (Dean, 2001) Heilkunde now inclusively means medicine, or medical science in the broadest sense, in which theory and practice are held to be integrated, or therapeutics. (Dean, 2001) Rationell, signifying “technical”, “scientific”, “validated by empirical reason”, had been introduced in 1798 by Goethe from French. As Dean denotes, Hahnemann’s employment of the term in a medical context seems intended to occupy a rhetorical high ground similar to that enjoyed by “evidence-based” in present-day clinical discourse. (Dean, 2001)

The main body of the Organon of Healing Art is laid out as 291 numbered sections containing suggestions and arguments, grouped thematically, like the aphorisms of the Novum organum, emphasizing the book’s critical philosophical intent. (Dean, 2001) Hahnemann has divided the Organon of Healing Art into four sections (Dean, 2001) dealing with:

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8Even a medical instrument: Walter Rumsey, Organon salutis. An instrument to cleanse the stomach, as also divers new experiments of the virtue of tobacco and coffee: How much they conduce to preserve humane health (London, 1657).
1. disease as response to disturbance of homeostasis; theory of specific medicinal counter-forces, i.e. the similia principle;
2. individual case-taking;
3. conduct of collective pathogeneses;
4. practicalities of medicine selection, case-management and pharmacy.

3.1.12.4 Materia Medica Pura (MMP) (Hahnemann, 2004), Reine Arzneimittellehre

This book is a compilation of "proving" reports, published in six sequential volumes over ten years (1811-1821). These went through to a second edition (1822-27), with only the first two volumes taken to a third edition (1831, 1833). (Dimitriadis, Hahnemann’s Pharmacography) RA was first translated into English by C.J.Hempel (1846), but this work was strongly criticised, and a new translation was finally undertaken by R.E.Dudgeon, appearing in 1880 under the title Materia Medica Pura (MMP). (Dimitriadis, Hahnemann’s Pharmacography) MMP spanned 6 volumes, and contained the provings data of the 65 following medicines:aconitum napellus, ambra grisea, angustura, argentum, arnica, arsenicum, asarum, aurum, belladonna, bismuthum, bryonia, calcarea acetica, camphora, cannabis sativa, capsicum annuum, carbo animalis, carbo vegetabilis, chamomilla, chelidonium, china, cicutta virosa, cina, cocculus, colocynthis, conium, cyclamen europaeum, digitalis, drosera rotundifolia, dulcamara, euphrasia officinalis, ferrum, guaiacum, helleborus niger, hepar sulphuris calcareum, hyoscyamus, ignatia, ipecacuanha, ledum, magnes (including magnetis polus arcticus and magnetis polus australis), manganum aceticum, menyanthes trifoliata, mercurius, moschus, muriaticum acidum, Nux vomica, oleander, opium, phosphoricum acidum, pulsatilla, rheum, rhus, ruta, sambucus, sarsaparilla, scilla, spigelia, spongia, stannum, staphisagria, stramonium, sulphur, taraxacum, thuja, veratrum album, verbascum

3.1.12.5 Chronic Diseases (CD) (Hahnemann, 2008), Die Chronischen Krankheiten

This book is an explanation of the root and cure of chronic disease according to the theory of chronic disease, i.e. of the relation of seemingly separate pathological phænomena across time in a single patient, following infection with an infecting agent (miasm), together with a compilation of "proving" reports. (Dimitriadis, Hahnemann’s Pharmacography) The first edition CK appeared in four consecutive
volumes between 1828-30, with a second enlarged edition, in five volumes, released between 1835-39. (Dimitriadis, Hahnemann’s Pharmacography) Hempel’s English translation (1845-46) was again widely criticised, and a new translation, by L.H.Tafel, was published in 1896 under the title The Chronic Diseases, their Peculiar Nature and their Homœopathic Cure (CD). (Dimitriadis, Hahnemann’s Pharmacography) CD comprised 5 volumes, the materia medica spanning volumes 2-5 (volume 1 was a theoretical part), with 47 medicines and nearly 41,000 symptoms in total. (Dimitriadis, Hahnemann’s Pharmacography) Of these 47 medicines, 17 were incorporated from MMP (with additions). This work contains the following 47 drugs:

agaricus, alumina, ammonium carbonicum, ammonium muriaticum, anacardium, antimonium crudum, arsenicum, aurum, baryta carbonica, borax, calcarea carbonica, carbo animalis, carbo vegetabilis, causticum, clematis, colocynthis, conium, cuprum, digitalis, dulcamara, euphorbium, graphites, guajacum, hepar sulphur, iodium, kalium carbonicum, lycopodium, magnesium carbonicum, magnesium muriaticum, manganum, mezereum, muriaticum acidum, natrium carbonicum, natrium muriaticum, nitricum acidum, nitrurum, petroleum, phosphorus, phosphoric acidum, platina, sarsaparilla, sepia, silicea, stannum, sulphur, sulphuricum acidum, zincum.

3.1.12.6 Lesser Writings of Samuel Hahnemann (Dudgeon, 2004)

These writings were collected by Dudgeon. There, amongst others, we can read the following essays:

Are the Obstacles to Medical Practice Insurmountable? [1797]
Antidotes to Some Heroic Vegetable Substances [1798](the remedies mentioned in this essay are as follows: Camphor, Mezereum, Coffea, Ignatia, Verat alb, Gamboja, Ant tart, Stramonium, Cocculus ind, Arnica, Opium, Cantharis, Scilla = 13 remedies of which 9 [69%] appear also proved in the Fragmenta.)
Cure & Prevention of Scarlet Fever [1801]
On the Power of Small Doses [1801]
Aesculapius in the Balance [1805]
The Medicine of Experience [1805]
On the Value of the Speculative Systems of Medicine [1808]
Observations on the Three Modes of Medical Practice [1809]
Hellebore thesis [1812]
Sources of the Materia Medica [1817]
Contrast of Old and New Medical Systems [1825]
Four essays on Cholera [1831]

3.1.12.7 The Friend of Health

In this writing Hahnemann “recommended the use of fresh air, bed rest, proper diet, sunshine, public hygiene and numerous other beneficial measures at a time when many other physicians considered them of no value.” (Hobhouse, 2002) (Francois-flores, 2007) (Cook, 1981)

3.1.12.8 Asiatic Cholera

In writing Hahnemann described cholera as a “pathogenic” disease caused by “excessively minute, invisible, living creatures.” (Hobhouse, 2002) (Francois-flores, 2007) (Cook, 1981)

Morrell denotes: “A good scientist should be able to view all results, all patterns and all outcomes neutrally, willing and able to accept as valid any result. It is clear that Hahnemann was of this attitude as he changed his opinion many times and that reveals his neutral stance; rather than building a new medical system on fine-spun theories to which he doggedly clung, he built a system on experiment, experience and meticulous observation.” (Morrell)
3.2 The concept of provings

3.2.1 The administration of a medicine experimentally to healthy persons: the definition of a proving

The systematic procedure of testing substances on healthy subjects in order to elucidate the symptoms that reflect the action of the substance is called proving. In order to know what healing properties are contained in a given substance, we must know what the substance is capable of doing in a healthy person.

From Hahnemann, even prior to his Organon of Healing Art, we read (Medicine of Experience, 1805, in HLW452): “Medicinal substances manifest the nature of their pathogenetic power, and their absolute true action on the healthy human body, in the purest manner, when each is given singly and uncombined... In order to follow still farther this natural guide and to penetrate more profoundly into this source of knowledge, we administer these medicines experimentally, the weaker as well as the stronger, each singly and uncombined, to healthy individuals, with caution, and carefully removing all accessory circumstances capable of exercising an influence, we note down the symptoms they occasion precisely in the order in which they occur, and thus we obtain the pure result of the form of disease that each of these medicinal substances is capable of producing, absolutely and by itself, in the human body.” (Hahnemann, 1805)

“... the curative principle in medicines is not in itself perceptible...” as Hahnemann states in aphorism 21 of Organon of the Healing Art. (Hahnemann et al., 2004) Furthermore, in the same aphorism he continues “we have only to rely on the morbid phenomena which the medicines produce in the healthy body as the sole possible revelation of their in-dwelling curative power” (Hahnemann et al., 2004), which means we have only to rely on provings. He denotes in aphorism 110 of Organon of Healing Art “From the earliest beginnings until now, the materia medica has consisted only of false suppositions and fancies, which is as good as no materia medica at all.” (Hahnemann et al., 2004) Gumpert writes in his book “Hahnemann. The Adventurous Career of a Medical Rebel”: “Medicine tests [provings] constitute one of the most critical points of Hahnemann’s teachings. This grandiose attempt to acquire unhypothetical medical experience was outwardly justified by the complete lack of objective methods of investigation and experimental systems in those days... [Hahnemann had] the courage to break away from hypotheses and systems...” (Gumpert, 1945) And furthermore, Hahnemann states in aphorism 143 of Organon of Healing Art “If one has
tested a considerable number of simple medicines on healthy people in this way... then one has for the first time a true materia medica: a collection of the authentic, pure, reliable effects of simple medicinal substances in themselves; a natural pharmacopoeia.” (Hahnemann et al., 2004) So, an entirely new materia medica took birth.

According to aphorism 32 of Organon of Healing Art (Hahnemann et al., 2004), we can say that a proving of a medicine is the action of this medicine on a living human being and the production, in this human being, symptoms individual to this medicine. According to aphorism 108 of Organon of Healing Art (Hahnemann et al., 2004), proving, that is the administration of a medicine experimentally in moderate doses to healthy persons, is the only way in which the peculiar effects of a medicine on the health of individuals can be accurately ascertained.

According to aphorism 106 of Organon of Healing Art (Hahnemann et al., 2004), alterations in the health that each medicine is especially capable of developing must be observed as far as possible. P.Herscu denotes that Hahnemann eventually used the alteration of original state as the guiding principal, while the original concept was to take only new symptoms. Furthermore, P.Herscu explains that new, changed, or cured symptoms may all fit in this alteration. (Herscu, 2002)

Hahnemann used the members of his family and circle of close friends for the testing of medicines and the gathering of the most precise information on their observed effects. (Gumpert, 1945) “Proving of medicines on unknown persons at a distance, who are paid for their work is uncertain in its results and loses all its value, as the proving demands the greatest moral certainty and trustworthiness that is doubtful in such a case.” (Organon of Healing Art, footnote to aphorism 143) (Hahnemann et al., 2004) Stuart Close records that Hahnemann instituted provings of drugs upon himself, members of his family, friends, students and fellow practitioners, keeping all under the most rigid scrutiny and control, and carefully recording every fact and the conditions under which it was elicited. (Close, 1986) The provers whom Hahnemann selected and who appeared worthy to him (he was very strict in his selection) he invited into his family and so attached them to himself in a personal and friendly way. (Close, 1986) Franz Hartmann was a member of the Provers' Union along with Stapf, Gross, Hornburg, Franz, Wislicenus, Teuthorn, Herrmann, Rückert and Langhammer. (Goel) Morrel denotes: “Hahnemann realised at a very early stage that a drug's impact upon the female system is rather different from its impact upon the male and that these two aspects of a proving reflect entirely different dimensions of the same drug.” (Morrell)

As G.Vithoulkas writes in his book “The science of homeopathy” (Vithoulkas, 2002) “the purpose of conducting a proving of a remedy is
to record the totality of morbid symptoms produced by that substance on healthy individuals and that totality will then be the curative indications upon which is to be prescribed the curative remedy in the sick individual”. And, as he states in his article “Are media attacks justified?”, provings of remedies, that is pathogenetic trials, are the corner stone of homœopathy. (Vithoulkas, 2008)

3.2.2 Albrecht von Haller-the only physician, before Hahnemann, who saw the necessity of testing medicines in healthy persons

Hahnemann declares in aphorism 108 of Organon (Hahnemann et al., 2004) that “the only physician, besides himself, who saw the necessity of testing medicines for their pure and peculiar effects in deranging the health of man, in order to learn what morbid state each medicine is capable of curing, that is the necessity of provings, is Albrecht von Haller”. Haller states: “Indeed, a medicine must first of all be assayed in a healthy body, without any foreign admixture; when the odour and taste have been examined, a small dose must be taken, and attention must be paid to every change that occurs, to the pulse, the temperature, respiration and excretions. Then, having examined the symptoms encountered in the healthy person, one may proceed to trials in the body of a sick person” (Albrecht von Haller. Pharmacopoeia Helvetica p. 12. Basel 1771). But no one, not a single physician, attended to or followed up his invaluable hint until Hahnemann. (Hahnemann et al., 2004) Haller himself, even though he recommends such trials, never actually conducted any. (Hahnemann et al., 2004) Dudgeon (Lectures on the Theory & Practice of Hom., p.191) writes: “Notwithstanding this very explicit recommendation to test medicines on the healthy body, and notwithstanding the immense celebrity of Haller, neither he himself nor any of his contemporaries thought of practically carrying out his advice.” (Dudgeon, 1853) However, according to Dudgeon, “Dr.William Alexander of Edinburg”, also, “made some experiments on healthy, chiefly with camphor, which nearly resulted in his own death” “this excited very little attention, and had it not been for Hahnemann, who raised them up from oblivion, they would probably have remained altogether unknown.” (Dudgeon, 1853)

So, Hahnemann’s induction to undertake such trials was due to his dissatisfaction with medicine, with medical hypotheses, and, on translating the authority of Cullen and knowing his reasoning was unsound, and, aware of Haller’s work, as well the comments of Hippocrates on treating with similars, as well the fact that knowledge of
drug effects can be the only guide to their therapeutic use – all these things, together, induced Hahnemann to conduct provings trials.

3.2.3 Effects of powerful substances-histories of poisoning in toxicology

However, proofs of the effects of powerful substances have been observed by previous authors before Hahnemann as histories of poisoning in toxicology and these observations accorded very much with his own observations when experimenting with the same substances, as Hahnemann states in aphorism 110 of Organon of Healing Art (Hahnemann et al., 2004).

According to Dudgeon: “Among the ancients it is only in the school of the Empiricists that we find experiments undertaken for the purpose of ascertaining the pathogenetic effects of drugs and poisons, and their writings alone contain any records of these effects. Thus Heraclides of Tarentum wrote a special book on the symptoms caused by the bites of poisonous serpents. Mithridates, king of Pontus, instituted experiments on himself and on criminals for the purpose of learning the action of various poisons. Attalos Philometer, king of Pergamos, tested the antidotal powers of aconite, Hyoskiamus, Veratrum, hemlock, etc. But it was chiefly the poetical physicians, Nicander of Colophon, who lived under the last-mentioned toxicological monarch, to whom we are indebted for an account of the action of various poisons in his two medical poems.” (Dudgeon, 1853)
As Gumpert writes, Hahnemann collected histories of cases of poisoning, because his purpose was to establish a physiological doctrine of medical remedies, free from all suppositions, and based solely on experiments. (Gumpert, 1945) Morrell denotes: “The proving is in fact merely a mild and subtle form of poisoning, what we might term a 'micro-poisoning,' during which the power of the drug 'takes hold' of the prover and so reveals its therapeutic 'sphere of action.'” (Morrell)

Belon states that provings are the conjunction of three elements: toxicological criteria, experimental criteria (which have a specific relation to the toxicology of the potential medicine), clinical therapeutic observation. He denotes that “the fact of discovering two different origins for a single symptom certainly confirms its reliability.” (Belon, 1995)

Consequently, the phenomenon of the action of a medicine upon a living human being, that is the phenomenon of proving, has been described by previous authors, before Hahnemann, as histories of poisoning and as dangerous effects of medicines. Accordingly, also, reports of poisonings and dangerous effects of medicines from authors after Hahnemann are reports of provings. As G.Vithoulkas states in his article “The questions of provings in Homœopathy”: “All side-effects of allopathic-chemical drugs are nothing else but "provings" homœopathically. Homœopaths would prescribe them in cases where the patients presented diseases similar to these side-effects.” (Vithoulkas, 2000)

3.2.4 The primary and the secondary action

Moreover, according to aphorism 63, “when a medicine acts (proves its action) upon the vitality, it produces a primary action, which is the derangement of the vital force and a secondary action, which is the antagonistic reaction of the organism”. (Hahnemann et al., 2004) However, this reaction, according to aphorism 66, is not to be noticed on the healthy body when the medicine is being administered in quite minute doses and, according to aphorism 137, is not as much worth knowing as the primary action is. (Hahnemann et al., 2004) However, G.Vithoulkas in his book “The science of homœopathy” (Vithoulkas, 2002) in chapter 10 denotes the importance both of the primary and the secondary action in a proving and recommends recording with accuracy both actions: “When a substance is administered to an organism, there are two phases of response. The primary effect occurs immediately, within a few hours, or within a few days; this represents the “excitation phase” of reaction and is usually somewhat dramatic. The organism, in its attempt to reestablish equilibrium, then compensates with a secondary effect. This
usually occurs after a reaction time approximately twice that of the primary reaction. The symptoms generated in this secondary phase can be opposite to those of the primary phase. In any proving, it is important to record symptoms from both phases, even though they appear to be contradictory. Each phase represents a characteristic manifestation of the action of the defense mechanism and therefore must be accorded equal importance.

Furthermore, G. Dimitriadis states in his article “Primary & Secondary Reactions” that it is important to note down all phenomena in provings, but only amongst the primary effects will the symptoms characteristic and individualising of that substance be found. (Dimitriadis, Primary & Secondary Reactions)

So, as Hahnemann states in aphorism 112 (Hahnemann et al., 2004), administration of drugs in excessively large doses leads to production of certain symptoms during the initial stage that are followed later by symptoms that were of an exactly opposite nature to those that first appeared. The first set of symptoms constitutes the primary action of remedies and the following set of symptoms is the reaction of the vital force of the organism and constitutes its secondary action. (Hahnemann et al., 2004) Furthermore, administration of drugs in moderate doses seldom or hardly ever produces the least trace of secondary actions. (Hahnemann et al., 2004) Only their primary action is observed. (Hahnemann et al., 2004) Moreover, administration of drugs in small doses does never produce secondary action. (Hahnemann et al., 2004) In fact as we reduce the dose, we reduce the toxic effects of the substance upon the prover and we reduce the intensity of both primary and secondary action. But if a prover is sensitive to the substance, will react even if the dose is minute. Then the symptoms will belong mostly to the secondary action, the reaction of the organism that depends on the prover’s predisposition.

Hahnemann in aphorism 137 states that primary action is the most worth knowing. (Hahnemann et al., 2004) In my opinion both actions must be recorded. But if I had to choose I would choose secondary action of sensitive provers as the most important because this is the knowledge that will drive us to the keynotes of the drug. Amongst the secondary effects will be the symptoms characteristic and individualising of that substance, because the secondary effects depend on the prover’s sensitivity to that substance, which is in fact the sensitivity of the patient that will have to cure in practice. The secondary effects describe this sensitivity and drive to the correct prescription and to the cure of the patient.

Kent states: “When the patient is under the poisonous influence of a drug it does not seem to flow in the direction of his life action, but when
the reaction comes then the lingering effects of the drug seems to flow, as it were, in the stream of the vital action.” (Kent, 2009)

P.Herscu states: “Primary symptoms in their grossest form can be thought of and seen in the toxicology of the drug…When the Stess of the drug is great, as in a toxic dose, only a fragment of the true picture of the remedy is seen. These are mostly the primary symptoms. Homeopathes throughout time have suggested that this type of information is incorrect and not to be relied upon. We, along with Kent, find that secondary effects are of greatest importance in defining the precise nature of a medicine.” (Herscu, 2002)

Also, older reports of the often dangerous effects of medicines (side-effects) ingested in excessively large doses are actually descriptions of the reaction of the vital force. Furthermore, according to aphorism 115 (Hahnemann et al., 2004), “among the symptoms of the primary action of drugs administered in moderate doses, there occur in the case of some medicines not a few which are partially or under certain conditions, directly opposite to other symptoms that have previously or subsequently appeared – which represent the alternating state of the various paroxysms of the primary action and are termed alternating action”.

Raeside states: “The question of the primary and secondary action of poisons is a complicated one. A single large fatal dose of some deadly poison may produce death so rapidly that the body appears unable to react, e.g. the bite of a really poisonous snake passes immediately into the blood circulation and is carried through the whole body in seconds, and within minutes may cause death, with no sign of any secondary reaction of the body. Whereas a less than fatal dose will allow time for the organism to mobilize its powers of reaction such as isolation of toxin, dilution through oedema, excretion through sweating, vomiting, diarrhea, etc.

A non-fatal bite of the sea-snake produces within an hour or so an ascending paralysis of the lower limbs. This is presumably a primary or toxic action. It is followed in the next few days or weeks by myoglobinuria resulting in complete cure. This is a secondary reaction of the body...

The primary and secondary actions of poison and body are not always easy to see or to disentangle…in the case of allergy reactions, where excessive bodily response to certain substances seems not at all in the body’s own interest, e.g. excessive bronchospasm, vasodilatation or oedema of the glottis. What in this case is primary toxic action and what is secondary reaction?” (Raeside, 1996)
3.2.5 The basis of Hahnemann’s pharmacographic record—Materia Medica

Although previous authors before Hahnemann described phenomena of provings, none took this information into a methodical approach to the discovery of effects of substances, except Hahnemann. The most important part of Hahnemann’s Materia Medica consists of provings, together with toxicological reports and clinical experience. Hahnemann separates the actual proving symptoms into their components and places them within the structure of his Materia Medica, not only for easier retrieval, but especially to facilitate their recombination, since a small number of possible symptoms may be grouped into a unique, case-specific combination. (Dimitriadis, Hahnemann’s Pharmacography) As G.Dimitriadis denotes, this is the basis of Hahnemann’s pharmacographic record. (Dimitriadis, Hahnemann’s Pharmacography) Since Hahnemann’s pharmacography has not only withstood the test of time, but was the sole basis upon which Homœopathy first developed and later flourished (Dimitriadis, Hahnemann’s Pharmacography), we should carefully examine his pharmacography in order to understand how a proving should be conducted.

3.2.6 How a proving should be conducted according to Hahnemann

As it appears from the chapters below the initial provings were conducted with crude substances and tinctures. Infinitesimal doses were rarely used in drug tests. (Hahnemann, 1801a) (Hahnemann, 1801b) (Hahnemann, 1801c) (Hughes, 1867) (Dean, 2001) The medicines that were to be proved were supplied by Hahnemann himself. (Goel) The vegetable drugs were in the form of essence or tincture, the others in the first or second trituration. (Goel) Hahnemann never concealed from his provers the names of the drugs that were proved and it was his wish that they should, in the future prepare all the remedies whose effects they had tried. (Goel)

Provings were carried out according to an exact system and from detailed instructions. According to Hahnemann, “every medicinal substance must be employed quite alone and perfectly pure without the admixture of any foreign substance and without taking anything else of a medicinal nature the same day, nor yet on the subsequent days, nor during all the time, the effects of the medicine are to be observed”. (Organon of Healing Art, aphorism 124) (Hahnemann et al., 2004)
“Regarding the prover during the whole period of the experiment the diet of the prover must be strictly regulated – it should be as much possible destitute of spices, of roots and all salads and herb soups. The diet should be of a purely nutritious and simple character, consisting of green vegetables. Young green peas, green French beans, boiled potatoes and in all cases carrots are allowable, as the least medicinal vegetables.” (Organon of Healing Art, aphorism 125) (Hahnemann et al., 2004) “The drinks are to be those usually partaken of, as little stimulating as possible. The prover must either be not in the habit of taking pure wine, brandy, coffee or tea or he must have totally abstained for a considerable time previously from the use of these beverages, some of which are stimulating, others medicinal”. (Organon of Healing Art, aphorism 125) (Hahnemann et al., 2004)

Also, “the prover must be pre-eminently trustworthy and conscientious”. (Organon of Healing Art, aphorism 126) (Hahnemann et al., 2004) “During the whole period of proving he must avoid all overexertion of mind and body, all sorts of dissipation and disturbing passions.” (Organon of Healing Art, aphorism 126) (Hahnemann et al., 2004) “He should have no urgent business to distract his attention.” (Organon of Healing Art, aphorism 126) (Hahnemann et al., 2004) “He must be self-observing and not be disturbed whilst so engaged.” (Organon of Healing Art, aphorism 126) (Hahnemann et al., 2004) “He must possess a sufficient amount of intelligence to be able to express and describe his sensation in accurate terms.” (Organon of Healing Art, aphorism 126) (Hahnemann et al., 2004) “The medicines must be tested on both males and females in order to ascertain especially the changes in the sexual sphere.” (Organon of Healing Art, aphorism 127) (Hahnemann et al., 2004) Moreover, the physician may prove the medicine on himself. “The best provings are those that the healthy, unprejudiced and sensitive physician institutes on himself.” (Organon of Healing Art, aphorism 141) (Hahnemann et al., 2004)

Furthermore, as Goel records, “sometimes those engaged in the provings had to provide for themselves the medicinal substances, particularly the herbal ones. By this means they learned to recognize herbaria by habitat, period of bloom, etc. They learned to dry them methodically or to obtain a tincture from the fresh plant. The observations of the results, which every individual had to make on himself at definite times, were entered up in carefully prescribed manner.” (Goel) “On experiencing any particular sensation, the exact nature of symptoms needs to be determined, as for example – to observe whether, by moving the affected part, by walking in the room or open air, by standing, sitting or lying the symptom is increased, diminished or removed and whether it returns on again assuming the position in which it was first observed –
whether it is altered by eating or drinking, or by another condition, or by speaking, coughing, sneezing or any other action of the body and at the same time to note at what time of the day or night it usually occurs in the most marked manner. In short, what is peculiar to and characteristic of each symptom will become apparent.” (Organon of Healing Art, aphorism 133) (Hahnemann et al., 2004)

According to aphorism 134, “all the symptoms peculiar to a medicine do not appear in one person, nor all at once, nor in the same experiment, but some occur in one person chiefly at one time, others again during a subsequent trial. In another person, some other symptoms may appear, moreover they may not recur at the same hour.” (Organon of Healing Art, aphorism 134) (Hahnemann et al., 2004) So, the comparative relationships of the medicinal effects observed by the individual provers were taken, and the power of a medicine was only established after comparison of different participants. (Goel)

As S. Goel records: “In order to note down every symptom that presented itself, Hahnemann required each prover to carry a tablet and lead pencil with him, which had this advantage that they could describe with precision the sensation they had experienced at that time. This precision might be lost if these sensations were noted down at some subsequent period. Every symptom that presented itself must be given in its connection. After every symptom, they had to specify in brackets, the time of its occurrence, which time was reckoned from the last dose.” (Goel)

“The prover must note down distinctly the sensations, sufferings, accidents and changes of health, he experiences at the time of their occurrence, mentioning the time after the ingestion of the drug when each symptom arose and if it lasts long, the period of its duration, and to keep a day book for the purpose. The physician looks over the report in the presence of the prover immediately after the experiment is concluded; or if the experiment is continued for a long period of time he inspects the day book of the prover daily while everything is still fresh in his memory and questioning him about the exact nature of every one of those circumstances, write down the more precise details and makes each symptom precisely complete with regard to its sensation, localities, modalities and other concomitant factors.” (Organon of Healing Art, aphorism 139) (Hahnemann et al., 2004)

“If the prover is illiterate and cannot note down his alterations in health, he must inform the physician every day of what has occurred to him, and how it took place. What is noted down as authentic information must be chiefly the voluntary narration of the person who makes the experiment, nothing conjectural and not derived from answers to leading
questions, to ensure authenticity.” (Organon of Healing Art, aphorism 140) (Hahnemann et al., 2004)

According to Goel, “it was only when one or two days had passed without the occurrence of any symptoms that Hahnemann supposed the action of the drug to be exhausted. He then allowed the system a time to rest before another proving was undertaken. Hahnemann always reviewed the symptoms once with the provers to be sure that they had used just the right expressions and signs and had said neither too much nor too little.” (Goel)

Furthermore, S.Goel states: “Proving is an art and it is not easy as it appears. It requires a particular type of attention to grasp properly the symptoms that could only be felt faintly and these are often just the most important, the really characteristic ones and of much greater significance than those which set in more violently. The former set is as a rule only after small, delicate doses, while the latter owe their onset to the stronger doses.” (Goel)

Moreover, according to Goel, the greatest care should be exercised in verifying symptoms by repeated experiments, in order that “imaginary” symptoms as well as chemical and mechanical symptoms may be excluded. (Goel) “A medicine is regarded to have been completely proved when numerous observations are made on suitable persons of both sexes and of various constitutions, when subsequent experiments can notice little of novel character from its action, and when during reproving only the same symptoms are noticed as had been already observed by others.” (Organon of Healing Art, 135) (Hahnemann et al., 2004)

According to Goel, the symptoms are recorded complete with regard to their sensations, localities, modalities and concomitant factors so that a complete individual Figure of the drug disease has been ascertained. (Goel) “Although a medicine on being proved on healthy subjects cannot develop in one person all the alterations of health it is capable of causing, but can only do this when given to many different individuals, varying in their corporeal and mental constitution, yet the tendency to excite all these symptoms in every human being exists in it.” (Organon of Healing Art, aphorism 136) (Hahnemann et al., 2004)

3.2.7 A true Materia Medica-a collection of real, pure, reliable modes of action of simple medicinal substances

“If provings with a considerable number of simple medicines have thus been carried out on healthy individuals, and a careful and faithful recording of all the disease elements and symptoms that they are capable of developing is done, then only a true Materia Medica can be built up.
This will be then a collection of real, pure, reliable modes of action of simple medicinal substances, a volume, wherein is recorded a considerable array of the peculiar changes of the health and symptoms ascertained to belong to each of the powerful medicines, as they were revealed to the attention of the observer, in which the likeliness of the (homeopathic) disease elements of many natural diseases to be hereafter cured by them are present, which, in a word, contain artificial morbid states, that furnish for the similar natural morbid states the only true, homeopathic, that is to say, specific, therapeutic instruments for effecting their certain and permanent cure.” (Organon of Healing Art, aphorism 143) (Hahnemann et al., 2004) “From such a Materia Medica, everything that is conjectural, all that is mere assertion or imaginary should be strictly excluded. Everything should be the pure language of nature carefully and honestly interrogated.” (Organon of Healing Art, aphorism 144) (Hahnemann et al., 2004)

Hahnemann called it Materia Medica Pura, because it consisted of the collective statements of the positive and perceptible reactions of the healthy human body recorded in the words of persons acted upon by drugs and admits no misinterpretations with changing medical terminology, altered biological concepts or newer scientific developments. The daybooks are not the Materia Medica, until the masses of symptoms have been analyzed, sifted, classified.

### 3.2.8 A repertory should be based on objective criteria

Furthermore, a repertory of homeopathic symptoms, should be based on clear and objective criteria. (Rutten, Stolper, Lugten, & Barthels, 2008) According to Gadd, “the criteria for entering medicines in repertory rubrics are unclear and partly incorrect. A repertory of homeopathic symptoms such as Kent’s is an impressive work, but Kent’s repertory is now a century old. The development of homeopathic repertories is complex, reflecting history, the emergence of divergent views on homeopathic philosophy, and differences in opinion as to what constitutes reliable materia medica. The reliability and validity of the homeopathic repertory has been questioned not least because of the apparent lack of reliability of its sources, namely provings or homeopathic pathogenetic trials and clinical confirmation, and disagreements over what constitute valid criteria for additions. There are systematic mistakes in the existing repertory, for instance using absolute occurrences instead of relative. The problem is that expert opinion is one of the most important sources of the repertory. Reliance on the experience of one expert is the cause of part of the shortcomings of the repertory.
This experience is highly influenced by chance. We all suspect that many entries in the repertory are wrong, but it is still unclear which and why. To get rid of old, and prevent new, false entries we need clear and objective criteria and of course reliable provings. Reliability may be improved by demanding higher standards and consistency of evidence.” (Gadd, 2009) From repertory, such as from Materia Medica, “everything that is conjectural, all that is mere assertion or imaginary should be strictly excluded. Everything should be the pure language of nature carefully and honestly interrogated.” (Organon of Healing Art, aphorism 144) (Hahnemann et al., 2004)

3.2.9 Provings should be distinguished from controlled clinical trials

According to H.Walach, “provings designed to improve practical prescribing in homeopathy, using qualitative methodology, should be distinguished from trials to show that substances in homeopathic dilutions produce symptoms different from placebo”. (H. Walach, 1997) Both methodologies can be combined and a protocol should be suggested. Furthermore, as P.Fisher denotes, clinical trials in homeopathy are complicated by the fact that treatment is highly individualised. (Peter Fisher, 1995) So, also, the problem of individualization in controlled trials should be discussed.

3.2.10 The development of proving methods since Hahnemann

An article by Dr.Denis DeMarque (Denis DeMarque, 1987) describes the historical development of design proving. In this article Dr.Denis DeMarque denotes that Hahnemann conducted repeated experimental drug studies on himself and the sixty-four volunteers whose names are listed in his Materia Medica Pura. “In total he investigated 101 remedies over a period of about half a century, establishing the method which has come to be known as proving. His immediate followers, Hering, Stapf and others, carried out their own provings, but continued to turn to Hahnemann for advice, as is shown by their correspondence. The first generations of homeœopaths continued this tradition. During the 19th century proving multiplied in Germany, France, England and above all in the United States, under the powerful influence of Hering. In Austria, from 1842 on, the Homeopathic Society of Vienna undertook numerous repprovings, as well as establishing new pathogenesis, including Argentum nitricum, Kalium bichronicum and Coccus cacti. In France Petroz, and
the amazing Benoit Mure, with his Brazilian pathogenesis, stand out. Fortier-Bersoville has described the proving scene in America in the last century:

In America, the method became very refined and, thanks to the dedication of groups of interested and highly motivated students, proving on the healthy continued on a large scale. In the homeopathic colleges, young people voluntarily intoxicated themselves and remained for days or sometimes several weeks in their rooms, or even took to their beds. They noted all the symptoms they experienced. On comparing the symptoms reported it was possible to rank them according to their frequency. This was the zenith of proving.

The fruits of this great research effort were published by Timothy Allen in 1874, in his ten-volume encyclopedia which contained numerous reprovings as well as new pathogenesis.” (Denis DeMarque, 1987)

“In 1892 The guiding Symptoms of our Materia Medica in ten volumes, edited by Constantine Hering, appeared.” (Denis DeMarque, 1987)

“The doses employed varied from subtoxic material doses up to the 30C. In the proving of Belladonna carried out by Bellows in 1906 in the United States, concentrations from the mother tincture to the 3x were used. During the same period, also in the USA, Kent and his school were using the 30C in their reprovings.” (Denis DeMarque, 1987)

“In the United States this technique was perfected by the use of placebos in provings. In a reproving of Belladonna carried out in Boston in 1906, one by the American Homeopathic Ophthalmological and Otorhinolaryngological Society, three under the direction of Professor Howard P. Bellows, the general instructions for the conduct of the proving specify, without any ambiguity, the use of the double-blind technique.” (Denis DeMarque, 1987)

“Modern provings are conducted in the same spirit. Francois Lamasson, former president of the International Homeopathic Medical League, has on many occasions stressed the need for us to adapt our proving methods to keep pace with progress in instrumental and laboratory techniques, but without ever forgetting the rigor brought by Hahnemann to the detection and description of subjective, psychic and sensory symptoms.” (Denis DeMarque, 1987)

According to Dudgeon, Dr. Hering of Philadelphia approves Hahnemann’s recommendation to prove medicines in globules of the 30th dilution. (Dudgeon, 1953) Dr. Watzke, one of the most energetic of the Vienna proving Society, recomends careful re-provings, to attain to a knowledge of the medicines equal to that possessed by Hahnemann himself. (Dudgeon, 1953) Dr. Drysdale demonstrates the necessity that exists for re-provings, such as those undertaken by the Austrian Proving
Society. (Dudgeon, 1953) Dr. Curtis of New York denotes that “as our object is to obtain a knowledge of the specific effects of each medicine, we must be careful to administer it in doses not too large to cause its rejection by the stomach or bowels, but sufficiently small so as to cause none of the irritant action on the primae viae which most medicines have the power of causing in large doses. For this end it is much better to give the drug in small doses, frequently repeated, than in larger doses at longer intervals...When I speak of small doses, I do not of course refer to globules of the 30th dilution as recommended latterly by Hahnemann, Hering and others...The small doses I allude to...must vary for every medicine according to its strength, and for every individual according to his susceptibility.” (Dudgeon, 1953)

According to Dunham, “the symptoms which drugs produce upon the healthy organism vary according to the dose. They may be 1.CHEMICAL-depending on the chemical affinity which exists between the drug and the tissues of the body, and independent of vitality; or, 2.MECHANICAL-consisting chiefly in violent efforts on the part of the organism to eject from its cavities the offending substance; or, 3.DYNAMIC-contingent upon vitality and resulting from the relations of the peculiar properties of the drug to the susceptibilities of the living, healthy organism. These dynamic effects may be: A.Generic-such as are common to all the members of a certain class of drugs and which serve to distinguish this class from others, but do not furnish means of distinguishing between different individuals of the same class... B.Specific-such as results from the dynamic action of the drug and are peculiar to it. There serve to distinguish a given drug from all others.” (Dunham, 1877)

According to Herscu, Kent, in an article in Proceedings of the International Hahnemannian Association, 1888, “shows that you can prove a substance using a person who is not healthy as long as the prover is stable and as long as the homeopath can differentiate the old symptom state from a new one, an easy thing when you have a full syndrome shift...” (Herscu, 2002)

According to Smith: “Jahr, Kent, Allen and Hale were later workers who considerably developed the material medica, by a series of provings, which added to the variety and flexibility of possible homeopathic remedies. They carried out classical provings in the Hahnemann tradition, using themselves and their associates as fellow provers.” (Smith, 1979)

Kent denotes: “If the first dose of medicine produces no effect...the next best thing to do is to create a sensitiveness to it. If we examine into the effects of poisons, we find those who have once been poisoned by Rhus are a dozen times more sensitive than before...If they continue, however, to keep on with the first effects they become less sensitive to it,
so that they require larger and larger doses to take effect.” (Kent, 2009) In this paragraph Kent describes the phenomenon of sensitization and the phenomenon of tolerance.

Furthermore, Kent states: “Danger comes from taking the substance for a few days and then stopping it, and then taking it again...For instance, say you are proving Arsenicum...the symptoms arise; now wait...let the image-producing effect of Arsenicum wear off...go away of itself; do not interfere with it...you should never interfere with it by a repetition of dose...you will engraft upon your constitution in that way the Arsenicum diathesis, from which you will never be cured...The toxicological results of poisons are proving of the grossest character...It is necessary in proving a drug to take such a portion of the drug only as will disturb and not suspend.” (Kent, 2009)
3.3 The Homœopathic Drug Proving Protocol edited by Subcommittee Drug Provings of the European Committee for Homœopathy (ECH)

3.3.1 Homœopathy’s medical testing protocols pre-date allopathy’s

The proving was the very first and the most important stone in the solid scientific foundation of homœopathy. All the principles of homœopathy and our daily clinical practice are based on provings. As P.Herscu denotes, “we can be proud of the fact that homœopathy was the first medical system to introduce blinded, placebo-control drug studies to medical science. Homœopathy’s medical testing protocols pre-date allopathy’s by 40-80 years.” (Herscu, 2002) P.Herscu states that “reprinting the Transactions of the Thirty Eight Session of the American Institute of Homeopathy (1885) will open eyes of many homœopaths and conventional physicians to the origin of the placebo-controlled study”. (Herscu, 2002) Moreover, he suggests: “Homœopathic provings share a resemblance to Phase One clinical trials, and could be so employed to the benefit of orthodox allopathic medical research. For instance, an early proving of a new allopathic drug in development could help to safely identify those systems and organs of the body which might be most affected by the drug.” (Herscu, 2002)

3.3.2 Every Drug Proving, as every trial, should have a proper methodology

The most important part of the Materia Medica consists of provings, together with toxicological reports, together with separately marked indications of clinical experience. But what is a decent qualitative proving? The answer is difficult and would require a lot of research. Only little research has been done so far due to the inadequate financial resources for research in homœopathy. Many theories, methods and protocols have been established and published. Meanwhile ethical and legal requirements have become more and more important (Declaration of Helsinki, International Conference on Harmonisation -Guidelines, came into operation in January 1997). Every Drug Proving, as every trial, should have a proper methodology in order to accept the results of the Drug Proving. Any substance proving, regardless of the source, should be
seriously offered to our profession only if we can assess specific requisite methodological details of the Drug Proving which would allow for its thorough testing, as G.Dimitriadis states. (Dimitriadis, On provings) We cannot expose our patients to experiments based on information, the accuracy of which, at their point of collection, we cannot ourselves be satisfied.

- Early provings used substantial doses.
- In modern provings the substances have been given in the form of ultra high succussed dilutions.
- The question of whether provings using ultra high succussed dilutions yield symptoms which differ from placebo is unresolved.

Table 3.1 Substantial or high diluted doses? An unresolved question

The proving method was introduced by Samuel Hahnemann in the early nineteenth century. (Bellows, 1906) (Demarque, 1987) Early provings were uncontrolled and used substantial and sometimes potentially dangerous doses. More recent pathogenetic trials have used various forms of placebo control. In modern provings, the substances have been given in the form of ultra high succussed dilutions typical of homœopathy. (Raeside, 1972) (Julian, 1979) (Campbell, 1984) There are no reports of serious toxicity in compilations of modern provings. (Raeside, 1972) (Julian, 1979) (Campbell, 1984) There is a considerable modern literature on proving. (Lees Templeton, 1949) (Raeside, 1964) (Swoboda, 1986) (Koenig, 1987) (Vakil, 1989) (Nagpaul, Dhawan, Vichitra, Rastogi, 1989) (Riley, 1994) (Riley, 1995a) (Riley, 1995b) Only a few reports have shown significant differences in symptoms reported by volunteers taking verum and placebo preparations even when the verum preparations were diluted beyond Avogadro's number. The question of whether HPTs using ultra high succussed dilutions yield symptoms which differ from placebo is unresolved. Guidelines for the conduct of HPTs have been proposed, but the pressing need is to validate the method to determine whether HPTs conducted with ultra high succussed dilutions generate symptoms which are different from those of placebo.
3.3.3 A protocol for provings-guidelines for clinical research

F. Wieland in his article “Good homoeopathic provings” had denoted the need for a scientific standard for good homoeopathic drug provings, comparable to the Good Clinical Practice (GCP) guidelines. (Wieland, 1997) So, the European Committee for Homoeopathy (ECH)-Subcommittee Drug Provings created a protocol for provings, taking into consideration both homeopathic principles and International Conference on Harmonisation (ICH)-guidelines.

“The International Conference on Harmonisation (ICH) has been the leading power in formulating guidelines for clinical research within the last 5-10 years. The birth of the ICH took place in Brussels in 1990. The impulse to initiate the ICH arose from the need to have an independent international evaluation of medicinal products, before they are allowed on international markets. The European Agency for Evaluation of Medicinal Products (EMEA) which was founded in 1993 has constituted the Committee for Proprietary Medicinal Products (CPMP) to prepare the Good Clinical Practice – Guidelines. This committee has worked out the Guidelines and they have come into operation in Jan. 1997. So, the ICH -Guidelines are rather young, compared to homoeopathy, but up to the present date they are admittedly the standard guidelines for clinical research worldwide.” (ECH Provings Subcommittee, 2004)

“A Homoeopathic Drug Proving (HDP) is nowadays considered to be a clinical trial.” (ECH Provings Subcommittee, 2004) HDPs are part of – non conventional – clinical research and if homoeopathy shall be recognized as a scientific drug therapy, we will have to discuss these guidelines. Additionally, there are many items in the International Conference on Harmonisation – Guidelines, which are equally useful for HDPs, although conventional trials are very different from HDPs.

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9 As G.Dimitriadis explains, a proving itself cannot be termed homœopathic. Since homœopathicity is determined by the application alone, our provings record is necessarily independent of Similia. For this reason, we will not see any of Hahnemann’s pharmacographies termed ‘homœopathic’ materia medica. So, Hahnemann was thus able to incorporate symptoms of toxicity, even from old school authorities, within his provings record. Maybe the term homœopathic in this case was used only to associate these provings with the profession, but since the term proving is unique to homœopathy, then it needs no such association. However, the European Committee for Homœopathy (ECH)-Subcommittee Drug Provings in the protocol is using the term Homœopathic Drug Proving (HDP). But, this improper terminology cannot be accepted, according to G.Dimitriadis.
Accordingly, the International Conference on Harmonisation Guidelines for Good Clinical Practice (GCP) have to be applied and also methodological and legal consequences have to be considered, e.g. legal requirements for clinical trials have to be met. (ECH Provings Subcommitee, 2004)

To meet today’s standards of methodology; it is inevitable to describe precisely the materials and methodology of HDPs. Therefore, the Subcommittee Drug Provings of the European Committee for Homœopathy (ECH) agreed to provide a proposal for proving methodology and protocols. (ECH Provings Subcommitee, 2004) “From the International Conference on Harmonisation -Guidelines for Good Clinical Practice the most important chapter for the methodology of HDPs is the chapter 6 of guideline E6 (E = Efficacy), E6.6. To have the protocol of HDPs a structure which is internationally accepted it has been decided to take the ICH-Guideline E6, chapter 6 as a basis for the protocol.” (ECH Provings Subcommitee, 2004) The text of Guideline E6, Chapter 6 has been modified according to the needs of HDPs. So a HDP Protocol based on an amended version of ICH topic E6, note for guidance on Good Clinical Practice (CPMP/ICH/135/95) chapter 6 (clinical trial protocol and protocol amendments) (date for coming in to operation 17 January 1997), edited by Subcommittee Drug Provings of the European Committee for Homœopathy, including: Case Report Form (CRF), amended for HDPs. (ECH Provings Subcommitee, 2004)

3.3.4 The definition of a HDP according to the HDP Protocol

So, according to the HDP Protocol, the definition of a HDP is “a systematic observation and recording of symptoms which occur after the defined administration of a potentized drug or a druglike effective substance in a nontoxic dilution, prepared according to a homœopathic pharmacopoea, not yet or not sufficiently homœopathically proved, to healthy persons (Volunteers).” (ECH Provings Subcommitee, 2004) “It is done under the responsibility of a principal investigator, if need be with the assistance of further observers.” (ECH Provings Subcommitee, 2004)

3.3.5 The aim of a HDP

Also, according to the Homœopathic Drug Proving Protocol, the aim of a HDP is “to elicit, observe and document reversible proving symptoms, which are needed to use a remedy according to the law of
similars”. (ECH Provings Subcommitee, 2004) “Proving symptoms are defined as those changes of the mental, emotional or physical state of the Volunteer, which are likely to be caused by the administration of the remedy and are out of the ordinary patterns of reaction of the Volunteer, shown during the taking of the case history. Proving symptoms are generally temporary symptoms, lasting for several hours or days. So, a HDP serves to widen the knowledge about insufficiently proved remedies or for introducing new remedies to the Materia Medica Homeopathica.” (ECH Provings Subcommitee, 2004)

Consequently, a HDP is an investigational clinical trial, designed to gather information on the potential areas of application for homeopathic remedies. Thus, the aim of a HDP is not the proof of efficacy, but to gain knowledge about the innate character of a drug, the “remedy picture”, which is more an aspect of quality, than of quantity.

However, the goal of conventional trials is to prove efficacy in a collective of patients, while in HDPs, the proving substance is not applied to create predefined effects and prove efficacy, but to describe the individual response of every volunteer to the application of the substance. (ECH Provings Subcommitee, 2004) “Due to the fundamentally different approaches of conventional clinical trials and HDPs, several terms like “sponsor”, “blinding” and “placebo” are used in a different sense and need further explanation.” (ECH Provings Subcommitee, 2004)

3.3.6 The diluting procedure-potentisation

Furthermore, according to the Homeopathic Drug Proving Protocol: “Potentized medicines are medicines processed in a specific way, namely by succussion or triturration of serial dilutions. The diluting procedure specific for homoeopathy is called potentisation or dynamisation. With steps of 1 part plus 99 parts of excipient, i.e. centesimals or “C”-potencies are obtained. The number of steps usually defines the degree of dynamisation, e.g. “C 12” or “C30”.” (ECH Provings Subcommitee, 2004)

3.3.7 The volunteer

“Thus, the volunteer has to be healthy in the sense of being free from important physical or psychic symptoms and does not consider himself to need medical treatment. The investigator too – after having taken the case history and done clinical examination – should not see an indication for medical treatment.” (ECH Provings Subcommitee, 2004) Additionally,
subject (volunteer) inclusion, exclusion and withdrawal criteria are important to be defined before conducting a HDP. A prover must have dependability, accuracy in observing and reporting sensitivity.

“Also, the education of volunteers is important for conducting the HDP (for example the volunteers could be informed about the basic principles of Homœopathy and could be instructed, how to keep the diaries). But, this position introduces the likelihood of observer bias into the actual interpretations of the subjects to start with. For this reason, subjects should be both educated and uneducated in matters homeopathic – for only in this way can the results be compared and objectivity assured. This is the reason why toxicological reports, on subjects who are usually not described, are still useful.” (ECH Provings Subcommittee, 2004)

3.3.8 The investigator

According to the Homœopathic Drug Proving Protocol: “The investigator in HDP, who in homeopathic literature also is referred to as: Observer; Supervisor; Proving doctor, is a person responsible for the direct contact with the volunteer(s). He reviews the diaries (journals) together with each volunteer in order to clarify and if necessary amend the symptoms. Thus, the Principal Investigator, who in homeopathic literature is also referred to as: Master Prover; Coordinator; Director of Proving, is responsible for the conduct and organization of the Homœopathic Drug Proving following Good Clinical Practice - Guidelines, e.g. contact with Independent Ethical Commission and the report of severe adverse events, storing of study documents.” (ECH Provings Subcommittee, 2004)

3.3.9 A glossary in the Homœopathic Drug Proving Protocol

10 Organon, aphorism 126: “The person who is proving the medicine must be pre-eminently trustworthy and conscientious and during the whole time of the experiment avoid all over-exertion of mind and body, all sorts of dissipation and disturbing passions; he should have no urgent business to distract his attention; he must devote himself to careful self-observation and not be disturbed whilst so engaged; his body must be in what is for him a good state of health, and he must possess a sufficient amount of intelligence to be able to express and describe his sensations in accurate terms.” (Hahnemann et al., 2004)
So, the Subcommittee Drug Provings of the European Committee for Homœopathy (ECH) comments on the terminology, which is used for conventional clinical trials and provides a glossary in the Homeopathic Drug Proving Protocol, amended for HDPs. (ECH Provings Subcommittee, 2004) Accordingly, in this glossary the Subcommittee Drug Provings of the ECH declares that “a conventional Adverse Drug Reaction (ADR) in HDPs will not occur, because there are no toxicologic effects of the proving substances, since they usually are administered in high dilutions. Indeed, there is little or no toxicological risk, when highly diluted substances are taken, because a substance which has been potentized to a C 12 has a dilution of 1x 10-24, whereas C30 potency has a dilution of 1x10-60, making the concentration immeasurable. Instead of a conventional ADR, an Adverse Proving Symptom may occur, which is defined as a symptom, which is likely to be caused by the administration of the proving substance and adversely affects the well being of a volunteer, disturbs the normal daily routine and may require the withdrawal of the volunteer from the homœopathic drug proving. It will be recorded on the Adverse Event Form, attached to the Case Report Form (CRF) of each volunteer. While an Adverse Event (AE) is any untoward medical occurrence in a volunteer administered a proving substance and which does not necessarily have a causal relationship with the action of the substance. An AE can therefore be any unfavourable and unattended sign, symptom or disease temporally associated with the administration of a proving substance, whether or not related to it.” (ECH Provings Subcommittee, 2004) But the idea of provings is to elicit an adverse reaction – symptoms of abnormality, symptoms of pathology (suffering). So, all provings seek to produce adverse events. Maybe the ECH seeks to guarantee the safety of provings to the authorities, and that is why this terminology has been developed.

Thus, in the glossary of the Homeœopathic Drug Proving Protocol it is proposed to use “blanks” as an own term for “homœopathic placebos”, as described under 6.4.3 in the protocol, whereas the meaning of “placebo” is different in conventional clinical trials and HDPs. (ECH Provings Subcommittee, 2004) “In HDPs the placebos are not given to measure a placebo effect, but to raise the critical alertness of the Volunteers and, eventually, to find out how far the quality of “Proving symptoms” under placebo differs from real Proving symptoms. In HDPs blinding is not restricted to getting the substance or not, but also to the identity of the substance, because the administration of the proving substance is not a treatment, but will produce proving symptoms, which may affect the whole organism. Therefore, in HDPs volunteers and investigators shouldn’t know the verum proving substance. They should not only be blind to the question if verum is given, but also to the question what the
verum is like. In conventional clinical trials blinding always implicates the giving of placebo. In HDPs, blinding is useful even when no placebos are given.” (ECH Provings Subcommitteee, 2004)

The first “placebo - controlled trial” has been done in Nürnberg/Germany in 1835. (Stolberg, 1996) At that time no specific term was used for the “placebos” given in the HDP. In 1885, American homœopathic doctors used globules, without proving substance, which they called “blanks”. (Mcguire, 1885)

“Since the 1960s, homœopaths, along with biomedical physicians, have generally acknowledged the double-blind, randomized, controlled trial (RCT) as the gold standard for establishing the efficacy of a clinical intervention. Beginning just before World War 2, sophisticated methodological reforms such as double-blind, placebo controls, randomization and inferential statistics were gradually incorporated into orthodox medicine. After the war, these methods gained credence and by the 1960s, the methods of the double blind, randomized, controlled, clinical trial (RCT) had been completely integrated into orthodox medicine. The medical homœopathic community has followed biomedical science and generally adopted the RCT as the final and objective arbiter of evidence of clinical efficacy.” (Kaptchuk, 1996)

Also, the principle of similarity (also stated as “law of similars”) is defined in the glossary of the Homœopathic Drug Proving Protocol as “the phenomenon of a substance, capable of provoking symptoms in a healthy organism, acting as a curative agent in a diseased organism in which similar symptoms are manifested (e.g. the dilution of “onion” or Cepa allium cures a coryza with symptoms like those that occur when cutting onions)”. (ECH Provings Subcommitteee, 2004)

Thus, according to the glossary:

-Protocol is a document that describes the objective(s), design, methodology, statistical considerations, and organization of a trial.
-Subject / Trial Subject (volunteer) is an individual who participates in a clinical trial (Homœopathic Drug Proving), either as a recipient of the investigational product(s) (proving substance) or as a control.
-Sponsor is an individual, company, institution, or organisation which takes responsibility for the initiation, management, and / or financing of a HDP. So, the principal investigator in a HDP automatically also takes the role of the sponsor. The sponsor does not necessarily give money for the proving, but is always responsible for the proving.” (ECH Provings Subcommitteee, 2004)

3.3.10 General information
Additionally, according to the Homœopathic Drug Proving Protocol of European Committee for Homœopathy general information, such as:
- protocol title,
- protocol identifying number and date,
- name and address of sponsor,
- names and title of the investigator(s) (proving doctors), have to be recorded. (ECH Provings Subcommittee, 2004)

3.3.11 Substance information

Also, background and substance information, such as:
- name and description of the investigational product(s) (proving substance) (exact information about the proving substance is mandatory to guarantee reproducibility as well for the manufacturing process as for re-Provings),
- a summary of findings from previous HDPs on the substance (if available),
- a summary of the known and potential risks and benefits, if any, to human subjects (proving symptoms might adversely affect the well being of a volunteer and this risk should be covered by an insurance for the volunteers, provided by the sponsor),
- description of and justification for the route of administration, dosage, dosage regimen and administration of a proving substance period (for example of description: The homœopathic remedies used in this drug proving will be administered orally as opened capsules, the content of which is applied sublingually. The experience of more than 200 years of HDPs has shown this way of administration to be effective. As soon as proving symptoms occur, the intake of the remedy will be stopped, to prevent adverse drug reactions.),
- description of the population to be studied (Recruitment of Volunteers, Ethnic origin of Volunteers, Location of the Proving, Language), have to be recorded. (ECH Provings Subcommittee, 2004)

11 “Who has learnt to compare the (drug)-provings, must become aware of all volunteers, living at the very same place, proving the same remedy, note more similar symptoms [....] than those living at a distance. The journals of volunteers living far away report symptoms being strikingly different, which but are similar among themselves, if there are several volunteers living at that other place. The reports of volunteers have the same colouring at the same place.” [Herings Medizinische Schriften (Gypser, K.-H. Hrsg.). Bd.III. Burgdorf, Göttingen 1988, 1187-1188.]
3.3.12 The assessment of safety

Also, the assessment of safety is another matter of peculiar interest for HDPs, according to the Homœopathic Drug Proving Protocol. According to the Basic Principles mentioned in the World Medical Association (WMA) Declaration of Helsinki, adopted by the 18th World Medical Association (WMA) General Assembly Helsinki (Finland, June 1964) and amended by the 52nd World Medical Association (WMA) General Assembly (Edinburgh, Scotland, October 2000), chapter 16: “Every medical research project involving human subjects should be preceded by careful assessment of predictable risks and burdens in comparison with foreseeable benefits to the subject or to others. This does not preclude the participation of healthy volunteers in medical research. The design of all studies should be publicly available.” “In HDPs, the substance is administered in high dilutions, which according to experience provokes transient so called “proving symptoms”, but there has no conventional pharmacodynamic action and does not cause toxicological effects. If an adverse proving symptom occurs, this might require the withdrawal of the volunteer from the HDP. So, the drug intake will be stopped immediately, the code will be broken and, in case of verum, either an antidote will be given, or the doctor in charge will take care of the volunteer personally and organise adequate treatment.” (ECH Proving Subcommittee, 2004)

3.3.13 The assessment of symptoms

Furthermore, the assessment of efficacy, which in HDPs means observing of proving symptoms, is fundamental for a HDP. It is not an assessment of efficacy, but of the action of the proving substance. However, the ultimate proof of whether a symptom really belongs to a remedy cannot be obtained while conducting the HDP, but only in a second step afterwards, by clinical verification, when the proving symptom has led to the choice of the remedy and has cured that symptom in the patient.

As concern statistics, according to the Homœopathic Drug Proving Protocol, “the evaluation in HDPs should not be done by conventional statistical analyses, because in HDPs there is no measurement of efficacy”. (ECH Proving Subcommittee, 2004) “In conventional clinical trials, statistics serve to compare verum and control groups to measure the efficacy of a treatment. In HDPs there is description of individual proving symptoms.” (ECH Proving Subcommittee, 2004) It is important to denote that the value of proving symptoms does not ultimately depend on number of volunteers, who had a particular symptom. (ECH Proving
As Hahnemann writes in Organon of Healing Art in aphorism 116 (Hahnemann et al., 2004), “Some symptoms are produced by the medicines more frequently, that is to say, in many individuals, others more rarely or in few persons, some only in very few healthy bodies.” So, symptoms obtained in a small number of volunteers, are equally valuable.

Hence, “the evaluation will be done by compilation of the proving symptoms in different categories, representing a certain probability to be associated with the remedy and therefore are the most important ones for further verification”. (Hahnemann et al., 2004) “For example: Amended criteria of Bayr and Stübler for assessment of symptoms:
A symptom will belong to the remedy with great probability, if at least one of the following criteria is met:
1) Occurrence of the symptom in two or more volunteers.
2) Objective, measurable signs and symptoms.
3) Distinct intensity of the symptom.
4) Occurrence of the symptom several times shortly after administration of the drug.
5) Recurrence of the symptom several times over the course of a number of days.
6) Recurrence of the symptom using different potencies.
7) Striking, singular, uncommon symptoms (§153 Organon).
8) Striking, seldom or paradox modalities and/or concomitants of the symptom.
9) Mutual pathophysiology in several symptoms (i.e. inflammation in different joints).


“Indeed, the true measure of certainty at the point of collection of symptoms during a proving, and perfectly consistent with scientificity, is reproducibility, particularly if in more than a single prover”, as G.Dimitriadis states. (Dimitriadis, On Provings) Moreover, Hahnemann writes: “The more obvious and striking symptoms must be recorded in the list, those that are of a dubious character should be marked with the sign of dubiety, until they have frequently been confirmed.” (The Medicine of Experience…, 1805, HLW453 footnote) and “A symptom, which has been printed in Capitals, I have observed more often, and the one printed in small letters more rarely. The ones put in brackets I published under reservation since they have been observed yet by myself only once, i.e., in a case not quite clear and doubtful. Here and there I added the brackets when I did not see the true being of a person, or if a person was of slow comprehension or he/she committed errors in dietary
intake.” (Fragmenta de viribus..., 1805, Praefatio, in Schmidt, J.M., & Kaiser, D.: Gesammelte kleine Schriften Von Samuel Hahnemann, Haug 2001, p.366) So, Hahnemann’s mark of uncertainty was to include such symptoms in parentheses until further confirmation.

Also, according to G.Dimitriadis, “the grading procedure requires an objective approach, to be done by the proving manager, at the close of the trial, after the symptoms are received, collated, and their reproducibility, across multiple provers, has been established, since the perception of pain (or intensity of suffering) is an interpretation and varies greatly from person to person, even with the same evoked stimulus”. (Dimitriadis, On Provings) “A hypochondriac”, as Hahnemann writes in Organon of Healing Art in aphorism 96 (Hahnemann et al., 2004), “for example, will report their symptoms more pressingly or urgently, and feel them more intensely than the normal person”. “And on the other hand, there are those who will tend to understate their symptoms”, as Hahnemann writes in Organon of Healing Art in aphorism 97. (Hahnemann et al., 2004) Every physiologist knows that there are no “pain receptors” in the body (the receptors which transmit the signal for pain are termed nociceptors), as G.Dimitriadis denotes. (Dimitriadis, 2007)

3.3.14 The Case Report Form-a record of the data-a document for quality control

Furthermore, the Case Report Form (CRF) is one of the most important documents for quality control in clinical trials and in HDPs. “A CRF is a record of the data and other information on each subject (volunteer) in a trial (HDP)” as defined by the Homœopathic Drug Proving Protocol. (Hahnemann et al., 2004) “Data handling and record keeping is very important, because often the therapeutic effect of a remedy, applied according to the law of similars, is the more reliable, when the wording of the Volunteer in the Proving corresponds with the words of a patient. The data may be recorded on any medium, including magnetic and optical carriers, provided that there is assurance of accurate input and representation, and allows verification. Records should be kept in the original handwriting of the volunteer in the diaries (journals) filled in by the volunteers. Also, notes eventually added by the investigators, proving doctor(s) or other responsible persons should be kept within the CRF of each volunteer.” (Hahnemann et al., 2004) Moreover, according to the Homœopathic Drug Proving Protocol, “all information has to be kept confidential with respect to the identity of the donor of the information”. (Hahnemann et al., 2004) “So, in the end the symptoms should be collated and communicated to the homœopathic community so
that they can be clinically verified, which among others means that a symptom, which has occurred in a HDP, now occurring in a sick patient is alleviated by that remedy, which produced the proving symptom after the administration of it.” (Hahnemann et al., 2004)

3.3.15 Three periods: a preliminary observation period, a period of observation and a post observation period

Also, the HDP should be conducting in three periods: a preliminary observation period, a period of observation and a post observation period. (Hahnemann et al., 2004) Thus, in the proving design, it is significant to include maintenance of trial treatment (administration of a Proving substance), randomisation codes and procedures for breaking codes. (Hahnemann et al., 2004)

3.3.16 The administration of the proving substance

Thus, in the Homœopathic Drug Proving Protocol, in the document “Information for the day of administration of proving substance / remedy” it is defined that the proving substance should be taken approximately every two hours for max 6 times, only for this one day. (Hahnemann et al., 2004) “One dose should consist of the content of one capsule. The capsule is to be opened and the substance taken under the tongue. The volunteer should remember to take no food for 15 minutes before and after taking the proving substance.” (Hahnemann et al., 2004)

So, the Homœopathic Drug Proving Protocol makes mention of the proper dosology of a HDP, whereas nowhere it is mentioned the proper posology, which is a matter that has to be defined in the Homœopathic Drug Proving Protocol as all others matters for Homœopathic Drug Provings have been. As D.Riley states, “GCP guidelines, ethic commissions, formal protocols, and clinical trial registries are a recent invention and one should not automatically discount the historical homœopathic proving literature for not having used tools that were not available”. (David Riley, 2007) So, since Hahnemann’s pharmacography was the sole basis upon which Homœopathy first developed and later flourished, we should carefully examine his pharmacography in order to define the proper posology for conducting a proving.
3.4 Summary and conclusions

The founder of homœopathy Christian Friedrich Samuel Hahnemann (1755-1843) had a great unhappiness and frustration with the ineffective and detrimental practices in medicine. Hahnemann mounted a sustained attack on blood-letting, purging, blistering, polypharmacy, massive doses and the abusive treatment of the mentally ill. (Hobhouse, 2002) (Francois-flores, 2007) (Cook, 1981) He pointed out that the empiricists had known how to observe but not how to cure, hence their reliance on diet and the “healing power of nature” above all. (Hobhouse, 2002) (Francois-flores, 2007) (Cook, 1981)

In 1790 Hahnemann was translating William Cullen's A Treatise on the Materia Medica (Cullen, 1789) and he questioned some of the author's conclusions on Cinchona. (Ameke, 1885) Hahnemann wanted to see if the drug would indeed affect the stomach as Cullen suggested. (Cook, 1981) To his surprise, he found it did not do that and his testing of it proved to be a revelation in other ways. (Cook, 1981) So, Hahnemann took a dose of the substance and then observes its effects. This was the first proving to be conducted. In this first proving experiment, Hahnemann observed symptoms broadly similar to those of malaria, including spasms and fever. (Cook, 1981) (Haehl, 1922) With Cinchona, he had “produced in himself the symptoms of intermittent fever.” (Haehl, 1922)

So, he criticised the opinion of Cullen that the action of Peruvian bark [quinine] was that of a tonic to the stomach. Furthermore, Hahnemann proceeded to argue that quinine acts in malaria because in healthy people it can produce symptoms similar to intermittent fever. (Bodman, 1955) On noticing that Cinchona produced fever symptoms, Hahnemann was led him to postulate a healing principle: “that which can produce a set of symptoms in a healthy individual, can treat a sick individual who is manifesting a similar set of symptoms.” (Hahnemann, 1796) (Hahnemann & Stapf, 1829) (Hahnemann, 1852) (R.E. Dudgeon, 2004)

After many years of experimentation and inductive reasoning, he confirmed his discovery of a general law of cure, and upon this discovery based a rule of practice, scientific and of universal application, which he expressed in the now famous dictum, "Similia Similibus Curantur". This new principle, like cures like, became the basis for an approach to medicine which he gave the name homœopathy and a new, pure, material medica was any longer a necessity.

So, Hahnemann methodically recorded the observed effects of substances upon the health, i.e., provings (prüfungen) and nine years later (1805) published his first such work Fragmenta de viribus medicamentorum positivis… (Hahnemann, 1805), followed by Reine
Arzneimittellehre (Hahnemann, 1833) (Materia Medica Pura) and, lastly, Die Chronischen Krankheiten (Hahnemann, 1839) (The Chronic Diseases).

According to aphorism 32 of Organon of Healing Art (Hahnemann et al., 2004), we can say that a proving of a medicine is the action of this medicine on a living human being and the production, in this human being, symptoms individual to this medicine. According to aphorism 108 of Organon of Healing Art (Hahnemann et al., 2004), proving, that is the administration of a medicine experimentally in moderate doses to healthy persons, is the only way in which the peculiar effects of a medicine on the health of individuals can be accurately ascertained.

Gumpert writes in his book “Hahnemann. The Adventurous Career of a Medical Rebel”: “Medicine tests [provings] constitute one of the most critical points of Hahnemann’s teachings. This grandiose attempt to acquire unhypothetical medical experience was outwardly justified by the complete lack of objective methods of investigation and experimental systems in those days... [Hahnemann had] the courage to break away from hypotheses and systems...” (Gumpert, 1945) And furthermore, Hahnemann states in aphorism 143 of Organon of Healing Art “If one has tested a considerable number of simple medicines on healthy people in this way... then one has for the first time a true materia medica: a collection of the authentic, pure, reliable effects of simple medicinal substances in themselves; a natural pharmacopoeia...”. (Hahnemann et al., 2004)

Stuart Close records that Hahnemann instituted provings of drugs upon himself, members of his family, friends, students and fellow practitioners, keeping all under the most rigid scrutiny and control, and carefully recording every fact and the conditions under which it was elicited. (Close, 1986) The provers whom Hahnemann selected and who appeared worthy to him (he was very strict in his selection) he invited into his family and so attached them to himself in a personal and friendly way. (Close, 1986)

Hahnemann declares in aphorism 108 of Organon (Hahnemann et al., 2004) that “the only physician, besides himself, who saw the necessity of testing medicines for their pure and peculiar effects in deranging the health of man, in order to learn what morbid state each medicine is capable of curing, that is the necessity of provings, is Albrecht von Haller”. Haller himself, even though he recommends such trials, never actually conducted any. (Hahnemann et al., 2004)

Moreover, according to aphorism 63, “when a medicine acts (proves its action) upon the vitality, it produces a primary action, which is the derangement of the vital force and a secondary action, which is the antagonistic reaction of the organism”. (Hahnemann et al., 2004) However, this reaction, according to aphorism 66, is not to be noticed on
the healthy body when the medicine is being administered in quite minute doses and, according to aphorism 137, is not as much worth knowing as the primary action is. (Hahnemann et al., 2004) However, G.Vithoulkas in his book “The science of homœopathy” (Vithoulkas, 2002) in chapter 10 denotes the importance both of the primary and the secondary action in a proving and recommends recording with accuracy both actions: “When a substance is administered to an organism, there are two phases of response. The primary effect occurs immediately, within a few hours, or within a few days; this represents the “excitation phase” of reaction and is usually somewhat dramatic. The organism, in its attempt to reestablish equilibrium, then compensates with a secondary effect. This usually occurs after a reaction time approximately twice that of the primary reaction. The symptoms generated in this secondary phase can be opposite to those of the primary phase. In any proving, it is important to record symptoms from both phases, even though they appear to be contradictory. Each phase represents a characteristic manifestation of the action of the defense mechanism and therefore must be accorded equal importance.”

“Regarding the prover during the whole period of the experiment the diet of the prover must be strictly regulated – it should be as much possible destitute of spices, of roots and all salads and herb soups.” (Organon of Healing Art, aphorism 125) (Hahnemann et al., 2004) “The drinks are to be those usually partaken of, as little stimulating as possible. The prover must either be not in the habit of taking pure wine, brandy, coffee or tea or he must have totally abstained for a considerable time previously from the use of these beverages, some of which are stimulating, others medicinal”. (Organon of Healing Art, aphorism 125) (Hahnemann et al., 2004)

Moreover, according to Goel, the greatest care should be exercised in verifying symptoms by repeated experiments, in order that “imaginary” symptoms as well as chemical and mechanical symptoms may be excluded. (Goel)

“If provings with a considerable number of simple medicines have thus been carried out on healthy individuals, and a careful and faithful recording of all the disease elements and symptoms that they are capable of developing is done, then only a true Materia Medica can be built up. This will be then a collection of real, pure, reliable modes of action of simple medicinal substances...” (Organon of Healing Art, aphorism 143) (Hahnemann et al., 2004) “From such a Materia Medica, everything that is conjectural, all that is mere assertion or imaginary should be strictly excluded. Everything should be the pure language of nature carefully and honestly interrogated.” (Organon of Healing Art, aphorism 144) (Hahnemann et al., 2004)
Furthermore, a repertory of homœopathic symptoms, should be based on clear and objective criteria. (Rutten, Stolper, Lugten, & Barthels, 2008) According to Gadd: “The criteria for entering medicines in repertory rubrics are unclear and partly incorrect...The reliability and validity of the homœopathic repertory has been questioned not least because of the apparent lack of reliability of its sources, namely provings or homœopathic pathogenetic trials and clinical confirmation, and disagreements over what constitute valid criteria for additions...” (Gadd, 2009)

According to H.Walach, “provings designed to improve practical prescribing in homeopathy, using qualitative methodology, should be distinguished from trials to show that substances in homœopathic dilutions produce symptoms different from placebo”. (H. Walach, 1997)

Both methodologies can be combined and a protocol should be suggested. Furthermore, as P.Fisher denotes, clinical trials in homœopathy are complicated by the fact that treatment is highly individualised. (Peter Fisher, 1995) So, also, the problem of individualization in controlled trials should be discussed.

So, the European Committee for Homeopathy (ECH)-Subcommittee Drug Provings created a protocol for provings, taking into consideration both homeopathic principles and International Conference on Harmonisation (ICH)-guidelines for clinical research, which are admittedly the standard guidelines for clinical research worldwide. (ECH Provings Subcommitee, 2004) But, nowhere in this protocol is mentioned the proper posology, which means the amount of chemical remedy substance, that should be used in a drug proving. Consequently, the proper posology in provings is a subject for discussion.
4. The weight system and the weight standard that Hahnemann was using

4.1 The apothecaries' system of weights

In Europe, between the decline of the Roman Empire and metrification, the use of different measure and weight systems depending on the purpose was an almost universal phenomenon. (Ely., 1854) Since ancient times, and until the adoption of the metric system by pharmacists in the first half of the twentieth century, physicians and apothecaries used for medical recipes the apothecaries' system of weights, which is a historical system of mass units. (Kelly, 1811) And sometimes this weight system was used also by scientists. In the 19th century, most European countries or cities still had at least a "commercial" or "civil" system (such as the English avoirdupois system) for general trading, and a second system (such as the troy system) for precious metals such as gold and silver. (Kelly, 1811) The apothecary measuring system, the troy system and the avoirdupois system use some of the same names for measurements, like grains. (Kelly, 1811)

4.2 The special symbols

For a long time, until around 1900, medical recipes and most European pharmacopoeias were written in Latin, often using special symbols to denote weights. (Cooley, 1850) The use of Latin ensured that the recipes could be read by an international audience. (Cooley, 1850) There was a technical reason why 3 were written as iij and 1/2 as ß or ss: Since only the units of the apothecaries' system were used in this way, this made it clear that the civil weight system was not meant. (Cooley, 1850) Here is a typical example from the middle of the 19th century. (Ellis, 1854)
Infusion of Dandelion, &c.

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infusi Taraxaci, ℥iv.</td>
<td>4 fluid ounces of dandelion infusion</td>
</tr>
<tr>
<td>Extracti Taraxaci, ℓij.</td>
<td>2 fluid drachms of dandelion extract</td>
</tr>
<tr>
<td>Sodæ Carbonatis, ʒß.</td>
<td>1/2 drachm of sodium carbonate</td>
</tr>
<tr>
<td>Potasse Tartratis, ʒij.</td>
<td>3 drachms of potassium tartrate</td>
</tr>
<tr>
<td>Tincturæ Rhei, ℓij.</td>
<td>3 fluid drachms of rhubarb tincture</td>
</tr>
<tr>
<td>Hyoscyami, gtt. xx.</td>
<td>20 drops of henbane tincture</td>
</tr>
</tbody>
</table>

Fiat mistura. Signa.—One third part to be taken three times a day. In dropsical and visceral affections.

Make mixture. Write: "One third part to be taken three times a day. In dropsical and visceral affections."

Table 4.1 Medical recipes were written in Latin using special symbols

Hahnemann, also, as we can ascertain through reading MMP (Hahnemann, 2004) and CD (Hahnemann, 2008), was using these special symbols. In MMP we find some examples (Hahnemann, 2004):

“Hyoscyamus Niger: 490. Complete loss of reason. (From ʒij (=2 drachms) of seeds, in an adult.) (This footnote added by R. Hughes.)

Opium: 30. Obtuse senses. (From ʒiss (=1 and ½ drachms) of laudanum drunk by a boy of 15.) (This footnote added by R. Hughes.)

Opium: 285. Stiffness of the penis during sleep, and after waking complete impotence. (From ʒss (=1/2 scruple) of solid opium.) (This footnote added by R. Hughes.)”

In CD, in the medicine Colocynth we read (Hahnemann, 2008):

“114. Periodical attacks of fearful cutting in the abdomen, starting from the left renal region and spasmodically drawing the thigh toward the stomach, so that she had to bend double as far as possible. (This occurred twelve hours after a drop of Colocynth ʒ, in a patient already suffering several times a day from agonizing pain proceeding from the left kidney down the corresponding limb. Symptoms 22, 29, and 75 came on at the same time.) (This footnote added by R. Hughes.)”

These symptoms, incorporated by Hahnemann, weer from old-school authorities, and therefore we cannot conclude with certainty that apothecaries' system was Hahnemann’s particular weight and measure system.
4.3 The division

The apothecaries' system of weights divides a pound into 12 ounces, an ounce into 8 drachms, and a drachm into 3 scruples or 60 grains. (Phoebus, 1835)

<table>
<thead>
<tr>
<th>Unit</th>
<th>Symbol</th>
<th>Division</th>
<th>Grains</th>
</tr>
</thead>
<tbody>
<tr>
<td>medicinal pound (medicinaal pond)</td>
<td>lb</td>
<td>12 ons</td>
<td>5760</td>
</tr>
<tr>
<td>medicinal ounce (medicinaal ons)</td>
<td>℥</td>
<td>8 drachmen</td>
<td>480</td>
</tr>
<tr>
<td>dram (drachme)</td>
<td>ʒ</td>
<td>3 scrupels</td>
<td>60</td>
</tr>
<tr>
<td>scruple (scrupel)</td>
<td>℧</td>
<td>20 grein</td>
<td>20</td>
</tr>
<tr>
<td>grain (grein)</td>
<td>gr.</td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

Table 4.2 The division

In the Romance speaking part of Europe the scruple was divided into 24 grains, in the rest of Europe into 20 grains. Notable exceptions were Venice and Sicily, where the scruple was also divided into 20 grains. (Phoebus, 1835)

4.4 The weight standards

A grain is roughly the weight of a physical grain. There were various local weight standards. In Europe the actual mass of an ounce varied by ±17% (5g) around the typical value of 30g. (Connor, Simpson, Morrison-Low, & Scotland, 2004) The map only shows approximate values for the most important standards; even the same nominal standard could vary slightly between one city and its neighbour. (Karmarch, 1861) The range from 25g to 31g is filled with numerous variants, especially the Italian range up to 28g. But there is a relatively large gap between the troy ounces of 31g and the Habsburg ounce of 35g. The latter is the product of an eighteenth century weight reform.
In the middle Ages the Imperial Free City of Nuremberg, an important trading place in the south of Germany, produced large amounts of nesting weight pieces to various European standards (Connor, Simpson, Morrison-Low, & Scotland, 2004). In the 1540s, the first pharmacopoeia in the modern sense was also printed there. (Connor, Simpson, Morrison-Low, & Scotland, 2004) In 1555, a weight standard for the apothecaries' pound of 12 ounces was set in Nuremberg (Connor, Simpson, Morrison-Low, & Scotland, 2004). Under the name Nuremberg pharmaceutical weight (German: Nürnberger Medizinalgewicht) it would become the standard for most of the north-east of Europe. (Ammon, 2004) However, some cities kept local copies of the standard. (Ammon, 2004) As of 1800 all German states and cities except Lübeck (which had the Dutch troy standard) followed the Nuremberg standard. (Ammon, 2004) In 1811, Bavaria legally defined the apothecaries' pound as 360.00g (an ounce of 30.00g). (Connor, Simpson, Morrison-Low, & Scotland, 2004) In 1815, Nuremberg lost its status as a free city and became part of Bavaria. From now on the Nuremberg apothecaries' pound was no longer the official apothecaries' pound in Nuremberg; but the difference was only 0.6%. But only few German states followed the example of Bavaria, and with a long delay (Karmarch, 1861).
The weight system and the weight standard that Hahnemann was using

<table>
<thead>
<tr>
<th>Nuremberg standard</th>
<th>1 ounce</th>
<th>29.69 g</th>
<th>Sweden</th>
<th>356.2 g</th>
</tr>
</thead>
<tbody>
<tr>
<td>(regional variation, c. 1800)</td>
<td>Standard</td>
<td>29.82 g</td>
<td>Nuremberg</td>
<td>357.8 g</td>
</tr>
<tr>
<td></td>
<td></td>
<td>29.83 g</td>
<td>Luceme</td>
<td>358.0 g</td>
</tr>
<tr>
<td></td>
<td></td>
<td>29.88 g</td>
<td>Poland</td>
<td>358.5 g</td>
</tr>
</tbody>
</table>

Table 4.3 Variation of standards-Nuremberg standard

So, most probably Hahnemann followed the Nuremberg standard.
4.5 Summary and conclusions

In Europe, between the decline of the Roman Empire and metrication, the use of different measure and weight systems depending on the purpose was an almost universal phenomenon (Ely.), 1854). Since ancient times, and until the adoption of the metric system by pharmacists in the first half of the twentieth century, physicians and apothecaries used for medical recipes the apothecaries' system of weights, which is a historical system of mass units. And sometimes this weight system was used also by scientists. Propably apothecaries' system was Hahnemann’s weight and measure system, but we cannot conclude this with certainty. The apothecaries' system of weights divides a pound into 12 ounces, an ounce into 8 drachms, and a drachm into 3 scruples or 60 grains. A grain is roughly the weight of a physical grain. There were various local weight standards. In Europe the actual mass of an ounce varied by ±17% (5g) around the typical value of 30g. (Connor, Simpson, Morrison-Low, & Scotland, 2004) Most probably Hahnemann followed the Nuremberg standard (1ounce = 29,82g).
5. Hahnemann’s Posology in Materia Medica Pura and the Chronic Diseases

The skeptical opponents of homœopathy based their entire critique on the *a priori* impossibility of infinitesimal doses, ignoring more fundamental components of the therapy, such as drug tests, the similia principle and individualization of prescriptions, as it is noted by August Bier, the influential Berlin surgeon who critically investigated the subject in the 1920s. (Bier, 1949) (Dean, 2001) Nevertheless, as Dean records infinitesimal doses were not part of the homeopathic hypothesis, were rarely used in drug tests, and were only gradually introduced into treatment as Hahnemann’s experience with the method increased. (Hahnemann, 1801a) (Hahnemann, 1801b) (Hahnemann, 1801c) (Hughes, 1867) (Dean, 2001) “They were a refinement and not a requirement of the system. Hahnemann had to come through the barrier of toxicity and there was always some dissatisfaction with the amount of aggravation he observed. He increasingly found that the dose of medicine had to be reduced in order to avoid unnecessary aggravations. He repeatedly claimed that chemistry was as inappropriate to the analysis of his triturated and succussed medicines as it was to detecting the difference between plain and magnetized iron.” (Dean, 2001) Furthermore, homœopathy has always been open to clinical testing, regardless of prior beliefs, which suggests that explanations of homœopathy’s comprehensive rejection by official medicine should be sought elsewhere. (Hahnemann, 1852) (Hahnemann, 2004) (Dean, 2001)

In the following passages we can read examples of provings from Hahnemann’s Materia Medica Pura (Hahnemann, 2004) and the Chronic Diseases (Hahnemann, 2008) that pertain to Hahnemann’s posology. Also, we will find in the preface of the medicines and in “The examination of the sources of the common materia medica”, in MMP (Hahnemann, 2004), examples from medicines that their “homœopathic” action had been “proved” before Hahnemann. Obviously, these, before
Hahnemann, “provings” accomplished with material doses. Hahnemann in Organon of Healing Art (Hahnemann et al., 2004), in paragraph 110, mentions that previous authors had observed symptoms to result from medicinal substances when taken into the stomach of healthy persons, either in large doses given by mistake or in order to produce death in themselves or others, or under other circumstances. Moreover, provings in patients are marked below, which means that the patient was either under homœopathic treatment, in which case small doses were employed, or under allopathic treatment, where large doses were used (Dudgeon, 1853).
5.1 Materia Medica Pura

Here we can read some examples of provings from Hahnemann’s Materia Medica Pura (Hahnemann, 2004) that pertain to Hahnemann’s posology.

5.1.1 ARSENICUM

The proving of Arsenicum as Hahnemann writes is the result of doses of various strengths on persons of various sensitivities. In this proving there are included symptoms from poisonings, as they have been reported from toxicology, effects from arsenical vapours, from powdering the hair with Arsenicum, from the external application of Arsenicum, from orpiment and side-effects of arsenic of potash in patients. (Hahnemann, 2004)

5.1.2 BELLADONNA

In the proving of Belladonna Hahnemann states that the most potent (poisonus) medicines could become the most curative by diminishing the dose sufficiently. In this proving there are included symptoms from poisonings, as they have been recorded from toxicology, effects from large doses of the extract, from grain doses, from increasing doses of the powdered leaves in epileptics and epilepto-maniacs,
effects of infusion of Belladonna, effects of leaves and berries of Belladonna, effects of grain doses of the powdered root, effects by a decoction of the root and effects from drinking a large quantity of the juice of Belladonna. (Hahnemann, 2004)

5.1.3 CAMPHORA

Camphora is a medicine that in Hahnemann’s times was employed in large and massive doses, as Hahnemann records, and that is used from conventional medicine until nowadays. Hahnemann suggests that camphora is useful as an external application in acute diseases accompanied by erysipelas, if the other symptoms of the internal malady are present among the symptoms of camphor. In this proving there are included symptoms from poisonings, as they have been reported from toxicology, side-effects from large doses in rheumatic patients and in fever patients, effects from thirty grains, from forty grains, from three grains, from gr. viij to xij, from five grains, from 60 grains, effects from several grains of camphor injected into the median vein, effects from the smell and from the external application of camphora. (Hahnemann, 2004)

5.1.4 CHINA

China is a medicine that in Hahnemann’s times was employed in large doses from conventional medicine, that if it they were not getting rid of by vomiting or diarrhoea from the organism, they produce to the patient, a china-cachexy, the china-disease, as Hahnemann records. Hahnemann observes that quite small doses cannot excite the organism to revolutionary evacuations, whereas a large dose is rapidly expelled. Also,
he observes that even one drop of a diluted tincture of cinchona bark, which contains a quadrillionth of a grain of china-power, is a strong (often a too strong) dose. Furthermore, he suggests testing medicine’s powers on healthy human beings. In this proving there are included symptoms from the exhalation, from the powder, from the extract, from a drachm of red cinchona-bark, from a half-ounce dose and side-effects of suppression of intermittent by china and of overdosing. (Hahnemann, 2004)

5.1.5 COCCULUS

Figure 5.5 Cocculus

In the proving of Cocculus it is included a symptom from poisoning of a man by four grains. (Hahnemann, 2004)
5.1.6 DIGITALIS

Digitalis is a drug that conventional medicine has been using from Hahnemann’s times until nowadays. In the proving of Digitalis Hahnemann observes that even a very small portion of a drop of the decillion-fold dilution of the juice, is often a too powerful dose for homeopathic treatment. In this proving there are included side-effects of digitalis when given for scrofula, for phthisis, for mammary scirrhous, when given to dropsical patients, in pneumonia, in a case of anasarca, from overdosing and symptoms from twelve leaves and from an ounce of the decoction. (Hahnemann, 2004)

5.1.7 HYOSCYAMUS NIGER

In the proving of Hyoscyamus Niger Hahnemann suggests that a small portion of a quadrillionth of a drop of the juice from Hyoscyamus Niger
is more than sufficient for all homœopathic curative purpose. In this proving there are included symptoms from poisonings, as they have been recorded from toxicology, from cooked roots, from the exhalation of the seeds, from herb eaten as salad, from seeds eaten, from repeated doses, from gr. iiij-xij, from a cluster of Hyoscyamus Niger, from leaves boiled, from four grains of the extract, from gr. xxv of seeds, from the odour and exhalations of the plant, from the emanations of the plant, from bathing the head with a decoction of henbane, from ʒij(=2 drachms) of seeds, effects of fomentations of Hyoscyamus Niger and of inhaling vapour of Hyoscyamus Niger. (Hahnemann, 2004)

5.1.8 IGNATIA

In the proving of Ignatia there are included symptoms from the tincture, from a whole bean, from grains of the powdered bean, from drachm doses and from scruple doses. (Hahnemann, 2004)
5.1.9 MAGNES

In the proving of Magnes Hahnemann speaks for the power of mesmerism when a powerful man with strong will to do good approaches his thumb to the pit of the stomach of a nervous patient and for the derangement of the health and for the cure that a magnetic steel rod can effect, even when it is not in actual contact with the body. Also he states that the symptoms of this proving occurred from various powerful magnets brought in contact with various sensitive individuals, without distinction of the poles and from general contact from the application of the whole surface of various magnetic plates to the skin, consequently of both poles at once. So, in this proving there are included symptoms when the hands being brought in contact with both poles, or the magnet lying all its length on the skin or when the magnet is brought near or symptoms after touching the magnet in the middle. In the proving of Magnetis Polus Articus (north pole of the magnet) there are included symptoms when north pole of the magnet applied in the region of the fourth to the sixth dorsal vertebrae, at a distance of four or five finger breadths from the body and symptoms from touching the magnet or from contacting the magnet. In the proving of Magnetis Polus Australis (south pole of the magnet) there are included symptoms when touching the south pole with the tip of the tongue or when holding the magnet by the south pole and touching it at the same time in the middle. (Hahnemann, 2004)
5.1.10 MOSCHUS

Moschus, as Hahnemann records, is a medicine that in Hahnemann’s times was employed in large doses. In the proving of Moschus Hahnemann suggests to use the smallest highly potentized doses in order to learn its curative powers and he states that a small globule moistened with the decillion-fold potency is the appropriate homœopathic dose. In this proving there are included symptoms from two grains in powder, from two grains rubbed up with sugar and water and effects of odour, of inhalation and of large doses. (Hahnemann, 2004)

5.1.11 NUX VOMICA

In the proving of Nux vomica Hahnemann records that until Hahnemann’s times Nux vomica had been administered in large doses (a whole grain or several grains) in unsuitable cases of disease with injurious effects. So, he suggests that one small sugar-globule moistened with the decillion-fold potency serves as a homœopathic dose. In this proving there are included symptoms from nine grains, in two doses, from ten grain doses, from eight grains, from two drachms, from fifteen grains and side-effects on patients, on an old woman killed by a small quantity, on a girl in fever, on dysentery patients. (Hahnemann, 2004)
5.1.12 OPIUM

In the proving of Opium Hahnemann states that a small portion of a drop of the decillion-fold potency suffices for a homeopathic dose and smelling at a globule the size of a mustard-seed, moistened with a potentized dilution of opium, gives relief. He, also, observes that in the primary action of small and moderate doses Opium appears to exalt the irritability and activity of the voluntary muscles for a short time. Furthermore, he states that in large doses the symptoms of the primary action not only rise to a far more dangerous height, but they pass from one to another with impetuous rapidity, often mingled with secondary actions or quickly passing into the latter and some of the primary effects of opium by large doses, last longer when they do not prove fatal. As for large poisonous doses, hardly any of the peculiar primary effects of opium are observed, but this initiatory reaction passes at once, as secondary action, to death, as he denotes. Moreover, he observes that when it acts antipathically (palliatively), in order to procure the same relief, the patient must not only continue the use of opium, but increase the doses, so that at last the patient was obliged to take an ounce and a half of opium in one week. Also, he records that the palliative primary action of Opium brings the Turks during a battle into an almost irresistible fighting fury, which, however, in an hour or two passes into the most cowardly irresolution or stupefaction. In this proving there are included side-effects on patients and symptoms from twenty grains, from twenty-six grains, from two grains, from a grain of crude opium, from 1-1/2 grain doses, from a drachm, from a scruple, from 3ss (=1/2 scruple) of solid opium, from ʒiss (=1 and ½ drachms) of laudanum, from gr. J- iij, from overdose of laudanum, from laudanum, from drops of tincture of opium, from tincture
Thebaica, from a large dose of the extract, from pills of styrax and opium, from external application, from the smell, from opium-eating, from opium-chewing, from intoxication and from applying directly to the nerves or to the muscles in experiments on frogs. (Hahnemann, 2004)
5.2 The Chronic Diseases

Here we can read some examples of provings from Hahnemann’s The Chronic Diseases (Hahnemann, 2008) that pertain to Hahnemann’s posology.

5.2.1 AURUM GOLD

In the proving of Aurum, Hahnemann records that a series of Arabic physicians used gold in a fine powder as a medicine in states of diseases, such as melancholy, falling out of the hair and weakness of the heart. Furthermore, he observes that even small doses of this metal caused very similar symptoms of disease in healthy persons to those which these Orientals had healed (unconsciously in accordance with the Homeopathic principles). Consequently, he states that the asseverations of the Arabs cannot have been without foundation. He, also, observes that he cured several persons with suicidal intentions by small doses, which for the whole cure did not contain more than 3/100 or 9/100 of a grain of gold. Moreover, he suggests using a very small part of a grain of the decillionth attenuation as a homeopathic dose. In this proving there are included symptoms from 100 (containing one grain of gold) or 200 (containing two grains of gold) grains from the first trituration and, also, symptoms from the 30th dilution. (Hahnemann, 2008)
5.2.2 CONIUM MACULATUM, HEMLOCK

In the proving of Conium Maculatum Hahnemann suggests to use as a homœopathic dose the decillionth (X) dynamization. He states that the great results obtained from Conium maculatum had been published in the years 1700-1779, by Stoerck and his many imitators in numerous books and that its use in large doses, frequently repeated, has done harm and killed not a few men. In this proving there are included symptoms from overloading the stomach, from cicuta aquatica, from gr. 30 of powder of Conium, from touching the tongue with the juice of the root, from four grains, from poisoning by Cicuta root, from injecting Conium into a fistula in the neck, from thirty grains of powdered leaves and side-effects on patients taking Conium, in cases of application of Conium to cancerous breast, in a case of cataract, in a case of splenic cancer, in cases of cancrum oris, in a case of a mammary scirrhus, in a gouty subject, in a case of tubercular breast, in a case of caries of ribs, in an open cancer and in a case of Mesenteric disease. (Hahnemann, 2008)
5.2.3 COLOCYNTHIS, BITTER CUCUMBER

In the proving of Colocynthis Hahnemann suggests to use as a homœopathic dose the decillionth potency. In this proving there are included symptoms from poisonings, as they have been recorded from toxicology, from a drop of Colocynth ℧ (scruple), from an enema containing colocynth and side-effects from the apples taken for chronic gonorrhoea, from colocynth given in apoplexy and in a rheumatic paralysis. (Hahnemann, 2008)

5.2.4 CUPRUM, COPPER

In the proving of Cuprum Hahnemann suggest to use as a homœopathic dose the decillionth potency. In this proving there are included symptoms from poisoning by verdigris, from inhaling vapour, from eating coppery pickles, from inhaling the pulverized metal, from touching wound in hand with sulphate, from continued small doses, from grain doses of the sulphate in epileptics and observations on workers in copper. (Hahnemann, 2008)
5.2.5 MEZEREUM, DAPHNE MEZEREUM, SPURGE OLIVE

In the proving of Mezereum there are included symptoms from the mother tincture, from decoction of Mezereum in a syphilitic subject, from berries, from four berries, from a purgative dose, from twelve grains of powdered root and from too long external application as an exutory. (Hahnemann, 2008)

Figure 5.18 Daphne Mezereum

5.2.6 NITRUM, NITRATE OF POTASH, SALTPETRE

Nitrum is a medicine that in Hahnemann’s times was employed from physicians of the old school in large doses in inflammatory fevers causing a sinking of strength and long-continued fevers from debilitation, also called nervous fevers, as Hahnemann records. In this proving there are included symptoms from poisoning, from substantial doses, from an ounce dose, from a two ounce dose, from one and a half ounce, from one drachm a day, from one drachm, from six drachms and from smelling of nitre. (Hahnemann, 2008)

Figure 5.19 Nitrum
5.2.7 PHOSPHORUS

In the proving of Phosphorus Hahnemann writes about mesmerism and that in order to keep up the strength of a patient the transfer of vital power from a healthy person should be made use of. He, also, observes that a powder of sugar of milk containing one or two pellets moistened with Phosphorus, potentized to the decillionth attenuation, though it may have been kept a year, will yet retain its medicinal virtue undiminished, and shows the dynamic effect of Phosphorus, and has not, therefore, been turned into Phosphoric acid, which has quite a different effect on the human health. This observation means that medicinal substances, by potentizing through trituration and succussion are removed out of their chemical sphere, as Hahnemann denotes. In this proving there are included symptoms from one grain, from gr. ½ to ij, from three grains, from two grains, from repeated overdosing and from over-action. (Hahnemann, 2008)
5.3 Other resources

Furthermore, except from MMP (Hahnemann, 2004), CD (Hahnemann, 2008) and Organon of Healing Art (Hahnemann et al., 2004), there are some other resources from which we can take informations about Hahnemann’s posology and provings. Bold faced and underlined items were selected by the researcher of this thesis.

5.3.1 A treatise of the Materia Medica

In the translation of William Cullen’s “A treatise of the Materia Medica” (Cullen, 1789), Leipsic, Schweikert, page 108 of Volume II, appears the following footnote by Hahnemann:

“By combining the strongest bitters and the strongest astringents, one can obtain a compound which, in small doses, possesses much more of both these properties, than the bark, and yet no specific for fever will ever come of such a compound.

This the author (Cullen) ought to have accounted for. This will, perhaps, not so easily be discovered for explaining to us their action, in the absence of the Cinchona principle.”

“Substances which excite a kind of fever, as very strong coffee, pepper, Aconite, Ignatia, Arsenic, extinguish the types of the fever. I took by way of experiment, twice a day, four drachms of good China. My feet, finger ends, etc., at first became cold; I grew languid and drowsy; then my heart began to palpitate, and my pulse grew hard and small; intolerable anxiety, trembling (but without cold rigor), prostration throughout all my limbs then pulsation in my head, redness of my cheeks, thirst, and, in short, all these symptoms, which are ordinarily characteristic of intermittent fever, made their appearance, one after the other, yet without the peculiar chilly, shivering rigor.”

“Briefly, even those symptoms which are of regular occurrence and especially characteristic - as the stupidity of mind, the kind of rigidity in all the limbs, but, above all the numb, disagreeable sensation, which seems to have its seat in the periosteum, over every bone in the body - all these make their appearance.

This paroxysm lasted two or three hours each time, and recurred if I repeated this dose, not otherwise; I discontinued it, and was in good health.” (Brit. Jour. of Hom., Vol. 24, p. 207. Ameke, p. 103.) (Ameke, 1885)
5.3.2 Popular View of Homœopathy

In the “Popular View of Homœopathy,” p. 85, (Everest & Hull, 1842) Everest says regarding first experiments in proving drugs on the healthy:

“In as much as the action of the same substance varied according to the age, sex, and idiosyncrasy of the subject to whom it was administered, it was not considered, sufficient to experiment on a few individuals.

His own family were all pressed into the service, and each substance was tried in various doses on many different persons, under every possible variety of circumstance, and beneath the immediate inspection of Hahnemann himself.”

5.3.3 Hahnemann’s letter

The following is an extract from a Hahnemann’s letter written to Stapf in September, 1813 (Stapf’s, Neue Archivs., vol. 1, Brit. Journ. Of Hom., vol. III, pp. 137-140):

“When I propose any substance for proving, I will take care that it is not one that is dangerous to the health, and so prepared that it will not affect you too violently; for we are not entitled to do injury to ourselves. I send you along with this some tincture of pure Helleborus niger, which I gathered myself.

Each drop contains one-twentieth grain of the root. Any day when you are well, and have no very urgent business, and have not eaten any medicinal substance (such as parsley) at dinner, take one drop of this to eight ounces of water, and a scruple of alcohol (to prevent its decomposition), shake it briskly, and take an ounce of it while fasting; and so every hour and a half or two hours another ounce, as long as you are not too severely affected by what you take.

But should severe symptoms set in, which I am not afraid of you may take some drops of tincture of Camphor in an ounce of water, or more if necessary, and this will allay the symptoms.

After all the effects of the Hellebore have subsided, I wish you to try the effects of Camphor alone (it is a divine remedy). About two grains dissolved in a scruple of alcohol, and shaken with eight ounces of water, taken four or six times a day, with similar precaution as the other.” (Hahnemann, 1852)
5.3.4 The story of the life of Hahnemann and his students from Dr. Franz Hartmann

The story of the life of Hahnemann and his students in Leipsic has been told by one of them, Dr. Franz Hartmann, a member of Hahnemann's Provers' Union. (Allgemeine Homöopathische Zeitung, vols. XXVI., XXXVIII, XXXIX. ; Kleinert's “Geschichte der Homöopathie”; Translation in Shipman's N. W. jour. of Hom., vol. iv., Med. Counsellor, vol. XI.) (Goel) These events happened in 1814, and when Hartmann was eighteen years of age. (Goel) Hartmann gave a detailed account of Hahnemann's provings:

“During such a proving he absolutely forbade coffee, tea, wine, brandy and all other heating drinks, as well as spices, such as pepper, ginger, also strongly salted foods and acids. He did not forbid the use of the light white and brown Leipsic beer.

He cautioned us against close and continued application to study or reading novels, as well as against many games which exercised not merely the imagination, but which required continued thought, such as hazard, cards, chess, or billiards, by which observation was disturbed and rendered untrustworthy. He was far from considering idleness as necessary, but advised moderate labor - only, agreeable conversation, with walking in the open air, temperance in eating and drinking, early rising, for a bed he recommended a mattress with light covering.” (Goel)

5.3.5 Dr. Sumit Goel denotions

Furthermore, Dr. Sumit Goel writes: “The initial provings were carried out with simple substances and tinctures. Hahnemann, for the most part, had previously proved the drugs upon himself and his family, and was sufficiently acquainted with their strength and properties to prescribe for each prover according to his individuality, the number of drops or grains with which he might commence, without experiencing any injurious effects. The dose to be taken was mixed with a great quantity of water and was taken early in the morning, fasting, and nothing was taken for an hour. If no effect was experienced in three or four hours, a few more drops were to be taken; the dose might even be doubled and the reckoning of time was to be from the last dose. If, upon the third repetition, no change was remarked, Hahnemann concluded that the organism was not susceptible to this agent and did not require the prover
to make any further experiments with it, but after several days gave him another drug to prove.” (Goel)
5.4 Recapitulation of Hahnemann’s Posology on provings in Materia Medica Pura and The Chronic Diseases

The most important part of the Materia Medica consists of provings, together with toxicological reports and clinical experience. Since Hahnemann’s pharmacography has withstood the test of time and was the basis upon which Homœopathy developed, we should carefully examine his pharmacography in order to define the proper posology for conducting a proving. There are several provings in MMP (Hahnemann, 2004) and CD (Hahnemann, 2008) that Hahnemann and his associates did with material doses. In the passages below, a summary of these provings follows.
5.4.1 Provings from Apothecaries' system of weights-doses

5.4.1.1 Grains (gr.)

MMP

“ARSENICUM
115. Distortion of the eyes and cervical muscles. *(Poisoning of a man with twelve grains of A.)* *(This footnote added by R. Hughes.)*

AURUM

*Enough, that in proving it on some healthy adults, 100 grains of this powder (containing one grain of gold), and on others, 200 grains (containing two grains of gold), dissolved in water, sufficed to excite very great alterations in the health and morbid symptoms, which are recorded below.*

BELLADONNA

Vertigo. *(Effects of grain doses of powdered leaves given for pemphigus.)* *(This footnote added by R. Hughes.)*
145. Sensation in the brain as of splashing water. *(Effects of two-grain doses of the powdered root given to a boy as prophylactic of hydrophobia.)* *(This footnote added by R. Hughes.)*
160. Swelling of the head. *(Effects of large doses (gr. 4-14) of the powdered root given as prophylactic of hydrophobia)* *(This footnote added by R. Hughes.)*
480. Dryness of the mouth that can scarcely be got rid of. *(Effects of a five-grain dose of the powdered leaves in a case of mammary tumour.)* *(This footnote added by R. Hughes.)*

CAMPHORA

45. Extraordinary rush of blood to the head. *(Effect of thirty grains.)* *(This footnote added by R. Hughes.)*
50. Spasmodic distortion of the facial muscles, with foam before the mouth. *(From several grains of camphor injected into the median vein.)*
130. The digestion is impeded. *(From forty grains taken by a female maniac.)* *(This footnote added by R. Hughes.)*
140. Ascites of short duration. *(From three grains twice daily.)* *(This footnote added by R. Hughes.)*
175. A kind of violent labour pains, as if during parturitions. *(From forty grains given in enema.)* *(This footnote added by R. Hughes.)*
190. Feels as if he would be suffocated, and the larynx constricted. *(From gr. viij to xij given in lead-colic.)* (This footnote added by R. Hughes.)

280. Violent convulsions. *(From five grains in commencing fever.)* (This footnote added by R. Hughes.)

290. On continuing to take **larger doses** *(By “large doses” gr. x1 – lx are meant.)* (This footnote added by R. Hughes.) the pulse became quicker by 10 tp 15 beats, and tense.

310. Coldness for an hour, with deathly pallor of the face. *(From 60 grains.)* (In a woman, three weeks after labour. – The sixty grains were given for colic.) (This footnote added by R. Hughes.)

**COCCULUS**

125. Hiccup (immediately). (Poisoning of a man **by four grains.**) (This footnote added by R. Hughes.)

**CONIUM**

Vertigo. *(From thirty grains of the powder in an adult.)* (This footnote added by R. Hughes.)

130. The most violent colic pains. (A woman could not take more than **four grains a day (of the extract)** without having this.) (This footnote added by R. Hughes.)

**FERRUM**

75. Violent stomachache and extraordinary tension. *(From some grains of iron filings.)*

**HYOSCYAMUS NIGER**

Vertigo with obscuration of vision. *(From four grains of the resinous extract in a healthy man 24 years old.)* (From gr. iij-xij daily given to patients.) (This footnote added by R. Hughes.)

10. Unconsciousness: he is insensible to pinching and nipping. (ii, 243, of original English edition, from which corrections have been made: **From gr. xxv of seeds of H. albus** in a young man.) (This footnote added by R. Hughes.)

395. Death-like syncope. *(From gr. xxv of seeds in an adult.)* (This footnote added by R. Hughes.)

460. After twelve minutes the number of beats of the pulse diminished, and continued to do so, so that in an hour it fell from 85 to 59 beats, and was very small. *(From four grains of the resinous extract in a healthy man of 24 years.)*

**IGNATIA**

Thinking and speaking are difficult for him, towards evening. *(Proving of the drug* by Jorg and twelve associates, **taking from 10 to 200 drops of the tincture, and from 1 to 4 grains of the powdered bean.**) (This footnote added by R. Hughes.)
MOSCHUS
He has a feeling in the head like vertigo. *(From two grains in powder.)*
On the slightest movement of the head, giddy swaying before the eyes, as if something moved rapidly up and down (immediately), merely from smelling. *(From two grains rubbed up with sugar and water, given in three doses in two days.)*

NUX VOMICA
Stupefaction of the brain. *(From nine grains, in two doses, given to a woman in dysentery.)* (This footnote added by R. Hughes.)
Vertigo. *(From ten – grain doses in a woman suffering from dysentery.)*
(This footnote added by R. Hughes.)
100. Sensation in the face as if innumerable ants were creeping upon it. *(From eight grains given to a man in dysentery.)* (This footnote added by R. Hughes.)
355. Inclination to vomit. *(From fifteen grains in a girl of ten.- Should be "efforts at vomiting".)* (This footnote added by R. Hughes.)

OPIUM
Vertigo. *(Poisoning of a man by twenty grains.)* (This footnote added by R. Hughes.)
10. Cloudiness of the head (immediately). *(From two grains taken by a woman in a clyster. Preceded by a feeling as if something mounted to her head.)* (This footnote added by R. Hughes.)
30. Weakness of mind. *(Experiments on self with gr. J- iij.)* (This footnote added by R. Hughes.)
35. She knew not what was going on around her and gave no sign of feeling. The limbs were flexible and all muscles were relaxed. *(From twenty-six grains taken by a woman of 60.)* (This footnote added by R. Hughes.)
180. Ravenous hunger, with distension and oppression of the stomach after eating. *(From a grain of crude opium taken by self. Said by reporter to be a common occurrence with him.)* (This footnote added by R. Hughes.)
535. Pulse first 14 beats slower (the first 4 h.), afterwards (aft. 10 h.) 30 beats quicker. (Experiment on self (Sam. Bard) with 1-1/2 grain doses.)
(This footnote added by R. Hughes.)
600. Free from pain he remained the whole night in extreme cheerfulness of mind. (He had taken a grain in the evening for a very annoying pain.)

PULSATILLA
835. Stitches upwards in the shaft of the tibia with external burning pains and erysipelatous redness. (In a woman of 58, from 1/100th grain of the juice.)
STANNUM
15. Pressure in the left temple, beginning weak then increasing and again declining, as if it would be pressed in. (*Five grains of pure tin-leaf were intimately triturated with 100 grains of milk-sugar, and this two provers took for four successive days, in the morning fasting, increasing the dose every day; the man took in all three grains, the woman only two.*)” (Hahnemann, 2004)

CD

“AURUM. GOLD.
...(Aurum first appeared in the Materia Medica Pura, and all but two of the provers named above co-operated with Hahnemann in obtaining the pathogenesis there given - he contributing 157 symptoms, they 198. The first trituration was used, and of this as many as 100 or 200 grains were taken by the provers. In the following symptom list there are eighty-two fresh symptoms, of which seventy-five are Hahnemann's, and the remainder Lehmann's and Rummel's possibly provings with the 30th dilution.) (This footnote added by R. Hughes.)

CONIUM MACULATUM. HEMLOCK.
50. Insanity, deliriums. (*From gr. 30 of powder* in an adult.) (This footnote added by R. Hughes.)

375. Colic pain of the most violent kind. (*A woman could not take more than four grains*, without this.) (This footnote added by R. Hughes.)

775. Convulsions. (*From thirty grains of powdered leaves* in an adult.) (This footnote added by R. Hughes.)

CUPRUM. COPPER.
15. She at once lost her senses and thoughts, for a short time. (*Effect of grain doses of the sulphate in epileptics.*) (This footnote added by R. Hughes.)

DIGITALIS PURPUREA. FOXGLOVE
35. Obtuseness of the head, with very limited power of thinking. (*Proving on the healthy with one-third grain doses of the powdered leaves.*) (This footnote added by R. Hughes.)

MEZEREUM. DAPHNE MEZEREUM, SPURGE OLIVE.
215. Fatal vomiting of blood. (*From twelve grains of powdered root*, in a girl.) (This footnote added by R. Hughes.)

PHOSPHORUS.
70. Increased cheerfulness in the first days. (*Effects of one grain in divided doses.*) (This footnote added by R. Hughes.)
405. Paleness of the face. (*Effects of gr. ½ to ii.*) (This footnote added by R. Hughes.)

675. Frequent eructation; the stomach feels as if distended by air. (*Effects of three grains.*) (This footnote added by R. Hughes.)

745. Vomiting with extreme weakness, small, quick pulse and pains in the abdomen-death. (*From two grains.*) (This footnote added by R. Hughes.)” (Hahnemann, 2008)
5.4.1.2 Scruple (℈)

MMP

“ARSENICUM
1055. Uncommonly tranquil disposition; quite unconcerned about their approaching death, they neither hoped nor wished to recover. (A seondary or curative action observed in two suicides, who in the most intolerable depression of mind took one a drachm the other about two scruples of powdered arsenic, and in a few hours died with the greatest clamness of mind.)

IGNATIA
430. Promotion of the menstrual period. (From the large dose of scruple.) (Bergius merely says that the drug is emmenagogue. From Hahnemann's note it would seem that the latter thought him to refer to Camelli's observations, in which scruple doses were used, but this is doubtful.) (This footnote added by R. Hughes.)
730. Violent anxiety about the scrobiculus cordis, with vertigo, fainting, and very cold sweats. (From a whole bean.) (Observations of effects of scruple doses.) (This footnote added by R. Hughes.)

Trembling of the whole body for three hours, with itching and frightful convulsive twitchings (vellicationibus), so that he could hardly keep up on his legs. They were strongest in the jaws, so that the mouth is distorted as though he were laughing (immediately) (From a scruple.)

OPIUM
285. Stiffness of the penis during sleep, and after waking complete impotence. (From ℌs of solid opium.) (This footnote added by R. Hughes.)
560. Strong, very quick pulse, which at last (aft. 8.1/2 h.) becomes weak and intermittent (shortly before death). (From a scruple.)” (Hahnemann, 2004)

CD

“COLOCYNTHIS. BITTER CUCUMBER.
110. Periodical attacks of fearful cutting in the abdomen, starting from the left renal region and spasmodically drawing the thigh toward the stomach, so that she had to bend double as far as possible. (This occurred twelve hours after a drop of Colocynth ℌ in a patient already suffering
several times a day from agonizing pain proceeding from the left kidney
down the corresponding limb. Symptoms 22, 29, and 75 came on at the
same time.) (This footnote added by R. Hughes.)” (Hahnemann, 2008)
5.4.1.3 Drachm (ʒ)

MMP

“ARSENICUM
1055. Uncommonly tranquil disposition; quite unconcerned about their approaching death, they neither hoped nor wished to recover. (A secondary or curative action observed in two suicides, who in the most intolerable depression of mind took one a drachm the other about two scruples of powdered arsenic, and in a few hours died with the greatest clamness of mind.)

CHINA
880. Severe fainting fit. (In a powerful man, to whom a drachm of best red cinchona-bark had been given in one dose.)

COLOCYNTHIS
120. Haemorrhage from the anus, some hours after death. (From a drachm in a clyster.)

HYOSCYAMUS NIGER
490. Complete loss of reason. (From ʒij of seeds, in an adult.) (This footnote added by R. Hughes.)

IGNATIA
10. Intoxication. (From a drachm.)
735. Constant moving of the body (agitatio continua). (From a drachm.)

MURIATICUM ACIDUM
25. Eruption of pimples on the forehead which in the course of a day and night coalesce so as to form scab. (From drachm-doses of so-called oxygenated muriatic acid (aqua oxymuriatica.)

NUX VOMICA
110. Very red, swollen face. (From two drachms of the powder taken by a man.) (This footnote added by R. Hughes.)

OPIUM
10. A kind of intoxication, that prevented her supporting herself on her legs. (From nearly a drachm. In a woman of 51.) (This footnote added by R. Hughes.)
30. Obtuse senses. (From ʒiss of laudanum drunk by a boy of 15.) (This footnote added by R. Hughes.)
535. Pulse first 14 beats slower (the first 4 h.), afterwards (aft. 10 h.) 30 beats quicker. (From rubbing in two drachms of opium – after 50 minutes.)” (Hahnemann, 2004)
CD

“MURIATICUM ACIDUM, ACIDUM HYDROCHLORICUM, MURIATIC ACID.
75. Eruption of pimples on the forehead, which within a day and night become confluent into a scurf. (“From drachm doses.” Hahnemann says in the Materia Medica Pura, of so-called oxygenated muriatic acid (Aqua oxymuriatica). See S. 131, 422.) (This footnote added by R. Hughes.)

NITRUM, NITRATE OF POTASH, SALTPETRE.
510. Paralysis of the arm (from one drachm a day).
605. Death within two days, from six drachms given to a boy.
610. Fatal inflammation and gangrene, from one and a half ounce given to a woman. (From one drachm not 1 ½ ounce.) (This footnote added by R. Hughes.)” (Hahnemann, 2008)
5.4.1.4 Ounce (ʒ)

MMP

“CHINA
1080. Pulse much slower and weaker (in the first h.). (From a half-ounce dose.)

DIGITALIS
90. Swelling of the lips and tongue. (In a woman from an ounce of the decotion.)

OPIUM
610. A woman subject to melancholy thoughts is wonderfully relieved by it; her sorrow ceased for some time. (But, as it acted antipathically (palliatively), in order to procure the same relief, she must not only continue the use of opium, but increase the doses, so that at last she was obliged to take an ounce and a half of opium in one week.)” (Hahnemann, 2004)

CD

“NITRUM, NITRATE OF POTASH, SALTPETRE.
90. Transient blindness. (Effects of an ounce dose.) (This footnote added by R. Hughes.)
220. Violent vomiting. (Effects of a two ounce dose.) (This footnote added by R. Hughes.)
610. Death from an ounce of nitre.
   Fatal inflammation and gangrene, from one and a half ounce given to a woman. (From one drachm not 1 ½ ounce.)(This footnote added by R. Hughes.)” (Hahnemann, 2008)
5.4.2 Provings from other material doses

There are several provings in Materia Medica Pura (Hahnemann, 2004) and in The Chronic Diseases (Hahnemann, 2008) that Hahnemann and his associates did with material doses like provings from centigrammes, from beans, from pills, from the tincture, from spoonfuls, from seeds, from the juice, from the roots, from the leaves, from the fruit, from berries, from the extract. In the passages below there are recorded some examples of these provings:

5.4.2.1 Centigrammes

CD

“IODIUM. IODINE.
230. Pains above the stomach. (From swallowing 20-30 centigrammes in substance.) (This footnote added by R. Hughes.)” (Hahnemann, 2008)

5.4.2.2 Bean
Provings and Posology: 5. Hahnemann’s Posology in Materia Medica Pura and the Chronic Diseases

MMP

“IGNATIA
730. Violent anxiety about the scrobiculus cordis, with vertigo, fainting, and very cold sweats. (From a whole bean.)” (Hahnemann, 2004)

5.4.2.3 Pills

MMP

“OPIUM
5. Vertigo, as if all went round in a circle with him. (From pills of styrax and opium.) (This footnote added by R. Hughes.)” (Hahnemann, 2004)

5.4.2.4 Tincture

MMP

“CANNABIS SATIVA
For a long time I employed the undiluted alcoholic tincture of cannabis, in the dose of the smallest portion of a drop; but the higher and the very highest yet made dilution and potency (X) of it develops the medicinal powers of this plant in a much greater degree.

COLOCYNTHIS
5. Single, slight pressure here and there in the interior of the head. (The following peculiar varieties of headache, which colocynth causes explain the homoeopathic cures affected by the Swede Dalberg from the administration of tincture of colocynth in some chronic headaches, especially in those called gout in the head.)

IGNATIA
Thinking and speaking are difficult for him, towards evening. (Proving of the drug by Jorg and twelve associates, taking from 10 to 200 drops of the tincture, and from 1 to 4 grains of the powdered bean.) (This footnote added by R. Hughes.)

OPIUM
5. Intoxication. (From tincture Thebaica given in dysentery.) (This footnote added by R. Hughes.)
535. (Circulation diminished by one half. (This was seen by Alston through a magnifying glass in the foot of a frog, to which he had given some drops of tincture of opium.))

Recapitulation of Hahnemann’s Posology on provings in Materia Medica Pura and The Chronic Diseases 114
RHUS
25. Relaxation of the mind for several days, he could not collect his thoughts and was almost stupid. (*From moistening the fingers with a strong tincture of rhus.*)
125. Weakness of vision: objects seem pale. (*From wetting the fingers with a strong tincture of rhus tox.*)
790. Paralysis of the lower extremities for three days; he walked with the greatest effort, dragging himself slowly along. (*From touching the finger with a strong tincture of rhus radicans.*)

SPIGELIA
...pure experiments with it on healthy persons should only be conducted with caution, seeing that 60, 80, to 100 drops of the tincture produce violent effects even in otherwise robust, healthy persons.

VERATRUM ALBUM
Vertigo. (*Effects of tincture given for cutaneous disease.*) (This footnote added by R. Hughes.) (Hahnemann, 2004)

CD

“PREFATORY NOTE TO MATERIA MEDICA SECTION.
It is otherwise, however, with the provings first published in the Materia Medica Pura, in the present edition so largely incorporated with those of later origin. These seem, from the scanty information we have, to have been made with mother tinctures and first triturations - repeated small doses being taken until some effect was produced. Hahnemann was further able, at this time, to draw upon independent sources of drug-pathogenesy... (RICHARD HUGHES, M.D.)

AGARICUS MUSCARIUS.
(*Apelt proved a tincture of the fresh fungus, beginning with six to eight drops of the tincture and going on to the twelfth and thirtieth potencies...*)

IODIUM. IODINE.
Dejection. (To Matthey - "*From the tincture in a goitrous subject.*" ) (This footnote added by R. Hughes.)
25. Increased sensation and irritability. (*From tincture in a goitrous subject.*) (This footnote added by R. Hughes.)
130. The face, which before was yellow, becomes brown so quickly, that in a few days the skin of a woman of twenty-eight looked as if it was smoked. (*From tincture in a goitrous subject.*) (This footnote added by R. Hughes.)
Peculiar alteration of the features. *(From tincture in a goitrous subject.)* *(This footnote added by R. Hughes.)*
190. Diminished appetite. *(From tincture in a goitrous subject.)* *(This footnote added by R. Hughes.)*
370. Increased menstrual flow. *(From tincture in a goitrous subject.)* *(This footnote added by R. Hughes.)*

It readily causes hæmorrhages from the uterus. *(From tincture in a goitrous subject.)* *(This footnote added by R. Hughes.)*

**MEZEREUM. DAPHNE MEZEREUM, SPURGE OLIVE.**

*(…It is composed almost entirely of *provings published in the Fragmenta de Viribus (1805) and the fourth volumes of the Archiv (1825) -the latter being avowedly made with the mother tincture…)* *(This footnote added by R. Hughes.)*” *(Hahnemann, 2008)*

### 5.4.2.5 Spoonful

**MMP**

“**GUAIACUM**

30. Painful, red swelling of the face, for some days. *(In a woman aged 48, affected with arthritis of hands and feet, from a table-spoonful of the aqueous solution every 3 hours for a month, as the arthritis improved this symptom appeared, followed by S. 70.)* *(This footnote added by R. Hughes.)*

**SCILLA**

95. Excessive pain in the stomach. *(Effects of a spoonful of powdered squill.)* *(This footnote added by R. Hughes.)*” *(Hahnemann, 2004)*
5.4.2.6 Seeds

Figure 5.22 Seeds of Stramonium

MMP

“HYOSCYAMUS NIGER
Vertigo. (Effects of exhalations from seeds.) (This footnote added by R. Hughes.) (A vertigo lasting 14 days from the exhalation of the seeds.) (From seeds eaten by children.) (This footnote added by R. Hughes.)
15. Loss of memory. ( From seeds in an adult man. ) (This footnote added by R. Hughes.)
20. Heavy, dazed head. ( From seeds in an adult man. ) (This footnote added by R. Hughes.)
410. Coma vigil. (From seeds, in a boy.) (This footnote added by R. Hughes.)
435. Hemiplegia. (From seeds, in a male adult.) (This footnote added by R. Hughes.)

He suddenly falls to the ground with a cry and convulsions. ( From seeds, in a boy.) (This footnote added by R. Hughes.)
450. Epilepsy. (From eating the seeds, in two boys, one of whom died after a few hours.)

STRAMONIUM
5. Vertigo for eight days. (From seeds, in an adult.) (This footnote added by R. Hughes.)
20. Rush of blood to the head. (From seeds, in a child.) (This footnote added by R. Hughes.)
25. Stupidity. (From seeds in children.) (This footnote added by R. Hughes.)
55. Swelling of the face with very red cheeks and lips. (From seeds in children.) (This footnote added by R. Hughes.)
125. She sees fiery appearances before the eyes. (From seeds, in an adult) (This footnote added by R. Hughes.).
245. In children the abdomen is greatly swollen, from eating thorn-apple seeds, with anxiety in the scrobiculus cordis, cold sweat, chilliness in the limbs, confused intellect, stupefied half-slumber, and anxious evacuations upwards and downwards. (Effect of eating seeds.) (This footnote added by R. Hughes.)
365. Stiff immobility of the body, the child’s arms and legs could not be moved (aft. 1 h.). (From seeds, in a child.) (This footnote added by R. Hughes.)
395. Slumber with rales, bloody foam before the mouth; dark brown face, death. (After six hours, from swallowing the seeds, in a child of eighteen months, in whom after death there were many brown stripes on the body externally, and on opening the body there is found much yellow water in the abdominal cavity, the bowels distented with flatulence, similar brown stripes on the liver, spleen and lungs much water in the pericardium, the heart shrivelled, and in it, as also in all the blood-vessels, quite fluid, thin blood.)
430. Trembling of the limbs. (ALLEN refers all the symptoms under these two names to “B. RUSH, Trans. Of Am. Phil. Soc., Philad., 1769; a child, aet. between 3 and 4 years, swallowed over 100 dried seeds.”) (This footnote added by R. Hughes.)
515. He talks with some one whom he does not recognise, and answers him, as though he were rational, but cannot remember the conversation when he comes to himself. (Effect of eating seeds.) (This footnote added by R. Hughes.)” (Hahnemann, 2004)

5.4.2.7 Juice

MMP

“ACONITUM NAPELLUS
170.Cardialgia. [RODDER](All the symptoms observed by RODDER were caused by applying the juice to a wound.)
385. Swelling of the part (to which. The juice has been applied) and acute inflammation, followed by excessive suppuration.[RODDER]

**BELLADONNA**

160. Swelling of the head. (Poisoning of an adult by inspissated juice.) (This footnote added by R. Hughes.)

520. Inability to swallow. (Poisoning of a puppy by the juice of the berries.) (This footnote added by R. Hughes.)

1265. Speedy death, and a universal gangrene throughout the whole body, which in a short time became black throughout, and so flaccid that the cuticle adhered to the surgeon’s hands. (From drinking a large quantity of the juice mixed with wine). (This footnote added by R. Hughes.)

**CICUTA VIROSA**

35. Exanthematous elevations, the size of a lentil, all over the face (and on both hands), which caused a burning pain when they first appeared, then became confluent, of a dark red colour, lasting nine days, when desquamation ensued, which lasted three weeks. (I have cured chronic, suppurating, confluent eruptions in the face having only burning pain by means of one or two doses of a small part of a drop of the juice, but I did not venture to give the second dose in less than three to four weeks, when the first dose did not suffice.)

**CONIUM**

85. Stiff, swollen, painful tongue. (From touching the tongue with the juice of the root.) (This footnote added by R. Hughes.)

**OLEANDER**

100. The lips are brown, especially the lower lip, with otherwise unaltered, scarcely pale complexion. (From expressed juice, in a woman of 60.) (This footnote added by R. Hughes.)

**RHUS**

110. Swelling of the lips and nose, then pale swelling of the face; the third day the facial swelling increased, with burning pain, the eyelids closed by swelling, the eyes watering; the fourth and fifth days the face was studded with vesicles full of yellow water, which burst and let out a little water; the swelling of the face lasted eight days, that under the chin longer; it desquamated like bran. (From wetting the hands with the juice.)

450. Frightful eruption on the genitals, (From smearing the hands with the juice, and probably wetting the genitals with it.) closure of the urethra by swelling.

A profusely exuding eruption (From smearing the hands with the juice.) on the scrotum and swelling of the prepuce and glans penis.
755. *On applying the juice to the first phalanx of the index finger* there appear two black spots after an hour, but twenty-five days afterwards severe burning in the mouth and throat, rapid swelling of the left cheek, upper lip, and eyelids; the following night great swelling of the forearm, the skin becomes of a leathery character, and there occur intolerable itching and very great heat. After four days pustules on the hands and forearms, which burst and exude a clear fluid. *(From two drops of juice applied to the fingers for two minutes only.)* (This footnote added by R. Hughes.)

785. A black spot *on the part touched by the juice* (aft. 3 d.).

*The parts of the skin touched by the juice* became stiff and hard like leather.

*The juice makes the skin it touches* hard like tanned leather; after some days the indurated parts desquamated.

**STRAMONIUM**

40. Obtuse headache. *(Effect of sleeping in a room where he had been expressing the juice of the fresh leaves.)* (This footnote added by R. Hughes.)

**VERBASCUM**

130. Numbness and insensibility of the thumb. *(From applying the juice externally.)*” (Hahnemann, 2004)

**CD**

**“CONIUM MACULATUM. HEMLOCK.**

245. Stiff, swollen, painful tongue. *(From touching the tongue with the juice of the root.)* (This footnote added by R. Hughes.)

**EUPHORBIIUM.**

50. Violent burning in the face *(from rubbing it with the juice)*”. (Hahnemann, 2008)

**5.4.2.8 Root**

**MMP**

**“ACONITUM NAPELLUS**

20. He can think of nothing, consider nothing, knows nothing, and can form no idea of anything in his head, as he usually could-but he feels as if all these mental operations took place in the pit of the stomach-after two hours he has two attacks of vertigo, and then his usual thinking faculty
returns into his head. (Effect of putting a piece of the root on his tongue.) (This footnote added by R. Hughes.)

120. In the tongue a burning of long continuance. (This and the following symptom{ Momentary, flying stitches in the tongue, with flow of saliva.} were experienced by Stoerck himself after placing a small quantity of the root on his tongue.) (This footnote added by R. Hughes.)

Figure 5.23 Belladonna root

BELLADONNA

495. Long-continued burning pain in the fauces; food and drink burn in the mouth like alcohol. (Effects of full doses of powdered root in a case of melancholia.) (This footnote added by R. Hughes.)

1105. Great weakness. (Symptoms produced by a decoction of the root in a sufferer from rheumatic gout.) (This footnote added by R. Hughes.)

CICUTA VIROSA

90. Hiccup. (Poisoning of three children by root.) (This footnote added by R. Hughes.)

CONIUM

165. Uncontrollable sexual desire. (Poisoning by “cicuta” root, but of what species is doubtful.) (This footnote added by R. Hughes.)

HELLEBORUS NIGER

80. Insensible stiffness of the tongue. (From chewing root.) (This footnote added by R. Hughes.)

HYOSCYAMUS NIGER

Vertigo. (From cooked roots, eaten by several persons.) (This footnote added by R. Hughes.) (From root eaten by an adult man.) (This footnote added by R. Hughes.)

5. They staggered as if intoxicated. (Several children who had eaten the roots for carrots.) (From root in children.) (This footnote added by R. Hughes.)

30. Headache. (From root, in several persons.) (This footnote added by R. Hughes.)
70. Deception of sight: everything appears made of gold. (*From cooked roots*, in several persons.) (This footnote added by R. Hughes.)
75. Staring, distorted eyes. (*From root*, in children.) (This footnote added by R. Hughes.)
95. Cold pale face. (*From root*, in a boy of three.) (This footnote added by R. Hughes.)
125. Dumbness. (*From root*, in an adult.) (This footnote added by R. Hughes.)
525. Comical confusion of mind, they perform all sorts of ridiculous antics, like monkeys. (*From eating the root*, in a whole family.)

**STRAMONIUM**
Vertigo (immediately). (*From root*, in an old man.) (This footnote added by R. Hughes.)
20. Intoxication. (*From root*, in an old man.) (This footnote added by R. Hughes.)

**VERATRUM ALBUM**
155. Stammering. (*Effects of root* taken medicinally.) (This footnote added by R. Hughes.)
260. Violent, enormous vomiting. (*Effects of root* taken medicinally.) (This footnote added by R. Hughes.) (*Effects of cooked root.*) (This footnote added by R. Hughes.)
580. Apoplexy. (*Effects of root taken medicinally.*) (This footnote added by R. Hughes.)” (Hahnemann, 2004)

**CD**

“**CONIUM MACULATUM. HEMLOCK.**
490. Uncontrollable sexual desire. (*Poisoning by Cicuta root*, but of what species is doubtful.) (This footnote added by R. Hughes.)” (Hahnemann, 2008)
5.4.2.9 Leaves

Figure 5.24 Belladonna leaves

MMP

“BELLADONNA
10. She rises from bed in the morning and staggers as if intoxicated, hither and thither. (Greding's symptoms from vol. i of Ludwig's Adversaria are taken from a series of twenty-three cases, of which the first thirteen were pure epileptics and the remainder epilepto-maniacs, treated by belladonna in increasing doses of the powdered leaves.) (This footnote added by R. Hughes.)
50. Insensibility. (Account of general effects of leaves and berries.) (This footnote added by R. Hughes.)
190. Swollen skin of face, as if an eruption were going to break out. (Effects of large doses of powdered leaves given in fully-developed hydrophobia.) (This footnote added by R. Hughes.)

DIGITALIS
135. Uncontrollable vomiting, for six days, until death ensued. (In a woman who in two days had taken twelve leaves in six doses, she died the seventh day.)

HYOSCYAMUS NIGER
Violent vertigo. (From leaves boiled in broth, in several persons.) (This footnote added by R. Hughes.)

RHEUM
45. Contraction of the gullet. (From chewing and eating the stalks and leaves.)

RHUS
100. Swelling of the face, especially of the eyelids and lobes of the ears. *(From handling the leaves.)* *(This footnote added by R. Hughes.)*” (Hahnemann, 2004)

5.4.2.10  Fruit

MMP

“*STRAMONIUM*
Vertigo (immediately). *(From decoction of fruit.)* *(This footnote added by R. Hughes.)*
5. Vertigo so that he staggered to and fro as if drunk. *(From the fruit.)* *(This footnote added by R. Hughes.)*” (Hahnemann, 2004)

Figure 5.25 Stramonium fruit

5.4.2.11  Berries

MMP

“*BELLADONNA*
Vertigo. *(Poisoning* of an old man by the berries. When the form in which the plant was taken is not mentioned, it will be understood that the berries were ingested.) *(This footnote added by R. Hughes.)*
1120. Deep sleep. *(Poisoning* of a mother and six children by the berries.) *(This footnote added by R. Hughes.)*
1160. Sleeplessness for several days. *Poisoning* of an old woman by the berries.) (This footnote added by R. Hughes.)” (Hahnemann, 2004)

**CD**

“MEZEREUM. DAPHNE MEZEREUM, SPURGE OLIVE.

145. In the mouth, violent burning. *(From four berries swallowed by a man, after mastication.)* (This footnote added by R. Hughes.)

225. Burning in the stomach. *(From berries swallowed by a boy after mastication.)* (This footnote added by R. Hughes.)

230. Long continued pains in the abdomen. *(From berries; with burning in throat and diarrhoea.)* (This footnote added by R. Hughes.)

245. Violent colic for two days. *(From berries in a man.)* (This footnote added by R. Hughes.)” (Hahnemann, 2008)

**5.4.2.12 Extract**

**MMP**

“BELLADONNA

Vertigo. (Symptoms observed in whooping-cough patients to whom *large doses of the extract* had been administered.) (This footnote added by R. Hughes.)

45. Extreme stupefaction of the senses. *(Effects of extract given for mammary scirrhus)* (This footnote added by R. Hughes.)

**CHINA**

495. Frequent, diarrhoeic, blackish stools. *(From the extract.)* (This footnote added by R. Hughes.)

**HELLEBORUS NIGER**

110. Vomiting of a greenish black matter, with bellyache, symptoms which recurred after ceasing for three hours, and lasted an hour, followed by apparent rest for two hours, then a violent cry, then a violent cry, followed by death (aft. 38 h.), the limbs were relaxed and flaccid, the blood in the veins fluid, on the left side of the oesophagus and stomach, as also in the small intestines, a moderate inflammation, the brain very soft and flaccid. *(Effects of extract in a melancholic.)* (This footnote added by R. Hughes.)

**OPIUM**

80. Sunken, pale face. *(From a large dose of the extract in a man of 50-60)* (This footnote added by R. Hughes.)
330. Tightness of the chest as if pleurisy were about to occur, and tension in the shoulder-blade. (Experiment with an extract prepared with sulphuric acid.) (This footnote added by R. Hughes.)

PULSATILLA
220. On the tongue at first tearing, then persistent heat in it. (From extract placed on the tongue.) (This footnote added by R. Hughes.)

STRAMONIUM
Vertigo. (Symptoms occurring in patients taking the extract.) (This footnote added by R. Hughes.)” (Hahnemann, 2004)

5.4.2.13 Other indicated material doses

There are several provings in MMP (Hahnemann, 2004) and CD (Hahnemann, 2008) that there is not recorded the actual physical amount, but it is indicated that these provings came true from material doses. The examples below denote provings that the medicine impinges on the prover with several ways:

-from poisoning
In Hahnemann’s In Search of a New Principle for Ascertaining the Curative Powers of Drugs (Hahnemann, 1796), with a few glances at those hitherto employed, Fragmenta de viribus medicamentorum positivis (Hahnemann, 1805), Materia Medica Pura (MMP) (Hahnemann, 2004) and Chronic Diseases (CD) (Hahnemann, 2008) there are many hundreds of symptoms derived from (sometimes) severe toxicological reports. These symptoms confirm and complete our understanding of the provings in their entirety, even to the most severe and fatal pathologies.

(for example: MMP, ARSENICUM
“Vertigo (aft. 12 h.) . (Poisoning of woman.) (This footnote added by R. Hughes.)” (Hahnemann, 2004))

Hahnemann in Organon of Healing Art (Hahnemann et al., 2004) in aphorism 110 mentions that “previous authors had observed symptoms to result from medicinal substances, when taken into the stomach of healthy persons, either in large doses given by mistake or in order to produce death in themselves or others, as histories of poisoning and as proofs of the pernicious effects of these powerful substances.” Also, in aphorism 111 Hahnemann records that his observations on the action of drugs were confirmed by earlier writers who noted the toxicological effects of many drugs used in large doses. (Hahnemann et al., 2004)
-from plaster of the medicine
(for example: CD, ARSENICUM
“335. Gangrenous sore throat. *(From a plaster of Ars. applied for a quartan.)* (This footnote added by R. Hughes.)” (Hahnemann, 2008))

-from vapours
(for example: MMP, ARSENICUM
“35. Pains in the head and vertigo for several days. *(From arsenical vapours.)*” (Hahnemann, 2004))

-from the smell
(for example: MMP, CAMPHORA
“85. Toothache: transient cutting blows dart through the gums at the roots of the incisors and canine teeth. *(From the smell.)*” (Hahnemann, 2004))

-from powdering the hair with Arsenicum
(for example: MMP, ARSENICUM
“40. Semilateral headache. *(Effects of powdering hair with A) (This footnote added by R. Hughes.)*” (Hahnemann, 2004))

-from inhaling realgar
(for example: MMP, ARSENICUM
“105. Vertigo. *(From inhaling realgar.)* (This footnote added by R. Hughes.)” (Hahnemann, 2004))

-from rubbing the medicine
(for example: CD, ARSENICUM
“1045. Pimples like millet, with white points over the whole body, even over the hands and feet. *(From rubbing ars. into head.)* (This footnote added by R. Hughes.)” (Hahnemann, 2008))

-from infusion
(for example: MMP, BELLADONNA
“20. Muddled state as in intoxication. *(Effects of infusion in an adult.)* (This footnote added by R. Hughes.)” (Hahnemann, 2004))

-from decoction
(for example: MMP, STRAMONIUM
“Vertigo (immediately). *(From decoction of fruit.)* (This footnote added by R. Hughes.)” (Hahnemann, 2004))
-from the external application
(for example: MMP, CAMPHORA
“255. Violent itching. (From the external application.)
Erysipelatous inflammation. (From camphor applied externally.)
Erysipelas. (From the external application.)” (Hahnemann, 2004))

-from the exhalation
(for example: MMP, HYOSCYAMUS NIGER
“485. He is in danger of becoming senseless. (Happened to Boerhave himself from the exhalations from henbane.)” (Hahnemann, 2004))

-from some cupfuls of strong camomile tea
(for example: MMP, CHAMOMILLA
“Giddy when sitting upright, not when lying. (In a girl of 19, from some cupfuls of strong camomile tea.)” (Hahnemann, 2004))

-from the powder of the medicine
(for example: MMP, VERATRUM ALBUM
“10. Almost complete extinction of the senses. (From powder taken in soup.) (This footnote added by R. Hughes.)” (Hahnemann, 2004))

-from a clyster
(for example: MMP, HYOSCYAMUS NIGER
“20. Forgetfulness of all he had previously heard. (From a clyster of H. in an adult man.) (This footnote added by R. Hughes.)” (Hahnemann, 2004))

-from injecting a solution of the medicine
(for example: MMP, CONIUM
“185. Burning in the sternal region. (From injecting a solution of conium into a penetrating fistula in the neck.) (This footnote added by R. Hughes.)” (Hahnemann, 2004))

-from an overdose
(for example: MMP, DIGITALIS
“95. Flow of saliva. (From an overdose.) (This footnote added by R. Hughes.)” (Hahnemann, 2004))

-from the employment of the waters of Pyrmont and Schwalbach
(for example: MMP, FERRUM
“Confusion and stupefaction of the head. (Observations referring to the employment of the waters of Pyrmont and Schwalbach, in which the carbonic acid is to be taken into account.)” (Hahnemann, 2004)

-from drinking Pyrmont waters
(for example: MMP, FERRUM
“115. The thread-worms seem to be increased by it, he cannot sleep at night on account of itching in the rectum, the worms crept out at the anus at night. (From drinking Pyrmont waters.)” (Hahnemann, 2004))

-from inhaling the odour
(for example: MMP, HELLEBORUS NIGER
“160. Sneezing. (From inhaling the odour.) (This footnote added by R. Hughes.)” (Hahnemann, 2004))

-from baths in mineral waters
(for example: MMP, HEPAR SULPHURIS CALCAREUM SULPHURETTED HYDROGEN GAS IN MINERAL WATERS.
“5. Pulse at first about eight or ten beats slower. (Statement of effects observed from baths.) (This footnote added by R. Hughes.)” (Hahnemann, 2004))

-from the exhalation of the seeds
(for example: MMP, HYOSCYAMUS NIGER
“Vertigo. (A vertigo lasting 14 days from the exhalation of the seeds.)” (Hahnemann, 2004))

-from the emanations of the plant
(for example: MMP, HYOSCYAMUS NIGER
“230. Spasmodic contraction in the abdominal muscles, as if something alive were inside. (From the emanations of the plant.)” (Hahnemann, 2004))

-from fumigations
(for example: MMP, MURIATICUM ACIDUM
“130. He breathes deeply and with groaning. (From fumigations of muriatic acid in typhus patients.) (This footnote added by R. Hughes.)” (Hahnemann, 2004))

-from eating the medicine
(for example: MMP, STRAMONIUM
“245. In children the abdomen is greatly swollen, from eating thorn-apple seeds, with anxiety in the scrobiculus cordis, cold sweat, chilliness in the limbs, confused intellect, stupefied half-slumber, and anxious evacuations upwards and downwards. (Effect of eating seeds.) (This footnote added by R. Hughes.)” (Hahnemann, 2004)

-in patients
(for example: MMP, CONIUM,
“Vertigo. (Symptoms observed in patients taking conium.) (This footnote added by R. Hughes,)” (Hahnemann, 2004)) (Which means probably that the medicine was administered in material doses in the most of these provings and actually the proving was the side effect of the medicine.)

-from large doses
(for example: MMP, CAMPHORA
“5. Intoxiation. (Proving with large doses.) (This footnote added by R. Hughes.)
10. Frequent short attacks of vertigo. (From large doses in rheumatic patients.) (This footnote added by R. Hughes.)” (Hahnemann, 2004))

-from small doses
(for example: CD, CUPRUM. COPPER.
“90. Pale, cachectic complexion. (Effect of continued small doses.) (This footnote added by R. Hughes.)” (Hahnemann, 2008))

It is important here to understand, that in the above examples from Hahnemann’s own writings, dose, refers to actual physical amount, (whereas potency refers to the process of attenuation (dynamization, succession/trituration)).
5.4.3 Provings from potentized medicines

There are several provings in Materia Medica Pura (Hahnemann, 2004) and in The Chronic Diseases (Hahnemann, 2008) that Hahnemann and his associates did with potentized medicines. In the passages below, some examples of these provings follows:

- **from the 1st trituration and 9th dilution**
  (for example: CD, ALUMINA.
  “(...No information is given as to the subjects and doses of his provings (if provings they were); but with Hartlaub and Trinks the 1st trituration and 9th dilution were employed...)” (This footnote added by R. Hughes.)” (Hahnemann, 2008))

- **from the 30th dilution**
  (for example: CD, PREFATORY NOTE TO MATERIA MEDICA SECTION.
  “…they must be collateral effects of the drugs observed on the patients to whom he gave them. They must all, moreover, be supposed to have resulted from the 30th dilution; for since 1829 he had urged the administration of all medicines at this potency. The same thing must be said of the contributions from Hahnemann's friends to this edition. They may fairly be conceived to have been provings on themselves or other healthy persons, save where, as in Wahle's symptoms of Mezereum and Hering's of Arsenic, the internal evidence is strong in the contrary direction. But they must in all cases have been evoked from the 30th dilution; for in the edition of the Organon published in 1833 Hahnemann recommends all provings to be made therewith, as yielding the best results.
  RICHARD HUGHES, M.D” (Hahnemann, 2008)

CD, AURUM, GOLD.
“(...In the following symptom list there are eighty-two fresh symptoms, of which seventy-five are Hahnemann's, and the remainder Lehmann's and Rummel's possibly provings with the 30th dilution.)” (This footnote added by R. Hughes.)” (Hahnemann, 2008))

- **from the 3d trituration**
  (for example: CD, CARBO ANIMALIS, ANIMAL CHARCOAL.
Provings and Posology: 5. Hahnemann’s Posology in Materia Medica Pura and the Chronic Diseases

“(A pathogenesis of this substance, probably (as with its vegetable congener), made with the 3d trituration, first saw the light in Vol. VI of the second edition of the Materia Medica Pura (1827)…) (This footnote added by R. Hughes)” (Hahnemann, 2008)

-from the 18th dilution
(for example: CD, ZINCUM, ZINC.
“(Hahnemann's own contribution to the pathogenesis of Zinc consists mainly of the 753 symptoms credited to him in the first edition, which from the preface we may gather to have been observed on patients taking the 18th dilution…) (This footnote added by R. Hughes.)” (Hahnemann, 2008)

Moreover, as regards provings from potentized medicinal substances, Hahnemann in Organon of Healing Art (Hahnemann et al., 2004) in aphorism 128 states that it is best in provings, according the most recent observations, to give to the experimenter the medicinal substance in high dilutions potentized by proper trituration and succession. So he recomends to give to the experimenter, on an empty stomach, daily from four to six very small globules of the thirtieth potentized ["thirtieth potency" in the Sixth Edition] dilution of the medicine and let him continue this for several days. (Hahnemann et al., 2004) But are high diluted and potentized medicines capable of producing symptoms on every person? The answer is no. Thus, Hahnemann in the next two aphorisms, exactly, completes his thought saying that all persons are not affected by a medicine in an equally great degree and on the contrary, there is a vast variety in this respect that emerged from the fact that every persone is endowed with delicate sensitiveness to particular substances. (Hahnemann et al., 2004) Consequently, a high potency is capable to affect only those experimenters that are sensitive to that specific substance. In order to get over the obstacle of the variety in sensitiveness from person to person, he advise to commence in every instance with a small dose of the drug and, where suitable and requisite, to increase the dose more and more from day to day. (Hahnemann et al., 2004)
5.4.4 Especial provings

The provings below indicate that a medicine can prove his action not only by material doses, neither by potentized doses. In Materia Medica Pura (Hahnemann, 2004) and in The Chronic Diseases (Hahnemann, 2008) provings have been recorded from the below ways:

-from touching the magnet
(for example: MMP, MAGNES
“115. The flatulence went hither and thither in the abdomen, with sharp, aching pain and audible rumbling in small spots here and there. (After touching the magnet in the middle.)” (Hahnemann, 2004))

-from handling the medicine
(for example: MMP, RHUS
“100. Swelling of the face, especially of the eyelids and lobes of the ears. (From handling the leaves.) (This footnote added by R. Hughes.)” (Hahnemann, 2004))

-from a poultice on the head
(for example: MMP, CANNABIS SATIVA
“330. Sometimes furious mania, so that he spat in the faces of those around him. (After a poultice on the head, convulsions, subsulius tendinum, death. Postmortem examination showed purulent deposits and pus in the lungs, pleuritis, and diaphragmitis, firm clots in the cavities of the heart.) (This footnote added by R. Hughes.)” (Hahnemann, 2004))

-from wearing the medicine
(for example: MMP, ARSENICUM
“1010. Anxiety so that he frequently fainted, besides a violent pain in the place, and black pocks on the spot. (When arsenic was worn in a bag on the bare chest for four days.)” (Hahnemann, 2004))

-from carrying the medicine
(for example: CD, ARSENICUM
“815. Gout in the hips. (From carrying Ars. in the pocke.) (This footnote added by R. Hughes.)” (Hahnemann, 2008))
The above provings does not set an example, but are the exception that proves the rule. Hahmemann in Organon (Hahnemann et al., 2004) of medicine in paragraph 130 explains the reason why the above provings took place. Only when “the experimenter is endowed with sufficiently delicate sensitiveness” (Hahnemann et al., 2004) provings from handling, or wearing, or carrying the medicine can take effect. G.Vithoulkas explains that for every person there is a large enough dose that will produce symptoms in his organism and this dose may be different for each individual accordingly to the sensitiveness to the medicine.(Vithoulkas, 2000) So, only if someone is very sensitive to Arsenicum, for example, he can prove symptoms of Arsenicum just from carrying Arsenicum in the pocked.
5.5 Summary and conclusions

From a careful study of Materia Medica Pura, The Chronic Diseases and other resources it appears that Hahnemann was using in his provings grain doses, scruple doses, drachm doses, even ounce doses and other material doses like the seeds, the juice, the root or the leaves of the plant. (Hahnemann, 2004) (Hahnemann, 2008) Also, there are several provings in Materia Medica Pura and in The Chronic Diseases that Hahnemann and his associates did with potentized medicines, such as from the 1st trituration and 9th dilution, from the 30th dilution, from the 3d trituration, from the 18th dilution. (Hahnemann, 2004) (Hahnemann, 2008) Furthermore, there have been recorded some especial provings from touching the magnet and from wearing or handling or carrying the medicine. (Hahnemann, 2004) (Hahnemann, 2008)

These especial provings does not set an example, but are the exception that proves the rule. Hahnemann in Organon (Hahnemann et al., 2004) of medicine in paragraph 130 explains the reason why the above provings took place. Only when “the experimenter is endowed with sufficiently delicate sensitiveness” (Hahnemann et al., 2004) provings from handling, or wearing, or carrying the medicine can take effect. G.Vithoulkas explains that for every person there is a large enough dose that will produce symptoms in his organism and this dose may be different for each individual accordingly to the sensitiveness to the medicine. (Vithoulkas, 2000) So, only if someone is very sensitive to Arsenicum, for example, he can prove symptoms of Arsenicum just from carrying Arsenicum in the pocked.
6. Annotation of Hahnemann’s concepts of proving’s posology in Organon of Healing Art

Hahnemann in Organon of Healing Art (Hahnemann et al., 2004) reaches the below conclusions regarding proving’s posology.

6.1 Every medicine can produce symptoms on everyone if the dose is large enough

“Every real medicine, namely, acts at all times, under all circumstances, on every living human being, and produces in him its peculiar symptoms (distinctly perceptible, if the dose be large enough).” (Organon, aphorism 32) (Hahnemann et al., 2004)

“...all the morbid symptoms and alterations in the health that each of them is especially capable of developing in the healthy individuals must first have been observed as far as possible, before we can hope to be able to find among them, and to select, suitable homeopathic remedies for most of the natural diseases.” (Organon, aphorism 106) (Hahnemann et al., 2004)

So, according aphorism to 106 (Hahnemann et al., 2004), the whole pathogenetic effects of the medicines must be known before the selection of suitable homœopathic remedies, and according aphorism 32
(Hahnemann et al., 2004), all substances can produce symptoms (the primary action of the medicine) on everyone as long as they are taken in large enough quantities.

G. Vithoulkas in his article “The questions of provings in Homœopathy” published in the Journal FACT-Exeter Univ.UK explains: “In the aphorism 32 of the organon, Hahnemann gives precise instructions as to the capacity of the medicinal substances to produce symptoms.

What he actually says is that for every person there is a large enough dose that will produce symptoms in his organism and this dose may be different for each individual. But definitely if you increase the dosage any individual will be affected by the substance and the organism will react by producing some symptomatology. All side-effects of allopathic-chemical drugs are nothing else but "provings" in a homœopathic sense. Homœopaths would prescribe them in cases where the patients presented diseases similar to these side-effects.” (Vithoulkas, 2000) Furthermore, in the same article says: “…anybody who doubles their amount of intake of daily salt will start having severe symptomatology after a few days of such increased intake and the same is obviously true with quinine or with any other substance.” (Vithoulkas, 2000) In connection with that, G. Vithoulkas writes in his book “The science of homœopathy”: “Indeed, it is possible to poison an organism with any substance whatsoever if given in sufficient quantity. This is true whether the substance is a poison or even a food. Something as ordinary as table salt, if given in large doses daily for a long time, can generate a variety of symptoms in relatively healthy people.” (Vithoulkas, 2002).

6.2 Hahnemann classifies the substances in those that are strong and those of milder power

_Hahnemann classifies the substances in those that are strong and those of milder power, but for every medicinal substance there is a large enough dose to produce proving on an organism._

Every medicine can produce symptoms on everyone if the dose is large enough—Hahnemann classifies the substances in those that are strong and those of milder power.
“In proving medicines to ascertain their effects on the healthy body, it must be borne in mind that the strong, heroic substances, as they are termed, are liable even in small doses to produce changes in the health even of robust persons. Those of milder power must be given for these experiments in more considerable quantities; in order to observe the action of the very weakest, however, the subjects of experiment should be persons free from disease, and who are delicate, irritable and sensitive.” (Organon, aphorism 121) (Hahnemann et al., 2004)

So, in this aphorism Hahnemann classifies the substances in those that are strong, heroic and produce changes in health of everyone even in small doses and those of milder power that must be given in large quantities and only in sensitive persons in order to produce symptoms. (Hahnemann et al., 2004) In the first category, according to aphorism 113 (Hahnemann et al., 2004), narcotic medicines belong. For example a proving of Cannabis Sativa in MMP from a poultice on the head: “330. Sometimes furious mania, so that he spat in the faces of those around him. (After a poultice on the head, convulsions, subsulus tendinum, death. Postmortem examination showed purulent deposits and
pus in the lungs, pleuritis, and diaphragmitis, firm clots in the cavities of the heart.) (This footnote added by R. Hughes.)” (Hahnemann, 2004)

According to Dunham: “The doses by which the corresponding varieties of symptoms are produced, differ widely in different drugs. For example, a half grain of crude Nitrate of silver or of Sulphuric acid produces chemical symptoms, while a half grain of Lycopodium or of Silicea produces probably no symptom at all.” (Dunham, 1877)

As far as the matter of sensitiveness, that Hahnemann mentions in the above aphorism, is concerned, in the passages below a comprehensive annotation follows.

6.3 Either the prover must be sensitive to the substance or the dose must be large

The precondition to be a dose of a medicine capable to alter the health of a healthy person is either to be a large dose, or, if the dose is small, the prover must be sensitive to this substance. Potentized doses can produce symptoms only in sensitive provers.

“...idiosyncrasies, by which are meant peculiar corporeal constitutions which, although otherwise healthy, possess a disposition to be brought into a more or less morbid state by certain things which seem to produce no impression and no change in many other individuals.” (Organon, aphorism 117)

“in order to observe the action of the very weakest, however, the subjects of experiment should be persons free from disease, and who are delicate, exitable and sensitive.” (Organon, aphorism 121)

“...for all persons are not effected by a medicine in an equally great degree...” (Organon, aphorism 129) (Hahnemann et al., 2004)

“A very moderate dose, even, often suffices for the experiment, provided only the experimenter is endowed with sufficiently delicate sensitiveness, and is very attentive to his sensations.” (Organon, aphorism 130) (Hahnemann et al., 2004)

“In this manner the action of an unknown medicine, even of the mildest nature, will be revealed, especially if tested on sensitive persons.” (Organon, aphorism 132) (Hahnemann et al., 2004)

“...even though the experimenter had observed, a considerable time previously, the spontaneous occurrence of similar phenomena in himself. The reappearance of these during the
trial of the medicine only shows that this individual is, by virtue of his peculiar constitution, particularly disposed to have such symptoms excited in him.” (Organon, aphorism 138) (Hahnemann et al., 2004)

So, according to aphorism 117 (Hahnemann et al., 2004), in case of some symptoms appearing only in very healthy bodies, the condition is called idiosyncrasy. Though the state of idiosyncrasy implies a peculiar constitution, but this must also be ascribed to the influencing drug in which must lie the power of making the same impression on all human bodies, yet in such manner that but a small number or healthy constitutions have a tendency to allow themselves to be brought into such an obvious morbid condition by them.

Moreover, according to Dudgeon, Griesselich justly remarks that “as with diseases so it is with all other influences, the susceptibility must be there in order that the prover shall be affected by any medicine; and even among susceptible persons the susceptibility is present in very different degrees among different persons, and very differently towards different medicines in the same person” and Dr. Curtis of New York remarks that “the symptoms developed in the prover by virtue of his idiosyncrasy may still be received as part of the action of the medicine; for what is this idiosyncrasy but a tendency to be acted on by a specific with more than usual severity”. (Dudgeon, 1953)

According to Dunhamm, “the susceptibility of different provers to the same drug is very different, and the degree of susceptibility which each prover possesses is to be learned only by experiment. For example, one prover will take hundret drops of Thuja without any effect; another, taking twenty drops, experiences violent specific symptoms...The susceptibility of provers to different preparations of the same drug is very various and apparently capricious. One records characteristic specific symptoms from large doses of the crude drug, and is not affected by smaller doses; another is acted on by dilutions and not by any quantity of the crude substance...the word idiosyncrasy is synonymous with susceptibility, implying an unusually acute, but not abnormal, sensibility to the action of the drug, and a prover who shows a marked susceptibility to the action of a drug is said to have an idiosyncrasy which favors its action. This susceptibility is similar to that which individuals exhibit for natural diseases-some being prone to one kind of disease, others to another, just as one prover is especially susceptible to Thuja, another to Aconite...A certain susceptibility to the action of a drug is absolutely necessary to a good proving. Hahnemann speaks of it in his Organon as a necessary condition.” (Dunhamm, 1877)
According to Herscu, Kent, in an article printed in the Homoeopathic Physician 1884, “discusses the topic of susceptibility and that not all provers will prove any one substance, given a minute amount...for homeopathy to exist, individual susceptibly must be manifest in both proving and in practice.” (Herscu, 2002) Kent writes: “In drug proving we find a single dose of a drug exerting its power upon one prover, and the others escape until after having taken many doses or taken it many days. The highest potencies affect some provers, and large doses of the tincture are required to influence others.” (Herscu, 2002)

Indeed, for every person there is a large enough posology of a dose that will produce symptoms in his organism and this posology may be different for each individual **accordingly to the sensitiveness to the medicine.**

Kent writes: “There are certain individuals who cannot bear the smell of flowers in the room because of becoming sick, some will get sick from the smell of roses...I have a patient who cannot have dry levander flowers in the house without coming down with coryza...There are acquired idiosyncrasies and idiosyncrasies that are born with a patient. Those that are congenital and those that come from poisons are most difficult to cure.” (Kent, 2009)

Robert denotes: **Those who are peculiarly susceptible to a drug make the best provers**, for it is the peculiarly susceptible who develop in the proving the peculiar, rare and characteristic symptoms of the drug; yet those who are less susceptible cannot be rejected as provers provided they develop symptoms even in a small degree, as these serve to verify the symptoms produced in the extremely susceptible and thus establish them as true symptoms and not chance observations...**The greater the susceptibility, the less the quantity required to react upon the vital force...**In carrying out the proving by the higher potencies only the very susceptible will respond.” (Robert, 1936)

Dhawale writes: “Drugs are capable of influencing the organism because of its susceptibility. Examples of a total lack of susceptibility in animals to certain poisons are well-known...**As susceptibility is reflected in the constitutional type of a prover, a properly conducted drug proving has to ensure that the provers are drawn from the various constitutional types.**” (Dhawale, 1967)

Smith records about Hahnemann’s provings: “Attention was focused on the sensitive prover, and usually before the proving was carried out, volunteers were given substances in potency, in aqueous form, twice daily, to ascertain whether they would respond. If after a few days there was no proving-response, the individual was considered non-sensitive and excluded from that particular experiment.” (Smith, 1979)
G. Vithoulkas in his article “British media attacks on homeopathy: are they justified?” published in Jurnal Homeopathy (2008 Apr;97(2):103-6) explains: “In the sixth and final edition of the Organon paragraph 130, he (Hahnemann) states that only those sensitive to a substance can have symptoms from a high potency and this only if they take the remedy every day for several days.” (Vithoulkas, 2008). Referring to that, he explains in his book “The science of Homeopathy” in chapter 10: “In order for the defense mechanism to produce symptoms at all, the threshold of the vital force must be exceeded. This can occur in two ways: either the dosage of the substance must be strong enough to overpower the vital force, or the organism must have a relatively high degree of sensitivity to it…In order to produce symptoms in provers whose vibration rates are very different from that of the remedy, high material doses (perhaps even toxic doses) must be used, and the resulting symptoms can be expected to be quite crude (involving mostly the physical body). On the other hand, if such a high material dose were to be used on provers very sensitive to the substance, strong and damaging symptoms could result. If, however, a minute or potentized dose is given to provers very near to the vibration rate of the substance, an array of highly specific and peculiar symptoms will be generated; in this case, the symptoms will be subtle, individualized, and characteristic, especially on the mental and emotional planes.” (Vithoulkas, 2002).

Actually, in Organon of Healing Art (Hahnemann et al., 2004) in aphorism 130 Hahnemann denotes that those subjects most sensitive may experience an observable effect from even a single dose, and these make the best provers. Here it is important to distinguish between potency (attenusation) and physical dose (amount) – eg. Hahnemann writes (CD, p.119, theoretical part):

“…the homœopathic antipsoric medicine having been chosen as well as possible to suit the morbid symptoms, and given in the appropriate potency and in the proper dose, the physician should as a rule allow it to finish its action without disturbing it by an intervening remedy.” (Hahnemann, 2008)

But, when the physical dose (amount) is low, the potency (attenation) is high or as much the potency goes up, the physical dose goes down, according to Hahnemann’s instructions of attenusation in Organon of Healing Art (Hahnemann et al., 2004) in aphorism 270. So, when Hahnemann writes in Organon of Healing Art (Hahnemann et al., 2004) in aphorism 130 that a very moderate dose often suffices for the experiment, provided only the experimenter is endowed with sufficiently delicate sensitiveness it means that a high potency often suffices for the experiment, provided only the experimenter is endowed with sufficiently
delicate sensitiveness or as G.Vithoulkas states only those sensitive to a substance can have symptoms from a high potency (Vithoulkas, 2008). Therefore, potentized doses can produce symptoms only in sensitive provers. It is important here to denote that a high potency in Hahnemann’s times is the thirtieth potentized ["thirtieth potency" in the Sixth Edition] dilution and according to aphorism 128 (Hahnemann et al., 2004) the thirtieth potency of the substance we prove is the best potency to give to the experimenter.

Also, G.Dimitriadis in his article “Hahnemann’s Pharmacography” denotes that in health only sensitive or idiosyncratic persons may react sufficiently or uniquely to a medicinal proving dose. (Dimitriadis, 2007) Furthermore, he explains that “the fact that one subject may be disposed to react with urinary, or respiratory, or skin, or mind, etc. symptoms, means they will tend more towards such symptoms in a proving situation, and that their contributions will be greatest with medicines which have an affinity for evoking such effects”. (Dimitriadis, 2007) He states that “It should here be mentioned that, a patient who, having never taken, say, arsenic, yet, in response to all variety of circumstances and stimuli to which they have been exposed, have, in summation over time, expressed a pure Figure of arsenic symptoms, must themselves be predisposed to react in an arsenic way, even without taking arsenic – these same patients would, in health, make the best provers of arsenicum – for what is more likely to produce an arsenicum response than arsenicum itself? Conversely, a subject who proves readily disposed to react to a particular medicine (in such ultra-attenuated doses as given in our provings), is the same person who would more readily develop a similar (natural) disease. Thus we see that sensitive or idiosyncratic subjects are best suited for provings, since they readily express a series of symptoms following exposure to the substance to which they are particularly susceptible. But this is no different to what is accepted in pharmacology, that is, that a substance is only able to effect a physiological response because there are already receptors present to which their molecules fit precisely – whilst the receptor-ligand hypothesis is itself flawed from our own point of view (as it does not explain how ultra-attenuations produce physiological effect), nevertheless it demonstrates that, even in physiology, it is accepted that there must be some level of predisposition for any substance to actually evoke a response.” (Dimitriadis, 2007)

Moreover, Hahnemann writes in his preface to fifth volume of The Chronic Diseases-Dilutions and Potencies (Dynamizations) “We frequently read in homœopathic books that, in the case of one or another person in a certain case of disease, some high (dilution) dynamization of a medicine was of no use at all, but a lower potency proved effectual.
while others have seen more success from higher potencies,”, which agrees entirely with the above we mentioned. (Hahnemann, 2008) In this passage Hahnemann writes about **the sensitivity to a medicine in a diseased state** and this is matter needs further elaboration, since such sensitivity to a homeopathic medicine is always found in a person suffering similar disease, according to Organon of Healing Art (Hahnemann et al., 2004) aphorism 117. Here this matter is only mentioned allusively, since it is not pertaining exactly to the subject of this thesis.

Also, he states in a footnote in Arsenicum Album in The Chronic Diseases: “A medicine homeopathically chosen, i. e., a medicine capable of producing a morbid condition very similar to the disease to be cured, touches only the diseased side of the organism, therefore just the most excited, extremely sensitive part of it. Therefore its dose must be so small as only to affect the diseased part just a little more than the disease itself did. **For this the smallest dose suffices, one so small as to be incapable of altering the health of a healthy person, who has not such points of contact sufficiently sensitive for this medicine, or of making him ill, which only large doses of medicine can do.**” (Hahnemann, 2008)

Moreover, even in Hahnemann’s first proving of Cinchona bark Morrell denotes a possible peculiar sensitivity of Hahnemann himself to Cinchona bark, as he had contracted malaria in his youth, during his Hermanstadt journey. (Morrell)

Consequently, the precondition to be a dose of a medicine capable to alter the health of a healthy person is either to be a large dose, or, if the dose is small, the prover must be sensitive to this substance. Accordingly, we could classify provings in those that are contacted from large doses, namely poisonings, and in those that are contucted from pontentized doses upon sensitive provers, namely hypersensitivity reactions.
6.4 Hahnemann was giving to provers material doses

**Hahnemann was giving to provers material doses, something that changed later on, according to Hahnemann’s most recent observations.**

“Each of these medicines must be taken in a perfectly simple, unadulterated form; the indigenous plants in the form of freshly expressed juice, mixed with a little alcohol to prevent it spoiling; exotic vegetable substances, however, in the form of powder, or tincture prepared with alcohol when they were in the fresh state, and afterwards mingled with a certain proportion of water; salts and gums, however, should be dissolved in water just before being taken. If the plant can only be procured in its dry state, and if its powers are naturally weak, in that case there may be used for the experiment an infusion of it…” (Organon, aphorism 123) (Hahnemann et al., 2004)

In this aphorism (Hahnemann et al., 2004), Hahnemann gives instructions to use in provings the indigenous plants in the form of juice, the exotic vegetables in the form of powder or tincture, salts and gums dissolved in water and weak plants in the form of infusion. So, here it is obvious that he was giving to provers material doses, something that changed later on, according to Hahnemann’s most recent observations and aphorism 128. (Hahnemann et al., 2004)

6.5 Primary and secondary action

**Primary action-the derangement of the vital force.**

**Secondary action-the antagonistic reaction of the vital force.**

“Every agent that acts upon the vitality, every medicine, deranges more or less the vital force, and causes a certain alteration in the health of the individual for a longer or a shorter period. This is termed primary action.

Although a product of the medicinal and vital powers conjointly, it is principally due to the former power. To its action our vital force endeavors to oppose its own energy. This resistant action is a property, is indeed an automatic action of our life-preserving
power, which goes by the name of *secondary action or counteraction.*” (Organon, aphorism 63) (Hahnemann et al., 2004)

So, according to aphorism 63 (Hahnemann et al., 2004), a medicine acts (proves its action) upon the vitality and produce a primary action, which is the derangement of the vital force and a secondary action, which is the antagonistic reaction of the vital force.

According to S. Goel, “symptoms are the manifestations of the actions of the drug on the vital force and the reaction of the vital force to the same drug. So they are, in all cases, the product of their actions and reactions. Furthermore, the variability in the manifestation of symptoms depends on the inherent power of the influencing substance and the capability of the vital force that animates the organism to be influenced by it.” (Goel)

6.6 Hahnemann recommends accomplishing provings with moderate doses that produce the most worth knowing primary effects

*In a proving the primary effects are the most worth knowing. Moderate doses of medicines produce primary effects and do not produce the reaction of the organism (secondary action), as large doses do, with the exception of the narcotic substances. Hahnemann recommends accomplishing provings with moderate doses that produce the most worth knowing primary effects.*

“An obvious antagonistic secondary action, however, is, as may readily be conceived, not to be noticed from the action of quite minute homœopathic doses of the deranging agents on the healthy body.” (Organon, aphorism 66) (Hahnemann et al., 2004)

“In those older prescriptions of the often dangerous effects of medicines ingested in excessively large doses we notice certain states that were produced, not at the commencement, but towards the termination of these sad events, and which were of an exactly opposite nature to those that first appeared. These symptoms, the very reverse of the primary action (#63) or proper action of the medicines on the vital force, are the reaction of the vital force of the organism, its secondary action (#62-67), of which, however, there is seldom or hardly ever the least trace from experiments with moderate dose on healthy bodies, and from small doses none whatever.” (Organon, aphorism 112) (Hahnemann et al., 2004)
Hahnemann recommends accomplishing provings with moderate doses

“**The only exceptions to this are the narcotis medicines.** As they, in their primary action, take away sometimes the sensibility and sensation, sometimes the irritability, it frequently happens that *in their secondary action, even from moderate experimental doses on healthy bodies,* an increased sensibility (and a greater irritability) is observable.” (Organon, aphorism 113) (Hahnemann et al., 2004)

“**With the exception of these narcotic substances, in experiments with moderate doses of medicine on healthy bodies, we observe only their primary action...**” (Organon, aphorism 114) (Hahnemann et al., 2004)

“The more moderate, within certain limits, the doses of the medicine used for such experiments are...so much the more distinctly are the primary effects developed, and only these, which are most worth knowing, occur without any admixture of secondary effects or reactions of the vital force. When, however, excessively large doses are used there occur at the same time not only a number of secondary effects among the symptoms, but the primary effects also come on in such hurried confusion and with such impetuosity that nothing can be accurately observed.” (Organon, aphorism 137) (Hahnemann et al., 2004)

In aphorism 112 (Hahnemann et al., 2004) what Hahnemann actually speaks about is that only large doses of medicines can produce, either on patients, or on the healthy, effects that are the reaction of the vital force. These effects are actually provings.

**In fact as we reduce the dose, we reduce the toxic effects of the substance upon the prover and we reduce the intensity of both primary and secondary action. But if a prover is sensitive to the substance, will react even if the dose is minute. Then the symptoms will belong mostly to the primary action, the reaction of the organism that depends on the prover’s predisposition.**

Also, G.Dimitriadis, in his article “Primary & Secondary Reactions” (Dimitriadis, Primary & Secondary Reactions), states that the side-effects of large dose allopathically prescribed drugs are primary effects and that indeed, and modern pharmacokinetics only considers primary phase effects in their drug-dose response curve.

**Hahnemann in aphorism 137 states that primary action is the most worth knowing.** (Hahnemann et al., 2004)

So, according to aphorisms 66, 112, 113, 114 and 137 (Hahnemann et al., 2004), moderate doses of medicines do not produce the reaction of the organism (secondary action), as large doses do, with the exception of the narcotic substances which produce the secondary action even from
Hahnemann recommends accomplishing provings with moderate doses. According to aphorism 113 (Hahnemann et al., 2004), even with moderate doses the narcotic medicines have been observed to produce secondary action in the form of increased sensibility and greater irritability. In their primary action these narcotic medicines take away sometimes the sensibility and sensation, sometimes the irritability of the healthy organism.

Moreover, Hahnemann in aphorism 137 (Hahnemann et al., 2004) states that in a proving the primary effects are the most worth knowing, which even moderate doses can produce. Consequently, Hahnemann recommends accomplishing provings with moderate doses that produce the most worth knowing primary effects. However, G.Vithoulkas in his book “The science of homœopathy” in chapter 10 denotes the importance both of the primary and the secondary action in a proving and recommends recording with accuracy both actions (Vithoulkas, 2002). Moreover, P.Herscu in his book suggests that there need to be no distinction between primary and secondary symptoms, since both are in actuality reactions to the stress imposed by the remedy, they should all be recorded together. (Herscu, 2002) Furthermore, G.Dimitriadis states in his article “Primary & Secondary Reactions” (Dimitriadis, Primary & Secondary Reactions) that it is important to note down all phænomena in provings, but only amongst the primary effects will the symptoms characteristic and individualising of that substance be found.
6.7 Hahnemann recommends the thirtieth potency as the best potency to give to the experimenter

_Hahnemann recommends that it is best to test the peculiar effects of a substance by giving to the experimenter the medicinal substance in high dilutions. The thirtieth potency of the substance we prove is the best potency to give to the experimenter._

“The most recent observations have shown that medicinal substances, when taken in their crude state by the experimenter for the purpose of testing their peculiar effects, do not exhibit nearly the full amount of the powers that lie hidden in them which they do when they are taken for the same object in high dilutions potentized by proper trituration and succussion…”

(organon, aphorism 128) (hahnemann et al., 2004)

So, hahnemann recommends that it is best to test the peculiar effects of a substance by giving to the experimenter the medicinal substance in high dilutions potentized by proper trituration and succussion. in this manner, one can investigate the medicinal powers even of substances that are deemed weak. But, according to the above we mentioned, in this case the experimenter must be sensitive to this substance. regarding to that, g.vithoulkas writes in his book “the science of homœopathy” in chapter 10: “If a substance is given in poisonous or toxic doses, virtually every organism will react to it, but the reaction will be too gross to be of value in homoeopathy. Symptoms such as coma, convulsions, vomiting, or diarrhea will be recorded, but subtle, fine distinctions will not be evident. If small, even minute and potentized, doses are used, however, a wide variety of highly refined and specific symptoms will be produced, particularly on the mental and emotional planes.” (vithoulkas, 2002) And he concludes some pages further down: “Symptoms must be recorded from provings on healthy individuals using toxic (as recorded from accidental poisonings), hypotoxic (i.e., low potency), and highly potentized doses.” (vithoulkas, 2002) Many of our most excellent provings, eg., belladonna, nux vomica, ignatia, hyoscyamus, stramonium, helleborus, conium, etc.etc. (hahnemann, 2004) (hahnemann, 2008) derive from toxicological reports which very much confirm and expand upon the hints from experiments with potencies. So both sets of data are useful and indeed necessary. According to P.Herscu, “aphorism 128 states that the proving is originally built upon the toxic
symptoms and that those symptoms are refined and clarified by taking the substance in potency. The toxic reaction is part of the proving record, though too crude to stand by itself.” (Herscu, 2002)

Furthermore, Kent suggests the 30th potency for provings. (Kent, 2009)

6.8 The best provings are accomplished when the prover is sufficiently sensitive as to react to a single dose

The best provings are accomplished when, by chance, a prover is sufficiently sensitive as to react to a single dose, for then the genius of the symptoms can be seen due to the clear distinction between the primary effects (those most important) and the after-effects (secondary). But we cannot know beforehand the sensitivity to a particular substance, so he suggests to begin with a smaller dose and gradually increase.

“In this manner we now find it best to investigate the medicinal powers even of such substances as are deemed weak, and the plan we adopt is to give to the experimenter, on an empty stomach, daily from four to six very small globules of the thirtieth potentized ["thirtieth potency" in the Sixth Edition] dilution of such a substance, moistened with a little water, ["or dissolved in more or less water and thoroughly mixed" in the Sixth Edition] and let him continue this for several days.” (Organon, aphorism 128) (Hahnemann et al., 2004)

“it is advisable to commence in every instance with a small dose of the drug and, where suitable and requisite, to increase the dose more and more from day to day.” (Organon, aphorism 129) (Hahnemann et al., 2004)

“If, at the very commencement, the first dose administered shall have been sufficiently strong, this advantage is gained, that the experimenter learns the order of succession of the symptoms and can note down accurately the period at which each occurs, which is very useful in leading to a knowledge of the genius of the medicine, for then the order of the primary actions, as also that of the alternating actions, is observed in the most unambiguous manner.” (Organon, aphorism 130) (Hahnemann et al., 2004)
“If, however, in order to ascertain anything at all, the same medicine must be given, to the same person to test for several successive days in ever-increasing doses, we thereby learn, no doubt, the various morbid states this medicine is capable of producing in a general manner, but we do not ascertain their order of succession; and the subsequent dose often removes, curatively, some one or other of the symptoms caused by the previous dose, or develops in its stead an opposite state; such symptoms should be inclosed in brackets, to mark their ambiguity, until subsequent purer experiments show whether they are the reaction of the organism and secondary action or an alternating action of this medicine.” (Organon, aphorism 131) (Hahnemann et al., 2004)

“But when the object is, without reference to the sequential order of the phenomena and the duration of the action of the drug, only to ascertain the symptoms themselves, especially those of a weak medicinal substance, in that case the preferable course to pursue is to give it for several successive days, increasing the dose every day.” (Organon, aphorism 132) (Hahnemann et al., 2004)

“It is impractical to repeat the same unchanged dose of a remedy once, not to mention its frequent repetition (and at short intervals in order not to delay the cure). The vital principle does not accept such unchanged doses without resistance, that is, without other symptoms of the medicine to manifest themselves than those similar to the disease to be cured, because the former dose has already accomplished the expected change in the vital principle and a second dynamically wholly similar, unchanged dose of the same medicine no longer finds, therefore, the same conditions of the vital force. The patient may indeed be made sick in another way by receiving other such unchanged doses, even sicker than he was, for now only those symptoms of the given remedy remain active which were not homeopathic to the original disease, hence no step towards cure can follow, only a true aggravation of the condition of the patient.” (Organon, aphorism 247) (Hahnemann et al., 2004)

According to aphorism 128 (Hahnemann et al., 2004), Hahnemann states that it is best in provings to give to the experimenter, on an empty stomach, daily from four to six very small globules of the thirtieth potency of the substance we prove, moistened with a little water or dissolved in more or less water and thoroughly mixed, for several days. In this aphorism, as also in aphorisms 129 and 132 (Hahnemann et al., 2004), he recommends repeating the medicine daily, for several days. Furthermore, in aphorisms 129 and 132 (Hahnemann et al., 2004), he
advises to increase the dose every day. But, in aphorism 131 (Hahnemann et al., 2004), he warns that in such provings the subsequent dose often removes, curatively, some of the symptoms caused by the previous dose, or develops in its stead an opposite state, so we don’t know whether such symptoms are the reaction of the organism and secondary action or an alternating action of this medicine. Hence, in aphorism 130 (Hahnemann et al., 2004) he says that if the dose is sufficiently strong (depending on the sensitivity of the prover), then the advantage of learning the order of succession of the symptoms is gained. So, the best provings are accomplished when, by chance, a prover is sufficiently sensitive as to react to a single dose, for then the genius of the symptoms can be seen due to the clear distinction between the primary effects (those most important) and the after-effects (secondary). But we cannot know beforehand the sensitivity to a particular substance, and therefore, it is a matter of luck, that is why he suggests in aphorism 129 (Hahnemann et al., 2004) to begin with a smaller dose and gradually increase. Moreover, according to aphorism 247 (Hahnemann et al., 2004), repeating doses of a medicinal substance produce proving even on patients that are under homœopathic treatment.
6.9 Summary and conclusions

Every medicine can produce symptoms on everyone if the dose is large enough. Hahnemann (Hahnemann et al., 2004) classifies the substances in those that are strong and those of milder power, but for every medicinal substance there is a large enough dose to produce proving on an organism. The precondition to be a dose of a medicine capable to alter the health of a healthy person is either to be a large dose, or, if the dose is small, the prover must be sensitive to this substance. Potentized doses can produce symptoms only in sensitive provers. Accordingly, we could classify provings in those that are contacted from large doses, namely poisonings, and in those that are contacted from potentized doses upon sensitive provers, namely hypersensitivity reactions.

Hahnemann was giving to provers material doses, something that changed later on, according to Hahnemann’s most recent observations. According to Hahnemann (Hahnemann et al., 2004), in a proving the primary effects are the most worth knowing. As Hahnemann states, moderate doses of medicines produce primary effects and do not produce the reaction of the organism (secondary action), as large doses do, with the exception of the narcotic substances. (Hahnemann et al., 2004) So, Hahnemann (Hahnemann et al., 2004) recommends accomplishing provings with moderate doses that produce the most worth knowing primary effects. Also, he recommends that it is best to test the peculiar effects of a substance by giving to the experimenter the medicinal substance in high dilutions. (Hahnemann et al., 2004) According to Hahnemann, the thirtieth potency of the substance we prove is the best potency to give to the experimenter. (Hahnemann et al., 2004) As Hahnemann states, the best provings are accomplished when, by chance, a prover is sufficiently sensitive as to react to a single dose, for then the genius of the symptoms can be seen due to the clear distinction between the primary effects (those most important) and the after-effects (secondary). (Hahnemann et al., 2004) But we cannot know beforehand the sensitivity to a particular substance, and therefore, it is a matter of luck, that is why he suggests in aphorism 129 (Hahnemann et al., 2004) to begin with a smaller dose and gradually increase. So, the correct method, according to Hahnemann (Hahnemann et al., 2004), is to begin with the higher potencies, and gradually increase the dose, and decrease the potency.
So, the proper dose for a proving is the smallest single dose that can produce proving effects on a prover. The proper dose depends on the power of the substance (strong or of milder power) and on the sensitivity of the prover to the substance.

1. **Hahnemann classifies the substances in those that are strong and those of milder power**

2. **Potentized doses can produce symptoms only to sensitive provers.**

3. **The best provings are accomplished when, by chance, a prover is sufficiently sensitive as to react to a single dose, for then the genius of the symptoms can be seen due to the clear distinction between the primary effects (those most important) and the after-effects (secondary). But we cannot know beforehand the sensitivity to a particular substance, and therefore, it is a matter of luck, that is why Hahnemann suggests beginning with a smaller dose and gradually increasing.**

4. **Begin with the higher potencies, and gradually increase the dose, and decrease the potency.**

5. **The proper dose for a proving is the smallest single dose that can produce proving effects on a prover. The proper dose depends on the power of the substance (strong or of milder power) and on the sensitivity of the prover to the substance.**

Table 6.1 Hahnemann’s concepts of proving’s posology
7. The proper methodology of proving’s posology according Hahnemann and the concept of the individual predisposition—idiosyncrasy—sensitivity of the prover

7.1 The first step: find the most sensitive organisms

- The most accurate provings are accomplished by giving potentized doses on sensitive organisms.
- The first step is to find the most sensitive organisms.

Table 7.1 Sensitive provers give accurate provings

Since Hahnemann’s pharmacography was the sole basis upon which Homœopathy first developed and later flourished, we should follow Hahnemann’s recommendations. Hahnemann (Hahnemann et al., 2004) and, also, Kent (Kent, 2009) used frequent daily repetition, except in the case of sensitive volunteers. So, according to Hahnemann’s recommendations (Hahnemann et al., 2004) that the most accurate provings are accomplished by giving potentized doses which themselves only produce symptoms on sensitive organisms, the first step is to find the most sensitive organisms to the medicinal substance we are proving. Since we cannot know from the beginning who is sensitive to which substance, we have to find a way to distinguish the most sensitive provers.
7.2 G. Vithoulkas’ suggestion

**G. Vithoulkas’ suggestion:**

- **Start giving the substance in sub-toxic doses.**
- **The dose is increased by more frequent repetitions.**
- **Those that started having symptoms on the first, second or third day are the most sensitives.**

### Table 7.2 G. Vithoulkas’ methodology-suggestion on proving

G. Vithoulkas in his article “The question of provings in Homœopathy” published in the Journal FACT-Exeter Univ.UK proposes: “In order to establish the particular symptomatology that a substance can produce upon the human organism we must follow certain rules.

1. In a group of say 50 provers you start giving the substance in sub-toxic doses (every substance can be concentrated in its mother tincture state so as to become toxic) observing closely the effect upon the provers.

   Let us suppose you are examining the remedy Bryonia. You start giving to each prover 30 drops of the mother tincture. A few of them may start showing reactions-symptoms even after the first day. Such provers must stop taking the remedy. A few of the other provers will start having symptoms after the second, third, fourth or fifth day and so on until all the provers have some symptoms at the end of the experiment (One month where the dose is increased by more frequent repetitions day after day).

2. Those that started having symptoms on the first, second or third day are obviously the most sensitives to the substance you are proving and it is only those sensitive individuals that should take part in the second step of a proving with high potencies of this remedy. It is only then that some of these sensitive provers will develop symptoms from a repetition of such high potencies.” (Vithoulkas, 2000)

So, G. Vithoulkas suggestion agrees with Hahnemann’s conceptions. In the first step he gives a way to distinguish the most sensitive provers and his logic is based on Hahnemann’s above conception 12. And, the

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12 For every medicinal substance there is a large enough dose to produce provings on an organism.
second step follows exactly Hahnemann’s above conception. As G.Vithoulkas declares in the same article: “These rules are a sort of exposure of the essential features of provings and do not constitute a complete Figure of all rules and all parameters of a proper homœopathic proving. However, they are basic rules and every new proving has to follow these substantial rules in order to reach true conclusions.” (Vithoulkas, 2000)

G.Vithoulkas writes in his book “The science of Homœopathy” in chapter 10: “This is one of the most important aspects that are missed in some current proving designs. In truth, we do not begin with a blank slate when undergoing a solid proving. We begin with two known qualities. First, we begin with some general concepts of the toxicology of the substance. Where and how does this substance effect people in the crude toxic form? This gives us a general quality of the substance. Just as important though, we need to begin with provers that have a general sensitivity to the substance. To do a proving in the best way, we should begin by finding these people. As a result, the best proving may begin with a subtoxic, small dose given to the prover. From there, we can find out who was most sensitive to the substance, who developed symptoms soon after taking the substance. Then we separate these people out from the larger group, and use them in testing the substance in different potencies.

*Without knowing who is sensitive to the substance at lower levels, and without knowing the toxicology of the substance, you have no guide to see whether the symptoms produced were real symptoms of the substance or not.* The symptoms could be imagined or hysterical reactions, or perhaps symptoms related to other outside factors or maybe a mixture of all of these possibilities. Unless you follow a method which includes finding sensitive provers, you may give a high potency straight away to the whole group and many people will develop symptoms, because this is the nature of people in general. The question would be how to tell which of the symptoms were really part of the proving and which ones were not.

The substance you are going to prove has to be able to cause symptoms. It must have a potential toxicity. Luckily, in the times we live in, we already know these general symptoms because we know the toxicity of so many substances. These we collect in the stage before we give people the potentized substance. In the substances that we do not have any toxicological information, we need to move more slowly, first developing the toxicological evidence and later the potentized test. Here

13 Potentized doses can produce symptoms only to sensitive provers.
scientific testing of the substance will help us develop the toxic or subtoxic symptom it might cause. These symptoms will give us the general qualities and affinities of the substance.

I would like to give you an easy example of what I mean by a simple proving design. **We know many people who have specific allergies to substances. All we have to do is collect these people and then collect their symptoms.** In a way because of their specific health, their specific sensitivities, they are experiencing some common substances as very stressful. For example, when a certain flower blooms, they are sensitive to it and develop strong symptoms. All we have to do is collect these people, and **use their symptoms as the general “subtoxic dose” symptoms and use these people because we know that they are the sensitive people to the substance.** In this situation we not only use the symptoms but also already know who is sensitive to the substance. In other words, we accomplish the first two parts of a proving in this way. After studying their symptoms, we give them a high potency of the substance and then study the symptoms and see which symptoms change, which new symptoms develop and which symptoms go away. You then have a remarkable list of reliable symptoms.

This may seem like a contradiction to the premise of only using healthy people in a proving but it is not. I still want healthy people. However, **all people have certain susceptibilities, what Kent and the old homeopaths referred to as idiosyncrasies. We use the knowledge of the idiosyncrasies to find the people who are sensitive and then we give the substance in potency.** I however still will look to the person to be relatively healthy. By this I mean I do not wish to use as a prover someone who has diseases on the mental, emotional or physical plane, I still do not wish to use people who are easily stressed by their environment...

**Categories to potentize are toxic substances,** as we know that these substances effect people, **remedies that are used already,** but which have poor indications as well as those **substances that our bodies are made out of and that are used to maintain homeostasis,** as we have with calcium, salt, sulphur, and phosphorus.” (Vithoulkas, 2002)

Moreover, G.Vithoulkas gives precise instructions on how experimental provings must be carried out in his book “The science of Homœopathy”. In chapter 10 he writes: “Approximately **25% of the provers are to be given placebos** while the rest receive the test substance…”

G.Vithoulkas’ suggestion
The experiment begins with the administration of the test substance to the appropriate subjects in hypotoxic dosage\(^\text{14}\). **The potency should range from 1x to about 8x-1x being used for relatively nontoxic substances (e.g., edible plants) and from 8x-12x for more toxic substances (e.g., hydrocyanic acid).** Doses are given **three times daily for a full month**, or until symptoms appear.

Assuming that **50-100 provers** participate in such an experiment, only the very rare subject will experience cure of preexisting symptoms, some will develop new symptoms within the first few days, another larger group will show symptoms after the twentieth day, and the majority will display only few or no symptoms at all during the entire period of observation. **Those who produce symptoms immediately are the most sensitive to the remedy**, these are the provers who will continue the experiment later with higher potencies.

After a sufficient time has elapsed to ensure that no more new symptoms are emerging from the first phase, those subjects who reacted quickly to the hypotoxic doses are given the same remedy **in the thirtieth potency**, again with **25% receiving placebo** in randomized fashion. This is repeated once daily for a period of two weeks. The subsequent observation period should be continued for at least another three months or until it is obvious that no more new symptoms are emerging…

The final administration of a high potency\(^\text{15}\) should be delayed for a full year, during which time less formal observations can be made in the subject’s normal environment. After this period of rest, the same subjects who received the thirtieth potency gather again in the rural experimental environment and spend another preparation period re-establishing “baseline” observations. They are then given **one dose of a 10M or 50M potency (again with 25% receiving placebos)**, and observed intensely for a further period of three months, or until symptoms have ceased.”

(Vithoulkas, 2002)

Some symptoms derived from historical provings initially appeared unimportant and may have been experienced by only one subject in a proving. Some of these symptoms were subsequently verified clinically and are now major keynotes of homœopathic medicines. This was happening because some of the provers were accidentally sensitives to the

\(^{14}\) But, this cannot be applied in cases of new substances whose toxicity has never before been determined. In such cases, the best approach is precisely as Hahnemann writes.

\(^{15}\) According the original use 30\(^{\text{th}}\) centesimal potency is a “high potency”. These days it seems (since Kent), this term is applied largely to potencies over the 200\(^{\text{th}}\), but this is not consistent with original use. Even from a pharmacological point of view, the 30\(^{\text{th}}\) is way beyond Avogadro’s limit.
Proving substance and had symptoms that are keynotes of the proving drug. So, if a pre-selection of the most sensitives provers occurs in a proving, then more symptoms from this proving will be verified clinically as keynotes of the proving substance.

So this idea of G. Vithoulkas is indeed interesting, and may prove useful in selecting subjects for provings of substances in potency. *Hahnemann is clear in stating that the dose should be gradually increased and he recommends at the end of his career provings to be made using the 30th potency. G.Vithoulkas’ suggestion offers an extension, for the sake of practicality, by proposing a pre-selection methodology for potency provings trials.* Of course, this view must be tested through experiment.
7.3 G.Vithoulkas’ approach to designing clinical trials

**G.Vithoulkas’ approach to designing clinical trials:**

- pre-select the patients according to their symptomatology
- limit the number of homœopathic medications

Table 7.3 G.Vithoulkas’ methodology—suggestions on clinical trials

Moreover, G.Vithoulkas proposes *an approximate approach to designing clinical trials in homœopathy*, focusing on pre-selection of the patients. (Yakir et al., 1995) He suggests a way to overcome the obstacle of individualisation of homeopathic treatments in homeopathic clinical trials by limiting the number of homœopathic medications used. (Yakir et al., 1995) He denotes that a main obstacle in homeopathic clinical trials is the need for individualised homeopathic prescribing. (Yakir et al., 1995) So, he suggests to *pre-select the patients* according to their symptomatology in order to limit the number of homeopathic medications used. (Yakir et al., 1995) “Patients should have symptomatology corresponding of one of some commonly used homœopathic drugs, that are chosen.” (Yakir et al., 1995)
7.4 P.Herscu’s suggestions

P.Herscu’s suggestions:

- **Take each prover’s case prior to the beginning of the proving to determine his or her “constitutional” remedy(ies).**

- **Collect symptoms of only those provers who demonstrate a definite sensitivity to the substance.**

- **Conducting provings in three phases:**
  1. **Phase One-**toxic symptoms.
  2. **Phase Two-**6C, 12C, or 30C potencies.
  3. **Phase Three-**200C or 1M potencies to only sensitives provers.

Table 7.4 P.Herscu’s methodology-suggestions

Also, P.Herscu denotes that the concept of the individual predisposition has been missing in many current provings and many studies. (Herscu, 2002) He suggests that we catalog provers’ constitutional types at the time of the proving, which can lead to many benefits; e.g., easy ability to identify the related remedies. (Herscu, 2002) “It is a good strategy to take each prover’s case prior to the beginning of the proving to determine his or her “constitutional” remedy(ies). This important step can yield valuable information - remedy relationships become clearer, symptoms cured by the remedy being proved are more readily identified, etc.” “…first finding the constitutional make up of the person. This does not mean we have to know what remedy they need. Rather, we have to know the general qualities, the general way that they
react to the environment and changes within the environment.” “Some provers may actually have a constitution that needs the proving substance. These individuals have a curative response from the substance, and contribute the most valuable information to the proving...Some provers are of the same constitution and therefore develop more similar symptoms...Still others may develop completely different symptoms...This is why Hahnemann mentions that we should prove a remedy on many individuals.” “Therefore, much more important than the number of provers is the total number of different types of constitutional types...Having 30 people of only 3 constitutions is definitely not as beneficial to us as having 10 people of varying constitutional types...So when we talk about proving size, we need to think about two sizes: first the total number of provers and second the total number of constitutional predispositions involved. Both numbers need to be adequate for us to develop a fuller understanding of the proving substance.” (Herscu, 2002)

So, P.Herscu suggests that we should prove a substance on many different constitutions that have a sensitivity to that substance.

P.Herscu states: “Individual predisposition allows for certain factors to be experienced as Stress in one individual and yet not be felt by others. People experiencing an environmental agent as Stress will respond by Straining back. It is the Straining back that produces the signs and symptoms that patients feel and homeœopathcs inquire about. This is true if the Stress is a virus or a bacteria and it is also true of a proving substance. The substance is nothing more than an agent that Stresses people who are predisposed to feel that agent. This again, shows that the proving substances are the same as other agents and are the same as what we see when we give a homeœopathic remedy to a patient...Previous provings did not list the constitutional make up of the prover. When reading a proving it is as if all provers were the same, all neutral participants...Individual susceptibility rules in provings, just as it does in practice...Provers, like patients in our practice are, in fact, all different. When the experiment is designed as if all provers are the same, then the study fails.” (Herscu, 2002)

Moreover, P.Herscu denotes that some recent provings containing too many and widely disparate symptoms, rendering the proving relatively useless clinically. (Herscu, 2002) He calls these extraneous symptoms “noise” and he states “Once the “noise” is included in the repertory, there is no easy way to extricate it...we have included so many symptoms that all the remedies begin to look alike.” (Herscu, 2002) So, he advises the proving investigators to collect symptoms of only those provers who demonstrate a definite sensitivity to the substance. (Herscu, 2002) This is recommended as a strategy to eliminate noise in the proving and to
focus the collection of data upon only those symptoms which are clearly products of the remedy and which are better defined and qualified, thus increasing their later clinical utility. He suggests conducting provings accumulating symptoms in three phases: “Phase One is represented by the substance’s toxic symptoms. Phase Two is conducted with the 6C, 12C, or 30C potencies (expected to produce more general symptoms). Phase Three - a critical, final step - is conducted with 200C or 1M potencies, which are given to only those provers who in the earlier phase were identified as being sensitive test subjects.” P.Herscu states: “When the substance is tested in a more toxic dose, it will Stress the largest number of individuals.” “As you use too low a potency, you run the risk of toxicity. As you go up in potency, your susceptibly needs to be more precise, more specific to that substance. As such, we begin to lose too many people when we use 1M. 30CH is a good dose but not the only one. For example, if the substance is not toxic, then surely a lower dose would be advisable. If a substance is toxic, then a lower dose would be questionable…For example, for a non-toxic substance, a low potency, such as 3C, 6C, 12C would suffice for the Phase 2 part. Once identifying the sensitive people, then 30C, 200C, 1M, or 10M would work well. For toxic substances, I would use the poisoning record for Phase 1, 30C for Phase 2, and 200C or 1M for Phase 3.” (Herscu, 2002)

Furthermore, P.Herscu states concerning the repetition of the dose: “We are looking for people who can develop symptoms with only a few repetitions, ideally with only one administration of the substance…If the substance is toxic, I will give at most 3 doses of the substance in the 30C, in Phase 2. I repeat after a few hours if there has been no response. I give only one dose of 200C or 1M in Phase 3. I do not go lower than 30C in toxic substances. In the non toxic substance I can repeat a 3C or 6C up to a dozen times, in the Phase 2 portion, also after a couple of hours of no symptoms, and can give 200C, 1M, 10M, in the Phase 3 part. In either case, as soon as we find that the prover is influenced by the substance, no more of it should be given.” (Herscu, 2002)

So, this is again the idea of the pre-selection of the most sensitives provers for provings of substances in potency. However, this is the exact opposite of what Hahemann states. The correct method, according to Hahemann, is to begin with the higher potencies, and gradually increase the dose, and decrease the potency.

P.Herscu suggests that substances to be proven are: a) all the substances that people have been interacting with for a long time, especially things that were used as medicines, or foods, b) any substance that living beings are made of e.g. sulphur, natrium muriatikum,
phosphorus, calcarea, c) any substance that easily poisons us. (Herscu, 2002)

In order to diminish the noise P.Herscu suggests: “The symptoms we use will be based on the general reactions on the population. In other words, with toxic substances, we will use the symptoms of provers who develop symptoms that are similar to the toxic reaction but more well-defined. For the substances in the body, we will use the symptoms that are similar to the deficiency/excess of the substance, and for the foods and common non-toxic substances we will use the provers who show symptoms that are similar to the hypersensitiveness to that substance. The proving refines the symptoms that we have already, it does not remove them but builds upon them...We are only going to pay attention to people who develop changes in the physical generals, mental emotional, keynotes, etc. If the only changes that occur in the prover are local symptoms, then we will not pay attention to that prover’s symptom. If the only changes are local, then we can say that the remedy did not act well.” (Herscu, 2002)

P.Herscu’s proving of Alcoholus:

- poisonous nature-alcohol syndrome- “like a nosode”
- five separate provings
- each conducted on 15-40 provers
- over the course of five years

Table 8.8 P.Herscu’s proving of Alcoholus

Additionally, in his book presents a proving of the remedy Alcoholus. (Herscu, 2002) The remedy appears in Allen’s Encyclopedia. P.Herscu selected it because of mankind’s long relationship with alcohol, its addictive properties, its essentially poisonous nature, and the genetic/social trail it leaves through foetal alcohol syndrome. (Herscu, 2002) This proving was very extensive. It consisted of five separate provings, each conducted on 15-40 provers, over the course of five years. (Herscu, 2002) The process was the same as the one described above. P.Herscu writes: “The more people one has involved in the proving the more likely it is that we will have different constitutional
sensitivities towards the verum and therefore be more likely to develop a fuller image of the remedy…I actually had over 100 provers. I conducted the proving as several separate proving. Each year a different group of 30-40 people would prove the same substance…Homeopaths did not know the substance that the vial contained. They were told about 10% of the participants received vials which contained placebo. They were further instructed not to discuss or meet with anyone else who was participating in the proving…After the third dose no other dose would be given…There were one hundred and fourteen people who received the vials. The proving took place with five distinct groups, beginning in 1997 and ending in 2002. The placebo groups showed no symptoms to speak of; their symptoms did not reach above the threshold to be included. There were twenty-five people who produced symptoms…I include eighteen…this proving only contains symptoms from fifteen percent of the provers.” (Herscu, 2002) A description of ethanol and its pathophysiology and toxic symptomatology begins the proving report; preparation and dosage methods are clearly described; next appears the materia medica of Alcoholus as interpreted by Herscu. (Herscu, 2002) He includes 477 rubrics of Alcoholus although, as he points out, many are simply sub-rubrics, or contain modalities, of a single symptom. (Herscu, 2002) Remarkably, in this proving, the same symptoms were generated in different groups of provers. (Herscu, 2002) He believes that the remedy is “like a nosode” and will be as useful as Cannabis and Opium are in the treatment of drug-related conditions. (Herscu, 2002)
7.5 The point of a proving is to identify true symptoms

F.Dantas states:

The point of a proving is to identify true symptoms, discriminating the signal (symptoms caused by the substance being tested) from the noise (confounding factors such as the myriad events, incidents and spontaneous changes of daily life, and the symptoms and sensations related to them).

Table 7.5 True symptoms: discriminating the signal from the noise

F.Dantas states that in analysing provings the critical task is to separate the signal (changes caused by the medicine) from everything else. (Flávio Dantas et al., 2007b) He observed in his review that more effects per volunteer were noted when the methodological quality of the trial was low. (Flávio Dantas et al., 2007b) For Dantas “the point of a proving is to identify true symptoms caused by a potential medicine in healthy volunteers, discriminating the signal (symptoms caused by the substance being tested) from the noise (confounding factors such as the myriad events, incidents and spontaneous changes of daily life, and the symptoms and sensations related to them)”. (Flávio Dantas et al., 2007b) He denotes that time is a critical factor: “One cannot take an action (for instance take an homoeopathic medicine), observe what happens, then go back in time and observe what would have happened if you had not taken the medicine. So, the closest we can come to this is to observe what happens in different people at the same time (parallel group method) or the same person at different times (crossover), or combinations of these. However, the use of intra-individual placebo control (crossover design) helps but does not guarantee 100% precise results.” (Flávio Dantas et al., 2007b)
7.6 F. Dantas’ suggestions

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- **F. Dantas suggests to explore:**
  - the sensitivity of individual volunteers (those volunteers who react strongly to a particular medicine may be the ‘constitutional type’)
  - the relationship between toxicity of the medicine and number of effects
  - the effects of different routes of administration

So, Dantas et al. suggest that there are other important aspects to be explored in future studies, such as “the sensitivity of individual volunteers (those volunteers who react strongly to a particular medicine may be the ‘constitutional type’), the relationship between toxicity of the medicine and number of effects, the effects of different routes of administration, and, crucially, innovative methods to separate symptoms truly related to the medicine from those which would have occurred even if it had not been taken”. (Flávio Dantas et al., 2007b)
7.7 Methodologies for separating the individual symptoms from the remedy-proving symptoms

A number of methods have been developed to separate the individual symptoms from the remedy symptoms though none are definitive.

7.7.1 The use of placebo

Furthermore, taking into consideration the limitations of the different proving methods, the development of methodologies for the verification of proving symptoms in clinical practice deserve further attention in the future. (Koster, Van Haselen, Jansen, & Dicke, 1998) In homoeopathic pathogenic trials many subjects seem to react non-specifically, meaning that the symptoms are a non-specific reaction belonging to the patient's own symptomatology (placebo reaction) rather than that caused by the tested medicine. It is very important to limit people thinking that they will absolutely develop symptoms. At the beginning of the century this led to the use of placebo medication in provings. By 1900, the writings of Kent (1846-1916) show that the blinding technique was considered a normal and routine procedure in homoeopathic proving. (Kent, 2009)
7.7.2 The optional cross-over design

A new clinical trial methodology is suggested in situations “where no hard end points can be identified and the patient's subjective impressions about success or failure of a given treatment are paramount”, the optional cross-over design. (Ernst, E., Resch, K. L., 1995) “Patients are randomized to receive either active medication or placebo during phase 1. They may then choose to change to the other treatment arm if treatment was felt to be unsuccessful (= optional cross-over). In phase 2, treatment continues as in phase 1 except for patients who have chosen the 'optional crossover'. Further cross-over points may follow. On statistical evaluation, an optimally successful medicine would mean close to 100% of the study population finishing up in the active treatment arm. If the medicine is not optimally successful, the percentage will be proportionally less. For an ineffective medicine, the distribution of the total sample within the two treatment arms approaches 50:50%.” (Ernst, E., Resch, K. L., 1995)

The optional cross-over design seems suited for RCT in areas where the complex, not measurable and subjective experience of the patient are considered to represent adequate end points. This methodology could be very useful in provings, in order to distinguish a real proving of a substance upon a prover from a placebo effect. A homoeopathic pathogenic trial (proving) was carried out using a double-blind, placebo-controlled crossover method. (Ernst, E., Resch, K. L., 1995) “This proving started in the autumn of 1993 in accordance with the Homœopathic Drug Protocol. In this proving most subjects were able to guess correctly which treatment was active and which placebo.” (Ernst, E., Resch, K. L., 1995) Yet, in this proving there was no pre-selection of the most sensitives provers.

P.Herscu writes: “By cross-over we mean people at first take verum and later placebo or placebo and later verum. For homeopathic purposes only one direction makes sense. Since the effect of potentized substances lasts for various amounts of time, one can not take the verum and later the placebo and attempt to judge differences. The substance may still be active. It does however make sense to give placebo and later switch to active verum...The most relevant way to conduct this is to give daily doses of placebo, but on a certain day of the trial, say day 10 or 12or 14, you give the active verum. All that came before is considered below the bar line and will not be included.” (Herscu, 2002) P.Herscu’s suggestion is very helpfull in order to use the optional cross-over design as a tool in homœopathic proving trials.
7.7.3 The pre-selection of the most sensitives provers

However, as D.Riley states, “in a proving, it is difficult to distinguish reliable symptoms specific to a medicine from random, non-specific symptoms”. (David Riley, 2005) Many well-proven and commonly prescribed homoeopathic remedies have keynotes that did not appear in a homoeopathic drug proving. It is difficult to be sure that what was experienced during the proving period was different from background noise. Furthermore, there is no way to determine which symptoms are specific for placebo, because there is no standard. Placebo can generate virtually any symptom. But this problem can be solved with the pre-selection of the most sensitives provers. The most sensitives provers can have reliable symptoms specific to the medicine. **The most keynotes of the homoeopathic remedies are symptoms from sensitives patients.**

7.7.4 The administration of individualised homoeopathic remedies on a double-blind basis

Moreover, another study proposes a modification to the current design of HPTs involving the administration of individualised remedies according to the sensitivity of the prover on a cross-over basis. (Vickers, McCarney, P Fisher, & van Haselen, 2001) This study explores the hypothesis if homoeopaths are able to distinguish a homeopathic medicine from a placebo by taking both and observing their effects. (Vickers, McCarney, P Fisher, & van Haselen, 2001) If true, this would support an effect of homeopathic medicines different from that of placebo. (Vickers, McCarney, P Fisher, & van Haselen, 2001) The study design was a double-blinded, crossover trial. (Vickers, McCarney, P Fisher, & van Haselen, 2001) “Proving reactions were to be individually determined by each homoeopath. The symptoms reported by the different subjects during the trial were unrelated. This suggests that if these were indeed caused by the study medicine, they were idiosyncratic proving reactions, rather than adverse events caused by the trial medication. As there is no currently validated instrument available to screen subjects more likely to be sensitive to any remedy under investigation, the current approach is relatively inefficient. Some homoeopaths may be able to identify from experience which homoeopathic remedies they are likely to be sensitive to (that is previous proving or curative reactions).” (Vickers,
McCarney, P Fisher, & van Haselen, 2001) This is not incompatible with homoeopathic theory in which the concept of individual sensitivity and idiosyncrasy is important. So, the study (Vickers, McCarney, P Fisher, & van Haselen, 2001) proposes that the administration of individualised homoeopathic remedies on a double-blind basis could be explored to see if an efficiency gain can be achieved.
7.8 Signorini’s suggestions

**Signorini suggests:**

- *toxins should be the first choice to use in provings*
- *compare known actions of active compounds with the actions of their correspondent dilution*
- *repeat provings until the symptoms are almost always the same*
- *better comprehension and lesser interpretation of the curative action*

Table 7.7 Signorini’s suggestions in order to identify true symptoms

Furthermore, **Signorini suggests** that “toxins should be the first choice to use in provings, in order to compare known actions of active compounds with the actions of their correspondent dilution” (Andrea Signorini, 2007b), like Hahnemann concept who recorded a lot of symptoms from poisonings from toxicology as provings. Signorini, also, encourages the repetition of provings, according to Hahnemann’s recommendations to “repeat provings until the symptoms are almost always the same” (Andrea Signorini, 2007b). Signorini states that “Hahnemann was a sceptical, rigorous and critical investigator, who did not trust contemporary science, did not accept the groundless assertions of his colleagues and did not rely on materials of doubtful origin”. (Andrea Signorini, 2007b) Moreover, Signorini denotes that “without this scepticism, rigor and critical mind probably homoeopathy would not have been born, and the foundation of a Pure Materia Medica would not have begun and that Hahnemann’s efforts built a Pure Materia Medica with facts, and not speculation, based on the real actions of the drugs in the healthy, not the sick”. (Andrea Signorini, 2007b) So, Signorini suggests that “better comprehension and lesser interpretation of the curative action” gives better opportunities to cure the sick” and encourages the repetition of provings. (Andrea Signorini, 2007b) Hence, new
Homœopaths should be sceptical investigators, like Hahnemann was, and should add to Materia Medica facts, and not speculation.
7.9 Summary and conclusions

According to Hahnemann, **the most accurate provings are accomplished by giving potentized doses on sensitive organisms.** (Hahnemann et al., 2004) So, the first step of a proving should be **to find the most sensitive organisms.** G.Vithoulkas’ suggestion in order to pre-select the most sensitive provers is to: “**Start giving the substance in sub-toxic doses. Then increase the dose by more frequent repetitions.** So, those that started having symptoms on the first, second or third day are the most sensitives”. (Vithoulkas, 2000) (Vithoulkas, 2002)

Also, **P.Herscu denotes** that the concept of the individual predisposition has been missing in many current provings and many studies. (Herscu, 2002) He suggests to take each prover’s case prior to the beginning of the proving to determine his or her “constitutional” remedy(ies). (Herscu, 2002) “Then **collect symptoms of only those provers who demonstrate a definite sensitivity to the substance** and conduct the proving in three phases. Phase One is represented by the substance’s toxic symptoms. Phase Two is conducted with the 6C, 12C, or 30C potencies (expected to produce more general symptoms). Phase Three - a critical, final step - is conducted with 200C or 1M potencies, which are given to only those provers who in the earlier phase were identified as being sensitive test subjects.” (Herscu, 2002)

However, G.Vithoulkas’ (Vithoulkas, 2000) (Vithoulkas, 2002) and P.Herscu’s (Herscu, 2002) suggestions, that are alike, are the exact opposite of what Hahnemann states. **The correct method, according to Hahnemann, is to begin with the higher potencies, and gradually increase the dose, and decrease the potency.** (Hahnemann et al., 2004) Hahnemann is clear in stating that the dose should be gradually increased, and he recommends, at the end of his career, provings to be made using the 30th potency. (Hahnemann et al., 2004) But, Hahnemann states, also, that “**the best provings are accomplished when, by chance, a prover is sufficiently sensitive as to react to a single dose**”. (Hahnemann et al., 2004) However, we cannot know beforehand the sensitivity to a particular substance, and therefore, it is a matter of luck, that is why Hahnemann (Hahnemann et al., 2004) suggests to begin with a smaller dose and gradually increase. So, **G.Vithoulkas’** (Vithoulkas, 2000) (Vithoulkas, 2002) and **P.Herscu’s** (Herscu, 2002) **suggestions** offer an extension, for the sake of practicality, by proposing a pre-selection methodology for potency provings trials.
Also, F. Dantas denotes that “the point of a proving is to identify true symptoms, discriminating the signal (symptoms caused by the substance being tested) from the noise (confounding factors such as the myriad events, incidents and spontaneous changes of daily life, and the symptoms and sensations related to them)”. (Flávio Dantas et al., 2007b) So, F. Dantas suggests to explore the sensitivity of individual volunteers (those volunteers who react strongly to a particular medicine may be the ‘constitutional type’), the relationship between toxicity of the medicine and number of effects, the effects of different routes of administration. (Flávio Dantas et al., 2007b)

Some methodologies for separating the individual symptoms from the remedy-proving symptoms are the use of placebo, the optional crossover design, the pre-selection of the most sensitives provers, the administration of individualised homœopathic remedies on a double-blind basis. (Koster, Van Haselen, Jansen, & Dicke, 1998) (Ernst, E., Resch, K. L., 1995) (Vickers, McCarney, P Fisher, & van Haselen, 2001)

Furthermore, Signorini suggests that “toxins should be the first choice to use in provings”, in order to compare known actions of active compounds with the actions of their correspondent dilution and he encourages to repeat provings until the symptoms are almost always the same. (Andrea Signorini, 2007b) He also denotes that better comprehension and lesser interpretation of the curative action gives better opportunities to cure the sick. (Andrea Signorini, 2007b)
- The correct method, according to Hahnemann, is to begin with the higher potencies, and gradually increase the dose, and decrease the potency.
- But, Hahnemann states, also, that the best provings are accomplished when, by chance, a prover is sufficiently sensitive as to react to a single dose.
- G.Vithoulkas’ suggestion in order to pre-select the most sensitives provers is to start giving the substance in sub-toxic doses. Then increase the dose by more frequent repetitions. So, those that started having symptoms on the first, second or third day are the most sensitives.
- P.Herscu suggests to collect symptoms of only those provers who demonstrate a definite sensitivity to the substance
- G.Vithoulkas’ and P.Herscu’s suggestions offer an extension, for the sake of practicality, by proposing a pre-selection methodology for potency provings trials.
- F.Dantas denotes that the point of a proving is to identify true symptoms, discriminating the signal (symptoms caused by the substance being tested) from the noise (confounding factors such as the myriad events, incidents and spontaneous changes of daily life, and the symptoms and sensations related to them).
- Signorini suggests that toxins should be the first choice to use in provings and he encourages to repeat provings until the symptoms are almost always the same.

Table 7.8 Methodology-suggestions in order to identify true symptoms
8. A glimpse at new provings - Do new ideas about provings follow Hahnemann’s concept?

8.1 Two studies that reveal many serious problems in the conduct of homœopathic pathogenetic trials.

Two studies that reveal many serious problems in the conduct of homœopathic pathogenetic trials:

1. An exploratory systematic review of 156 provings by F. Dantas.

Table 8.1 Two studies that reveal many serious problems in the conduct of provings
8.1.1 A review of 156 provings by F.Dantas

A review of 156 provings by F.Dantas reveals:
- heterogeneity of design
- criteria for selection of effects - poorly reported
- lack of consistency in the way symptoms are extracted from provings
- inadequate use of placebo
- inadequate dosage and repetition in volunteers who are not highly sensitive

Table 8.2 An exploratory systematic review of 156 provings by F.Dantas reveals many serious problems

If we catch a quick glimpse at new provings and new ideas about provings, we will be despair for the future of homœopathy. An exploratory systematic review of 156 provings by F.Dantas (Flávio Dantas et al., 2007a) reveals many serious problems in the conduct and reporting of homeopathic pathogenetic trials. According to F.Dantas, there has been too much heterogeneity of design and too much poor reporting. (Flávio Dantas et al., 2007a) Furthermore, he states that even exclusion and inclusion criteria and criteria for selection of effects, when used, are poorly reported. (Flávio Dantas et al., 2007a) Also, D.Riley reports that there has been a lack of consistency in the way symptoms are extracted from provings. (David S. Riley, 1997) All this results in poor reliability. F.Dantas states that if we do not explain why some volunteers are excluded, it will be impossible to reproduce provings to confirm results. (Flávio Dantas et al., 2007a) Also, he denotes that inadequate use of placebo and failure to use placebo as a comparator lead to overestimation of pathogenetic effects. (Flávio Dantas et al., 2007a) In fact, as he reports, the number of pathogenetic effects in the trials of best quality was very low compared to trials of poorer quality. (Flávio Dantas et al., 2007a) However, A.Signorini (Andrea Signorini, 2007a) states that some conclusions from this review by Dantas are paradoxical, for instance “reviewers overall considered 40% of the reports unreliable, yet
70% said they would apply the findings in practice” (Flávio Dantas et al., 2007a). This review (Flávio Dantas et al., 2007a) clearly shows the great variation of homeopathic pathogenetic trials, and the lack of convergence between methodologies. Furthermore, it is denoted (Flávio Dantas et al., 2007a) that so far there has been very little investigation of how many doses should be given or how frequently they should be repeated in provings. Moreover, F.Dantas (Flávio Dantas et al., 2007a) declares that possible causes of underestimation of symptoms in homeopathic pathogenetic trials are inadequate dosage and repetition in volunteers who are not highly sensitive.

8.1.2 J.Sherr and T.Quirk criticise this review as an excess of rigour

But, J.Sherr and T.Quirk criticise this review of homeopathic pathogenetic trials as an excess of rigour. (Sherr & Quirk, 2007) In this review (Flávio Dantas et al., 2007a) the authors are ‘skeptical’ that 84% of the provers in the reviewed provings experienced at least one symptom and suggest that a desire to please or enthusiasm of the teachers fueled a false-positive result. They state, “If it were true one would expect many more undesirable effects of homeopathic medicines in clinical practice”. (Flávio Dantas et al., 2007a) According to J.Sherr’s opinion (Sherr & Quirk, 2007) this skepticism is not grounded in homeopathic philosophy or experience, because Hahnemann in Paragraph 32 of the Organon (Hahnemann et al., 2004) says that in artificial disease, which includes provings, every person is affected at all times unconditionally, regardless of susceptibility. He states that Hahnemann addresses the question of why most provers produce symptoms in Paragraph 32 (Hahnemann et al., 2004) by pointing out the differences between natural and artificial or medicinal disease. (Sherr & Quirk, 2007) But this conclusion from J.Sherr is incorrect because what Hahnemann actually says in Paragraph 32 (Hahnemann et al., 2004) is that all substances can produce symptoms on everyone as long as they are taken in large enough quantities. So, for every person there is a large enough dose that will produce symptoms in his organism and 30CH cannot produce symptoms in most provers, but only in most sensitives ones.

Moreover, J.Sherr and T.Quirk denote that provers do not need a high level of individual susceptibility to develop symptoms because we can control the dose while increasing our perception and awareness of symptoms. (Sherr & Quirk, 2007) In fact, they state that having at least
one symptom from 84% of volunteers is the norm in a carefully conducted proving. (Sherr & Quirk, 2007) They report that Hahemann in Paragraph 156 of the Organon (Hahemann et al., 2004) explains that unless a prescribed remedy is a simillimum (highly unlikely), patients will produce minor provings. And they continue that this very frequent occurrence is not as apparent in a clinical setting as in supervised provings since practitioners do not monitor their patients daily after a prescription. (Sherr & Quirk, 2007) But, Hahemann actually writes in Paragraph 156 (Hahemann et al., 2004) that these minor provings are not perceptible by patients not excessively delicate.

However, J. Sherr and T. Quirk (Sherr & Quirk, 2007) agree with the conclusion of this review (Flávio Dantas et al., 2007a) that from 1945 to 1995 is the weakest period of homœopathic provings, both in quality and quantity.

8.1.3 F. Dantas’ response

**F. Dantas’ response:**

The point of a proving is to identify true symptoms, discriminating the signal (symptoms caused by the substance being tested) from the noise (confounding factors such as the myriad events, incidents and spontaneous changes of daily life, and the symptoms and sensations related to them).

Table 8.3 F. Dantas’ response-the point of a proving

The authors’ response in this criticism was that in analysing HPTs the critical task is to separate the signal (changes caused by the medicine) from everything else. (Flávio Dantas et al., 2007b) They have observed in their review that more effects per volunteer were noted when the methodological quality of the trial was low. (Flávio Dantas et al., 2007b) For Dantas et al the point of an HPT is to identify true symptoms caused by a potential medicine in healthy volunteers, discriminating the signal (symptoms caused by the substance being tested) from the noise (confounding factors such as the myriad events, incidents and spontaneous changes of daily life, and the symptoms and sensations related to them). (Flávio Dantas et al., 2007b) They denote that time is a critical factor: one cannot take an action (for instance take an
homœopathic medicine), observe what happens, then go back in time and observe what would have happened if you had not taken the medicine. (Flávio Dantas et al., 2007b) So, they state that the closest we can come to this is to **observe what happens in different people at the same time (parallel group method) or the same person at different times (crossover), or combinations of these.** (Flávio Dantas et al., 2007b) However, as they underline the use of intra-individual placebo control (crossover design) helps but does not guarantee 100% precise results. (Flávio Dantas et al., 2007b) So, Dantas et all agree with Signorini’s statement (Andrea Signorini, 2007a) that it remains very uncertain that HPTs yield valid results: much of homœopathic knowledge in materia medica does not come from HPTs and needs a critical review.

### 8.1.4 A comparative study of placebo-controlled trials of homœopathy and allopathy

**Table 8.4 A comparative study of placebo-controlled trials of homœopathy and allopathy**

- **110 homœopathy trials and 110 matched conventional-medicine trials** were analysed.
- **There was weak evidence for a specific effect of homœopathic remedies.**
- **Today’s placebo-controlled trials of homœopathy are not well designed and new proving methods based on Hahnemann’s concepts should be developed.**

Moreover, a **comparative study of placebo-controlled trials of homœopathy and allopathy** analyses trials of homœopathy and conventional medicine and estimates treatment effects in trials least likely
to be affected by bias. (Shang et al., 2005) In this study (Shang et al., 2005), **110 homœopathy trials and 110 matched conventional-medicine trials were analysed** and 21 homoeopathy trials (19%) and nine (8%) conventional-medicine trials were of higher quality. According to this study (Shang et al., 2005), in both groups, smaller trials and those of lower quality showed more beneficial treatment effects than larger and higher-quality trials. Moreover, according to this study (Shang et al., 2005), biases are present in placebo-controlled trials of both homœopathy and conventional medicine. When account was taken for these biases in the analysis of this study, “**there was weak evidence for a specific effect of homœopathic remedies, but strong evidence for specific effects of conventional interventions**”. (Shang et al., 2005) The study suggests that this finding is compatible with the notion that the clinical effects of homœopathy are placebo effects. (Shang et al., 2005) But this view is inequitable. The study’s finding could be also compatible with the notion that today’s placebo-controlled trials of homœopathy are not well designed and new proving methods based on Hahnemann’s concepts should be developed, as G. Vithoulkas suggestion (Vithoulkas, 2000) of the pre-selection of the most sensitives provers.

**Figure 8.1 Double blind study reveals no effect for homœopathy**
8.2 G.Vithoulkas, G.Dimitriadis and P.Herscu admonish that the credibility of the provings is today being demolished by “new ideas”.

G.Vithoulkas, G.Dimitriadis and P.Herscu admonish that the credibility of the provings is today being demolished by “new ideas” and Hahnemann’s concepts of provings are now being interspersed with meditation provings or dream provings or other modern ideas.

Table 8.5 Credibility of the provings is today being demolished by “new ideas”

8.2.1 P.Herscu lists some of the fallacies in many current proving strategies

- **lack of blinding and placebo control**
- **excessive emphasis on dreams**
- **failure to take into account the “Hawthorne effect”** (how a patient’s focusing on his symptoms can cause even more, imagined symptoms to arise—behavior is changed if the person knows he is the subject of a study)
- **the inclusion of symptoms noted by those participants taking placebo**
- **lack of the concept of the individual predisposition**

Table 8.6 P.Herscu lists some of the fallacies in many current proving strategies
Moreover, P.Herscu in his book (Herscu, 2002) lists some of the fallacies he has identified in many current proving strategies and methods; such as: lack of blinding and placebo control; excessive emphasis on dreams; failure to take into account the “Hawthorne effect” (how a patient’s focusing on his symptoms can cause even more, imagined symptoms to arise-behavior is changed if the person knows he is the subject of a study.); the inclusion of symptoms noted by those participants taking placebo.

P.Herscu denotes: “In 1920’s, Western Electric experimented with some people in Hawthorne, Illinois. They varied the experiment by giving subjects various amounts of illumination-the variable tested, with some receiving a lot more than usual, some less than usual and some the same. It turned out they were all effected...If I ask you to tell me all the symptoms you felt in the last week, you could draw up a list. If I then ask you to write down for me all the symptoms as you are experiencing them for the upcoming week, you will come close to what this effect is. Almost all people will have a much longer list on the second week.” (Herscu, 2002)

According to P.Herscu (Herscu, 2002), a number of recent provings have included symptoms arising in those individuals who did not take verum during the proving; such persons either took placebo or no substance at all. So, P.Herscu states that, in the interests of good science, the symptoms of those who take placebo in these experiments should be excluded. (Herscu, 2002) Also, P.Herscu denotes that the concept of the individual predisposition has been missing in many current provings and many studies. (Herscu, 2002)
Provings and Posology: 8. A glimpse at new provings - Do new ideas about provings follow Hahnemann’s concept?

G. Vithoulkas, G. Dimitriadis and P. Herscu admonish that the credibility of the provings is today being demolished by “new ideas”

P. Herscu denotes:

- In some examples of current provings: - meditation provings, song provings, seminar provings, dream provings, and provings where \( N = \) infinity, i.e. everyone even near the proving, whether they have taken the remedy or not, is believed to have symptoms elicited by the proving.

- Huge lists of symptoms are added to repertories, making the repertories almost unusable.

- Once the “noise” is included in the repertory, there is no easy way to extricate it.

- Your practice will suffer.

Table 8.7 P. Herscu’s warning: Huge lists of symptoms are added to repertories, making the repertories almost unusable

As P. Herscu states: “some recent provings contain too many and widely disparate symptoms, rendering the proving relatively useless clinically”. (Herscu, 2002) P. Herscu calls these extraneous symptoms “noise”, and he focuses throughout the book on strategies to minimize such noise. (Herscu, 2002) He says “Once the “noise” is included in the repertory, there is no easy way to extricate it...we have included so many symptoms that all the remedies begin to look alike.” “If you take the proving substance and then your wife is in a car accident, maybe the accident is part of the proving... this sort of thinking may seem humorous to some, but it is not; especially when these symptoms then make it into our materia medica and repertories, making the tools of our trade full of misleading information, ultimately making the practice of homeopathy, already challenging, that much more difficult.” (Herscu, 2002)
As P.Herscu points out, in some examples of current provings: meditation provings, song provings, seminar provings, dream provings, and provings where \( N = \infty \), i.e. everyone even near the proving, whether they have taken the remedy or not, is believed to have symptoms elicited by the proving, any and all symptoms are admitted, and by doing so we develop huge lists of symptoms that are added to repertories, making the repertories almost unusable. (Herscu, 2002)

As P.Herscu denotes, the proving must always reflect the clinical practice. (Herscu, 2002) He states: “If you meditate in the proving, you must meditate in the case-taking. If you include experiences of those who did not take the remedy in the proving, then you must include experiences of people who are not your patient in your clinical practice. In reality the proving always reflects the practice. When they do not, when one diverges from the other, then you are running into a problem. The information included in the proving will be incorrect and many people will wind up receiving the wrong remedy as a result. Your practice will suffer.” “One mirrors the other. If your borders are not tighter, if your threshold is not high enough, then your analysis of patients will eventually follow suit. One will mirror the other.” “If the threshold is so low, what is the implication in practice? Where does a case history end?” “If the patient’s husband fell, should the patient take Arnica? If you look out the window and see a certain bird fly by, should you give that remedy?” (Herscu, 2002)
8.2.2 G. Dimitriadis and G. Vithoulkas admonishes that Hahnemannian Homœopathy is doomed to go into oblivion again

**G. Dimitriadis states:**

- The concepts of Hahnemann are unfamiliar to the present day homœopaths.

**G. Vithoulkas admonishes:**

- The credibility of the provings is today being demolished by “new ideas” concerning the ways provings could be conducted.

- Hahnemann’s concepts of provings are now being interspersed with meditation provings or dream provings or other modern ideas of provings.

- Hahnemannian Homœopathy is doomed to go into oblivion again.

Table 8.9 G. Dimitriadis and G. Vithoulkas warning: The concepts of Hahnemann are unfamiliar to the present day homœopaths

Furthermore, in his article “Hahnemann’s pharmacography” G. Dimitriadis states: “Our written record of provings originated with Hahnemann, and whilst the value of his works on materia medica may be measured by the subsequent success and growth of Homœopathy, which itself relied on their accuracy, it is remarkable to observe much of this work is now largely unfamiliar to the present-day homœopath – teacher, student, and practitioner alike.” (Dimitriadis) So, the concepts of Hahnemann, that is the concepts of the founder of Homœopathy, are unfamiliar to the present day homœopaths, according to G. Dimitriadis (Dimitriadis), which is very disappointing. If new homœopaths don’t
know Hahnemann’s ideas, “Hahnemannian Homœopathy is doomed to go into oblivion again” as G.Vithoulkas admonishes (Vithoulkas, 2006). Furthermore, he states “There is no doubt that we are living in a crazy world with farfetched ideas, where real knowledge is interspersed with confusion, projections and misinformation.” (Vithoulkas, 2006)

As we will ascertain from the passages below, **Hahnemann’s concepts of provings are now being interspersed with meditation provings or dream provings or other modern ideas of provings.** In his article “British media attacks on homœopathy: Are they justified?” G.Vithoulkas denotes: “The credibility of the provings (homeopathic pathogenetic trials) of homeopathic remedies, the corner stone of homœopathy, is today being demolished by “new ideas” concerning the ways provings could be conducted… There is nothing wrong in the efforts of some to attract attention through the invention of new remedies. It is however not fair, for the sake of those who rely on provings, that such authors ignore the rules according to which a correct proving is conducted, in accordance with the Principles and Practice applied by Hahnemann.” (Vithoulkas, 2008) But occurrences like these had happened also in Hahnemann’s times. As S.Goel records Hahnemann had condemned a physician, Fickel, who invented all the printed symptoms in his so-called proving of Osmium, which he had never seen, just for the sake of snapping up a bookseller's fee. (Goel)
8.3 Examples of “modern ideas” in current provings

Examples of “modern ideas” in current provings:

1. *The “new idea” of the “communal consciousness” from Sunkaran.*
2. *The proving of Thiosinamine from Tony Grinney.*
3. *J.Sherr, also, supports the idea of provers comparing experiences among each other.*
4. *M.Norland’s “meditation provings”.*
5. *J.Scholten’s “metaphysical” way of proving.*
6. *S.Brien’s definition of presentiment provers.*
7. *Walach’s theory of entanglement.*

Table 8.10 Examples of “modern ideas” in current provings
8.3.1 The proving of Thiosinamine and the “new idea” of the “communal consciousness”

The proving of Thiosinamine from Tony Grinney and the “new idea” of the “communal consciousness” from Sunkaran:

- The effect of the dose multiplies when taken collectively.
- An entire group of persons take a dose of the remedy, a few days before or even during a seminar, and then discussing the effects of the dose during the seminar.
- Placebo doses are enough to produce a lot of symptoms.
- Dreams of provers give the inner processes of the substance.

Table 8.11 The proving of Thiosinamine and the “new idea” of the “communal consciousness”

The proving of Thiosinamine from Tony Grinney (Grinney, 2001) and the “new idea” of the “communal consciousness” from Sunkaran (Sankaran, 1998) are examples of “modern” provings and “modern” ideas whose methodology is far removed from Hahnemannian homœopathy. In the proving of Thiosinamine we read, as G.Vithoulkas characterizes it, “the following unbelievable passage” (Vithoulkas, 2001): “Prover 105, the placebo, produced a lot of symptoms which also seem to fit with the overall remedy picture. This at first hand seems unusual, but may be explained in that those involved in the proving were students from the college.” (Grinney, 2001)

Sankaran has talked about ‘communal consciousness’. (Sankaran, 1998) In the proving of Thiosinamine, Grinney states: “The students were known to each other and met at college monthly, so there was a communal experience in which the provers and the supervisors were
involved. It is suggested in such a situation that despite the fact that 105 was given placebo, she may have developed symptoms of the proving by being part of the group and college community involved in the proving. All information on the placebo is included as anecdotal evidence rather than within the main proving.” (Grinney, 2001) So, in this so-called proving, neither material doses, nor potentized doses are seen as required in order to produce symptoms, whereas placebo doses are enough to produce a lot of symptoms!

G.Vithoulkas remarks: “When, in a proving, you have the same or similar symptoms with placebo as with the remedy, the logical conclusion should be that such symptoms do not belong to the remedy but rather to environmental, circumstantial or psychological conditions (hysteria, suggestion, anxiety etc.) but surely not to the remedy! It is most regrettable that somebody managed to persuade novices in homœopathy that placebo symptoms can belong to the proving of the remedy through a metaphysical medium which is the communal consciousness!” (Vithoulkas, 2001) This demonstrates both the excessive receptivity of the student, and the mind-set of the teacher, to such imaginings.

Furthermore, R.Sankaran in his book “Provis–g: similia similibus currentur” writes about consciousness and a new method of provings: “…a new and revolutionary method of provings, that involved making an entire group of persons take a dose of the remedy, a few days before or even during a seminar, and then discussing the effects of the dose during the seminar… They were usually very productive in terms of symptomatology, especially in the emotional sphere in the dreams, which gave an idea of the inner processes of the substance… I was impressed by the effect that the dose had on the collective group consciousness, and how, when taken collectively, the effect of the dose seemed to multiply and become much more prominent than when given on an individual basis.” (Sankaran, 1998) Nowhere Hahnemann writes such ideas like that dreams of provers give the inner processes of the substance, or that the effect of the dose multiplies when taken collectively and had been discussed amongs the provers during the seminar. On the contrary, G.Vithoulkas in his book “The science of homœopathy” in chapter 10 recocmends to exclude from the experiment those who note down a lot of emotional or mental symptoms, because too many symptoms in these realms confuse the final results (Vithoulkas, 2002). By discussing the symptoms of the medicine amongs provers, one prover influences the

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16 It is important here to note that provings have nothing to do with similia, subsequently they may or may not be used homœopathically.
other and that is the only possible explanation on how the effect of the dose multiplies. However, neither Hahnemann’s concept, nor logical explanations seems to convince such modern teachers.

8.3.2 J.Sherr’s suggestions

Table 8.12 J.Sherr’s suggestions

- the idea of provers comparing experiences among each other
- the idea that dreams uncover the deeper meaning of the remedy

Furthermore, J.Sherr, also, supports the idea of provers comparing experiences among each other and the idea that dreams uncover the deeper meaning of the remedy. (Sherr, 1994) Moreover, J.Sherr mentions (Sherr, 1994) that a single dose mostly suffices to produce symptoms, whereas Hahnemann (Hahnemann et al., 2004) suggests repeating doses daily in most cases. In his book J.Sherr states: “...A proving can be conducted with a study group or at a seminar by having each student take a single dose a few days before or during the class, then comparing experiences. These provings often concentrate on dreams and mental symptoms in an endeavour to uncover the deeper meaning of the remedy. This method has been practiced extensively by Jürgen Becker in Germany and adopted by other contemporary teachers. The idea is to discover the main unconscious theme of the remedy during the seminar proving. This is further enhanced by discussing the experience with the group to air and formulate the central ideas. The advantage of this method is that it may be a short cut to an inner essence of the remedy.” (Sherr, 1994) But G.Vithoulkas in his speech “Is Hahnemannian Homœopathy doomed to go into oblivion again?” states about these short cuts: “There is no doubt that homœopathy is difficult in its application and short cuts are eagerly welcomed by those of our profession who are longing for the new, the easy, the miraculous and the
effortless. But such shortcuts will also have their own shortcomings, and, thus will add to the gradual demise of homeopathy.” (Vithoulkas, 2006)

8.3.3 M.Norland’s provings

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<td>• group provings</td>
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<td>• with potencies from 30C to 200C</td>
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<td>• by one member holding the concept/image of a thing in their mind (the sender) while the group has sat in a period of silence and self-observation (the receivers)</td>
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Table 8.13 M.Norland’s provings
But the idea of “meditation provings” strikes against Hahnemann’s ideas. Nowhere Hahnemann writes to conduct a proving by looking at the medicine or by meditating upon it, as M.Norland suggests in the journal “Homœopath Links”: “At the School of Homœopathy, where we meet once a month, we have achieved results in group provings since 1991 using a variety of stimuli: by using material substance; by holding it; by looking at it; and by meditating upon it. We have achieved results with potencies from 30C to 200C. We have invoked group provings by one member holding the concept/image of a thing in their mind (the sender) while the group has sat in a period of silence and self-observation (the receivers). It is common experience amongst provers that certain individuals (who later reveal cardinal symptoms because of their affinity to the substance under test) develop symptoms which subsequently are confirmed as belonging to the proving before anyone else had ‘taken’ the substance.” (Norland, 2000) In fact, Hahnemann (Hahnemann et al., 2004) specifically and repeatedly writes the opposite.17

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17 Perhaps M.Norland can teach simply by sending his photograph to the class and letting them touch it, think on it, see it?
8.3.4 J.Scholten’s suggestions on provings

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<td>“metaphysical” way of proving</td>
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<td>prediction the picture of the remedy</td>
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</tbody>
</table>

Table 8.14 J.Scholten’s suggestions on provings

Also, J.Scholten (Scholten, 2007) shares the same opinion with Norland (Norland, 2000) about meditation provings and in his article “Theory of provings” in the internet homeopathic journal “Interhomeopathy” J.Scholten states: “For me the meditation proving is often the most convenient and helpful. It gives results fast and with little effort. The disadvantages are that the Figure will not be complete and can be incorrect in parts. But that can also be the case with other provings. In my experience, meditation provings often are quite reliable and give the essence of the remedy, more so than dream provings.” (Scholten, 2007)

Furthermore, J.Scholten in his book “Homœopathy and minerals” (Scholten, 1993) propose a modern “metaphysical” way of proving, not to prove the remedy on humans with material or potentized doses, as Hahnemann did, but to predict the picture of the remedy. In his book he suggests: “It is on the mind level that group analysis can offer the greatest benefits. Once the central themes of the component elements are known it will be possible to deduce the theme of the combination remedy” “The method of group analysis makes it possible to think about homœopathy on a new level, an abstract, or even metaphysical, level. This enables us more or less to predict the Figure of a totally unknown remedy.” (Scholten, 1993) G.Vithoulkas in his article “British media attacks on homœopathy: Are they justified?” annotate: “One can easily foresee where such absurd “new ideas” will lead: hundreds of “imaginative”

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18 This betrays his laziness and interest in teaching first, actually learning...perhaps at the end.
19 But, what is his experience? Since he gives these substances on such ‘provings’, then his experience is not homœopathic!!
homeopaths will “imagine” hundreds of different “provings” for the same remedy!” (Vithoulkas, 2008)

8.3.5 Presentiment provers and the theory of entanglement

Figure 8.3 Quantum entanglement occurs when two or more particles interact in a way that causes their fates to become linked: It becomes impossible to consider (or mathematically describe) each particle's condition independently of the others'.
**Definition of presentiment provers from Lewith, Brien and Hyland:**

- **subjects who reported symptoms during the placebo run-in period** ('presentiment provers') were more likely to report symptoms during the treatment period.

- **define presentiment provers as those individuals who reported true proving symptoms during the placebo run-in week**.

**Walach’s theory of entanglement:**

- **there is entanglement between verum and placebo in all clinical trials**.

- **people respond to homœopathy even if they do not take**

Table 8.15 Presentiment provers and the theory of entanglement

Furthermore, Lewith, Brien and Hyland present results of the proving of Belladonna (Brien, 2003). Among their results they mention that **subjects who reported symptoms during the placebo run-in period** ("presentiment provers") were more likely to report symptoms during the treatment period. (G.T. Lewith, Sarah Brien & Hyland, 2005) And they **define presentiment provers as those individuals who reported true proving symptoms during the placebo run-in week**. (G.T. Lewith, Sarah Brien, & Hyland, 2005) This is not the basic idea of their research; this is most likely an idea in an experimental level. In fact, this observation agrees with Hahnemann’s conception, “presentiment provers” are the “predisposed” provers, the provers that have the tendency (predisposition) (idiosyncracy) to produce symptoms similar to those caused by the
substance of the proving, when they interact with various environmental stimuli.

Additionally, Walach et al’s theory of entanglement suggests that there is entanglement between verum and placebo in all clinical trials and that people respond to homœopathy following an effective homœopathic consultation even if they do not take the medicine! (Walach H, Sherr J, Schneider R, Shabi R, Bond A, Rieberer G, 2004)
8.4 A proving in a cellular level of high dilutions of Apis mellifica and Lung histamine on human basophils

**A proving in a cellular level of high dilutions of Apis mellifica and Lung histamine on human basophils**

- Benveniste J. in his in vitro experiment explores the inhibitory effect of highly diluted histamine and Apis mellifica solutions on anti-IgE induced basophil degranulation.

- A “biological information” has been transmitted to cells from a solution where no molecule could possibly be present.

- B.Poitevin explains that differing sensitivity between individual blood donors plays a crucial role.

Table 8.16 J.Benveniste’s in vitro experiment
Provings and Posology: 8.A glimpse at new provings-Do new ideas about provings follow Hahnemann’s concept?

A proving in a cellular level of high dilutions of Apis mellifica and Lung histamine on human basophils
Inhibitory effect of highly diluted histamine and Apis mellifica solutions on anti-IgE induced basophil degranulation:

- Benveniste J. in his in vitro experiment explores the effect of a homœopathic drug, Apis mellifica, and Lung histamine on the in vitro degranulation of basophils sensitized to common allergens.

- Basophil degranulation induced by $1.66 \times 10^{-9} \text{ M}$ anti-IgE antibody was significantly inhibited in the presence of 5 Lung histamine ($5^{th}$ centesimal dilution of Lung histamine) and 15 Lung histamine ($15^{th}$ centesimal dilution of Lung histamine) by 28.8% and 28.6% respectively and by 65.8% in the presence of 9 Apis mellifica ($9^{th}$ centesimal dilution of Apis mell fica).

- Basophil degranulation induced by $1.66 \times 10^{-16}$ to $1.66 \times 10^{-18}$ M anti-IgE antibody was also inhibited by high dilutions of Lung histamine and Apis mellifica with an inhibition of nearly 100% with 18 Lung histamine ($18^{th}$ centesimal dilution of Lung histamine) and 10 Apis mellifica ($10^{th}$ centesimal dilution of Apis mellifica).

- A “biological information” has been transmitted to cells from a solution where no molecule could possibly be present.

- This experiment is a proving in a cellular level of high dilutions of Apis mellifica and Lung histamine on human basophils.

- B. Poitevin explains that differing sensitivity between individual blood donors plays a crucial role.

Table 8.17 Inhibitory effect of histamine and Apis mellifica solutions on basophil degranulation

A proving in a cellular level of high dilutions of Apis mellifica and Lung histamine on human basophils
Moreover, **Benveniste J. in his in vitro experiment explores** allergic sensitivity at the cellular level through IgE-dependent basophil sensitisation. (B Poitevin, Davenas, & Benveniste, 1988) In this experiment is measured **the effect of a homeopathic drug, Apis mellifica, and Lung histamine on the in vitro degranulation of basophils sensitized to common allergens**. (B Poitevin, Davenas, & Benveniste, 1988) According to this experiment, **basophil degranulation induced by 1.66 x 10^{-9} M anti-IgE antibody was significantly inhibited in the presence of 5 Lung histamine (5th centesimal dilution of Lung histamine) and 15 Lung histamine (15th centesimal dilution of Lung histamine) by 28.8% and 28.6% respectively and by 65.8% in the presence of 9 Apis mellifica (9th centesimal dilution of Apis mellifica) and basophil degranulation induced by 1.66 x 10^{-16} to 1.66 x 10^{-18} M anti-IgE antibody was also inhibited by high dilutions of Lung histamine and Apis mellifica with an inhibition of nearly 100% with 18 Lung histamine (18th centesimal dilution of Lung histamine) and 10 Apis mellifica (10th centesimal dilution of Apis mellifica).** (B Poitevin, Davenas, & Benveniste, 1988) So, according to this experiment, after incubation of the cells with high dilutions of Apis mellifica, a significant inhibition of allergen induced degranulation was observed. (B Poitevin, Davenas, & Benveniste, 1988) Also according to this experiment, an inhibitory effect of very high dilutions of histamine on the in vitro anti-IgE-induced degranulation of human basophils was observed. (B Poitevin, Davenas, & Benveniste, 1988) According to Poitevin, Davenas and Benveniste, this results suggest that a **“biological information” has been transmitted to cells from a solution where no molecule could possibly be present.** (B Poitevin, Davenas, & Benveniste, 1988) So, this work, as Poitevin, Davenas and Benveniste suggest (B Poitevin, Davenas, & Benveniste, 1988), demonstrates the biological effect of high dilutions of Apis mellifica and Lung histamine on human basophil degranulation. In fact **this experiment is a proving in a cellular level of high dilutions of Apis mellifica and Lung histamine on human basophils.** But the results of this experiment are not in accordance with Hahnemann’s ideas about provings. According to Hahnemann potentized doses can produce biological effect only to sensitive provers. So, high dilutions of Apis mellifica or Lung histamine in theory could produce biological effect only to basophils that have a special sensitivity to these substances. Recently, a Swiss team (Guggisberg, Baumgartner, Tschopp and Heuss, 2005) was unable to confirm the inhibitory effect of histamine dilutions (from 9C to 17C) on human basophil activation. **B.Poitevin explains that differing sensitivity between individual blood donors plays a crucial role in the biological effect of these dilutions.**
role, which has to be better analysed for future replication studies. (Bernard Poitevin, 2006) So, even in this proving in a cellular level it is denoted the importance of the individual sensitivities of the provers.

In fact, in 1988, a research group around J. Benveniste published their observations of a significant basophil degranulation induced by anti-IgE at dilutions up to a level of $10^{-120}$ as assessed by microscopical counting. (Davenas, Beauvais, Amara, Oberbaum, Robinzon, and Miadonna et al., 1988) According to other researches, histamine, one of the inflammatory mediators released by basophils, can bind to H2 receptors on the surface of basophil granulocytes, when present in high concentrations ($>10^{-6}$ M) and it regulates the basophil degranulation by exerting a feedback inhibition. (Lichtenstein, and Gillespie, 1973) (Tung, Kagey-Sobotka, Plaut and Lichtenstein, 1982) This finding led others (B Poitevin et al., 1988) (Sainte-Laudy and Belon, 1993) (Sainte-Laudy and Belon, 1996) (Sainte-Laudy and Belon, 1997) (Belon, Cumps, Ennis, Mannaioni, Sainte-Laudy and Roberfroid et al., 1999) (Sainte-Laudy, 2001) (Brown and Ennis, 2001) (Lorenz, Schneider, Stolz, Brack and Strube, 2003A) (Lorenz, Schneider, Stolz, Brack and Strube, 2003B) (Belon, Cumps, Ennis, Mannaioni, Roberfroid and Sainte-Laudy et al., 2004) to examine the effect of very high dilutions of histamine on basophils stimulated by anti-IgE.

Several studies have reported effects of highly diluted solutions on basophil degranulation in vitro, using different rationales and different methodologies for the assessment of basophil activation. However, active and inactive dilution levels differed in most studies. And whereas at pharmacological concentrations the results were quite similar in the different studies, larger differences were found at higher dilutions, especially at $10^{-26}$ M, where inhibitory as well as activating effects were described. In fact, the initial finding were later replicated by Benveniste's group (Benveniste, Davenas, Ducot, Cornillet, Poitevin, and Spira, 1991), but independent groups (Ovelgonne, Bol, Hop, and van Wijk, 1992) (Hirst, Hayes, Burridge, Pearce, and Foreman, 1993) concluded to be unable to reproduce these positive results. A team demonstrated that the variability of the positive results was smaller than the statistically expected error of microscopical cell count and found no effect of higher dilutions, when the experiments were blinded. (Maddox, Randi, and Stewart, 1988) According to Guggisberg, Baumgartner, Tschopp and Heusser, four different explanations can be assumed: (1) A differing methodology might provoke divergent results. (2) The study results might depend on inter-individual differences of blood donors. (3) Unidentified confounding parameters might provoke a systematic error and even false
positive results, which mimic an effect of histamine at high dilutions. (4) External environmental factors could influence the experimental system. (Guggisberg, Baumgartner, Tschopp, & Heusser, 2005)

A replication study tried to reproduce the repeatedly reported inhibitory effect of highly diluted histamine solutions on anti-IgE induced basophil degranulation using the flow-cytometric method. (Guggisberg et al., 2005) In this study, seven independent experiments were performed with the blood of one single donor to avoid inter-individual differences. (Guggisberg et al., 2005) According to the study, the concentrations $10^{-2}$ M, $10^{-18}$ M, $10^{-20}$ M, $10^{-22}$ M, $10^{-26}$ M, $10^{-30}$ M, $10^{-32}$ M and $10^{-34}$ M were selected, since they had shown the most pronounced effects in previous investigations. (Guggisberg et al., 2005) In this research, in contrast to former studies, no large effect of highly diluted histamine solutions on anti-IgE induced basophil degranulation as assessed by CD63 up-regulation can be found under these conditions. (Guggisberg et al., 2005) It is possible that the basophils of this single donor investigated are not or only weakly susceptible to homeopathic dilutions of histamine, explaining the smaller effects observed in this study.
8.5 A proving from different dilutions of Cyclosporinum

Furthermore, the Norwegian Academy of Natural Medicine did a proving of Cyclosporinum 12x-200c in 1991-93, without to select first the most sensitive provers. (Bruset, 1995) According to this proving, major characteristics proved to be exhaustion, chilliness, dryness and symptoms affecting the digestive and urinary tracts.
8.6 Provings from one dose of a high potency

<table>
<thead>
<tr>
<th>Provings from one dose of a high potency:</th>
</tr>
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<tbody>
<tr>
<td>1. J.Sherr’s proving of hydrogen (potencies ranging from 6CH to 200CH).</td>
</tr>
<tr>
<td>2. Sankaran’s proving of Coca-Cola (30CH).</td>
</tr>
<tr>
<td>3. N.Herrick’s provings of eight new animal remedies (30CH).</td>
</tr>
</tbody>
</table>

Table 8.19 Provings from one dose of a high potency

8.6.1 J.Sherr’s proving of hydrogen (from 6CH to 200CH)

<table>
<thead>
<tr>
<th>J.Sherr’s proving of hydrogen:</th>
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<tr>
<td>• 18 provers took part</td>
</tr>
<tr>
<td>• potencies ranging from 6c to 200c</td>
</tr>
<tr>
<td>• 6 doses over a period of 2 days</td>
</tr>
<tr>
<td>• to be stopped as soon as symptoms arose</td>
</tr>
<tr>
<td>• most felt symptoms after the first or second dose</td>
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</tbody>
</table>

Table 8.20 J.Sherr’s proving of hydrogen

As D.Curtin states (Curtin, 1994), J.Sherr and his Dynamis School of Homœopathy are becoming well known for the provings they conduct (2 medicines a year for the past 3 years). Sherr's first proving was Scorpion, published several years ago. (Curtin, 1994) In the proving of Hydrogen each prover was to take **6 doses over a period of 2 days, to be stopped as soon as symptoms arose**. **18 provers took part**, receiving **potencies ranging from 6c to 200c**. (School & Sherr, 1992) Furthermore, in his book “Proving of hydrogen.” Sherr writes: “Out of 305 mental symptoms
in hydrogen, 61 were produced by the 6th potency (2 provers), 17 by the 9th potency (1 prover), 27 by the 12th potency (3 provers), 3 by the 15th potency (2 provers), 140 by the 30th potency (3 provers) and 56 by the 200th potency (4 provers).” (School & Sherr, 1992) D.Curtin denotes that there were hardly any provers who needed to take the full 6 doses, as most felt symptoms after the first or second dose! (Curtin, 1994) These too many mental symptoms from potentized doses on so many provers after the first or second dose dissent from Hahnemann’s concept that potentized doses can produce symptoms only to sensitive provers. It is unlikely that all these provers were sensitive to hydrogen without at least a first step of selecting the most sensitive provers, as G.Vithoulkas suggests according to Hahnemann’s concepts.

8.6.2 Sankaran’s proving of Coca-Cola (30CH)

As well as Sherr, Sankaran also defies Hahnemann’s suggestion to repeat doses daily and believes that one dose of a high potency (30C) given to every prover suffices for the conduction of a proving. In the same book “Provings: similia similibus curentur.” he writes: “The proving of Coca-Cola was conducted during my San Francisco seminar in May, 1994. The participants of the seminar were given one dose of the drug in the 30C potency. They were instructed to note their symptoms over the next 2 days, whether they took the dose or not.” (Sankaran, 1998)

8.6.3 N.Herrick’s provings of animal remedies (30CH)

As well as Sherr, Sankaran also defies Hahnemann’s suggestion to repeat doses daily and believes that one dose of a high potency (30C) given to every prover suffices for the conduction of a proving. In the same book “Provings: similia similibus curentur.” he writes: “The proving of Coca-Cola was conducted during my San Francisco seminar in May, 1994. The participants of the seminar were given one dose of the drug in the 30C potency. They were instructed to note their symptoms over the next 2 days, whether they took the dose or not.” (Sankaran, 1998)
But not only Sherr and Sankaran that have such groundless ideas about provings. N.Herrick, too, in the book “Animal mind, human voices: provings of eight new animal remedies.” supports the same opinion, that one dose of a high potency (30C) given to every prover suffices for the conduction of a prooving. (Herrick, 1998) In this book N.Herrick writes: “The remedy is made up into a 30C potency...All provers start at approximately the same time and day by taking one dose.” (Herrick, 1998) So, she, also, has complete disregard for Hahnemann’s conceptions about sensitiveness of provers and repeating doses daily.
8.7 Placebo controlled provings from potentized, recurrent doses

<table>
<thead>
<tr>
<th>Placebo controlled provings from potentized, recurrent doses:</th>
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<tbody>
<tr>
<td>• <strong>Riley’s proving of Veronica officinalis (12CH).</strong></td>
</tr>
<tr>
<td>• <strong>A single blind proving of Mancinella (2x, 30CH).</strong></td>
</tr>
<tr>
<td>• <strong>Savulescu’s proving of Quercus robur.</strong></td>
</tr>
<tr>
<td>• <strong>Three single blind pilot studies with Arsenicum bromatum (30CH).</strong></td>
</tr>
<tr>
<td>• <strong>Double blind provings of Plumbum metallicum (Plumbum) (30CH).</strong> and Piper methysticum (30CH).**</td>
</tr>
<tr>
<td>• <strong>Riley’s and Zagon’s double blind proving of RNA (2x).</strong></td>
</tr>
<tr>
<td>• <strong>Julian’s single blind proving of RNA (30CH, 7CH, 3x).</strong></td>
</tr>
<tr>
<td>• <strong>S.Brien’s double blind proving of Belladonna (30CH).</strong></td>
</tr>
<tr>
<td>• <strong>Attena’s double blind trial of Oscilloccinum.</strong></td>
</tr>
<tr>
<td>• <strong>Double blind provings of potentized Etna Lava (30CH) and potentized H2O2 (30CH).</strong></td>
</tr>
<tr>
<td>• <strong>A double blind trial with Belladonna (30CH, 12CH).</strong></td>
</tr>
</tbody>
</table>

Table 8.23 Placebo controlled provings from potentized, recurrent doses
8.7.1 Proving of Veronica officinalis (12CH)

In the **proving of Veronica officinalis** from D.Riley there were a total of **17 provers** - 12 women and 5 men ranging in age from 23 to 59 years. (David S. Riley, 1995b) In this proving, 15 provers received verum and 2 **placebo**. (David S. Riley, 1995b) But, within the subject inclusion criteria there was not the sensitivity of the provers to the Veronica officinalis, though the medication was used as globules in a **12c potency** and not as a material dose.
8.7.2 A single blind proving of Mancinella (2x, 30CH)

Furthermore, a single blind proving v. placebo was conducted at the French homoeopathic congress in Annecy on 5-8 May 1996. (Lentheric, 1997) In this proving, 35 subjects were given 5 pilules of either placebo (16), Mancinella 2xH (9) or Mancinella 30cH (10). (Lentheric, 1997) In this research, also, several subjects who took Mancinella had also taken another dynamized substance on preceding days and it was therefore difficult to know the origin of symptoms. (Lentheric, 1997) It seems obvious that a good protocol should avoid such mixtures, as different substances taken some days apart may interfere. As P. Lentheric denotes, this short proving confirms the thinking of classical homoeopaths such as Kent, Boger and Nash, especially concerning the effects of a single dose on a sensitive subject. (Lentheric, 1997) But we do not know if the provers are sensitives to the substance, without a pre-selection of the
Provings and Posology: 8. A glimpse at new provings-Do new ideas about provings follow Hahnemann’s concept?

Sensitive subjects. And without this pre-selection it is unlikely to find many sensitive provers among 10 subjects who took Mancinella 30cH.

8.7.3 The proving of Quercus robur (potentized doses)

The proving of Quercus robur:

- **16 provers, 8 females and 8 males**
- **tablets with different dilution and a placebo**
- **twice a day, in the morning and evening**

Table 8.26 The proving of Quercus robur

Also, in the proving of Quercus robur they were used tablets with different dilution and a placebo, blind, 16 bottles and 16 provers, 8 females and 8 males, were participated. (Savulescu et al., 2000) In this study, each prover took the pill twice a day, in the morning and evening and they stop to take them at the first important symptom. (Savulescu et al., 2000) In the trial were found, according to Savulescu (Savulescu et al., 2000), “several important symptoms, which had not previously been reported”, from only 16 provers, who were not pre-selected according to their sensitivity to the substance! Moreover, the writers notes that they have subsequently successful used Quercus robur in several cases, including acne in children unresponsive to previous treatment and cases of stress related symptoms in adults. (Savulescu et al., 2000)
Unfortunately, today writers-provers give a remedy and within a few days some of their friends or followers have already found several cases “cured” with this new remedy.

8.7.4 Three single-blind pilot studies with Arsenicum bromatum (30CH)

Three single-blind pilot studies with Arsenicum bromatum 30C:

- the goal was to verify the proving methodology

Table 8.27 Three single-blind pilot studies with Arsenicum bromatum

Moreover, in three single-blind pilot studies with Arsenicum bromatum 30C, the onset of symptoms in healthy volunteers seemed different between verum and placebo. (Signorini, 2000) According to Signorini, the goal of this trial was to verify the proving methodology used in pilot studies, and to investigate whether
(a) the onset of new symptoms is different in verum and placebo groups,
(b) the new symptoms are specific (similar or not to symptoms produced by other substances), and
(c) the symptoms are reproducible or not in different provings. (Signorini, 2000)
8.7.5 Provings of Plumbum metallicum (30CH) and Piper methysticum (30CH)

Figure 8.9 Plumbum metallicum

Figure 8.10 Piper methysticum
Provings and Posology: 8. A glimpse at new provings—Do new ideas about provings follow Hahnemann’s concept?

Table 8.28 Provings of Plumbum metallicum and Piper methysticum

- **double-blind, three groups, placebo controlled**
- **31 healthy volunteers (13 Piper methysticum 30C, 11 placebo and 7 Plumbum metallicum 30C)**
- **potency 30C**
- **5 drops an hour away from food, 4 times daily, increasing to 6 times after the 3rd day, if no symptoms appeared**
- **any discussion of symptoms between provers was forbidden**
- **posology, duration and selection of pathogenetic effects were the main questions**
- **reproducibility was studied by comparing the results with a previous Plumbum proving, published in Hartlaub and Trinks’ Reine Arzneimittellehre**
- **both medicines showed qualitative and quantitative differences from placebo**

So, A Signorini conducted simultaneous **double-blind, three groups, placebo controlled provings of Plumbum metallicum (Plumbum) and Piper methysticum.** (A Signorini et al., 2005) **Posology, duration and selection of pathogenetic effects were the main questions of this study.** (A Signorini et al., 2005) The pathogenetic trial included **31 healthy volunteers (13 Piper methysticum 30C, 11 placebo and 7 Plumbum**
Provings and Posology: 8. A glimpse at new provings—Do new ideas about provings follow Hahnemann’s concept?

metallicum 30C), supervisors, and a director. (A Signorini et al., 2005) In this study, the supervisors recruited volunteer provers at their schools and the age of the provers ranged between 29 and 50 and there were 17 males and 14 females. (A Signorini et al., 2005) In the proving of Plumbum the average age was 43.4; the group comprised 3 females and 4 males. (A Signorini et al., 2005) In the proving of Piper the average age was 42.9, the group consisted of 5 females and 8 males and for placebo average age was 39.3; there were 6 females and 5 males. (A Signorini et al., 2005) There was no pre-selection of the most sensitives provers.

Concerning potency. A Signorini et al. found 30C convenient, doses 4–6 times daily “provoked sufficient symptoms in a few days”. (A Signorini et al., 2005) In this study: “The final 48 bottles (30C in 43% ethanol solution) were prepared dilution to 32 bottles, 16 Piper and 16 Plumbum. 16 placebo bottles were filled with the same solution of the remedy without serial dilution and succussion. The medicine was taken 5 drops an hour away from food, 4 times daily, increasing to 6 times after the 3rd day, if no symptoms appeared. The intake was stopped immediately if symptoms were strong, but continued in case of mild symptoms. Any discussion of symptoms between provers was forbidden. Only one adverse reaction requiring interruption of treatment occurred in a Piper prover, while three sensitive subjects (one Piper and two Plumbum) decreased the intake when they developed strong symptoms, increasing again after the symptoms eased. Symptoms generally disappeared within 2 weeks of stopping medication. Reproducibility was studied by comparing the results with a previous Plumbum proving, published in Hartlaub and Trinks’ Reine Arzneimittelrehe.” (A Signorini et al., 2005)

According to this study, both medicines showed qualitative and quantitative differences from placebo, differences between placebo and Plumbum were significant and the differences between placebo and Piper were not significant. (A Signorini et al., 2005) Signorini suggests two explanations: “the first is that the result is due to random variation and a larger number of provers is required and the second is that Piper and Plumbum are very different remedies and while the action of Piper is directed mainly to the central nervous system and neuromuscular functions the actions of Plumbum are much wider and it is therefore more likely to cause symptoms”. (A Signorini et al., 2005)
8.7.6 Two provings of RNA (2x) (30CH, 7CH, 3x)

Figure 8.11 RNA carries information between genes and protein-manufacturing cellular components.

**Two provings of RNA:**

**Riley’s and Zagon’s:**
- double-blind and placebo-controlled
- conforms to GCP
- run-in and follow-up phases
- twenty-five subjects, 18 females and 7 males, age 16–72
- 2X potency
- ten drops, once daily beginning on day 8 for the duration of the proving or until symptoms occurred

**Julian’s:**
- ‘single blind’
- 22 subjects (20 male, 2 female)
- 30C, 7C and 3X potency

Table 8.29 Two provings of RNA
Furthermore, two homeopathic drug provings of RNA have been published: Julian (1972) (Julian, 1978) and Riley and Zagon (2002) (Riley, 1994) (Riley, 2003). (D Riley & Zagon, 2005) **Riley’s and Zagon’s** method is *double-blind and placebo-controlled, conforms to GCP* and includes *run-in and follow-up phases.* (D Riley & Zagon, 2005) The duration of this study was 6 weeks per subject (42 days). (D Riley & Zagon, 2005) According to this research “**Twenty-five subjects, 18 females and 7 males, age 16–72,** were recruited between November 2001 and January 2002 by advertisement. Prior experience with homœopathy was not a pre-requisite for participation or an exclusion criterion. Subjects included were at least 16 years of age, in a state of good general health. The medication used in this proving was prepared in **2X potency.** Regime was *ten drops, once daily beginning on day 8 for the duration of the proving or until symptoms occurred.* No food was to be eaten for 15 min prior to or after taking the medication. When symptoms occurred the homœopathic remedy was discontinued although subjects continued to document the occurrence of symptoms in their daily diary.” (D Riley & Zagon, 2005) **Julian’s** proving of RNA was published in 1972; it involved **22 subjects (20 male, 2 female)** who took RNA in **30C, 7C and 3X potency.** (Julian, 1978) In this study, placebo was used in a format described as *‘single blind’* but not clarified further. (Julian, 1978)

The final arbiter of the validity of any symptom experienced in provings remains the clinical response of patients treated with the medicine. Some symptoms derived from historical provings initially appeared unimportant and may have been experienced by only one subject in a proving. Some of these symptoms were subsequently verified clinically and are now major keynotes of homœopathic medicines. This was happening because some of the provers were accidentally sensitives to the proving substance and had symptoms that are keynotes of the proving drug. So, if a pre-selection of the most sensitive provers occurs in a proving, then more symptoms from this proving will be verified clinically as keynotes of the proving substance. But, in these two provings there was no pre-selection of the most sensitive provers. This could be a reason why the results from these provings were poor.

According to Riley and Zagon, “Clinical use of RNA as a homœopathic medicine was gathered by questioning 29 homeopathic practitioners who had graduated from the Hahnemann College of Homœopathy. Approximately 10% of those contacted had prescribed the remedy and only 1 of those had used it more than once. There is no report of usage based on the results of the 1972 proving done by Julian. There is
also no toxicological Figure associated with RNA to guide potential clinical applications in homeopathy. So, the information from these two provings may be of use in designing future clinical trials where a specific clinical indication is evaluated, but it is not helpful in defining with any confidence a specific indication where this remedy might be useful. Despite these limitations this comparison between two provings and clinical use does point out the importance of conducting provings using a clear and transparent protocol to facilitate standardization of methodology, comparisons between provings, toxicological data, clinical trials and guide the clinical practice of homeopathy.” (D Riley & Zagon, 2005)

8.7.7 S.Brien’s double blind trial-proving of Belladonna (30CH)

<table>
<thead>
<tr>
<th><strong>S.Brien’s double blind trial-proving of Belladonna:</strong></th>
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<tbody>
<tr>
<td>• comparing effects from placebo doses and from potentized doses (30c)</td>
</tr>
<tr>
<td>• no difference between provers that took placebo and provers that took Belladonna 30c</td>
</tr>
<tr>
<td>• all provers were drinking coffee during the trial</td>
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</table>

Table 8.30 S.Brien’s double blind trial-proving of Belladonna

Furthermore, the research of S.Brien, G.Lewith and T.Bryant “Does ultramolecular homöopathy have any clinical effects? A randomised double blind placebo controlled pathogenetic trial of Belladonna 30c as a model.” attempts to determine if Belladonna yields reproducible symptoms by comparing effects from placebo doses and from potentized doses (30c). (Brien, 2003) However, this trial disregards Hahnemann’s conception that potentized doses produce symptoms only to sensitive provers and Herscu’s and Vithoulkas’s suggestion to select first the most sensitive provers and then to give potentized doses. So, the result from this trial was that no difference in proving response was identified between provers that took placebo and provers that took Belladonna 30c.
Provings and Posology: 8. A glimpse at new provings—Do new ideas about provings follow Hahnemann’s concept?

(Brien, 2003), because provers that took Belladonna 30c were not selected to be the most sensitive ones to Belladonna. Hence, this result agrees entirely with Hahnemann’s concepts and furthermore confirms them. Moreover, all provers in this study were drinking coffee during the trial. This is another reason why no difference in proving response was identified. “The provers that took Belladonna 30c had daily caffeine intake (cups) equal to 2.3.” (Brien, 2003) As in clinical practice the homœopathic medicine does not work when the patient drinks coffee, so in provings the drug does not act, does not cause proving symptoms, when the prover drinks coffee. According to RT Mathie, “Indeed, homœopathy must convince sceptics by rigorous research evidence of its clinical effectiveness and this challenge is best met by data obtained from randomised controlled clinical trials (RCTs). However, the available research evidence emphasises the need for much more and better-directed research in homeopathy.” (Mathie, 2003) Nevertheless, provings in potency cannot be randomized, the potentized substance acts only upon sensitive provers.

Moreover, Brien, Prescott, Owen and Lewith in a second study which is based on the above trial attempts to examine inter-rater reliability and the decision-making process. In their article “How do homœopaths make decisions? An exploratory study of inter-rater reliability and intuition in the decision making process.” Brien, Prescott, Owen and Lewith attribute the difference in decision-making process between homœopaths mostly to intuition, instead of attributing it mostly to their different degree of knowledge of Hahnemannian Homœopathy. (S Brien, Prescott, Owen, & G Lewith, 2004)
8.7.8 Attena’s trial of Oscillococcinum (potentized doses)

Figure 8.12 A duck, whose heart and liver are used to make Oscillococcinum. Its feathers can also be used.

Attena’s trial of Oscillococcinum for the prevention of influenza-like syndromes:

- the trial was placebo-controlled, randomized and double-blind
- 783 subjects received homœopathy-790 on placebo
- no significant differences in flu rates between homœopathy and placebo
- more of those in the homœopathy group experienced ‘side-effects’

Table 8.31 Attena’s trial of Oscillococcinum
Moreover, Attena et al. recently undertook a large trial of the proprietary homœopathic medicine *Oscillococcinum for the prevention of influenza-like syndromes* (Attena, Toscano, Agozzino, & Del Giudice, 1996) Although they found “no significant differences in flu rates between homœopathy and placebo”, considerably more of those in the homœopathy group experienced what the authors described as ‘side-effects’. (Attena, Toscano, Agozzino, & Del Giudice, 1996) According to Attena, “These occurred just after administration of the drug and included muscle pain, fever and headache, in other words, the symptoms of flu. *Oscillococcinum* is marketed as a treatment for influenza-like syndromes. Homœopaths might therefore expect the product to cause transient flu symptoms in healthy individuals.” (Attena, Toscano, Agozzino, & Del Giudice, 1996) The trial was placebo-controlled, randomized and double-blind and “77 out of 783 subjects who received homœopathy compared to 17 of 790 on placebo experienced a proving reaction”. (Attena, Toscano, Agozzino, & Del Giudice, 1996) But, there is not mentioned the sensitivity matter. Propably, 77 out of 783 subjects who received homœopathy experienced a proving reaction because these 77 provers were sensitives to *Oscillococcinum*.

8.7.9 Provings of potentized Etna Lava (30CH) and potentized H2O2 (30CH)

![Figure 13 A lava flow from Mount Etna](image-url)
Provings and Posology: 8. A glimpse at new provings—Do new ideas about provings follow Hahnemann’s concept?

Table 8.32 Provings of potentized Etna Lava and potentized H2O2

<table>
<thead>
<tr>
<th>Provings of potentized Etna Lava and potentized H2O2:</th>
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<tr>
<td>• to test the difference between the number of symptoms in placebo and verum groups</td>
</tr>
<tr>
<td>• double blind, randomized, multicentric, placebo controlled</td>
</tr>
<tr>
<td>• a total of 11 and 10 provers, respectively</td>
</tr>
<tr>
<td>• 30CH potency, 10 drops sublingually, three times per day for no more than 2 days</td>
</tr>
<tr>
<td>• placebo reported less symptoms than verum groups</td>
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</table>

Another study combines and analyses data from two different homœopathic pathogenic trials to test “the null hypothesis that there is no significant difference between the number of symptoms in placebo and verum groups”: “The first proving was of potentized Etna Lava and the second proving was of potentized H2O2 (hydrogen peroxide, Hydrogenium peroxidatum), this molecule is a reactive oxygen species (ROS), responsible for tissue injury with consequent disease if not efficiently detoxified. The remedy was taken in the 30CH potency, 10 drops sublingually, three times per day for no more than 2 days. Provers were instructed to stop taking it if a new symptom appeared. Each participating association nominated a coordinator and recruited volunteer provers among students of their schools or people interested in homœopathic medicine. For both trials the design was double blind, randomized, multicentric, placebo controlled experimental study. The trials lasted 2 months each. The two provings HPTs included a total of 11 and 10 provers, respectively. In each trial approximately 30% of subjects took placebo: for Etna Lava proving, 8 provers took verum and 3 placebos; for Hydrogenium peroxidatum 7 and 3, respectively.” (Dominici, Bellavite, di Stanislao, Gulia, & Pitari, 2006) But, there was no pre-selection of the most sensitive provers.
According to this study, “If the null hypothesis assumed homeopathic potencies to be identical to placebo was correct, the two groups (verum and placebo) should provide a similar number of symptoms/prover. But, *placebo reported less symptoms than verum groups*. Furthermore, most symptoms were more persistent in verum than in placebo groups and verum provers recorded a decreasing number of symptoms with time. Placebo provers did not show such a temporal pattern. Moreover, the group taking verum experienced more ‘old symptoms’ (which had not occurred for at least 1 year) than the placebo groups (particularly for mental symptoms). The return of old symptoms is familiar to homoeopathic practitioners and is considered a positive sign during treatment. The data from this study suggest that this type of symptom may discriminate between placebo and verum.” (Dominici, Bellavite, di Stanislao, Gulia, & Pitari, 2006)

8.7.10 A double blind trial with Belladonna (30CH, 12CH)

**Table 8.33 A double blind experiment with Belladonna**

- **33 subjects**
- **Belladonna 30cH, 12cH**

Furthermore, A. Walach conducted *a multiple, single case experiment* (A. Walach & Ernst-Heiber, 1995), using **Belladonna 30cH, 12cH and placebo in a double blind, randomized design** in healthy human volunteers: “It was decided which would be considered *Belladonna* and non-*Belladonna* symptoms before starting the study. **33 subjects** volunteered to participate. Subjects had to meet the self-reported criteria of being healthy, not in need of medication and not heavy users of caffeine, alcohol or recreational drugs.” But, there was no pre-selection of the most sensitive provers.
8.8 Placebo controlled, double blind, cross-over provings from potentized, recurrent doses

<table>
<thead>
<tr>
<th>Placebo controlled, double blind, cross-over provings from potentized, recurrent doses:</th>
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<tr>
<td>• <strong>Koster’s optional cross-over proving</strong> (6x, 30CH).</td>
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<tr>
<td>• <strong>Vickers’ cross-over trial with Bryonia as the trial medication</strong> (12CH).</td>
</tr>
<tr>
<td>• <strong>A clinical cross-over study with Aconitum napellus</strong> (30CH).</td>
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<tr>
<td>• <strong>Provings of Acidum malicum</strong> (12CH) and <strong>Acidum ascorbicum</strong> (12CH).</td>
</tr>
<tr>
<td>• <strong>Dr. Templeton’s and Dr. Raeside’s provings</strong> (1x, 2x, 3x, 6x, 7x, 12x, 6CH, 8CH, 12CH, 30CH, 200CH).</td>
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Table 8.34 Placebo controlled, double blind, cross-over provings from potentized, recurrent doses
8.8.1 Koster’s optional cross-over proving (6x, 30CH)

**A double-blind, placebo-controlled, optional cross-over proving:**

- in accordance with the Homœopathic Drug Protocol

- in a dose of 5 granules twice a day, 6 doses or three days at the most

- a total of nine subjects received the homœopathic remedy,

  *D6(6x) 2 participants and C30 7 participants*

- the figures for D6 are too small to be able to say anything significant about it, although the number of symptoms, the number of new symptoms, mind symptoms and general symptoms seem higher compared to C30

- most subjects were able to guess correctly which treatment was active and which placebo

**Table 8.35 Koster’s optional cross-over proving (6x, 30CH)**

A homœopathic pathogenic trial (proving) was carried out using a double-blind, placebo-controlled crossover method. (Koster et al., 1998) This proving started in the autumn of 1993 “in accordance with the Homœopathic Drug Protocol”. (Koster et al., 1998) In this proving “most subjects were able to guess correctly which treatment was active and which placebo”. (Koster et al., 1998) Yet, in this proving there was no pre-selection of the most sensitives provers. According to this trial: “After an observation period of one week, the proving started with taking either the verum (group A) or the placebo (group B) which were indistinguishable from each other, in a dose of 5 granules twice a day, 6 doses or three days at the most. Fifty percent of the verum tablets were in the D6(6x) and 50% C30 dilutions. A total of nine subjects received the homœopathic remedy, D6(6x) 2 participants and C30 7 participants. Provers described 110 symptoms while taking verum and 60 symptoms
while taking placebo. **The figures for D6 are too small to be able to say anything significant about it, although the number of symptoms, the number of new symptoms, mind symptoms and general symptoms seem higher compared to C30.** Apparently there are some differences between the verum and the placebo phases, such as more verum symptoms, less dreams in the verum phase, correct estimation of the verum phase, later appearance of verum symptoms, more new symptoms during the verum phase and more old and existing symptoms (i.e. less specific symptoms) in the placebo phase, and higher rating of the verum symptoms. **The ‘optional cross-over design’** seems suited for homeopathic trials in areas where the complex, not measurable and subjective experience of the patient are considered to represent adequate end points. This methodology *could be very useful in provings, in order to distinguish a real proving of a substance upon a prover from a placebo effect.*” (Koster et al., 1998)
8.8.2 Vickers’ cross-over trial with Bryonia as the trial medication (12CH)

A double-blinded, crossover trial with Bryonia as the trial medication:

- Can healthy homœopaths distinguish Bryonia in a 12c potency from placebo?
- 50 homœopaths, 31 male and 19 female
- 12c potency
- One pill, three times a day from bottle 1 for the first week.
  Then after a 2-week wash-out period, one pill, three times a day was to be taken from bottle 2 for the fourth week.
- 60% correctly identified the bottle containing Bryonia.
- In this study it is proposed a modification to the current design involving the administration of individualised remedies according to the sensitivity of the prover on a cross-over basis.

Table 8.36 Vickers’ cross-over trial with Bryonia as the trial medication (12CH)
Moreover, another study explores the hypothesis if homœopaths are able to distinguish a homœopathic medicine from a placebo by taking both and observing their effects. (Vickers et al., 2001) If true, this would support an effect of homœopathic medicines different from that of placebo. In this study it is proposed a modification to the current design involving the administration of individualised remedies according to the sensitivity of the prover on a cross-over basis. (Vickers et al., 2001) The study design was a double-blinded, crossover trial. (Vickers et al., 2001) According to Vickers, “It consisted of a 1-week study medication period, a 2-week washout period and a further 1-week on study medication. Bryonia in 12c potency was chosen as the trial medication. So, the formal question asked in the pilot was: can healthy homeopaths distinguish Bryonia in a 12c potency from placebo by taking both preparations and observing their effects?

Participants were recruited in the UK from the Faculty of Homoeopathy and the Society of Homoeopaths and were currently healthy, aged 18 or over with at least three years’ clinical experience of homœopathy. 50 completed the trial. Of the 50 homœopaths returning data, 31 were male and 19 were female. Any homœopaths reporting illness or medication use were further investigated. Those judged by the study doctor to have a `stable' condition or who had a `stable' use of medication were not excluded. As a general rule, chronic medication use was allowed if of 3 months or greater duration.

Participants were sent two bottles of indistinguishable pills (one containing verum and the other placebo, in a random order) and were
instructed to take **one pill, three times a day from bottle 1 for the first week. Then after a 2-week wash-out period, one pill, three times a day was to be taken from bottle 2 for the fourth week.** In the event of a 'proving reaction' participants were instructed to stop taking pills from the appropriate bottle. Proving reactions were to be individually determined by each homœopath. The symptoms reported by the different subjects during the trial were unrelated. This suggests that if these were indeed caused by the study medicine, they were idiosyncratic proving reactions, rather than adverse events caused by the trial medication. As there is no currently validated instrument available to screen subjects more likely to be sensitive to any remedy under investigation, the current approach is relatively inefficient. Some homœopaths may be able to identify from experience which homœopathic remedies they are likely to be sensitive to (that is previous proving or curative reactions). This is not incompatible with homœopathic theory in which the concept of individual sensitivity and idiosyncrasy is important. A modification to the current design involving the administration of these `individualised' remedies on a cross-over basis is currently being developed.

In the main analysis **60% correctly identified the bottle containing Bryonia.** So, it is estimated that at most half of the homœopaths taking part in a HPT will have symptoms that they can distinguish from placebo.” (Vickers et al., 2001) This pilot study casts some doubt on contemporary HPT methodology. (Vickers et al., 2001) In this study a promising trend was observed that symptoms reported by some homœopaths may not be completely attributable to placebo. (Vickers et al., 2001) Also, the study proposes that the administration of ‘individualised' homœopathic remedies on a double-blind basis could be explored to see if an “efficiency gain” can be achieved. (Vickers et al., 2001)
8.8.3 A clinical double-blind cross over study with Aconitum napellus (30CH)

A clinical, randomized, double-blind, controlled cross over study with Aconitum napellus:

- whether a distinction can be made between the reactions to Aconitum napellus C30 and to a placebo
- 33 subjects randomized-27 included in the analysis
- One group was first treated with Aconitum napellus C30 and then with placebo; the other group received the two study preparations in the reverse order.
- substantial effects from high potencies compared with placebo

Table 8.37 A clinical, randomized, double-blind, controlled cross over study with Aconitum napellus

Figure 8.15 Aconitum napellus

Furthermore, a clinical, randomized, double-blind, controlled cross over study examines whether a distinction can be made between the short-term reactions of healthy volunteers to a homeopathically diluted substance - Aconitum napellus C30 - and to a placebo. (Piltan D, Rist L,
Simões-Wüst P, Saller R, 2009) In this test of a homœopathic dilution of Aconitum napellus: “were found substantial effects from high potencies in randomly selected, healthy test subjects when compared with placebo. From the 33 subjects randomized for this double-blind, placebo-controlled crossover study, 27 could be included in the analysis. One group was first treated with Aconitum napellus C30 and then with placebo; the other group received the two study preparations in the reverse order. This proving shows significant distinction between Aconitum C30 and placebo.” (Piltan D, Rist L, Simões-Wüst P, Saller R, 2009) But, also this study disregards Hahnemann’s conception that potentized doses produce symptoms only to sensitive provers and G.Vithoulkas’s suggestion to select first the most sensitive provers and then to give potentized doses. So, were all the subjects, randomized for this double-blind, placebo-controlled crossover study, sensitive to Aconitum napellus, without a pre-selection of the most sensitive provers? Is that the reason why this test of a homeopathic dilution of Aconitum napellus found substantial effects from high potencies in test subjects when compared with placebo?
8.8.4 Provings of Acidum malicum (12CH) and Acidum ascorbicum (12CH)

**Provings of Acidum malicum and Acidum ascorbicum:**

- double-blind, placebo-controlled, randomised, four period crossover design, with initial ‘run-in’ period without medication, two verum and two placebo periods
- in accordance with the Association of the British Pharmaceutical Industry's Good Clinical Practice (Research) Guidelines
- each trial included 20 healthy volunteers.
- Acidum malicum 12 cH-Acidum ascorbicum 12 cH
- no serious adverse reaction
- does not show any significant difference between the total numbers of symptoms occurring, and numbers of volunteers reporting symptoms, on verum and placebo treatment

Table 8.38 Provings of Acidum malicum and Acidum ascorbicum

Moreover, two homeopathic pathogenetic trials (provings), of identical design were conducted, of Acidum malicum 12 cH and Acidum ascorbicum 12 cH: “These are highly diluted preparations of ascorbic acid and malic acid respectively. Both are organic acids which naturally occur in many foods, especially fruit (ascorbic acid is vitamin C), both substances are non-toxic even in large doses. Each trial included 20 healthy volunteers. Both were of double-blind, placebo-controlled,
randomised, four period crossover design, with initial 'run-in' period without medication, two verum and two placebo periods. Volunteers were randomly allocated to receive medication in one of two sequences: run-in ± verum ± placebo ± placebo ± verum, or run-in ± placebo ± verum ± placebo ± verum ± placebo. The study was conducted in accordance with the Association of the British Pharmaceutical Industry's Good Clinical Practice (Research) Guidelines.

In these homeopathic pathogenetic trials withdrawal of volunteers would occurred in case of serious adverse effects. Volunteers were instructed to stop the medication, if they developed symptoms sufficient to interfere with normal activities, and to complete a suspected adverse reaction questionnaire. No serious adverse reaction was reported.” (P Fisher & F Dantas, 2001) But the idea of all provings is to elicit an adverse reaction – symptoms of pathology (suffering). So, the fact that no serious adverse reactions occurred means that the results from these provings were poor. Maybe, if a pre-selection of the most sensitive provers had occurred, the findings of these provings were better. “For Acidum malicum 79 symptoms were identified by the supervisor, 57 were included in the final analysis, 22 occurred in verum treatment periods. For Acidum ascorbicum, of 55 symptoms, 39 were included in the analysis. 16 occurred in verum treatment periods. In this small scale HPT, quantitative analysis of numbers of symptoms does not show any significant difference between the total numbers of symptoms occurring, and numbers of volunteers reporting symptoms, on verum and placebo treatment.” (P Fisher & F Dantas, 2001) These findings are also compatible with the hypothesis that no volunteers sensitive to these organic acids included in these provings.
8.8.5 Dr. Templeton’s and Dr. Raeside’s provings (1x, 2x, 3x, 6x, 7x, 12x, 6CH, 8CH, 12CH, 30CH, 200CH)

- Modern provings have been disappointing, but those carried out by Dr. Templeton and by Dr. Raeside in 1940-60 did produce results with 30ch potencies.
- These provings were double-blind, with a modified cross-over procedure.

Table 8.39 Dr. Templeton’s and Dr. Raeside’s provings

Furthermore, A. Campbell states that modern provings have been disappointing, but those carried out by Dr. Templeton and by Dr. Raeside in 1940-60 did produce results with 30ch potencies: “These provings were double-blind, with a modified cross-over procedure,” which avoided any possible carry-over of proving symptoms into the placebo group. Dr. Raeside latterly did not use controls, because of the absence of symptoms in the placebo group, as Dr. Templeton had also found.” (Campbell, 1994) O. Kennedy suggests that the use of cross-over is the cause of the confusion. (Kennedy, 1995) In fact, O. Kennedy questions whether the clinical symptoms of much of the materia medica are more reliable than the proving symptoms. (Kennedy, 1995) As A. Campbell notes, the idea that much of homœopathy is not based on provings is not new. (Campbell, 1994)

The provings that carried out by Dr. Templeton and by Dr. Raeside in 1940-60 show a remarkable few symptoms per proving. (Reaside, 1962) Some examples of these proving are penicillin proving (1947) (12ch), cadmium provings, (1949), alloxan proving (1949-1951) (6ch, 30ch, 1x, 3x, 12ch), strophanthus sarmentosus proving (1950-1951) (2x, 3x, 6ch, 12ch, 30ch), beryllium metallicum proving (1951-1952) (3x, 6x, 7x, 12x, 30ch), carcosin proving (1952-1953) (30ch, 200ch), cortisone proving (1953) (30ch), ACTH proving (1952-1953) (6ch, 12ch, 30ch), rauwolfia serpentina proving (1954-1955) (3x, 6x, 12ch, 30ch), hydrophis cyanocinctus proving (1957-1958) (6ch, 30ch), triosteum perfoliatum proving (1958-1959) (8ch), selenium metallicum proving (1959-1960) (6ch, 30ch, 12ch). (Reaside, 1962)

Herscu denotes about these provings: “their focus became very physically based, very medically oriented. In addition, you can see that
from the choices of substances they decided to prove, they were looking at using the remedy in a similar way to using a drug. As a result, the symptom list is very similar to a drug list. It was a phase homeopathy went through during that time.” (Herscu, 2002)
8.9 Examples of provings that agree with Hahnemann’s ideas

Examples of provings that follow Hahnemann’s ideas:

1. A homœopathic proving based on accidental exposure to organophosphates.
2. The proving of Parthenium hysterophorus.

Table 8.40 Examples of provings that agree with Hahnemann’s ideas

8.9.1 A homœopathic proving based on accidental exposure to organophosphates

Moreover, a homœopathic proving based on accidental exposure to organophosphates agrees with Hahnemann’s concepts. (Edwards, D. A., Ibarra-Ilarina, C., Ibarra, M., 1994) In addition to the traditional method of using healthy volunteers to prove homœopathic medicines, drug Figures may be obtained in two other ways. One involves recording
clinical observations during the treatment of an ill person with the medicine and the other is based on toxological observations. So, in this proving two organophosphates were studied, with all the toxic symptoms carefully recorded: “The main effects were headache, fatigue and anorexia. Over one third of the symptoms found were not listed in the data sheets accompanying the products, nor in standard pharmacology textbooks. The symptoms of patients given commercially available isopathic potencies of an organophosphate resolved more quickly than those who declined treatment.” (Edwards, D. A., Ibarra-Ilarina, C., Ibarra, M., 1994)
8.9.2 The proving of Parthenium hysterophorus (2x)

Figure 8.18 Parthenium hysterophorus

The proving of Parthenium hysterophorus:
- *parthenium hysterophorus is very allergenic*
- *double blind design*
- *2x (2DH) in one to three ml doses daily*

Table 8.41 The proving of Parthenium hysterophorus

Furthermore, in *the proving of Parthenium hysterophorus* the provers took Parthenium hysterophorus *2x (2DH) in one to three ml doses daily* in water. (Kennedy, 1995) “In the event of any prover(s) developing any signs/symptoms, the administration of drug was stopped immediately and the case was reported to Headquarter of the proving. The drug was then not to be re-administered as long as sign(s) and symptom(s) persisted.”
(Kennedy, 1995) This methodology follows Hahnemann’s concept. Furthermore, the provers that first developed symptoms were the most sensitives to Parthenium hysterophorus and they should have taken part in a second step of the proving with high potencies of this remedy, in order to some of these sensitive provers develop symptoms from a repetition of high potencies. “Parthenium hysterophorus is very allergenic to mammals and causes allergic contact dermatitis and rhinitis. A group of persons exposed to the plant manifested the symptoms of dermatitis and rhinitis which inspired Arif Ismail Maishi, P. K. Shoukat Ali, S. A. Chaghtai and Gizala Khan to carry out this proving, which was double blind during its entire course.” (Kennedy, 1995)

**G.Vithoulkas admonishes:**

“modern teachers” and their “new ideas” are destroying the principles, theory, and practice of real Hahnemannian homœopathy

**Table 8.42 G.Vithoulkas’ warning**

However, the examples of current provings that agree with Hahnemann’s ideas are minority. Hahnemann founded the science of homœopathy and instead of studying his writings and following his instructions, new homœopaths are confused from modern ideas and misinformation. **G.Vithoulkas admonishes** in his article “A proving of Thiosinamine”: “The damage of such papers is double

a. When serious people in medicine or health authorities hear such absurdities nobody can blame them for resisting and distancing themselves from us.

b. Every remedy, when proven in a proper way, will give a group of symptoms. But a false proving with imaginary symptoms will cause tremendous confusion as to what symptoms belong really to the remedy.” (Vithoulkas, 2001) So, as he declares “modern teachers” and their “new ideas” are destroying the principles, theory, and practice of real Hahnemannian homœopathy. (Vithoulkas, 2008)
8.10 Summary and conclusions

Two studies that reveal many serious problems in the conduct of homœopathic pathogenetic trials:

1. An exploratory systematic review of 156 provings by F.Dantas.

Table 8.43 Two studies that reveal many serious problems in the conduct of provings

Two studies, an exploratory systematic review of 156 provings by F.Dantas (Flávio Dantas et al., 2007a) (Flávio Dantas et al., 2007b) and a comparative study of placebo-controlled trials of homœopathy and allopathy (Shang et al., 2005), reveal many serious problems in the conduct of homœopathic pathogenetic trials.

A review of 156 provings by F.Dantas reveals “heterogeneity of design in current provings, poorly reported criteria for selection of effects, lack of consistency in the way symptoms are extracted from provings, inadequate use of placebo, inadequate dosage and repetition in volunteers who are not highly sensitive”. (Flávio Dantas et al., 2007a) (Flávio Dantas et al., 2007b) F.Dantas denotes that the point of a proving is to identify true symptoms, discriminating the signal (symptoms caused by the substance being tested) from the noise (confounding factors such as the myriad events, incidents and spontaneous changes of daily life, and the symptoms and sensations related to them). (Flávio Dantas et al., 2007a) (Flávio Dantas et al., 2007b)

In a comparative study of placebo-controlled trials of homœopathy and allopathy, 110 homœopathy trials and 110 matched conventional-medicine trials were analysed and there was weak evidence for a specific effect of homœopathic remedies. (Shang et al., 2005)

Moreover, G.Vithoulkas, G.Dimitriadis and P.Herscu admonish that the credibility of the provings is today being demolished by “new ideas”
and Hahnemann’s concepts of provings are now being interspersed with meditation provings or dream provings or other modern ideas.

P. Herscu denotes: “Some of the fallacies in many current proving strategies are lack of blinding and placebo control, excessive emphasis on dreams, failure to take into account the “Hawthorne effect” (how a patient’s focusing on his symptoms can cause even more, imagined symptoms to arise—behavior is changed if the person knows he is the subject of a study), the inclusion of symptoms noted by those participants taking placebo, lack of the concept of the individual predisposition.” (Herscu, 2002)

P. Herscu states: “In some examples of current provings: - meditation provings, song provings, seminar provings, dream provings, and provings where N = infinity, i.e. everyone even near the proving, whether they have taken the remedy or not, is believed to have symptoms elicited by the proving. So, huge lists of symptoms are added to repertories, making the repertories almost unusable. But, once the “noise” is included in the repertory, there is no easy way to extricate it. In the end, your practice will suffer.” (Herscu, 2002)

Moreover, G. Dimitriadis states that the concepts of Hahnemann are unfamiliar to the present day homœopaths (Dimitriadis) and G. Vithoulkas denotes that “Hahnemannian Homœopathy is doomed to go into oblivion again”. (Vithoulkas, 2006) (Vithoulkas, 2008)

### Examples of “modern ideas” in current provings:

1. **The “new idea” of the “communal consciousness” from Sunkaran.**

2. **The proving of Thiosinamine from Tony Grinney.**

3. **J. Sherr, also, supports the idea of provers comparing experiences among each other.**

4. **M. Norland’s “meditation provings”.**

5. **J. Scholten’s “metaphysical” way of proving.**

6. **The idea of presentiment provers.**

7. **Walach’s theory of entanglement.**

Table 8.44 Examples of “modern ideas” in current provings
Some examples of “modern ideas” in current provings are the “new idea” of the “communal consciousness” from Sunkaran (Sankaran, 1998), J.Scholten’s “metaphysical” way of proving (Scholten, 1993) (Scholten, 2007), the experimental idea of presentiment provers (Brien, 2003) (G.T. Lewith, Sarah Brien, & Hyland, 2005), Walach’s theory of entanglement (Walach H, Sherr J, Schneider R, Shabi R, Bond A, Rieberer G, 2004). Some examples of “modern” provings are the proving of Thiosinamine from Tony Grinney (Grinney, 2001) and M.Norland’s “meditation provings” (Norland, 2000). Furthermore, J.Sherr, also, supports the idea of provers comparing experiences among each other and the idea that dreams uncover the deeper meaning of the remedy. (Sherr, 1994)

According to the “new idea” of the “communal consciousness” from Sunkaran, the effect of the dose multiplies when taken collectively. (Sankaran, 1998) Sunkaran suggests an entire group of persons to take a dose of the remedy, a few days before or even during a seminar, and then discussing the effects of the dose during the seminar. (Sankaran, 1998) In the proving of Thiosinamine from Tony Grinney placebo doses were enough to produce a lot of symptoms. (Grinney, 2001)

M.Norland’s “meditation group provings” were conducted by meditating upon the medicine, by holding it, by looking at it, by one member holding the concept/image of a thing in their mind (the sender) while the group has sat in a period of silence and self-observation (the receivers). (Norland, 2000)

J.Scholten’s method of group analysis is a “metaphysical” way of proving and his suggestion is to predict the picture of the remedy. (Scholten, 1993) (Scholten, 2007)

According to Walach’s theory of entanglement, there is entanglement between verum and placebo in all clinical trials and people respond to homeopathy even if they do not take the medicine. (Walach H, Sherr J, Schneider R, Shabi R, Bond A, Rieberer G, 2004)

In S.Brien’s double blind trial-proving of Belladonna “subjects who reported symptoms during the placebo run-in period (‘presentiment provers’) were more likely to report symptoms during the treatment period” and, as Lewith, Brien and Hyland mention, “presentiment provers were those individuals who reported true proving symptoms during the placebo run-in week”. (Brien, 2003) (G.T. Lewith, Sarah Brien, & Hyland, 2005) It is fair to denote that the idea of presentiment provers is not the basic idea of their research; this is more likely an idea in an experimental level. In fact, this observation agrees with Hahnemann’s conception, “presentiment provers” are the “predisposed” provers, the provers that have the tendency (predisposition) (idiosyncrasy) to produce...
symptoms similar to those caused by the substance of the proving, when they interact with various environmental stimuli.

Moreover, Benveniste J. in his in vitro experiment explores the inhibitory effect of highly dilute histamine and Apis mellifica solutions on anti-IgE induced basophil degranulation. (B Poitevin, Davenas, & Benveniste, 1988) According to this thesis, this is a proving in a cellular level of high dilutions of Apis mellifica and Lung histamine on human basophils. B.Poitevin explains that differing sensitivity between individual blood donors plays a crucial role. (B Poitevin, Davenas, & Benveniste, 1988) So, even in this proving in a cellular level it is denoted the importance of the individual sensitivities of the provers.

Table 8.45 Provings from one dose of a high potency

<table>
<thead>
<tr>
<th>Provings from one dose of a high potency:</th>
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<tbody>
<tr>
<td>1. <strong>J.Sherr’s proving of hydrogen (potencies ranging from 6CH to 200CH).</strong></td>
</tr>
<tr>
<td>2. <strong>Sankaran’s proving of Coca-Cola (30CH).</strong></td>
</tr>
<tr>
<td>3. <strong>N.Herrick’s provings of eight new animal remedies (30CH).</strong></td>
</tr>
</tbody>
</table>

Some examples of provings from one dose of a high potency are J.Sherr’s proving of hydrogen (potencies ranging from 6CH to 200CH) (School & Sherr, 1992), Sankaran’s proving of Coca-Cola (30CH) (Sankaran, 1998), N.Herrick’s provings of eight new animal remedies (30CH) (Herrick, 1998).
**Provings from potentized, recurrent doses:**

1. **Placebo controlled trials:**
   - Riley’s proving of Veronica officinalis (12CH).
   - A single blind proving of Mancinella (2x, 30CH).
   - Savulescu’s proving of Quercus robur.
   - Three single blind pilot studies with Arsenicum bromatum (30CH).
   - Double blind provings of Plumbum metallicum (Plumbum) (30CH), and Piper methysticum (30CH).
   - Riley’s and Zagon’s double blind proving of RNA (2x).
   - Julian’s single blind proving of RNA (30CH, 7CH, 3x).
   - S.Brien’s double blind proving of Belladonna (30CH).
   - Attena’s double blind trial of Oscillococcinum.
   - Double blind provings of potentized Etna Lava (30CH) and potentized H2O2 (30CH).
   - A double blind trial with Belladonna (30CH, 12CH).

2. **Placebo controlled, double blind, cross-over trials:**
   - Koster’s optional cross-over proving (6x, 30CH).
   - Vickers’ cross-over trial with Bryonia as the trial medication (12CH).
   - A clinical cross-over study with Aconitum napellus (30CH).
   - Provings of Acidum malicum (12CH) and Acidum ascorbicum (12CH).
   - Dr. Templeton’s and Dr. Raeside’s provings (1x, 2x, 3x, 6x, 7x, 12x, 6CH, 8CH, 12CH, 30CH, 200CH).

Table 8.46 Placebo controlled provings from potentized, recurrent doses
Some examples of placebo controlled trials-provings from potentized, recurrent doses are Riley’s proving of Veronica officinalis (12CH) (David S. Riley, 1995b), a single blind proving of Mancinella (2x, 30CH) (Lentheric, 1997), Savulescu’s proving of Quercus robur (Savulescu et al., 2000), three single blind pilot studies with Arsenicum bromatum (30CH) (Signorini, 2000), two double blind provings of Plumbum metallicum (Plumbum) (30CH). and Piper methysticum (30CH) (A Signorini et al., 2005), Riley’s and Zagon’s double blind proving of RNA (2x) (Riley, 1994) (Riley, 2003). (D Riley & Zagon, 2005), Julian’s single blind proving of RNA (Julian, 1978), S.Brien’s double blind proving of Belladonna (30CH) (Brien, 2003), Attena’s double blind trial of Oscillococcinum (Attena, Toscano, Agozzino, & Del Giudice, 1996), two double blind provings of potentized Etna Lava (30CH) and potentized H2O2 (30CH) (Dominici, Bellavite, di Stanislao, Gulia, & Pitari, 2006) and a double blind trial with Belladonna (30CH, 12CH) (A. Walach & Ernst-Heiber, 1995).

Some examples of placebo controlled, double blind, cross-over trials-provings from potentized, recurrent doses are Koster’s optional cross-over proving (6x, 30CH) (Koster et al., 1998), Vickers’ cross-over trial with Bryonia as the trial medication (12CH) (Vickers et al., 2001), a clinical cross-over study with Aconitum napellus (30CH) (Piltan D, Rist L, Simões-Wüst P, Saller R, 2009), two provings of Acidum malicum (12CH) and Acidum ascorbicum (12CH) (P Fisher & F Dantas, 2001) and Dr.Templeton’s and Dr.Raeside’s provings (1x, 2x, 3x, 6x, 7x, 12x, 6CH, 8CH, 12CH, 30CH, 200CH) (Raeside, 1962).

Some examples of provings that follow Hahnemann’s ideas are a proving based on accidental exposure to organophosphates (Edwards, D. A., Ibarra-Ilarina, C., Ibarra, M., 1994) and the proving of Parthenium hysterophorus. (Kennedy, 1995)

So, indeed many “new ideas” are demolishing the credibility of the provings and destroying the principles, theory, and practice of real Hahnemannian homœopathy. But, also, many of today’s provings are placebo-controlled trials from potentized, recurrent doses, according to Hahnemann’s ideas. However the results of these provings are not satisfactory. Also, in the strategy of the most of the current provings there is lack of Hahnemann’s concept of the individual predisposition-sensitivity. So, new proving methods, as G.Vithoulkas’ and P.Herscu’s suggestions, based on Hahnemann’s concepts should be developed.
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So, new proving methods, as G.Vithoulkas’ and P.Herscu’s suggestions, based on Hahnemann’s concepts should be developed.
9. Does experience of homoeopathy prove Hahnemann’s concepts? Provings on patients in daily practice-Kent observations and G.Vithoulkas’ health levels

Does daily practice testify Hahnemann’s ideas about provings? Why “modern teachers” disregard Hahnemannian Homœopathy? Is it because their daily practice falsifies Hahnemann’s concepts? In the following passages it emerges that daily practice proves Hahnemannian Homœopathy and “modern teachers” have no excuse to disregard Hahnemann’s concepts.

9.1 Provings from a wrong remedy

- **G.Vithoulkas’ observation:** Provings from a wrong remedy in patients are seldom.

- **Hahnemann’s concept:** Potentized doses can produce symptoms only to sensitive provers.

Table 9.1 Provings from a wrong remedy

G.Vithoulkas has observed that a high potency of a dissimilar remedy, (unhomeopathic) to the disease, will seldom affect a patient. In his article “British media attacks on homœopathy: Are they justified?”, he states: “In daily practice we often prescribe the wrong remedy yet “proving” symptoms are seldom seen. This fact alone shows the scarcity of such “sensitive persons” that could prove remedies in high potency.” (Vithoulkas, 2008) Moreover, in his article “The question of provings in Homœopathy” he denotes: “If a practitioner gives the wrong remedy (not the one that is really indicated) in a high potency to a patient then in most of the cases there is no effect at all, the patient comes back after a month and says he is the same without any change in his condition and without any new symptoms which means that the high potency has had no affect
Provings and Posology: 9. Does experience of homoeopathy prove Hahnemann’s concepts? Provings on patients in daily practice - Kent observations and G. Vithoulkas’ health levels

upon him. But from time to time you may get in your practice an individual sensitive to the remedy who then develops some symptoms (from the wrong remedy) which you already know belong to the symptomatology of the remedy.” (Vithoulkas, 2000) So, according to G. Vithoulkas’ observations, provings from a wrong remedy in a high potency in patients in daily practice are seldom which testifies Hahnemann’s concept that potentized doses can produce symptoms only to sensitive provers.

Moreover, P. Herscu denotes: “Many times a patient gets the wrong remedy and nothing happens. When we give a remedy, all the people around are not proving it and having the remedies act upon them. The rules of one side of our work are mirrored in the other.” (Herscu, 2002)

9.2 Overdose effects of unhomoeopathic medicines in potency

**G. Dimitriadis’ comments:**

- The likelihood of over-dose from a medicine perfectly dissimilar (unhomeopathic) to the disease, given in high potency, is very small.
- A high potency of a dissimilar remedy will seldom produce an observable effect.

Table 9.2 Overdose effects of unhomoeopathic medicines in potency

Thus, G. Dimitriadis in his article “On provings”, in which he comments J. Sherr’s proving of hydrogen, denotes that “Hahnemann describes the possibility of spill-over (overdose) effects in cases where it has been homoeopathically prescribed, i.e. in cases where the natural disease is similar to the medicinal disease, yet he does not mention at all of such effects, in high potency, by giving a non-homoeopathically related medicine in a case of illness”. (Dimitriadis) Furthermore, he states that from aphorisms of Organon of Healing Art (Hahnemann et al., 2004) 35 “…Nature herself is unable to remove a dissimilar disease already present
Provings and Posology: 9. Does experience of homœopathy prove Hahnemann’s concepts? Provings on patients in daily practice-Kent observations and G. Vithoulkas’ health levels

by one that is unhomœopathic, even though it be stronger, and just as little is the unhomœopathic employment of even the strongest medicines ever capable of curing any disease whatsoever.”, 275 “…If we give too strong a dose of a medicine which may have been even quite homœopathically chosen for the morbid state before us, it must, …prove
Provings and Posology: 9. Does experience of homœopathy prove Hahnemann’s concepts? Provings on patients in daily practice-Kent observations and G.Vithoulkas’ health levels

injurious by its mere magnitude, and … by virtue of its homeopathetic similarity of action…” and 276 “… a medicine, … does much more injury than an equally large dose of a medicine that is unhomeopathetic and in no respect adapted (allopathic) to the morbid state.”, it becomes obvious that the greater the similarity, the greater the likelihood of patient response, and therefore the greater the likelihood of over-dose. (Dimitriadis) So, he concludes that “the likelihood of over-dose from a medicine perfectly dissimilar (unhomeopathetic) to the disease, given in high potency, is very small and a high potency of a dissimilar remedy will seldom produce an observable effect”. (Dimitriadis)

9.3 A close remedy can prove its action often upon week patients

- Kent’s observation: Some patients prove every remedy they get.
- G.Vithoulkas’ explanation: Some patients with week defence, that belong to lower health levels, prove a close remedy.

Table 9.3 A close remedy can prove its action often upon week patients

In addition to that, J.T.Kent writes in his book “Lectures on homœopathic philosophy” in his eighth observation that “some patients prove every remedy they get” (Kent, 2009) G.Vithoulkas explains that this means that “these patients are hypersensitive patients and belong to lower health levels”. (Vithoulkas, 2002) In his book “The science of Homœopathy” in chapter 17 he states that “uncurable patients with week defence, that belong to lower health levels, often react to a close remedy producing symptoms that belong to the symptomatology of the medicine”. (Vithoulkas, 2002) So, a close remedy, but not the right one, can prove its action often upon week patients. Furthermore, in his book “The science of Homœopathy” in chapter 10 he suggests to “exclude from the proving-experiment those who suffer from hypersensitivity
9. Does experience of homeopathy prove Hahnemann’s concepts? Provings on patients in daily practice — Kent observations and G. Vithoulkas’ health levels

diseases — such as asthma, hay fever, allergies and food hypersensitivities”. (Vithoulkas, 2002)

9.4 Provings from the correct remedy

*G. Vithoulkas’ observation:*

*When a medicine ameliorates the patient’s health after an initial aggravation and at the same time produces new symptoms to the patient that belong to the symptomatology of the remedy, this means that the medicine was the right one and that it proves its action on the patient.*

Table 9.4 Provings from the correct remedy

Also, Hahnemann in his daily practice has observed new symptoms from a suitably chosen homeopathic medicine in “very irritable and sensitive patients”, as he states in Organon of Healing Art in aphorism 156, even if the dose was insufficiently minute. (Hahnemann et al., 2004) So, it is possible, not only the wrong medicine, but also the right medicine to prove its action on a patient. As G. Vithoulkas explains in his book “The science of Homœopathy” in appendix B in case iv: “*When a medicine ameliorates the patient’s health after an initial aggravation and at the same time produces new symptoms to the patient that belong to the symptomatology of the remedy, this means that the medicine was the right one and that it proves its action on the patient.* So, the new symptoms that belong to the symptomatology of the medicine, actually, confirm that the medicine was the right one.” (Vithoulkas, 2002) Hence, this patient is sensitive to this medicine and, as far as this medicine ameliorates him, this is the right one for him. This observation from daily practice, also, agrees with Hahnemann’s concept that potentized doses can produce symptoms only to sensitive provers.
9.5 The positive action of the medicines upon healthy provers

- **Kent’s observation:** *Healthy provers are always benefited by provings.*
- **G.Vithoulkas’ explanation:** *When the prover-patient belongs to upper health level, the proving action of the medicine ameliorates his health.*

Table 9.5 The positive action of the medicines upon healthy provers

Moreover, J.T.Kent writes in his book “Lectures on homœopathic philosophy” in his ninth observation about the positive action of the medicines upon provers “Healthy provers are always benefited by provings, if they are properly conducted.”(Kent, 2009) Additionally, G.Vithoulkas explains in his book “The science of Homœopathy” in chapter 17 that “*when the prover-patient belongs to upper health level, the proving action of the medicine ameliorates his health*”. (Vithoulkas, 2002) So, J.T.Kent’s observation for the positive action of the medicines upon provers applies to the case that provers belong to upper health levels, according to G.Vithoulkas.
9.6 A mirror image: the process of proving and the process of practice

**P.Herscu denotes:**

- The process of proving and the process of practice is at the same time a mirror image.
- The successful outcome depends upon the homœopath's ability to select the symptoms that are characteristic.
Moreover, P. Herscu “draws parallels between the phenomena we witness daily in clinical practice and those observed in provings” (Herscu, 2002) “Parallels are further extrapolated to include clinical case analysis methods and proving symptom analysis.” (Herscu, 2002) He equates “the homœopathic medicinal influences that generate proving symptoms and curative reactions in patients - both are considered stress responses (which he terms “Strain”), the stressor in each case being the homœopathic medicine”. (Herscu, 2002) **“In the ideal proving”, he points out, “the remedy is given and it is such a perfect similimum to the prover that all the prover's symptoms disappear.** So, in the ideal world, the practice is the same as the proving. The problem is that **for most people the remedy is not what they need and the “stress” of the remedy will find the prover “straining” against it, and thus producing symptoms.” (Herscu, 2002) As he says: “The process of proving and the process of practice is at the same time a mirror image of itself and a
continuation of one to the other. When a homœopath takes a case, he or she is often presented with a long list of symptoms. **The successful outcome depends upon the homœopath's ability to pick from the list those symptoms that are characteristic of the patient's disease** (*Organon*, Para. 153). On the other side of the coin, when a proving is done, it results in a listing of symptoms from the provers. Are they all important? **The skill in doing a proving is to be able to select from the myriad of symptoms those that are characteristic of the remedy.**” “A proving is nothing more than giving a potentized substance, just as we give remedies every day in our offices, and conduct careful follow ups every day with patients.” “A perfect proving would have a totally healthy person developing clear symptoms, or a somewhat ill person who has very clear symptoms and loses those symptoms. It does not matter which direction you begin with. All we have to do is recall what it is we are attempting to discover” (Herscu, 2002) He fears that “the rubrics of the repertory are expanding so rapidly that soon every remedy will be in every rubric and this will, literally, ruin the usefulness of the repertory as a tool”. (Herscu, 2002)
9.7 Summary and conclusions

G.Vithoulkas has observed that: “A high potency of a dissimilar remedy, (unhomœopathic) to the disease, will seldom affect a patient. In daily practice we often prescribe the wrong remedy yet “proving” symptoms are seldom seen.” (Vithoulkas, 2008) “If a practitioner gives the wrong remedy (not the one that is really indicated) in a high potency to a patient then in most of the cases there is no effect at all.” (Vithoulkas, 2000) So, according to G.Vithoulkas’ observations, provings from a wrong remedy in a high potency in patients in daily practice are seldom which testifies Hahnemann’s concept that potenitized doses can produce symptoms only to sensitive provers.

Also, G.Dimitriadis denotes that “the likelihood of over-dose from a medicine perfectly dissimilar (unhomeopathic) to the disease, given in high potency, is very small and a high potency of a dissimilar remedy will seldom produce an observable effect”. (Dimitriadis)

J.T.Kent writes in his eighth observation that “some patients prove every remedy they get”. (Kent, 2009) G.Vithoulkas explains that some patients with week defence, that belong to lower health levels, prove a close remedy. (Vithoulkas, 2002)

As G.Vithoulkas observes, “when a medicine ameliorates the patient’s health after an initial aggravation and at the same time produces new symptoms to the patient that belong to the symptomatology of the remedy, this means that the medicine was the right one and that it proves it’s action on the patient”. (Vithoulkas, 2002) Also, Hahnemann in his daily practice has observed new symptoms from a suitably chosen homeœopathic medicine in “very irritable and sensitive patients”, as he states in Organon of Healing Art in aphorism 156, even if the dose was insufficiently minute. (Hahnemann et al., 2004) So, it is possible, not only the wrong medicine, but also the right medicine to prove its action on a sensitive patient.

“Healthy provers are always benefited by provings, if they are properly conducted.” (Kent, 2009) G.Vithoulkas explains that when the prover-patient belongs to upper health level, the proving action of the medicine ameliorates his health. (Vithoulkas, 2002)

Moreover, P.Herscu “draws parallels between the phenomena we witness daily in clinical practice and those observed in provings”. (Herscu, 2002) “In the ideal proving”, he points out, “the remedy is given and it is such a perfect simillimum to the prover that all the
Provings and Posology: 9. Does experience of homœopathy prove Hahnemann’s concepts? Provings on patients in daily practice—Kent observations and G. Vithoulkas’ health levels

*prover's symptoms disappear. So, in the ideal world, the practice is the same as the proving.* The process of proving and the process of practice are at the same time a mirror image. The successful outcome depends upon the homœopath's ability to select the symptoms that are characteristic.” (Herscu, 2002)
Provings and Posology: 9. Does experience of homeopathy prove Hahnemann’s concepts? Provings on patients in daily practice—Kent observations and G. Vithoulkas’ health levels

- **G. Vithoulkas’ observation**: Provings from a wrong remedy in patients are seldom.

- **G. Dimitriadis’ observation**: A high potency of a dissimilar remedy will seldom produce an observable effect.

- **Kent’s observation**: Some patients prove every remedy they get.

- **G. Vithoulkas’ observation**: Some patients with week defence, that belong to lower health levels, prove a close remedy.

- **G. Vithoulkas’ observation**: Not only the wrong medicine, but also the right medicine prove its action on a sensitive patient.

- **Kent’s observation**: Healthy provers are always benefited by provings.

- **G. Vithoulkas’ observation**: When the prover-patient belongs to upper health level, the proving action of the medicine ameliorates his health.

- **P. Herscu’s observation**: In the ideal proving the remedy is given and it is such a perfect simillimum to the prover that all the prover's symptoms disappear. So, in the ideal world, the practice is the same as the proving.
10. Do conventional medicine’s observations of the reactions of the human organism and Hahnemann’s concept coincide?

It is important to add that not only experience of homœopathy testifies Hahnemann’s concepts of provings, but also daily practice of conventional medicine.

10.1 Some provings are actually allergic reactions

Figure 10.1 Hypersensitivity diseases as provings

Table 10.1 Some provings are allergic reactions

Provings=Hypersensitivity diseases=The reaction of the immune system of the organism to some substances.

Hypersensitivity diseases, such as asthma, hay fever, allergies, food hypersensitivities are, according to conventional medicine, the reaction of the immune system of the organism to some substances. Allergic constitutions produce symptoms either by smelling, eating or touching a substance, just like Hahnemann’s records of provings (Hahnemann, 2004), for example:
10. Do conventional medicine's observations of the reactions of the human organism and Hahnemann’s concept coincide?

1) MMP, HELLEBORUS NIGER
160. Sneezing. (From inhaling the odour.) (This footnote added by R. Hughes.)

2) MMP, CAMPHORA
85. Toothache: transient cutting blows dart through the gums at the roots of the incisors and canine teeth. (From the smell.)

3) MMP, RHUS
100. Swelling of the face, especially of the eyelids and lobes of the ears. (From handling the leaves.) (This footnote added by R. Hughes.)

4) MMP, ARSENICUM
1010. Anxiety so that he frequently fainted, besides a violent pain in the place, and black pocks on the spot. (When arsenic was worn in a bag on the bare chest for four days.)

5) MMP, CAMPHORA
255. Violent itching. (From the external application.)
Erysipelatous inflammation. (From camphor applied externally.)
Erysipelas. (From the external application.)

6) MMP, RHEUM
45. Contraction of the gullet. (From chewing and eating the stalks and leaves.)
All these provings (Hahnemann, 2004) (according to Hahnemann’s terminology) are, actually, allergic reactions (according to medical terminology). Conversely, allergic reactions that have been reported so far are, actually, provings.
10.2 The predisposition concept in pharmacology and physiology

- **Pharmacology:** A substance is only able to effect a physiological response because there are already receptors present to which their molecules fit precisely.

- **Physiology:** There must be some level of predisposition for any substance to actually evoke a response.

Furthermore, G. Dimitriadis in his article “Hahnemann’s Pharmacography” denotes that “in health only sensitive or idiosyncratic persons may react sufficiently or uniquely to a medicinal proving dose and that this is no different to what is accepted in pharmacology and in physiology” (Dimitriadis, 2007). Moreover, he explains that “the fact that one subject may be disposed to react with urinary, or respiratory, or skin, or mind, etc. symptoms, means they will tend more towards such symptoms in a proving situation, and that their contributions will be greatest with medicines which have an affinity for evoking such
Provings and Posology: 10. Do conventional medicine’s observations of the reactions of the human organism and Hahnemann’s concept coincide?

*effects*. (Dimitriadis, 2007) He states that: “...a patient who, having never taken, say, arsenic, yet, in response to all variety of circumstances and stimuli to which they have been exposed, have, in summation over time, expressed a pure Figure of arsenic symptoms, must themselves be predisposed to react in an arsenic way, even without taking arsenic – these same patients would, in health, make the best provers of arsenicum – for what is more likely to produce an arsenicum response than arsenicum itself? Conversely, a subject who proves readily disposed to react to a particular medicine (in such ultra-attenuated doses as given in our provings), is the same person who would more readily develop a similar (natural) disease. Thus we see that sensitive or idiosyncratic subjects are best suited for provings, since they readily express a series of symptoms following exposure to the substance to which they are particularly susceptible. But this is no different to what is accepted in pharmacology, that is, that a substance is only able to effect a physiological response because there are already receptors present to which their molecules fit precisely – whilst the receptor-ligand hypothesis is itself flawed from our own point of view (as it does not explain how ultra-attenuations produce physiological effect), nevertheless it demonstrates that, even in physiology, it is accepted that there must be some level of predisposition for any substance to actually evoke a response.” (Dimitriadis, 2007)

Pharmacogenetic refers to genetic differences in metabolic pathways which can affect individual responses to drugs, both in terms of therapeutic effect as well as adverse effects, according to medical terminology. But, as Walach denotes, what we are looking for in a proving is what is excluded by the EU guidelines on Good Clinical Practice (GCP): adverse events. (Walach, 1994) So, pharmacogenetic refers to genetic differences in metabolic pathways which can affect individual responses to drug provings, according to homeopathic terminology. Bodman records some examples of pharmacogenetics, the study of genetically determined predispositions that are revealed by the effect of drugs:

“In 1952 the Japanese ear, nose and throat surgeon Takahara was cleaning out the maxillary sinus of a patient with hydrogen peroxide when he noticed no frothing occurred on the raw surface and that the free blood adjacent to it turned black. He suspected that there might be a deficiency in the patient’s blood of the enzyme catalase that breaks down peroxide into water and oxygen. When his patient’s blood was tested, it was found to be totally deficient in this enzyme. Further investigation has discovered 38 individuals in seventeen families with a similar deficiency. These patients have a predisposition to dental sepsis, ulceration of the gums, and eventually lose all their teeth...
The deficiency of a vitamin can modify or intensify the effects of a drug. In Nigeria, pediatricians encountered a problem when prescribing a vitamin or its analogue, i.e. vitamin K to newborn babies; this was to act as a preventative against hemorrhagic diseases in the neonate; it was observed that some of these babies instead of developing bleeding developed jaundice, and further that some of these jaundiced babies had a deficiency of an enzyme G-6PD. This deficiency of G-6PD is fairly frequently found in Negroes; indeed about 1 in 7 is affected. It is sex linked. It was first discovered during the course of anti-malarial therapy and was at first termed primaquine sensitivity; these subjects develop toxic symptoms if prescribed not only premaquine but also after phenacetin, sulphonamide, naphthalene and several other drugs. As this anomaly is sex linked, one should expect different results from using men and women provers where this enzyme deficiency was prevalent...

Dr. Fraser Roberts, whose resent book is named *An introduction to Medical Genetics*, considers it likely that many more genetically determined drug sensitives will be discovered in the near future. It may well be that our most sensitive provers to particular drugs may have a predetermined genetic constitution...

There is even in the healthy prover a predisposition to exhibit certain symptoms...

The recent interest in transplantation of kidneys, and the selection of suitable donors when an identical twin is not available, has highlighted the very high selective powers each individual possesses.

Extension of these researches to bone marrow transplants in cases of leukemia has emphasized this selective capacity. It has been found that a mixture of bone marrow from several donors offers certain advantages and that the host spontaneously selects the best donor...

The organism selects the most suitable donor. Now, while we cannot expect to subject our provers to this very extensive blood grouping, it would possibly be helpful at least to know their ABO and Rhesus grouping when carrying out proving. After all, it has been established that there is an association between group O people and duodenal ulcer; and to a lesser extent with gastric ulcer...

To bring this study to a conclusion I would suggest that in embarking on proving we must keep in mind genetic factors. That for some of our proposed remedies, only some provers will be sensitive; and in some cases we may not find a sensitive prover in twenty-five or even a hundred subjects. Firstly, that racial distinctions may be important. Secondly, that sex differences may be highly significant. Thirdly, that some guidance may be gained from typing out the blood groups of the proposed provers. Fourthly, that the family doctor may reasonably expect that a remedy found to be effective in one member of the family has a reasonable
Provings and Posology: 10. Do conventional medicine’s observations of the reactions of the human organism and Hahnemann’s concept coincide?

chance to be effective in parents, children and siblings of that patient.” (Bodman, 1987)
10.3 Some provings are actually side-effects of allopathic-chemical drugs

Moreover, as G.Vithoulkas states in his article “The questions of provings in Homœopathy”, “all side-effects of allopathic-chemical drugs are nothing else but “provings” in a homœopathic sense and homœopaths would prescribe them in cases where the patients presented diseases similar to these side-effects”. (Vithoulkas, 2000)

In aphorism 112, in Organon of Healing Art (Hahnemann et al., 2004), Hahnemann declares that only large doses of medicines can produce either on patients, or on healthy, effects that are the reaction of the vital force. These effects are actually provings and when they appear on patients indicate side-effects of medicines. So, older reports of the often dangerous effects of medicines (side-effects) ingested in excessively large doses are actually provings. Consequently, up-to-date reports of the dangerous effects of medicines (side-effects) are actually provings.

Furthermore, Hahnemann, in MMP (Hahnemann, 2004) and CD (Hahnemann, 2008), in his provings records side-effects of medicines in patients, for example:

1) MMP, ARSENICUM
Vertigo and unconscious stupefaction. (Effects of arsenic of potash in ague patients.) (This footnote added by R. Hughes.)

2) MMP, ARSENICUM
135.Swelling in the face of an elastic character, particularly in the eye-lids, especially in the morning. (Effects of arsenic of potash in ague patients) (This footnote added by R. Hughes.)

3) MMP, ARSENICUM

Figure 10.3 Side-effects of drugs
Provings and Posology: 10. Do conventional medicine’s observations of the reactions of the human organism and Hahnemann’s concept coincide?

1025. Trembling, anxious, he is afraid that he cannot refrain from killing some one with a sharp knife. *(In a fever patient, after taking arsenite of potash.)* (This footnote added by R. Hughes.)

4) MMP, BELLADONNA
Vertigo. (Symptoms observed in whooping-cough patients to whom *large doses of the extract* had been administered.) (This footnote added by R. Hughes.) *(Effects of grain doses* of powdered leaves given for pemphigus.) (This footnote added by R. Hughes.)

5) MMP, BELLADONNA
10. Giddy swaying. *(Poisoning* of several persons.) (This footnote added by R. Hughes.) (Symptom observed in a patient taking *an infusion of Belladonna* for some mammary indurations.) (This footnote added by R. Hughes.)

6) MMP, CONIUM,
Vertigo. *(Symptoms observed in patients taking conium.)* (This footnote added by R. Hughes.)

7) MMP, OPIUM
Vertigo. *(Observations on patients.)* (This footnote added by R. Hughes.)

8) CD, DIGITALIS PURPUREA,
15. Indifference and lack of interest. (Effects of D. in a case of enlarged heart.) (This footnote added by R. Hughes.)

9) CD, DIGITALIS PURPUREA
150. Swelling of the lips. *(From overdosing an ascitic patient with D.)* (This footnote added by R. Hughes.)

10) CD, IODIUM
15. Restlessness. *(Observations on patients.)* (This footnote added by R. Hughes.)

11) CD, IODIUM
40. Vertigo. (Observations on patients.) (This footnote added by R. Hughes.)

12) CD, SULPHURICUM ACIDUM
25. Stupor of mind. *(Observation on fever patients.)* (This footnote added by R. Hughes.)

Some provings are actually side effects of allopathic-chemical drugs
13) CD, SULPHURICUM ACIDUM
145. Salivation, with quickened pulse. *(Observations on patients with cutaneous diseases.)* (This footnote added by R. Hughes.)
10.4 Provings from toxicology

Also, Hahnemann in Organon of Healing Art in paragraph 110 mentions that “previous authors had observed symptoms to result from medicinal substances, when taken into the stomach of healthy persons, either in large doses given by mistake or in order to produce death in themselves or others, as histories of poisoning and as proofs of the pernicious effects of these powerful substances.” (Hahnemann et al., 2004) In MMP (Hahnemann, 2004) and CD (Hahnemann, 2008), he reports a lot of symptoms from poisonings from toxicology as provings, for example:

1) MMP, ARSENICUM
Vertigo (aft. 12 h.) (Poisoning of woman.) (This footnote added by R. Hughes.)

2) MMP, ARSENICUM
5. Giddy in the head. (Cases of poisoning in healthy adults.) (This footnote added by R. Hughes.)

3) MMP, ARSENICUM
10. Loss of sensation and consciousness, so that he knew not what was going on. *(Poisoning of adult.)* (This footnote added by R. Hughes.)

4) MMP, BELLADONNA
10. Vertigo and trembling of the hands, so that she could not do anything with them. *(Poisoning of four adults.)* (This footnote added by R. Hughes.)

5) MMP, BELLADONNA
10. Giddy swaying. *(Poisoning of several persons.)* (This footnote added by R. Hughes.)

6) MMP, BELLADONNA
30. Weakness of mind. *(Poisoning of an adult.)* (This footnote added by R. Hughes.)

7) CD, ARSENICUM
85. Loss of sensation and consciousness, so that he knew not what happened to him. *(Poisoning of adult.)* (This footnote added by R. Hughes.)

8) CD, ARSENICUM
210. Contortion of the eyes and of the muscles of the neck. *(Poisoning of adult.)* (This footnote added by R. Hughes.)

9) CD, ARSENICUM
330. Burning in the fauces. *(Poisoning of adult.)* (This footnote added by R. Hughes.)

10) CD, COLOCYNTHIS
85. Indescribable colic. (Case of poisoning.) (This footnote added by R. Hughes.)

11) CD, COLOCYNTHIS
100. Colic. (Case of poisoning.) (This footnote added by R. Hughes.)

12) CD, COLOCYNTHIS
245. The skin of the whole body desquamates. *(Poisoning.)* (This footnote added by R. Hughes.)

As Morrell denotes most of the remedies in homœopathy initially came from the allopathic materia medica. (Morrell) Moreover, he states: “*The proving is in fact merely a mild and subtle form of poisoning.*
**Provings and Posology:**

10. Do conventional medicine’s observations of the reactions of the human organism and Hahnemann’s concept coincide?

**what we might term a 'micro-poisoning',** during which the power of the drug 'takes hold' of the prover and so reveals its therapeutic 'sphere of action’.” (Morrell)

Consequently, up-to-date reports of symptoms from poisonings are proofs of the effects of the substances, which mean that are provings. Herscu denotes: “Looking at the modern toxicology of a substance should be considered as part of a rough proving, just as Hahnemann looked at toxicology known in his time. *The toxicology offers us the general characteristics of the substance as well as the specific organs that the remedy may influence.*” (Herscu, 2002)

Raeside denotes: “Organotropism (organ or tissue affinity) is a most interesting phenomenon in toxicology. Just as each element has fixed chemical and physical properties, so each one has certain organs or tissues in the body on which it will selectively act as a poison. This applies to all substances which are poisons, but it varies according to the dose. A massive overdose will poison every organ... Yet post mortem examination will show some organs or tissues more loaded than others. Similarly when we read through the list of symptoms of any well proven remedy, it seems as if every possible symptom is covered by every one of them. As with poisons, a careful examination will show that the effect of each remedy is individual in its collection of symptoms. Many elements resemble each other, as do many plants or animals; the same applies to poisons and to drug proving. The clinical picture of a subacute or chronic poisoning will differ from that of acute fatal overdose. The reason is of course the time allowed for the body to react, not just the organotropism. It is for this reason no doubt that our drug provings do not always have an exactly similar picture of their action, when compared with the toxicology...

Some people are more affected by certain poisonous substances, while others appear to be quite insensitive and able to handle or consume the poison with immunity. In industry, for instance, it is a very small minority who develop dermatitis from beryllium or tellurium or a hundred other minerals and chemicals. The same applies to plastic clothes and certain metal jewelry, i.e. only a few people develop some signs of poisoning in the wide sense we have been considering.

When it comes to medical poisons...we expect a small percentage of sensitive patients to develop adverse reactions... *Idiosyncrasy and allergy or anaphylactic reactions are the grey figures who shadow all advances in drug therapy...*

Turning now to drug provings...it is not just a question of being a sensitive; it is more a question of *the degree of sensitivity.*” (Raeside, 1996)
So, conventional medicine’s observations and Hahnemann’s ideas have common ground, because both prescribe the reactions of the human organism. The difference between Hahnemannian homeopathy and conventional medicine lies in interpretation on these reactions and, according to this interpretation, in the method of the cure.
10.5 Summary and conclusions

Conventional medicine’s observations and Hahnemann’s ideas have common ground, because both prescribe the reactions of the human organism.

Hypersensitivity diseases, such as asthma, hay fever, allergies, food hypersensitivities are, according to conventional medicine, the reaction of the immune system of the organism to some substances. Allergic constitutions produce symptoms either by smelling, eating or touching a substance, just like Hahnemann’s records of provings. (Hahnemann, 2004) In fact, all allergic reactions that have been recorded so far are, actually, provings.

According to Hahnemann, sensitive subjects are best suited for provings. (Hahnemann et al., 2004) But this is no different to what is accepted in pharmacology, that is, that a substance is only able to affect a physiological response because there are already receptors present to which their molecules fit precisely. (Dimitriadis, 2007) “Even in physiology, it is accepted that there must be some level of predisposition for any substance to actually evoke a response.” (Dimitriadis, 2007)

Up-to-date reports of the dangerous effects of medicines (side-effects) are actually provings. (Hahnemann et al., 2004) (Hahnemann, 2004) (Hahnemann, 2008) As G.Vithoulkas states, “all side-effects of allopathic-chemical drugs are nothing else but provings”. (Vithoulkas, 2000)

Also, Hahnemann records a lot of symptoms from poisonings from toxicology as provings. (Hahnemann et al., 2004) (Hahnemann, 2004) (Hahnemann, 2008) Up-to-date reports of symptoms from poisonings are proofs of the effects of the substances, which mean that are provings. “The proving is in fact merely a mild and subtle form of poisoning, what we might term a 'micro-poisoning'. “(Morrell)

Consequently, we could classify provings in those that are contacted from large doses, namely poisonings according to medical terminology, and in those that are contacted from potentized doses upon sensitive provers, namely hypersensitivity reactions according to medical terminology.

So, the difference between Hahnemannian homœopathy and conventional medicine lies in interpretation on the reactions of the human organism (hypersensitivity diseases, side-effects of allopathic-chemical drugs, poisonings from toxicology) and, according to this interpretation, in the method of the cure.
Provings and Posology: Do conventional medicine’s observations of the reactions of the human organism and Hahnemann’s concept coincide?

- All allergic reactions that have been recorded so far are, actually, provings.
- Sensitive subjects are best suited for provings. Even in physiology, it is accepted that there must be some level of predisposition for any substance to actually evoke a response.
- All side-effects of allopathic-chemical drugs are nothing else but "provings".
- Hahnemann records a lot of symptoms from poisonings from toxicology as provings. The proving is in fact merely a mild and subtle form of poisoning, what we might term a 'micro-poisoning'.
- We could classify provings in those that are contacted from large doses, namely poisonings according to medical terminology, and in those that are contucted from potentized doses upon sensitive provers, namely hypersensitivity reactions according to medical terminology.

Table 10.3 Allergic reactions, side-effects of drugs, poisonings are provings
11. Conclusions

Drug provings (homoeopathic pathogenetic trials) are the “corner stone” of homoeopathy (Vithoulkas, 2008), because the validity of homoeopathic Materia Medica and of homoeopathic repertory depends on provings reliability. So, it is very important to preserve provings credibility with a Homoeopathic Drug Proving Protocol. It is a basic requirement to add in the Homoeopathic Drug Proving Protocol the precise methodology of the proving’s posology, since in the protocol there is lack of a strategy about the posology. This addition will help to gain scientific knowledge from provings as scientific experiments and give the potential to reproduce the results in testing for falsifiability.

Hahnemann’s methodology of proving’s posology seems to be the best choice to start a research about a methodology of proving’s posology that will be added in the Homoeopathic Drug Proving Protocol, since “Hahnemann's doctrine has been fully substantiated in its fundamental principles and the reprovings of medicines instituted by the homoeopathic physicians in Vienna have confirmed the correctness of Hahnemann's records.” (Griesselich, 1849) “Our written record of provings originated with Hahnemann and the value of his works on materia medica may be measured by the subsequent success and growth of Homœopathy, which itself relied on their accuracy.” (Dimitriadis) Moreover, G.Vithoulkas’, G.Dimitriadis’, J.T.Kent’s and P.Herscu’s observations from daily practice of Homœopathy verify Hahnemann’s ideas about provings. (Vithoulkas, 2008) (Vithoulkas, 2000) (Vithoulkas, 2002) (Dimitriadis) (Kent, 2009) (Herscu, 2002) Furthermore, conventional medicine’s observations and Hahnemann’s observations of provings are alike, because both describe the reactions of the human organism.

Hahnemann’s initial provings were conducted with simple substances and tinctures. (Hahnemann, 2004) (Hahnemann, 2008) From a careful study of Materia Medica Pura, The Chronic Diseases and other resources it is clear that Hahnemann was using in his provings grain doses, scruple doses, drachm doses, even ounce doses and other material doses like the seeds, the juice, the root or the leaves of the plant. (Hahnemann, 2004) (Hahnemann, 2008) Also, there are several provings in Materia Medica Pura and in The Chronic Diseases that Hahnemann and his associates did using potentized medicines, such as from the 1st trituration and 9th dilution, from the 30th dilution, from the 3d trituration, from the 18th dilution. (Hahnemann, 2004) (Hahnemann, 2008) Furthermore, there have been recorded some especial provings from touching the magnet and
from wearing or handling or carrying the medicine. (Hahnemann, 2004) (Hahnemann, 2008)

These especial provings does not set an example, but are the exception that proves the rule. Hahnemann in Organon (Hahnemann et al., 2004) of medicine in paragraph 130 explains the reason why the above provings took place. Only when “the experimenter is endowed with sufficiently delicate sensiveness” (Hahnemann et al., 2004) provings from handling, or wearing, or carrying the medicine can take effect. G.Vithoulkas explains that for every person there is a large enough dose that will produce symptoms in his organism and this dose may be different for each individual accordingly to the sensitiveness to the medicine. (Vithoulkas, 2000) So, only if someone is very sensitive to Arsenicum, for example, he can prove symptoms of Arsenicum just from carrying Arsenicum in the pocked.

From studing Hahnemann’s concepts of proving’s posology in Organon of Healing Art (Hahnemann et al., 2004) we conclude that:

1. Hahnemann classifies the substances in those that are strong and those of milder power.
2. Potentized doses can produce symptoms only to sensitive provers.
3. The best provings are accomplished when, by chance, a prover is sufficiently sensitive as to react to a single dose, for then the genius of the symptoms can be seen due to the clear distinction between the primary effects (those most important) and the after-effects (secondary). But we cannot know beforehand the sensitivity to a particular substance, and therefore, it is a matter of luck, that is why Hahnemann suggests beginning with a smaller dose and gradually increasing.
4. Begin with the higher potencies, and gradually increase the dose, and decrease the potency.
5. The proper dose for a proving is the smallest single dose that can produce proving effects on a prover. The proper dose depends on the power of the substance (strong or of milder power) and on the sensitivity of the prover to the substance.

So, the correct method, according to Hahnemann, is to begin with the higher potencies, and gradually increase the dose, and decrease the potency. (Hahnemann et al., 2004) But, Hahnemann states, also, that the best provings are accomplished when, by chance, a prover is sufficiently sensitive as to react to a single dose. (Hahnemann et al., 2004)

G.Vithoulkas’ suggestion in order to pre-select the most sensitive provers is to start giving the substance in sub-toxic doses. Then increase the dose by more frequent repetitions. So, those that started having
symptoms on the first, second or third day are the most sensitive. In a second phase give potentized doses to the most sensitive. (Vithoulkas, 2000) (Vithoulkas, 2002)

P.Herscu, also, suggests collecting symptoms of only those provers who demonstrate a definite sensitivity to the substance. (Herscu, 2002) He suggests conducting provings accumulating symptoms in three phases: “Phase One is represented by the substance’s toxic symptoms. Phase Two is conducted with the 6C, 12C, or 30C potencies (expected to produce more general symptoms). Phase Three - a critical, final step - is conducted with 200C or 1M potencies, which are given to only those provers who in the earlier phase were identified as being sensitive test subjects.” (Herscu, 2002) So, this is again the idea of the pre-selection of the most sensitive provers for provings of substances in potency.

P.Herscu states: “Individual predisposition allows for certain factors to be experienced as Stress in one individual and yet not be felt by others. People experiencing an environmental agent as Stress will respond by Straining back. It is the Straining back that produces the signs and symptoms that patients feel and homœopaths inquire about. This is true if the Stress is a virus or a bacteria and it is also true of a proving substance. The substance is nothing more than an agent that Stresses people who are predisposed to feel that agent. This again, shows that the proving substances are the same as other agents and are the same as what we see when we give a homœopathic remedy to a patient....Previous provings did not list the constitutional make up of the prover. When reading a proving it is as if all provers were the same, all neutral participants...Individual susceptibility rules in provings, just as it does in practice.” “The prover’s predispositions are equal partners with the proving substance: one contributing the Stress and the other the predisposition to the Stress and then the response, the Strain.” (Herscu, 2002)

F.Dantas denotes that “the point of a proving is to identify true symptoms, discriminating the signal (symptoms caused by the substance being tested) from the noise (confounding factors such as the myriad events, incidents and spontaneous changes of daily life, and the symptoms and sensations related to them)”. (Flávio Dantas et al., 2007b) Some methodologies for separating the individual symptoms from the remedy-proving symptoms are the use of placebo, the “optional cross-over design”, the pre-selection of the most sensitives provers, the administration of individualised homœopathic remedies on a double-blind basis. (Koster, Van Haselen, Jansen, & Dicke, 1998) (Ernst, E., Resch, K. L., 1995) (Vickers, McCarney, P Fisher, & van Haselen, 2001)

Signorini suggests that toxins should be the first choice to use in provings and he encourages repeating provings until the symptoms are
almost always the same. (Andrea Signorini, 2007b) P.Herscu suggests that substances to be proven are: a) all the substances that people have been interacting with for a long time, especially things that were used as medicines, or foods, b) any substance that living beings are made of e.g. sulphur, natrium muriatikum, phosphorus, calcarea, c) any substance that easily poisons us. (Herscu, 2002) G.Vithoulkas, also suggests: “Categories to potentize are toxic substances, as we know that these substances effect people, remedies that are used already, but which have poor indications as well as those substances that our bodies are made out of and that are used to maintain homeostasis, as we have with calcium, salt, sulphur, and phosphorus.” (Vithoulkas, 2002)

Consequently, the proper posology of the dose in a proving is not the same for all substances and for all provers. The proper dose depends on the power of the substance (strong or of milder power) (for example toxins or not toxins), that is the easiness of the substance to imprint its characteristic symptoms upon provers, and on the sensitivity of the prover to the substance. Accordingly, we could classify provings in those that are conducted from large doses, namely poisonings (according to medical terminology), and in those that are conducted from potentized doses upon sensitive provers, namely hypersensitivity reactions (according to medical terminology). We could classify provings in those that are conducted mostly because of the toxicity of the substance, namely poisonings (according to medical terminology) and in those that are conducted mostly because of the sensitivity of the prover to the substance that we prove, namely hypersensitivity reactions or side effects of allopathic-chemical drugs (according to medical terminology).

P.Herscu denotes that once the drug is diminished greatly, one finds an interesting point; some people are more sensitive than others. (Herscu, 2002)

Where is the difference between a poison and a drug? What factors make a dose of a substance to act either as a poison or as a drug? The factors are the toxicity of the substance, the sensitivity of the prover and the posology of the dose. If we administer a standard dose of the same substance then the different reactions upon the provers depend on the sensitivity of the prover. This is exactly the point of pharmacogenetic research. If we administer upon the same prover a standard dose of different substances then the different reactions depend on the toxicity of each substance. This is exactly the point of toxicology research. If we administer upon the same prover the same substance on different doses then the different reactions will depend on the posology of the dose. “Anybody who doubles their amount of intake of daily salt will start having severe symptomatology after a few days of such increased intake
and the same is obviously true with quinine or with any other substance.” (Vithoulkas, 2000)

The symptoms that are produced from a particular substance depend on the sensitivity of the prover and on the posology that is administered. The symptoms that a particular prover produces depend on the toxicity of each substance and on the posology of each substance that is administered. The symptoms that are produced from a particular dose depend on the toxicity of each substance and on the sensitivity of the prover.

Toxicity is the degree to which a substance can damage a living or non-living organism. In this project I define toxicity as the power of the substance that is the easiness of the substance to imprint its general symptoms upon provers. A central concept of toxicology is that effects are dose-dependent; even water can lead to water intoxication when taken in too many doses, whereas for even a very toxic substance such as snake venom there is a dose below which there is no detectable toxic effect. We cannot say that a substance is toxic or not toxic; we can say rather that it has a great or small degree of toxicity, as we cannot say that a prover is sensitive or not sensitive, but rather that it has a great or small degree of sensitivity. However, for practical reasons in this project we will use the terminology of a toxic substance and a sensitive prover. The toxic effects that are produced from a substance are much more when we grow the posology of the dose and are much less when we diminish the dose.

But the hypersensitivity reactions, that are produced when an allergen comes into contact with an organism that is sensitive to that substance, does not depend only on the amount of allergen. The matter in this situation is more complicated because the predisposition of the organism is a crucial factor that effects the interaction between the allergen and the organism.

Conversional medicine’s experiments present that there is no toxicity in solutions with saturation below Avogadro’s number. But what about the individual predispositions-sensitivities of the organism? In solutions with saturation below Avogadro’s number the sensitivity-predisposition of the organism is there. What do conversional medicine’s experiments say about the posology in hypersensitivity reactions?

_The degree to which a substance can effect a living organism, which is an interaction matter, depends both on the toxicity of the substance and on the sensitivity of the organism to that particular substance. In order a substance to produce symptoms on an organism either the substance must have a great degree of toxicity, or the dose must be large enough as to increase the toxicity of the substance, or the organism must have a great degree of sensitivity to this particular substance._
If we administer a toxic substance in a large enough dose in an organism with no sensitivity to this particular substance, then toxic symptoms will be produced. If we administer a solution of a substance that has no toxicity because its saturation is below Avogadro’s number in an organism that have a great degree of sensitivity to this particular substance, then hypersensitivity reactions could be produced, according to the experience of homœopathy. As the individual predisposition is not prerequisite for toxic symptoms to be produced (if we increase the dose finally every organism will produce symptoms), with the same concept toxicity is not prerequisite for hypersensitivity reactions to be produced (if we diminish the dose only sensitive organisms will produce symptoms).

While toxic effects are dose-dependent, hypersensitivity reactions are “predisposition-dependent”. While toxic effects are not produced from solutions with saturation below Avogadro’s number, hypersensitivity reactions are not produced on organisms that are not sensitive. And, while toxic effects are produced on organisms that are not sensitive, hypersensitivity reactions are produced from solutions with saturation below Avogadro’s number.

When the organism has great sensitivity to a substance, severe symptoms can occur even if the substance is given in very small doses, like in hypersensitivity reactions. The greater the sensitivity of the organism to the substance, the lower doses of the substance can cause symptoms.

Hypersensitivity reactions, according to the homeopathic terminology, are provings from very low doses to potentized doses. And the sensitivity of the prover to the substance is a prerequisite for hypersensitivity reactions (or provings from potentized doses) to be produced.

While in toxicology we speak about the toxic effects, in immunology we speak about the hypersensitivity reactions.

Proving is an interaction. A living organism interacts with a substance. Idiosygracy, the individual predispositions-sensitivities of a living organism interact with the toxicity of this substance. This interaction produces an action (primary action, the derangement of the vital force, according to Hahnemann’s terminology) and a reaction (secondary action, the antagonistic reaction of the vital force, according to Hahnemann’s terminology). It is important to note that both primary and secondary actions as are described by Hahnemann are in fact reactions of the living organism. As we don’t have all the same genetics predispositions, we don’t react all with the same manner to the drug’s action. We cannot all produce the same reaction to the drug’s action. We can discriminate two types of primary actions, the effect of the substance
upon the organism that depends on the toxicity of that particular substance and the reaction of the living organism that depends on the predisposition-sensitivity of that particular organism to that particular substance we prove. The secondary reaction as defined by Hahnemann is the exact opposite reaction to the primary reaction, the exact opposite symptoms to the primary symptoms.

Kent states: “When the patient is under the poisonous influence of a drug it does not seem to flow in the direction of his life action, but when the reaction comes then the lingering effects of the drug seems to flow, as it were, in the stream of the vital action.” (Kent, 2009)

P.Herscu states: “Primary symptoms in their grossest form can be thought of and seen in the toxicology of the drug...When the Stess of the drug is great, as in a toxic dose, only a fragment of the true picture of the remedy is seen. These are mostly the primary symptoms. Homeopaths throughout time have suggested that this type of information is incorrect and not to be relied upon. We, along with Kent, find that secondary effects are of greatest importance in defining the precise nature of a medicine.” “When medicines are prescribed in potentized form, primary toxic effects are for the most part minimized, while the majority of new symptoms produced will be solely due to the reactive Straining response of the patient.” (Herscu, 2002) Moreover, Herscu denotes: “…looking at the modern toxicology of a substance should be considered as part of a rough proving, just as Hahnemann looked at toxicology known in his time. The toxicology offers us the general characteristics of the substance as well as the specific organs that the remedy may influence.” (Herscu, 2002) In fact, both toxic and potentized doses produce the primary reaction of the organism. There are two types of primary reactions, the primary reaction of the living organism to toxic doses and the primary reaction of the living organism to potentized doses. The primary reaction of the living organism to toxic doses depends mainly on the toxicity of the substance; the primary reaction of the living organism to potentized doses depends mainly on the sensitivity of the organism to the substance. The primary reaction of the living organism to toxic doses, described by the toxicology, offers the general characteristics of the substance and the organs which the substance affects. The primary reaction of the living organism to potentized doses is more important in defining the precise nature of the drug. When drugs are administered in potentized doses, the primary toxic effects are reduced, while the majority of new symptoms are mainly the primary reactions due to the sensitivity of the organism to the substance.

As the posology of the dose goes up, the toxicity of the substance goes up and the intensity of the toxic primary action goes up (as it happens in poisonings) and could cover the primary reaction due to the sensitivity of
the organism to the substance. As the posology of the dose is diminished, the intensity of the toxic primary action is diminished, and the primary reaction due to the sensitivity of the organism to the substance is free to be developed.

In provings we should record all the interactions between the living organism and the substance. We have to record both types of primary actions. That is why we need information both from toxicology and from provings in potency upon sensitive provers.

_Hahnemann in aphorism 137 states that primary action is the most worth knowing._ (Hahnemann et al., 2004) The primary reaction due to the sensitivity of the organism to the substance is the most important because this is the knowledge that will lead us to the keynotes of the drug. Amongst the primary reactions due to the sensitivity of the organism to the substance will be the symptoms characteristic and individualizing of the interaction between the substance and the sensitive prover. That type of primary reactions depends on the prover’s sensitivity to that substance, which is in fact the sensitivity of the patient that will have to cure in practice. That type of primary reactions describes that sensitivity and lead to the correct prescription and to the cure of the patient.

So, we could classify provings in those that are contacted because of the toxicity of the substance (namely poisonings according to medical terminology) and are in fact the toxic primary actions and in those that are conducted because of the sensitivity of the prover to the substance that we prove (namely hypersensitivity reactions or side effects of allopathic-chemical drugs according to medical terminology) and are in fact another type of primary actions.

In order to find which is the best posology for a proving we have to know which type of primary action we want to produce in that proving. Large doses, that act mostly because they increase the toxicity of the substance, produce mostly the toxic primary action. Potentized doses, that act because they activate the sensitivities of the prover, produce mostly the primary reaction due to the sensitivity of the organism to the substance.

The toxic primary action (toxicology) offers us the general characteristics of the substance as well as the specific organs that the remedy may influence and act as a guide that will help us to discriminate the signal from the noise in provings with potencies.

In clinical practice of homœopathy we try to find the correct medicine for our patient that will interact with him or her and stimulate his or her sensitivities in order to react. In clinical practice we want to provoke the secondary action, the reaction of the organism that is the curative action. The organism by this reaction will cure itself. So, in
clinical practice we prescribe the substance that will interact with the sensitivities of our patient. We prescribe the substance in potentized doses in order to avoid the toxic primary reaction of the organism, in order to avoid a great homœopathic aggravation of symptoms.

In homœopathy we treat our patient as a living organism (cognitive-semiotic system) that has the capability to react. In conventional medicine the patient is treated as a subject that should not have reactions and when this subject reacts (i.g. side effects, hypersensitivity reactions) conventional medicine records that reaction as an exception to the rule. But the fact that the patient reacts as every living organism is not the exception but the rule.

So, in clinical practice of homœopathy we want to choose the substance that will stimulate the secondary reaction of the organism. Consequently in provings we want mostly to describe the primary reaction that will cause that secondary reaction. To stimulate the entire primary response (both types) in a proving, both toxic and potentized doses should be administered. In order in a proving to produce the primary reaction due to the sensitivity of the organism to the substance, the prover must be sensitive to that particular substance. In order to discriminate the primary reaction due to the sensitivity of the organism to the substance from the toxic primary action, the dose should be diminished. If the dose is not diminished, the toxic primary action, due to the toxicity of the substance, will cover the primary reaction due to the sensitivity of the organism to the substance. In order to distinguish the primary reaction due to the sensitivity of the organism to the substance from all the other primary reactions due to the sensitivity of the organism to other various stimuli, it is useful to know all the toxic primary actions that are produced from that substance, that is the general characteristics of that substance and the organs that the substance influences.

The provings-primary reactions that are conducted due to the sensitivity of the prover to the substance that we prove are the most important. In such provings the dose must be diminished in order the toxic primary action to be diminished and in order the primary reaction due to the sensitivity of the organism to the substance to be developed more clearly.

As in clinical practice of homœopathy we search for the correct substance that will interact with our patient and our patient will be cured, in provings we search for the “correct” prover that will interact with our substance and will produce the characteristic symptoms of that interaction. The interaction between the substance and the living organism, either on clinical practice, or on provings, when the dose is
diminished, depends mostly on the predisposition-sensitivity of the living organism to that particular substance.

Herscu denotes: “A perfect proving would have a totally healthy person developing clear symptoms, or a somewhat ill person who has very clear symptoms and loses those symptoms. **It does not matter which direction you begin with.** All we have to do is recall what it is we are attempting to discover” (Herscu, 2002)

As proving is described as every interaction between living organisms and substances, then we can say that all the effects, therapeutic effects, side effects, adverse effects, allergic reactions of drugs are actually provings.

An attempt to understand and describe the phenomenon of proving through the view of semiotic processes of Peirce (1931-1935; 1967; 1998) would introduce the proving as a semiotic process. (Queiroz & El-Hani, 2004) The toxic primary action (which acts as the Sign Y) is the medium which communicates, transmit a form-predisposition (habit-rule of action-a permanence of some relation-the fact that something would happen under certain conditions) (De Tienne, 2003; Hulswut, 2002; Bergman, 2000) embodied in the substance we study (which acts as the Object X) to the Interpretant Z which is the primary reaction due to the sensitivity of the organism to the substance.

The interpretant (the primary reaction due to the sensitivity of the organism to the substance) is determined by the object (the substance) through the mediation of the sign (toxic primary action). This is a result from two determinative relations: the determination of the sign (toxic primary action) by the object (the substance) relatively to the interpretant (the primary reaction due to the sensitivity of the organism to the substance) (the object-the substance determines the sign-toxic primary action relatively to the interpretant-the primary reaction due to the sensitivity of the organism to the substance), and the determination of the interpretant (the primary reaction due to the sensitivity of the organism to the substance) by the sign (toxic primary action) relatively to the object (the substance) (the sign-toxic primary action determines the interpretant-the primary reaction due to the sensitivity of the organism to the substance relatively to the object-the substance). (Queiroz & El-Hani, 2004)
The semiotic process of the organism (cognitive system) is the transmission of a form-predisposition from the substance we study (Object X) to the Interpretant Z which is the primary reaction due to the sensitivity of the organism to the substance. The Interpretant is what happens to the person who interprets. The living organism is the interpreter of the sign (representamen). This communication results in restricting the behavior of the interpreter. (Queiroz & El-Hani, 2004) To interact one organism needs to select one kind of reaction, must choose one activation of the code (we are talking for selectively activation and organizational closure), should be limited to one specific way to respond.

“Semiosis can be defined as a self-corrective process involving cooperative interaction between its three components. Such a self corrective behavior depends on the capability of semiotic systems of using signs as media for the transmission of forms from objects to interpretants so as to constrain their own behavior.” (Queiroz & El-Hani, 2004) The relation between the sign (toxic primary action) and the object (substance) logically depends on a law-like mediation by the interpretant.
(symbol) (the primary reaction due to the sensitivity of the organism to the substance). The sign (toxic primary action) is a symbol of the object (substance). The interpretant (the primary reaction due to the sensitivity of the organism to the substance) stands for the object (substance) through the sign (toxic primary action) by a determinative relation of law, rule of convention. A symbolic system can be described as the embodiment of a law like form transmission from the object (substance) to the interpretant (the primary reaction due to the sensitivity of the organism to the substance) through the mediation of a sign (toxic primary action).

The Dynamical Interpretant is the real result of the Semiosis that is the primary reaction due to the sensitivity of the organism to the substance produced in a specific organism-interpreter, in a particular circumstance, in a particular phase of the study of the Sign. The Immediate Interpretant is the breadth of possible primary reactions due to the sensitivity of the organism to the substance may cause a Sign. The Dynamical Interpretant is the most likely primary reaction due to the sensitivity of the organism to the substance between all the primary reactions due to the sensitivity of the organism to the substance could be caused (Immediate Interpretant). The Immediate Object is the substance, as represented in the Sign that is the toxic primary action of the substance. The Immediate Object is the Object-substance as the Sign-toxic primary action itself represents and is depended upon the Representation of it in the Sign-toxic primary action, from the Dynamical Object. (Queiroz & El-Hani, 2004) The Dynamical Object is the reality (Queiroz & El-Hani, 2004), the true substance that interacts interpretative with the organism. The Dynamical Object can only indicate and contrives to determine the Sign (toxic primary action) to its Representation. (Queiroz & El-Hani, 2004) The Immediate Object of a sign (toxic primary action) is the object (substance) as it is immediately given to the sign (toxic primary action), is the Dynamical Object in its semiotically available form (Queiroz & El-Hani, 2004).

In provings that are classified as the toxic primary action and depend on the toxicity of the substance, the living organism has not yet interprete the substance, the substance has not yet acquired a meaning for the living organism, the living organism is not yet sensitive towards the substance. In this case the substance is not perceived by the organism (loss of meaning) (Spyrou, T., & Arnellos A., 2002). If nothing matters, matter is everything. Once the living organism is organized against the stimulus of the substance and the primary reaction due to the sensitivity of the organism to the substance emerges, through the interaction, then the substance has acquire a meaning for the living organism or otherwise, according to medical terminology, the living organism is sensitized to the
substance. So when the toxic primary action takes place the organism is mechanically reorganized, while when the primary reaction due to the sensitivity of the organism to the substance takes place the organism is self-organized and new qualities (new information) are emerged. The connection between the toxic primary action and the substance is material, while the connection between the primary reaction due to the sensitivity of the organism to the substance and the substance is essentially symbolic. The higher the dose of the substance, the more strongly and quickly the toxic primary action is produced, and the greater the sensitivity of the prover in fact more strongly and quickly the primary reaction due to the sensitivity of the organism to the substance is produced.

The substances through successive interactions with living organisms have accomplished to “sign” upon the living organisms, to make a “semiosis” upon the living organisms. The substances through successive interactions with living organisms have managed to gain meaning for living organisms and transfer predispositions on living organisms. Substances communicate tacit knowledge-predispositions in living organisms. When talking about living organisms, talk about cognitive systems that learn to develop mechanisms of reactions to various stimuli, such as the substances. This is a learning process, an evolutorial process, of living organisms. This is the phenomenon of sensitization of living organisms toward the substances, according to the medical terminology.

Repeated interactions between substances and living organisms teach in living organisms to develop mechanisms to respond. According to Kent we are sensitized against a substance when we get the substance repeatedly in toxic doses. (Kent, 2009) This is the phenomenon of structural coupling. “The interaction between systems is explained as the story of repeated interactions leading to structural agreement (correspondence) between two or more systems.” (Maturana & Varela, 1987) The continuous interactions between a living organism (structural ductile system) and a substance will produce a continued adoption of the system structure. “This structure will determine the situation of the system and the area of the permissible harassments and will allow the function of the system in the environment without decomposition.” (Varela, 1979)

In order to explain the phenomenon of tolerance that a living organism develops towards substances, we could say that through repeated interactions and learning of the body to react against a substance, the secondary reaction of the body (that is the exact opposite reaction to the primary symptoms) is strengthened and "wins" the primary
action of the substance. In this way the body develops tolerance to the toxic effect-primary action of the substance.

However, primary reactions due to the sensitivity of the organism to the substance (e.g. hypersensitivity reactions) may even result in death, when the sensitivity of the living organism against the substance is very great, as toxic primary actions may result in death, when the toxicity of the substance is very great. In clinical practice of homoeopathy the dose of the medicine must be greatly diminished in order any type of primary actions not to be produced. The dose must be so greatly diminished that even primary reactions due to the sensitivity of the organism to the substance are not produced. The same organism with a particular sensitivity to a particular substance as a patient must take smaller dose than as a prover, because as a prover we want to produce the primary reaction and as a patient we want only to activate the secondary reaction.

Thus, the various reaction mechanisms that are developed from the body do not always lead to self preservation of the body. As some reaction mechanisms lead to the death of the organisms that develop them, eventually, the reaction mechanisms that lead to self preservation of the organisms predominate. This is the phenomenon of natural selection, for which Patte says that is necessary for the production function or meaning in the genetic DNA. (Patte, 1997)

However, living systems are cognitive systems and life as a process is a process of cognition. (Maturana & Varela, 1980) The cognition is the ability of a system (organism) to distinguish (in a form of reaction) between isolated phenomena in the environment. “The cognition is the ability of systems that exhibit flexibility, adaptability and effective changes during structural coupling. The goal is to maintain autopoiesis. The cognitive function is the effective behavior of a living system within a range of interactions. A cybernetic system only perceives what appears as possible harassment of its targets.” (Spyrou, T., & Arnellos A., 2002) A living organism is sensitized towards stimuli that disturb its objectives. Sensitive organism toward a substance is the organism that "knows" how to react to the stimulus of the substance, is the organism that has already construct his reaction to the substance in a previous interaction with the substance or has inherited this knowledge from previous generations and therefore, is the organism that reacts faster. As suggested by Vithoulkas (Vithoulkas, 2002), the first provers to develop symptoms (reactions) from sub-toxic doses are the most sensitives.

All living organisms, when the dose is greatly increased, eventually develop symptoms, this means they all show a degree of sensitivity to the substance. All substances, when the sensitivity of the organism is greatly increased, eventually cause symptoms, this means all substances have a degree of toxicity. The greater the toxicity of the substance, eventually
some symptoms (reactions) will occur, this means that all living organisms show a degree of sensitivity to all substances. As the sensitivity of an organism to a substance is increased, eventually some symptoms (reactions) will occur, even from the salt, this means that all substances present a degree of toxicity.

Knowledge cannot be passively absorbed from the environment, but must be constructed by the system itself. The environment clarifies inadequate models, destroying the systems that use them, but it does not lead the systems. The organism constructs its own models of reaction and the environment assesses their success or failure. (Spyrou, T., & Arnellos A., 2002)

The organisms of higher complexity have developed an efficient method of production models, the learning process. The models-rules (primary and secondary reactions) are reconstructed or strengthened depending on their success in controlling harassments. These models (reactions) are subjective constructions and not objective reflections of external reality. The organism during constructing its models (reactions) is involved in selected interactions independently of the expected natural eventuality.

We could say that the processes that an organism is involved are divided into those that are governed by a natural necessity (toxic primary actions) and those that are not governed by a natural necessity, but are processed after selection of the system itself (primary reactions due to the sensitivity of the organism to the substance). In the case of primary reactions due to the sensitivity of the organism to the substance there is no universality of physical laws, there are only habit formation.

The system (the organism) in order to select its interactions and construct its reactions should be separated from the environment. So, the organism should develop a cognitive (epistemic) cut with its environment. (Spyrou, T., & Arnellos A., 2002) This is an active border (interface) that is involved in processes measurement and control, which require the coupling between the time-dependent processes (toxic primary actions) and the independent of time symbolic structures (primary reactions due to the sensitivity of the organism to the substance). The matter (toxic primary actions) and the symbols (primary reactions due to the sensitivity of the organism to the substance) are complementary. With the development of cognitive (epistemic) cut the system cognizes the environment and constructs its reactions. With the development of cognitive (epistemic) cut, automatically, information asymmetry between the system (organism) and the environment (substances) is generated. Finally, new information emerges to recursively self preserved systems through developing the primary reactions due to the sensitivity of the organism to the substance.
Finally, the substance acquires meaning for the interpreter-living organism once the interpreter has organized his primary reaction due to the sensitivity of the organism to the substance, that is once the interpreter has been sensitized to the substance.

Through this type of evolutionary semiotic processes, idiosyncracies of living organisms with specific predispositions have been created. We could certainly say that in addition to the substances, other type of stimuli as well act with the same way that is communicate predispositions in organisms, sensitize the organisms, causing the emergence of primary and secondary reactions and ultimately the evolution of species and of the capacity of self preservation.

The ability of the secondary reaction of the living organism could be described according to the terminology of biosemiosis as the ability of the recursive self preservation. The interpreter-organism should be a recursively self preserved system in order to ensure a basic level of communication.

During the homeopathic treatment, this property of recursively self preservation we want to induce in order the living organism to cure itself, be self preserved. The interaction between a specific harassment and a living organism, in some cases (according to the power of the harassment, the sensitivity of the organism to the harassment and the power of the organism), leads to the appearance of symptoms that constitute the primary and secondary reactions of the organism to that particular harassment.
Figure 11.2 Interaction between a specific harassment and a living organism causes the primary reaction (symptoms)
The homœopathic remedy that has been found to cause the same symptoms, i.e. the same primary reaction, when interacts with sensitive to that particular remedy organisms, is prescribed.

Figure 11.3 Interaction between the organism and the homœopathic remedy

The interaction between the organism and the homœopathic remedy produces the same primary reaction of the organism, the same symptoms and hence the same secondary reaction. The secondary
reaction as defined by Hahnemann is the exact opposite reaction to the primary symptoms. So it is induced the homœopathic aggravation of primary symptoms, the primary reaction of the organism is strengthened and causes a greater secondary reaction. When the effect of the homœopathic medicine is gone, homœopathic aggravation of primary symptoms will go away and the stronger secondary reaction of the organism will fight the primary action of the stimulus. Finally, the organism will balances in a healthy state.

In fact, when talking about of interaction between an organism and a particular harassment, we are talking about of series (chains) of semiotic processes (Queiroz & El-Hani, 2004) in which the Interpretant- primary reaction acts as a new Sign to produce a new Interpretant that is a new primary reaction, which in turn will constitute a new Sign. “An interpretant is both the third term of a given triadic relation and the first term (sign) of a subsequent triadic relation. This is the reason why semiosis cannot be defined as an isolated triad; it necessarily involves chains of triads.” (Queiroz & El-Hani, 2004)

![Figure 11.4 Chain of triads-semiotic processes](image)

The organism, finally, ends up (balances) in one health state and some symptoms are appeared. The organism, eventually, reaches the point to construct a specific primary reaction, a specific symptomatology in response to the stimulus. The administration of the homœopathic medicine strengthens the organism's primary reaction (homeopathic aggravation) and hence his secondary reaction, namely its ability of the recursive self preservation, acting as a new stimulus (object) on the
organism, which pushes the organism to continue its semiotic processes, according to the direction that had already taken.

![Diagram of homoeopathic processes](image)

**Figure 11.5 The homoeopathic medicine triggers a new chain of triads-semiotic processes**

In this way the organism has the opportunity to balance to a new more successful equilibrium, health state. The more sensitive the organism is to homoeopathic medicine, the more the homoeopathic remedy can communicate, interact with the organism, strengthening the secondary reaction of the organism, that is the organism's ability to recursive self preservation. Hahnemann said that as the dose is increased, that is as the toxicity is increased, so the secondary reaction of the organism is increased. However, it is true that as the sensitivity of the organism to the substance is increased, so the secondary reaction of the organism is increased. Very high doses, due to the great degree of toxicity, can cause the secondary reaction of the organism and thus to heal itself, but the patient will suffer due to the great homoeopathic aggravation. Very low doses when are administered to very sensitive organisms can cause the secondary reaction of the organism and thus to heal itself without the great homoeopathic aggravation of toxic doses. The homoeopathic remedy gives a boost to the organism to continue its semiotic processes in the direction he had chosen. The more sensitive the organism is in the homoeopathic medicine, so much greater will be the impetus provided to the organism in order to continue constructing its secondary reaction.
Regarding the proving dose, Hahnemann says that the proper dose for a proving is the smallest single dose that can produce proving effects on a prover. (Hahnemann et al., 2004) That is the proper dose for the production of the primary action due to the sensitivity of the organism to the substance. **Firstly, we must collect the toxicological data**, the toxic primary action of that particular substance we prove, in order to help us as a guide to discriminate the signal from the noise. (Vithoulkas, 2002) (Herscu, 2002) The best provings are accomplished when, by chance, a prover is sufficiently sensitive as to react to a single dose, because then a clear distinction between the primary effects and the secondary effects can be done. (Hahnemann et al., 2004)

G.Vithoulkas and P.Herscu propose a pre-selection methodology for potency proving trials. (Vithoulkas, 2000) (Vithoulkas, 2002) (Herscu, 2002) This is a methodology that helps to select the most sensitive provers in order to identify true symptoms, separating the individual symptoms from the remedy-proving symptoms. The most sensitive provers can have reliable symptoms specific to the medicine. These symptoms are very likely to be verified clinically as keynotes of the
proving substance. The pre-selection strategy could help homeopathy to build a valid Materia Medica and repertory on reliable provings. So, the European Committee for Homeopathy (ECH)-Subcommittee Drug Provings could test this methodology through experiment in order to add this pre-selection strategy to the Homœopathic Drug Proving Protocol.

The correct method, according to Hahnemann, is to begin with the higher potencies, and gradually increase the dose, and decrease the potency. (Hahnemann et al., 2004) Hahnemann suggests this method because with this method mostly the primary action is produced and Hahnemann states that this action is the most worth knowing.

Moreover, many of today’s provings are placebo-controlled trials from potentized, recurrent doses, according to Hahnemann’s ideas. Some examples of placebo controlled trials-provings from potentized, recurrent doses are Riley’s proving of Veronica officinalis (12CH) (David S. Riley, 1995b), a single blind proving of Mancinella (2x, 30CH) (Lentheric, 1997), Savulescu’s proving of Quercus robur (Savulescu et al., 2000), three single blind pilot studies with Arsenicum bromatum (30CH) (Signorini, 2000), two double blind provings of Plumbum metallicum (Plumbum) (30CH) and Piper methysticum (30CH) (A Signorini et al., 2005), Riley’s and Zagon’s double blind proving of RNA (2x) (Riley, 1994) (Riley, 2003) (D Riley & Zagon, 2005), Julian’s single blind proving of RNA (30CH, 7CH, 3x) (Julian, 1978), S.Brien’s double blind proving of Belladonna (30CH) (Brien, 2003), Attena’s double blind trial of Oscillococcinum (Attena, Toscano, Agozzino, & Del Giudice, 1996), two double blind provings of potentized Etna Lava (30CH) and potentized H2O2 (30CH) (Dominici, Bellavite, di Stanislao, Gulia, & Pitari, 2006) and a double blind trial with Belladonna (30CH, 12CH) (A. Walach & Ernst-Heiber, 1995).

Some examples of placebo controlled, double blind, cross-over trials-provings from potentized, recurrent doses are Koster’s optional cross-over proving (6x, 30CH) (Koster et al., 1998), Vickers’ cross-over trial with Bryonia as the trial medication (12CH) (Vickers et al., 2001), a clinical cross-over study with Aconitum napellus (30CH) (Piltan D, Rist L, Simões-Wüst P, Saller R, 2009), two provings of Acidum malicum (12CH) and Acidum ascorbicum (12CH) (P Fisher & F Dantas, 2001) and Dr.Templeton’s and Dr.Raeside’s provings (1x, 2x, 3x, 6x, 7x, 12x, 6CH, 8CH, 12CH, 30CH, 200CH) (Raeside, 1962).

However the results of these provings are not satisfactory. In the strategy of the most of the current provings there is lack of Hahnemann’s concept of the individual predisposition-sensitivity. Most of the current provings are conducted with potency doses. But, potency doses produce symptoms only on sensitive provers. New proving methods, as G.Vithoulkas’ (Vithoulkas, 2000) (Vithoulkas, 2002) and P.Herscu’s
(Herscu, 2002) suggestions, based on Hahnemann’s (Hahnemann et al., 2004) concepts could be developed, in order to have more valid provings.

Moreover, Benveniste J. in his in vitro experiment explores the inhibitory effect of highly diluted histamine and Apis mellifica solutions on anti-IgE induced basophil degranulation. (B Poitevin, Davenas, & Benveniste, 1988) According to the researcher of this thesis, this is a proving in a cellular level of high dilutions of Apis mellifica and Lung histamine on human basophils. B.Poitevin explains that differing sensitivity between individual blood donors plays a crucial role. (B Poitevin, Davenas, & Benveniste, 1988) So, even in this proving in a cellular level it is denoted the importance of the individual sensitivities of the provers.

Two studies, an exploratory systematic review of 156 provings by F.Dantas (Flávio Dantas et al., 2007a) (Flávio Dantas et al., 2007b) and a comparative study of placebo-controlled trials of homœopathy and allopathy (Shang et al., 2005), reveal many serious problems in the conduct of homœopathic pathogenetic trials.

A review of 156 provings by F.Dantas reveals heterogeneity of design in current provings, poorly reported criteria for selection of effects, lack of consistency in the way symptoms are extracted from provings, inadequate use of placebo, inadequate dosage and repetition in volunteers who are not highly sensitive. (Flávio Dantas et al., 2007a) (Flávio Dantas et al., 2007b)

In a comparative study of placebo-controlled trials of homœopathy and allopathy, 110 homœopathy trials and 110 matched conventional-medicine trials were analysed and, according to the study, there was weak evidence for a specific effect of homœopathic remedies. (Shang et al., 2005)

P.Herscu denotes that some of the fallacies in many current proving strategies are lack of blinding and placebo control, excessive emphasis on dreams, failure to take into account the “Hawthorne effect” (how a patient’s focusing on his symptoms can cause even more, imagined symptoms to arise, behaviour is changed if the person knows he is the subject of a study), the inclusion of symptoms noted by those participants taking placebo, lack of the concept of the individual predisposition. (Herscu, 2002)

Furthermore, nowadays, modern ideas for provings have come along, that have been integrated and confused with Hahnemann’s concepts of provings. Many “new ideas” are demolishing the credibility of the provings and destroying the theory and practice of real Hahnemannian homœopathy. According to the concept of these modern provings in order to have proving symptons there is no need provers to take a dose (material or potentized) of the proving substance. In these “new”
provings, either placebo doses are enough to produce a lot of symptoms or one potentized dose is enough to produce a lot of symptoms in all provers without regard to their individual sensitivities.

In the proving of Thiosinamine from Tony Grinney placebo doses were enough to produce a lot of symptoms. (Grinney, 2001) M.Norland’s “meditation group provings” were conducted by meditating upon the medicine, by holding it, by looking at it, by one member holding the concept/image of a thing in their mind (the sender) while the group has sat in a period of silence and self-observation (the receivers). (Norland, 2000) J.Scholten’s method of group analysis is a “metaphysical” way of proving. (Scholten, 1993) (Scholten, 2007) His suggestion is to predict the picture of the remedy. (Scholten, 1993) (Scholten, 2007) According to the “new idea” of the “communal consciousness” from Sankaran, the effect of the dose multiplies when taken collectively. (Sankaran, 1998) (Sankaran, 1998) Sankaran suggests an entire group of persons to take a dose of the remedy, a few days before or even during a seminar, and then discussing the effects of the dose during the seminar. (Sankaran, 1998) Furthermore, J.Sherr supports the idea of provers comparing experiences among each other and the idea that dreams uncover the deeper meaning of the remedy. (Sherr, 1994) According to Walach’s theory of entanglement, there is entanglement between verum and placebo in all clinical trials and people respond to homeopathy even if they do not take the medicine. (Walach H, Sherr J, Schneider R, Shabi R, Bond A, Rieberer G, 2004) In S.Brien’s double blind trial-proving of Belladonna “subjects who reported symptoms during the placebo run-in period (“presentiment provers”) were more likely to report symptoms during the treatment period” and, as Lewith, Brien and Hyland mention, “presentiment provers were those individuals who reported true proving symptoms during the placebo run-in week”. (Brien, 2003) (G.T. Lewith, Sarah Brien, & Hyland, 2005) It is fair to denote that the idea of presentiment provers is not the basic idea of their research; this is more likely an idea in an experimental level. In fact, this observation agrees with Hahnemann’s conception, “presentiment provers” are the “predisposed” provers, the provers that have the tendency (predisposition) (idiosyncrasy) to produce symptoms similar to those caused by the substance of the proving, when they interact with various environmental stimuli.

There is nothing wrong in new ideas appearing, as far as these are not intermixed with Hahnemann’s, and do not destroy the principles of Hahnemannian homeopathy. Before accepting these modern ideas, the homoeopathic community should examine them closely and test them, as was already done with Hahnemannian homeopathy. Otherwise false provings with imaginary symptoms will cause tremendous confusion as
to what symptoms belong really to the remedy and Hahnemannian Homœopathy will fall into oblivion.


G.Vithoulkas has observed that a high potency of a dissimilar remedy, (unhomeopathic) to the disease, will seldom affect a patient. (Vithoulkas, 2008) So, according to G.Vithoulkas’ observations (Vithoulkas, 2008), provings from a wrong remedy in a high potency in patients in daily practice are seldom which confirms Hahnemann’s (Hahnemann et al., 2004) concept that potentized doses can produce symptoms only to sensitive provers. Also, G.Dimitriadis’ has observed that a high potency of a dissimilar remedy will seldom produce an observable effect. (Dimitriadis) However, some current provings from one dose of a high potency as J.Sherr’s proving of hydrogen (potencies ranging from 6CH to 200CH) (School & Sherr, 1992), Sankaran’s proving of Coca-Cola (30CH) (Sankaran, 1998) and N.Herrick’s provings of eight new animal remedies (30CH) (Herrick, 1998) gave too many symptoms on many provers after the first or second dose without at least a first step of selecting the most sensitive provers.

Moreover, conventional medicine’s observations and Hahnemann’s ideas are alike, because both prescribe the reactions of the human organism. All allergic reactions (according to medical terminology) that have been recorded so far are, actually, provings (according to Hahnemann’s terminology). Sensitive subjects are best suited for provings. “Even in physiology, it is accepted that there must be some level of predisposition for any substance to evoke a response.” (Dimitriadis) Furthermore, “all side-effects of allopathic-chemical drugs are nothing else but provings.” (Vithoulkas, 2000) Moreover, Hahnemann reports a lot of symptoms from poisonings from toxicology as provings. (Hahnemann, 2004) (Hahnemann, 2008) “The proving is in fact merely a mild and subtle form of poisoning, what we might term a micro-poisoning.” (Morrell)

So, the difference between Hahnemannian homeœopathy and conventional medicine lies in the interpretation on the reactions of the human organism (hypersensitivity diseases, side-effects of allopathic-chemical drugs, poisonings from toxicology) and, according to this interpretation, in the method of the cure.
On the contrary, in daily practice of conventional medicine there have never been observed poisonings from meditation or dreams or communal consciousness or by looking at the medicine.

But knowledge comes through experience and so far only the experience of modern teachers confirms new ideas about provings. Is that enough to rely on? Of course not, these new ideas and these modern provings need further exploration before trusting them.

There is nothing wrong in “new” ideas appearing, as far as these are not accepted without testing them intently. Even if there is a truth in these provings, even if meditation upon the medicine, or prediction of the picture of the remedy, or “communal consciousness”, or by looking at the medicine could result on symptoms, how can we distinguish the individual symptoms (noise) from the remedy-proving symptoms (signal) in these provings? As, the aim of a proving is to gain knowledge about the innate character of the medicine, the characteristic “remedy picture”, how will these modern provings help to identify true symptoms, characteristics of the remedy? If we accept all symptoms from “new” provings as proving symptoms and include them to repertory, then every symptom will belong on every remedy, all the remedies will begin to look alike and in the “new” repertory upon every rubric will appear every remedy. As this “new” repertory will be almost unusable, in the practice of homœopathy, how would we discriminate the correct remedy for our patient? The proving reflects the clinical practice. In the clinical practice of homœopathy, when we will have to heal the patient, how will we do that, since our repertory will be useless as a tool and the selection of the correct medicine will be impossible? Will we predict or dream which the correct medicine is? Will we meditate upon the idea that we cure the patient? Will we predict that we heal the patient? Will we dream that the patient is cured?
12. Περίληψη στην Ελληνική Γλώσσα

Η διεξαγωγή της διπλωματικής εργασίας έγινε έχοντας ως μέλημα τρεις κύριους στόχους. Ο πρώτος στόχος ήταν η έρευνα των ποσοτήτων που χρησιμοποιούσε ο Hahnemann στα proving του και η κατανόηση της θεωρίας του. Ο δεύτερος στόχος ήταν η συλλογή πληροφοριών από τις νέες μεθοδολογίες πάνω στα proving και ένας σύντομος απολογισμός τους. Ο τρίτος στόχος ήταν η διερεύνηση μίας καινούργιας προσέγγισης σχετικά με τις ποσότητες που θα πρέπει να χρησιμοποιούνται στα proving, η οποία ακολουθεί την θεωρία του Hahnemann για τις ιδιαίτερες υπερευαισθησίες των prover.

Στις μέρες μας η πραγματοποίηση proving είναι ένα από τα πιο σημαντικά ερευνητικά θέματα στην Ομοιοπαθητική. Συνεπώς, πολλές νέες μεθοδολογίες για τα proving εμφανίζονται συνεχώς. Τα αποτελέσματά αυτής της έρευνας προτείνουν σαφώς ότι η μπορεί να μην χρησιμοποιούνται ως έγκυρες μέχρι η ομοιοπαθητική κοινότητα να τις εξετάσει ενδελεχώς και να τις εγκρίνει. Διαφορετικά, ψεύτικα proving που οδηγούν σε φανταστικά συμπτώματα θα προκαλέσουν τεράστια σύγχυση όσον αφορά το ποια είναι τα πραγματικά συμπτώματα του κάθε φαρμάκου.

Όπως προαναφέρθηκε, η μελέτη αυτή εστιάζεται στην παρουσίαση και την ανάλυση μιας συγκεκριμένης μεθοδολογίας που σχετίζεται με την δοσολογία του Hahnemann στα proving. Η κατάλληλη ποσότητα δόσης για να επιτευχθεί ένα proving, κατά τον Hahnemann, δεν είναι η ίδια για όλες τις ουσίες και για όλους τους prover. Η κατάλληλη ποσότητα δόσης εξαρτάται από την ισχύ της ουσίας (πχ. τοξικότητα), δηλαδή την ευκολία με την οποία η ουσία εντυπώνει την χαρακτηριστική της εικόνα πάνω στους prover, και από την υπερευαισθησία του prover στην ουσία που επεξεργάζομαι. Ακολούθως, θα μπορούσαμε να κατατάξουμε τα proving σε αυτά που διεξάγονται από μεγάλες δόσεις, όπως είναι οι δηλητηριώδεις (σύμφωνα με την ορολογία της συμβατικής ιατρικής), και σε αυτά που διεξάγονται από δυναμοποιημένες δόσεις πάνω σε ευαίσθητους prover, όπως είναι οι δηλητηριώδεις (σύμφωνα με την ορολογία της συμβατικής ιατρικής). Θα μπορούσαμε να κατατάξουμε τα proving σε αυτά που διεξάγονται από μεγάλες δόσεις, όπως είναι οι δηλητηριώδεις (σύμφωνα με την ορολογία της συμβατικής ιατρικής) και σε αυτά που διεξάγονται από δυναμοποιημένες δόσεις πάνω σε ευαίσθητους prover, όπως είναι οι δηλητηριώδεις (σύμφωνα με την ορολογία της συμβατικής ιατρικής). Θα μπορούσαμε να κατατάξουμε τα proving σε αυτά που διεξάγονται από μεγάλες δόσεις, όπως είναι οι δηλητηριώδεις (σύμφωνα με την ορολογία της συμβατικής ιατρικής) και σε αυτά που διεξάγονται από δυναμοποιημένες δόσεις πάνω σε ευαίσθητους prover, όπως είναι οι δηλητηριώδεις (σύμφωνα με την ορολογία της συμβατικής ιατρικής).
Ο Ρ. Herscu δηλώνει ότι όταν μειώνουμε σε μεγάλο βαθμό τη δόση του φαρμάκου τότε γίνεται εμφανές ότι κάποιοι οργανισμοί είναι πιο ευαίσθητοι από κάποιους άλλους. (Herscu, 2002)

Πού βρίσκεται η διαφορά ανάμεσα σε ένα δηλητήριο και σε ένα φάρμακο; Ποιοι είναι οι παράγοντες που οδηγούν τη δόση μιας ουσίας να δρα είτε ως δηλητήριο είτε ως φάρμακο; Οι παράγοντες είναι η τοξικότητα της ουσίας, η ευαίσθησια-προδιάθεση του prover και η ποσότητα της ουσίας που θα χορηγηθεί. Εάν χορηγήσουμε την ίδια δόση της ίδιας ουσίας τότε οι διαφοροτικές αντιδράσεις που θα καταγράψουμε από τους prover εξαρτώνται από τις προδιαθέσεις του κάθε prover. Αυτό ακριβώς μελετάει τη φαρμακογενετική. Εάν χορηγήσουμε στον ίδιο prover την ίδια δόση από διαφοροτικές ουσίες τότε οι διαφοροτικές αντιδράσεις που θα καταγράψουμε εξαρτώνται από την τοξικότητα της κάθε ουσίας. Αυτό ακριβώς μελετάει τη τοξικολογία. Εάν χορηγήσουμε στον ίδιο prover την ίδια ουσία σε διαφοροτικές δόσεις τότε οι διαφοροτικές αντιδράσεις που θα καταγράψουμε εξαρτώνται από την ποσότητα που χορηγούμε σε κάθε δόση.

Δείτε τον ακόλουθο κατάλογο των συμπτώματα που προκαλεί μία συγκεκριμένη ουσία εξαρτώνται από την ευαίσθηση του prover σε αυτήν την ουσία και από την ποσότητα της ουσίας που χορηγείται. Τα συμπτώματα που ένας συγκεκριμένος prover παράγει εξαρτώνται από την τοξικότητα της κάθε ουσίας και από την ποσότητα της κάθε ουσίας που χορηγούμε. Τα συμπτώματα που παράγονται από μια συγκεκριμένη δόση εξαρτώνται από την τοξικότητα της κάθε ουσίας και από τις προδιαθέσεις του κάθε prover.

Τοξικότητα είναι ο βαθμός που μία ουσία μπορεί να βλάψει ένα ζωντανό ή μη ζωντανό οργανισμό. Σε αυτή την μελέτη χρησιμοποιώ τον όρο της τοξικότητας ως την δύναμη της ουσίας, δηλαδή την ευκολία με την οποία η ουσία εντυπώνει τα γενικά χαρακτηριστικά του καθένας prover. Βασική αρχή της τοξικολογίας είναι ότι τα συμπτώματα είναι δοσοεξαρτώμενα. Όσο αυξάνουμε την δόση, τόσο αυξάνονται ο αριθμός και η ένταση των τοξικών συμπτωμάτων. Όσο μειώνουμε τη δόση, τόσο μειώνονται η ένταση και ο αριθμός των τοξικών συμπτωμάτων.

Τι παρατηρούμε όμως στις αντιδράσεις υπερευαισθησίας; Οι αντιδράσεις υπερευαισθησίας που προκαλούνται όταν ένα αλλεργιογόνο έρθει σε επαφή με ένα ζωντανό οργανισμό είναι ευαίσθητος σε αυτή την ουσία δεν εξαρτώνται μόνο από την ποσότητα του αλλεργιογόνου. Σε αυτή την περίπτωση σημαντικότερο ρόλο παίζει η προθεσμία του οργανισμού στην συγκεκριμένη ουσία, η οποία προθεσμία επηρεάζει την αλληλεπίδραση του αλλεργιογόνου και στον οργανισμό.

Οι μελέτες της συμβατικής ιατρικής παρουσιάζουν ότι σε διαλύματα με συγκέντρωση χαμηλότερη του αριθμού Avogadro δεν υπάρχει τοξικότητα. Τι συμβαίνει όμως με την υπερευαισθησία-
προδιάθεση του κάθε οργανισμού; Σε διαλύματα με συγκέντρωση χαμηλότερη του αριθμού Avogadro η γενετική προδιάθεση-ευαισθησία του κάθε οργανισμού εξακολουθεί να υφίσταται.

Ο βαθμός με τον οποίο μία ουσία μπορεί να επιδράσει πάνω σε έναν ζωντανό οργανισμό εξαρτάται αφενός από την τοξικότητα της ουσίας και αφετέρου από την ευαισθησία του οργανισμού στην συγκεκριμένη ουσία. Για να προκαλέσει μία ουσία συμπτώματα σε έναν οργανισμό θα πρέπει είτε η ουσία να έχει μεγάλο βαθμό τοξικότητας, είτε η δόση να είναι αρκετά μεγάλη ώστε να αυξάνει την τοξικότητα της ουσίας, είτε ο οργανισμός να είναι ευαίσθητος σε αυτήν την συγκεκριμένη ουσία.

Εάν χορηγήσουμε μία τοξική ουσία σε αρκετά μεγάλη δόση σε έναν οργανισμό που δεν έχει προδιάθεση σε αυτήν την συγκεκριμένη ουσία, τότε τοξικά συμπτώματα θα παραχθούν. Εάν χορηγήσουμε ένα διάλυμα με συγκέντρωση χαμηλότερη του αριθμού Avogadro όπου δεν υπάρχει τοξικότητα σε έναν οργανισμό που είναι υπερευαίσθητος σε αυτήν την ουσία, τότε αντιδράσεις υπερευαισθησίας μπορούν να προκληθούν, σύμφωνα με την εμπειρία της ομοιοπαθητικής. Όπως η προδιάθεση δεν είναι προαπαιτούμενη για να εμφανιστούν τοξικά συμπτώματα, με το ίδιο σκέπτικο και η τοξικότητα δεν είναι προαπαιτούμενη για να προκληθούν αντιδράσεις υπερευαισθησίας.

Ενώ τα τοξικά συμπτώματα είναι δοσοεξαρτώμενα, οι αντιδράσεις υπερευαισθησίας είναι εξαρτώμενες κυρίως της ευαισθησίας του οργανισμού στην συγκεκριμένη ουσία. Ενώ τα τοξικά συμπτώματα δεν προκαλούνται από διαλύματα με συγκέντρωση χαμηλότερη του αριθμού Avogadro, οι αντιδράσεις υπερευαισθησίας δεν παράγονται από οργανισμούς που δεν είναι ευαίσθητοι στην συγκεκριμένη ουσία. Και ενώ τοξικές δράσεις παράγονται σε οργανισμούς που δεν είναι ευαίσθητοι στην συγκεκριμένη ουσία, οι αντιδράσεις υπερευαισθησίας μπορούν να προκληθούν από διαλύματα με συγκέντρωση χαμηλότερη του αριθμού Avogadro.

Όταν ο οργανισμός διαθέτει μεγάλη ευαισθησία απέναντι σε μία ουσία, έντονη συμπτωματολογία μπορεί να προκληθεί ακόμη και εάν η ουσία χορηγηθεί σε πολύ μικρές δόσεις, όπως συμβαίνει και στις αντιδράσεις υπερευαισθησίας. Όσο μεγαλύτερη είναι η ευαισθησία του οργανισμού απέναντι στην ουσία τόσο χαμηλότερες δόσεις της ουσίας μπορούν να προκαλέσουν συμπτώματα.

Οι αντιδράσεις υπερευαισθησίας, σύμφωνα με την ομοιοπαθητική ορολογία, είναι proving από πολύ μικρές εως δυναμοποιημένες δόσεις. Και η ευαισθησία του proving στην ουσία που μελετούμε είναι προαπαιτούμενη για να προκληθούν αυτές τις αντιδράσεις υπερευαισθησίας-proving από δυναμοποιημένες δόσεις.

Ενώ στην τοξικολογία χρησιμοποιούμε τον όρο τοξική δράση, στην ανοσολογία χρησιμοποιούμε τον όρο αντίδραση υπερευαισθησίας.
Το proving είναι μία αλληλεπίδραση. Ένας ζωντανός οργανισμός αλληλεπιδρά με μία ουσία. Η ιδιοσυγκρασία, οι γενετικές προδιαθέσεις-ευαισθησίες του ζωντανού οργανισμού αλληλεπιδρούν με την τοξικότητα της ουσίας. Με αυτόν τον τρόπο προκαλείται μία δράση (πρωτογενής δράση, η αποδιοργάνωση της ζωτικής δύναμης, κατά τον Hahnemann) και μια αντίδραση (δευτερογενής δράση, η ανταγωνιστική αντίδραση της ζωτικής δύναμης, κατά τον Hahnemann). Είναι σημαντικό να τονιστεί ότι και η πρωτογενής και η δευτερογενής δράση που περιγράφει ο Hahnemann είναι στην πραγματικότητα αντιδράσεις του ζωντανού οργανισμού. Όπως δεν έχουμε όλοι τις ίδιες γενετικές προδιαθέσεις, δεν αντιδρούμε όλοι με τον ίδιο τρόπο στην δράση του φαρμάκου.

Ο P. Herscu δηλώνει: «Τα πρωτογενή συμπτώματα σε χονδρειδή μορφή μπορούν να εμφανιστούν στην τοξικολογία ενός φαρμάκου... Όταν την ειδίκευση ενός φαρμάκου είναι έντονο, όπως συμβαίνει στις τοξικές δόσεις, μόνο ένα μέρος της εικόνας του φαρμάκου αποκαλύπτεται. Αυτά είναι κυρίως τα πρωτογενή συμπτώματα. Πολλοί ομοιοπαθητικοί κατά καιρούς έχουν εκφράσει την άποψη ότι αυτού του είδους η πληροφορία είναι λανθασμένη και ότι δεν μπορούμε να βασιστούμε πάνω της. Εμείς, όπως και ο Kent, πιστεύουμε ότι οι δευτερογενείς δράσεις έχουν μεγαλύτερη σημασία για την διευκρίνιση της φύσης του φαρμάκου.» «Όταν τα φάρμακα συνταγογραφούνται σε δυναμοποιημένη μορφή, οι πρωτογενείς τοξικές δράσεις μειώνονται, ενώ η πλειοψηφία των νέων συμπτωμάτων που παράγονται οφείλεται μόνο στην αντίδραση του ασθενή» «Η μελέτη της μοντέρνας τοξικολογίας μίας ουσίας θα πρέπει να θεωρείται ως μέρος ενός χονδρειδού proving, όπως ο Hahnemann μελετούσε την τοξικολογία της εποχής του. Η τοξικολογία μας προσφέρει τα γενικά χαρακτηριστικά μιας ουσίας και τα όργανα πάνω στα οποία η ουσία επιδρά.» (Herscu, 2002) Στην πραγματικότητα οι τοξικές δόσεις και οι δυναμοποιημένες δόσεις προκαλούν την πρωτογενή αντίδραση του οργανισμού. Πρόκειται για δύο είδη πρωτογενείς αντιδράσεις, η πρωτογενής αντίδραση του οργανισμού στις τοξικές δόσεις και η πρωτογενής αντίδραση του οργανισμού στις δυναμοποιημένες δόσεις. Η πρωτογενής αντίδραση του οργανισμού στις τοξικές δόσεις εξαρτάται κυρίως από την τοξικότητα της ουσίας, η πρωτογενής αντίδραση του οργανισμού στις δυναμοποιημένες δόσεις εξαρτάται κυρίως από την ευαισθησία του οργανισμού στην ουσία. Η πρωτογενής αντίδραση του οργανισμού στις τοξικές δόσεις εξαρτάται κυρίως από την ευαισθησία του οργανισμού στην ουσία. Η πρωτογενής αντίδραση του οργανισμού στις τοξικές δόσεις που περιγράφεται από την τοξικολογία, μας προσφέρει τα γενικά χαρακτηριστικά της ουσίας και τα όργανα πάνω στα οποία η ουσία επιδρά. Η πρωτογενής αντίδραση του οργανισμού στις δυναμοποιημένες δόσεις έχει μεγαλύτερη σημασία για την διευκρίνιση της φύσης του φαρμάκου. Όταν τα φάρμακα χορηγούνται σε δυναμοποιημένη μορφή, οι πρωτογενείς τοξικές αντιδράσεις μειώνονται, ενώ η πλειοψηφία των νέων
συμπτωμάτων που παράγονται οφείλεται κυρίως στις πρωτογενείς αντιδράσεις που οφείλονται στην ευαισθησία του οργανισμού στην ουσία.

Όσο η δόση αυξάνεται, η τοξικότητα της ουσίας αυξάνεται, η ένταση της τοξικής πρωτογενούς αντιδράσης αυξάνεται (όπως συμβαίνει στις δηλητηριάσεις) και καλύπτει την πρωτογενή αντιδράση που οφείλεται στην ευαισθησία του οργανισμού στην ουσία. Όσο η δόση μειώνεται, η ένταση της τοξικής πρωτογενούς δράσης μειώνεται και η πρωτογενής αντιδράση που οφείλεται στην ευαισθησία του οργανισμού στην ουσία μπορεί να αναπτυχθεί.

Στα proving θεμιτό είναι να καταγράφονται όλες οι αλληλεπιδράσεις ανάμεσα στον ζωντανό οργανισμό και στην ουσία. Είναι χρήσιμη η γνώση και των δύο είδών πρωτογενών δράσεων. Για αυτό χρειαζόμαστε πληροφορίες τόσο από την τοξικολογία όσο και από proving από δυναμοποιημένες δόσεις πάνω σε ευαίσθητους οργανισμούς.

Ο Hahnemann στον αφορισμό 137 δηλώνει ότι αξίζει να γνωρίζουμε περισσότερο την πρωτογενή δράση. (Hahnemann et al., 2004) Η πρωτογενής αντιδράση που οφείλεται στην ευαισθησία του οργανισμού στην ουσία είναι ιδιαίτερα σημαντική, επειδή αυτή είναι η γνώση που θα μας οδηγήσει στα συμπτώματα-κλειδιά του φαρμάκου. Αυτού του είδους τα πρωτογενή συμπτώματα εξαρτώνται από την ευαισθησία του prover στην συγκεκριμένη ουσία που μελετούμε, η οποία είναι στην πραγματικότητα η ευαισθησία του ασθενή που θα θεραπεύσουμε στην κλινική πράξη με αυτό το φάρμακο. Αυτού του είδους τα πρωτογενή συμπτώματα περιγράφουν αυτήν την ευαισθησία και οδηγούν στη σωστή συνταγογράφηση και στην θεραπεία του ασθενή.

Τα proving θα μπορούσαν να ταξινομηθούν σε αυτά που διεξάγονται εξαιτίας της τοξικότητας της ουσίας (όπως είναι οι δηλητηριάσεις κατά την ορολογία της συμβατικής ιατρικής), και είναι στην πραγματικότητα η τοξική πρωτογενής δράση της ουσίας, και σε αυτά που διεξάγονται εξαιτίας της ευαισθησίας του οργανισμού στην ουσία που μελετούμε (όπως είναι οι αντιδράσεις υπερευαισθησίας ή οι παρενέργειες των συμβατικών χημικών φαρμάκων κατά την ορολογία της συμβατικής ιατρικής), και είναι στην πραγματικότητα ένα άλλο είδος πρωτογενούς αντίδρασης του οργανισμού.

Για να μάθουμε ποια είναι η καλύτερη ποσότητα δόσης σε ένα proving, θα πρέπει να γνωρίζουμε ποιο είδος πρωτογενούς δράσης θέλουμε να προκαλέσουμε σε αυτό το proving. Οι μεγάλες δόσεις που δρουν κυρίως επειδή αυξάνουν την τοξικότητα της ουσίας, παράγουν κυρίως την τοξική πρωτογενή δράση. Οι δυναμοποιημένες δόσεις που δρουν επειδή διεγείρουν τις ευαισθησίες του prover, παράγουν κυρίως την πρωτογενή αντιδράση που οφείλεται στην ευαισθησία του οργανισμού στην ουσία.
Η τοξική πρωτογενής δράση (τοξικολογία) μας προσφέρει τα γενικά χαρακτηριστικά της ουσίας και τα όργανα που η ουσία επηρεάζει και δρά σαν οδηγός που θα μας βοηθήσει να διακρίνουμε τα χαρακτηριστικά συμπτώματα-κλειδία από τον «θόρυβο» στα proving με δυναμοποιημένες δόσεις.

Στην κλινική πράξη της ομοιοπαθητικής προσπαθούμε να βρούμε το σωστό φάρμακο για τον ή την ασθενή μας, το οποίο θα αλληλεπιδράσει με τον ή την ασθενή μας και θα ενεργοποιήσει τα ευαίσθητα σημεία του ή της ώστε ο οργανισμός του ή της να αντιδράσει. Στην κλινική πράξη θέλουμε να προκαλέσουμε την δευτερογενή δράση, την αντίδραση του οργανισμού, που είναι η θεραπευτική δράση. Ο οργανισμός με αυτή την αντίδραση θα θεραπεύει τον εαυτό του. Επομένως, στην κλινική πράξη συνταγογραφούμε την ουσία που θα αλληλεπιδράσει με τα ευαίσθητα σημεία του ασθενή μας. Η συνταγογράφηση γίνεται σε δυναμοποιημένες δόσεις για να αποφύγουμε την πρωτογενή τοξική αντίδραση του οργανισμού, για να αποφύγουμε την ομοιοπαθητική επιδείνωση των συμπτωμάτων. Στην ομοιοπαθητική αντιμετωπίζουμε τον ή την ασθενή μας ως ξωτανό οργανισμό που έχει την ιδιότητα να αντιδρά. Στην συμβατική ιατρική ο ασθενής αντιμετωπίζεται ως ζωντανό οργανισμό που έχει την ιδιότητα να αντιδρά. Στην συμβατική ιατρική ο ασθενής αντιμετωπίζεται ως ένα «αντικείμενο» που δεν έπρεπε να έχει αντιδράσεις και όταν αυτό το «αντικείμενο» αντιδρά (όπως συμβαίνει στις παρενέργειες των χημικών συμβατικών φαρμάκων και στις αντιδράσεις υπερευαισθησίας) τότε η συμβατική ιατρική καταγράφει αυτήν την αντίδραση ως εξαίρεση στον κανόνα. Ομως, το γεγονός ότι ο ασθενής ή η ασθενής αντιδρά όπως κάθε ζωντανός οργανισμός δεν είναι η εξαίρεση αλλά ο κανόνας. Συνεπώς, στην κλινική πράξη της ομοιοπαθητικής θέλουμε να επιλέξουμε την ουσία που θα προκαλέσει-ενεργοποιήσει την δευτερογενή αντίδραση του ασθενή μας. Επομένως, στα proving θέλουμε κυρίως να περιγράψουμε την πρωτογενή αντίδραση που θα προκαλέσει την δευτερογενή αντίδραση. Για να προκληθεί το σύνολο της πρωτογενούς αντιδράσεως (και τα δύο είδη) σε ένα proving, θα πρέπει να χορηγηθούν και τοξικές δόσεις και δυναμοποιημένες δόσεις. Για να προκληθεί η πρωτογενής αντίδραση, που οφείλεται στην ευαισθησία του οργανισμού στην ουσία, σε ένα proving, θα πρέπει ο prover να είναι ευαίσθητος στην ουσία που εξετάζουμε και για να διακρίνουμε την πρωτογενή αντίδραση, που οφείλεται στην ευαισθησία του οργανισμού στην ουσία από την τοξική πρωτογενή δράση η δόση θα πρέπει να είναι ελάχιστη. Εάν η δόση δεν είναι μειωμένη, η τοξική πρωτογενής δράση, εξαιτίας της τοξικότητας της ουσίας, θα καλύψει την πρωτογενή αντίδραση, που οφείλεται στην ευαισθησία του οργανισμού στην ουσία. Επίσης, για να διακρίνουμε την πρωτογενή αντίδραση, που οφείλεται στην ευαισθησία του οργανισμού στην ουσία που εξετάζουμε από όλες τις υπόλοιπες
πρωτογενείς αντιδράσεις, που οφείλονται στην ευαισθησία του οργανισμού στα διάφορα άλλα ερεθίσματα είναι χρήσιμο να γνωρίζουμε τις τοξικές πρωτογενείς δράσεις της ουσίας πάνω στον ανθρώπινο οργανισμό, δηλαδή τα γενικά χαρακτηριστικά της ουσίας και τα οργάνα που η ουσία επηρεάζει.

Τα proving, που πραγματοποιούνται εξαιτίας της ευαισθησίας του prover στην ουσία που εξετάζουμε, και είναι στην πραγματικότητα οι πρωτογενείς αντιδράσεις, που οφείλονται στην ευαισθησία του οργανισμού στην ουσία, έχουν την μεγαλύτερη αξία. Σε αυτού του είδους τα proving η δόση πρέπει να ελαχιστοποιείται για να ελαχιστοποιηθεί η τοξική πρωτογενής δράση και να αποκαλυφθεί η πρωτογενής αντίδραση, που οφείλεται στην ευαισθησία του οργανισμού στην ουσία.

Όπως στην κλινική πράξη της ομοιοπαθητικής ψάχνουμε για το σωστό φάρμακο που θα αλληλεπιδράσει με τον ασθενή μας και ο ασθενής μας θα θεραπευτεί, στα proving ψάχνουμε για τον «σωστό» prover που θα αλληλεπιδράσει με την ουσία που εξετάζουμε και θα παρουσιάσει τα χαρακτηριστικά συμπτώματα αυτής της αλληλεπίδρασης, και όχι μόνο της ουσίας. Η αλληλεπίδραση ανάμεσα σε μια ουσία και σε έναν ζωντανό οργανισμό, είναι στην κλινική πράξη, είναι στα proving, όταν η δόση είναι ελάχιστη, εξαρτάται από την προδιάθεση Αυτού του ζωντανού οργανισμού στην ουσία.

Καθώς ορίσαμε ως proving κάθε αλληλεπίδραση ανάμεσα σε έναν ζωντανό οργανισμό και σε μία ουσία, τότε μπορούμε να πούμε ότι όλες οι θεραπευτικές δράσεις, οι παρενέργειες, οι αντιδράσεις υπερευαισθησίας είναι στην πραγματικότητα proving.


Το ερμηνευμένο καθώς ορίσαμε ως proving, καθε αλληλεπίδραση ανάμεσα σε έναν ζωντανό οργανισμό και σε μία ουσία, τότε μπορούμε να πούμε ότι όλες οι θεραπευτικές δράσεις, οι παρενέργειες, οι αντιδράσεις υπερευαισθησίας είναι στην πραγματικότητα proving.

Το Δυναμικό Ερμηνευμένο είναι το πραγματικό αποτέλεσμα της σημείωσης, δηλαδή η πρωτογενής αντίδραση, που οφείλεται στην ευαισθησία του οργανισμού στην ουσία, η οποία παράγεται σε έναν συγκεκριμένο οργανισμό-ερμηνευτή, σε μία συγκεκριμένη περίπτωση, σε μία συγκεκριμένη φάση της μελέτης και εξέτασης του Σημείου. Το Άμεσο Ερμηνευμένο είναι το εύρος των πιθανών πρωτογενών αντιδράσεων, οι οποίες οφείλονται στην ευαισθησία του οργανισμού στην ουσία, που δύναται να προκαλέσει ένα σημείο. Το Δυναμικό Ερμηνευμένο είναι η πιο πιθανή πρωτογενής αντίδραση, που οφείλεται στην ευαισθησία του οργανισμού στην ουσία, ανάμεσα στο σύνολο αυτού του είδους των πρωτογενών αντιδράσεων που θα μπορούσαν να προκληθούν (Άμεσο Ερμηνευμένο). Το Άμεσο Αντικείμενο είναι η ουσία, όπως αναπαρίσταται από το ίδιο το Σημείο, δηλαδή από την πρωτογενή δράση της ουσίας. Το Δυναμικό Αντικείμενο είναι η πραγματική ουσία που αλληλεπιδρά ερμηνευτικά με τον οργανισμό. Το
Άμεσο Αντικείμενο είναι το Δυναμικό Αντικείμενο στην σημειωτικά διαθέσιμη μορφή του (Queiroz & El-Hani, 2004).

Στα proving που τα ταξινομήσαμε ως την τοξική πρωτογενή δράση και εξαρτόταν από την τοξικότητα της ουσίας, ο ζωντανός οργανισμός δεν έχει ακόμη ερμηνεύσει την ουσία, η ουσία δεν έχει ακόμη αποκτήσει νόημα για τον ζωντανό οργανισμό, ο ζωντανός οργανισμός δεν είναι ακόμη ευαισθήτος απέναντι στην ουσία. Σε αυτήν την περίπτωση η ουσία δεν γίνεται αντιληπτή από τον οργανισμό, μιλάμε για απώλεια νοήματος (Spyrou, T., & Arnellos A., 2002). Στην περίπτωση που τύποτα δεν έχει σημασία, η ύλη είναι το παν. Μόλις ο ζωντανός οργανισμός οργανωθεί απέναντι στο ερέθισμα της ουσίας, τότε η ουσία έχει αποκτήσει νόημα για τον ζωντανό οργανισμό ή αλλιώς, σύμφωνα με την ορολογία της συμβατικής ιατρικής, ο ζωντανός οργανισμός έχει ευαισθητοποιηθεί απέναντι στην ουσία.

Οπότε, κατά την τοξική πρωτογενή δράση πραγματοποιείται μηχανική αναδιοργάνωση του οργανισμού, ενώ κατά την πρωτογενή αντίδραση, που οφείλεται στην ευαισθησία του οργανισμού στην ουσία, πραγματοποιείται αυτοοργάνωση του οργανισμού και ανάδοση νέων ιδιοτήτων, νέως πληροφορίας. Η σχέση της τοξικής πρωτογενούς δράσης με την ουσία είναι υλική, ενώ η σχέση της πρωτογενούς αντίδρασης, που οφείλεται στην ευαισθησία του οργανισμού στην ουσία, με την ουσία είναι συμβολική. Όσο μεγαλύτερη είναι η δόση της ουσίας, τόσο πιο έντονα και γρήγορα θα εμφανιστεί η τοξική πρωτογενής δράση, ενώ όσο μεγαλύτερη είναι η ευαισθησία του οργανισμού τον προνεί στην ουσία τόσο πιο έντονα και γρήγορα θα εμφανιστεί η πρωτογενής αντίδραση, που οφείλεται στην ευαισθησία του οργανισμού στην ουσία.

Θα μπορούσαμε να πούμε ότι οι ουσίες μέσα από αλλεπάλληλες αλληλεπιδράσεις με τους ζωντανούς οργανισμούς έχουν καταφέρει να σημειώσουν πάνω στους ζωντανούς οργανισμούς, έχουν καταφέρει να αποκτήσουν νόημα για τους ζωντανούς οργανισμούς και να μεταφέρουν προδιαθέσεις πάνω στους ζωντανούς οργανισμούς. Οι ουσίες επικοινωνούν υπονοούμενη γνώση-προδιαθέσεις στους ζωντανούς οργανισμούς. Όταν μιλάμε για ζωντανούς οργανισμούς, μιλάμε για γνωστικά συστήματα που μαθαίνουν να αναπτύσσουν μηχανισμούς αντίδρασης στο διάφορα ερεθίσματα, όπως είναι και οι ουσίες. Πρόκειται για μία διαδικασία μάθησης και εξέλιξης των ζωντανών οργανισμών. Πρόκειται για το φαινόμενο της ευαισθητοποίησης των ζωντανών οργανισμών απέναντι στις ουσίες, σύμφωνα με την ορολογία της συμβατικής ιατρικής.

Οι επαναλαμβανόμενες αλληλεπιδράσεις των ουσιών με τους ζωντανούς οργανισμούς διδάσκουν στους ζωντανούς οργανισμούς να
αναπτύσσουν μηχανισμούς αντίδρασης. Σύμφωνα με τον Kent ευαισθητοποιούμαστε απέναντι σε μία ουσία όταν επαναλαμβανόμενα λαμβάνουμε την ουσία σε τοξικές δόσεις. (Kent, 2009) Πρόκειται για το φαινόμενο της δομικής συμπλοκής. «Η αλληλεπίδραση μεταξύ των συστημάτων εξηγείται ως η ιστορία επαναλαμβανόμενων αλληλεπιδράσεων που οδηγεί στην δομική συμφωνία (αναλογία) μεταξύ δύο ή περισσοτέρων συστημάτων.» (Maturana & Varela, 1987) Οι συνεχόμενες αλληλεπιδράσεις ενός ζωντανού οργανισμού (δομικά εύπλαστο σύστημα) με μία ουσία θα παράγουν μία συνεχιζόμενη επιλογή της δομής του συστήματος. «Η δομή αυτή θα καθορίσει την κατάσταση του συστήματος και την περιοχή των επιτρεπόμενων παρενοχλήσεων και θα επιτρέψει την λειτουργία του συστήματος στο περιβάλλον χωρίς την αποσύνθεσή του.» (Varela, 1979)

Αν θα θέλαμε να εξηγήσουμε το φαινόμενο της ανοχής που αναπτύσσει ο ζωντανός οργανισμός απέναντι στις ουσίες, θα λέγαμε ότι μέσω της επαναλαμβανόμενης αλληλεπίδρασης και της εκμάθησης του οργανισμού να αντιδράει απέναντι σε μία ουσία, η δευτερογενής αντίδραση του οργανισμού ισχυροποιείται και «κερδίζει» την πρωτογενή δράση της ουσίας. Με αυτόν τον τρόπο ο οργανισμός αναπτύσσει ανοχή απέναντι στην τοξική-πρωτογενή δράση της ουσίας.

Οι πρωτογενείς αντιδράσεις, που οφείλονται στην ευαισθησία του οργανισμού στην ουσία (π.χ. αντιδράσεις υπερευαισθησίας) μπορούν να οδηγήσουν ακόμη και στον θάνατο, όταν η ευαισθησία του ζωντανού οργανισμού απέναντι στην ουσία είναι πολύ μεγάλη, όπως οι τοξικές πρωτογενείς αντιδράσεις μπορούν να οδηγήσουν στον θάνατο όταν η τοξικότητα της ουσίας είναι πολύ μεγάλη. Στην κλινική πράξη της ομοιοπαθητικής η δόση του φαρμάκου πρέπει να μειωθεί κατά πολύ ώστε να μην προκληθεί ουτός τόσος πολύ, ώστε να μην προκληθεί κανένα είδος πρωτογενών δράσεων. Η δόση πρέπει να μειωθεί τόσο πολύ ώστε να μην προκληθούν ούτε οι πρωτογενείς αντιδράσεις που οφείλονται στην ευαισθησία του οργανισμού στην ουσία. Ο ίδιος οργανισμός με μια συγκεκριμένη ευαισθησία σε μια συγκεκριμένη ουσία, ως ασθενής πρέπει να λάβει μικρότερη δόση από ό,τι ο άλλος αναπαραγόνος του και να θεραπεύεται.

Κατά συνέπεια οι διάφοροι μηχανισμοί αντίδρασης που αναπτύσσονται δεν οδηγούν πάντα στην αυτοδιατήρηση του οργανισμού. Καθώς ορισμένοι μηχανισμοί αντίδρασης οδηγούν στον θάνατο του συστήματος τους, τελικά, επικρατούν οι μηχανισμοί αντίδρασης που οδηγούν στην αυτοδιατήρησή των οργανισμών. Πρόκειται για το φαινόμενο της φυσικής επιλογής, για την οποία ο Patte αναφέρει ότι είναι αναγκαία για την παραγωγή λειτουργίας ή νοήματος στο γενετικό DNA. (Patte, 1997)
Ωστόσο, τα ζωντανά συστήματα είναι γνωστικά συστήματα και η ζωή, ως διεργασία, είναι μία διεργασία νόησης. (Maturana & Varela, 1980) Η νόηση είναι η ικανότητα ενός συστήματος (του οργανισμού) να διακρίνει (σε μορφή αντίδρασης) ανάμεσα σε μεμονωμένα φαινόμενα στο περιβάλλον του. «Η νόηση είναι η διατήρηση της αυτοποίησης. Η νόηση είναι η ικανότητα ενός συστήματος (του οργανισμού) να διακρίνει (σε μορφή αντίδρασης) ανάμεσα σε μεμονωμένα φαινόμενα στο περιβάλλον του.» (Spyrou, T., & Arnellos A., 2002) Ενας ζωντανός οργανισμός ευαισθητοποιείται απέναντι στα ερεθίσματα που παρενοχούν τους στόχους του. Ευαισθητός οργανισμός απέναντι σε μία ουσία είναι ο οργανισμός που «γνωρίζει» πώς να αντιδράσει στο ερεθισμό της ουσίας, αυτός που έχει ήδη κατασκευάσει την αντίδραση του απέναντι στην ουσία σε προηγούμενη αλληλεπίδραση του με την ουσία ή έχει κληρονομήσει αυτήν την γνώση από προηγούμενες γενιές και, επομένως, είναι αυτός που αντιδράει πιο γρήγορα. Όπως προτείνει ο Vithoulkas (Vithoulkas, 2002), οι πρώτοι prover που θα αναπτύξουν συμπτώματα (αντιδράσεις) σε υποτοξικές δόσεις είναι οι πιο ευαίσθητοι.

Όλοι οι ζωντανοί οργανισμοί όταν αυξηθεί πολύ η δόση τελικά εμφανίζουν συμπτώματα, δηλαδή παρουσιάζουν ένα βαθμό ευαισθησίας στην ουσία. Όλες οι ουσίες όταν αυξηθεί πολύ η ευαισθησία του οργανισμού τελικά προκαλούν συμπτώματα, δηλαδή παρουσιάζουν ένα βαθμό τοξικότητας. Όσο μεγαλύτερη είναι η τοξικότητα μίας ουσίας τελικά κάποια συμπτώματα (αντιδράσεις) θα παρουσιαστούν, για να γίνει αυτό σημαίνει ότι ένας βαθμός ευαισθησίας απέναντι στις ουσίες υπάρχει σε όλους τους ζωντανούς οργανισμούς. Όπως αυξάνεται η ευαισθησία ενός οργανισμού απέναντι σε μία ουσία, τελικά κάποια συμπτώματα (αντιδράσεις) θα παρουσιαστούν, ακόμη και από το αλάτι, για να γίνει αυτό σημαίνει ότι ένας βαθμός τοξικότητας υπάρχει σε όλες τις ουσίες.

Η γνώση δεν μπορεί να απορροφηθεί παθητικά από το περιβάλλον, αλλά πρέπει να κατασκευαστεί από το ίδιο το σύστημα. Το περιβάλλον έκαθαρίζει τα ανεπαρκή μοντέλα, καταστρέφοντας το σύστημα που τα χρησιμοποιεί, αλλά δεν καθοδηγεί το σύστημα. Ο οργανισμός κατασκευάζει μόνος του τα μοντέλα αντίδρασης του και το περιβάλλον προσδιορίζει την αποτυχία ή επιτυχία τους. (Spyrou, T., & Arnellos A., 2002)

Οι οργανισμοί υψηλότερης πολυπλοκότητας έχουν αναπτύξει έναν αποτελεσματικό τρόπο παραγωγής μοντέλων, την μόρφωση (μάθηση). Τα μοντέλα-κανόνες-προτογενείς και δευτερογενείς αντιδράσεις ξαναδιατυπώνονται ή ενδυναμώνονται ανάλογα με την επιτυχία τους.
στον έλεγχο των παρενοχλήσεων. Τα μοντέλα αυτά (αντιδράσεις) είναι υποκειμενικές κατασκευές και όχι αντικειμενικές αντανακλάσεις της εξωτερικής πραγματικότητας. Ο οργανισμός κατά την κατασκευή των μοντέλων του (αντιδράσεων) εμπλέκεται σε επιλεγμένες αλληλεπιδράσεις οι οποίες λαμβάνουν χώρα εξώ από την αναμενόμενη φυσική αναγκαιότητα.

Επομένως θα λέγαμε ότι οι διεργασίες στις οποίες εμπλέκεται ένας οργανισμός ταξινομούνται σε αυτές που διέπονται από μια φυσική αναγκαιότητα (τοξικές πρωτογενείς δράσεις) και σε αυτές που δεν διέπονται από μια φυσική αναγκαιότητα, αλλά διεκπεραιώνονται μετά από επιλογή του ιδίου του συστήματος (πρωτογενείς αντιδράσεις, που οφείλονται στην ευαισθησία του οργανισμού). Στην περίπτωση των πρωτογενών αντιδράσεων, που οφείλονται στην ευαισθησία του οργανισμού δεν υπάρχει καθολικότητα των φυσικών νόμων, υπάρχουν μόνο habit formation.

Το σύστημα (ο οργανισμός) για να μπορέσει να επιλέξει τις αλληλεπιδράσεις του και να κατασκευάσει τις αντιδράσεις του πρέπει να διαχωριστεί από το περιβάλλον, πρέπει να διαμορφώσει μια γνωστική (επιστημική) τομή με το περιβάλλον του (Spyrou, T., & Arnello A., 2002), ένα ενεργό σύνορο που να εμπλέκεται σε διεργασίες μέτρησης και ελέγχου οι οποίες απαιτούν τη σύζευξη μεταξύ των εξαρτημένων από το χρόνο διεργασιών (τοξικές πρωτογενείς δράσεις) και των ανεξάρτητων από το χρόνο συμβολικών δομών (πρωτογενείς αντιδράσεις, που οφείλονται στην ευαισθησία του οργανισμού). Υπάρχει συμπλήρωματικότητα μεταξύ ύλης (τοξικές πρωτογενείς δράσεις) και συμβόλων (πρωτογενείς αντιδράσεις, που οφείλονται στην ευαισθησία του οργανισμού). Με την γνωστική τομή το σύστημα γνωρίζει το περιβάλλον και κατασκευάζει της αντιδράσεις του. Με την διαμόρφωση της γνωστικής τομής δημιουργείται αυτόματα πληροφορική ασυμμετρία μεταξύ του συστήματος (οργανισμού) και του περιβάλλοντος (ουσίες). Τελικά νέα πληροφορία αναδεικνύεται στα αναδρομικά αυτοδιατηρούμενα συστήματα μεταξύ των πρωτογενών αντιδράσεων που αναπτύσσονται (πρωτογενείς αντιδράσεις, που οφείλονται στην ευαισθησία του οργανισμού).

Τελικά η ουσία αποκτά νόημα για τον ερμηνευτή-ζωντανό οργανισμό όταν ο ερμηνευτής έχει πλέον οργανώσει την πρωτογενή αντίδρασή του, που οφείλεται στην ευαισθησία του οργανισμού απέναντι στην ουσία αυτή, δηλαδή όταν έχει ευαισθητοποιηθεί απέναντι στην ουσία.

Μέσα από αυτού του είδους τις εξελικτικές σημειωτικές διεργασίες έχουν δημιουργηθεί ιδιωσυγκρασίες ζωντανών οργανισμών που φέρουν συγκεκριμένες προδιαθέσεις. Θα μπορούσαμε βέβαια να πούμε ότι εκτός από τις ουσίες και άλλου είδους ερεθίσματα λειτουργούν με τον ίδιο
ακριβώς τρόπο, δηλαδή επικοινωνούν προδιαθέσεις στους οργανισμούς, ευαισθητοποιούν τους οργανισμούς, προκαλώντας την ανάδυση πρωτογενών αντιδράσεων, που οφείλονται στην ευαισθησία του οργανισμού απέναντι στην ουσία.

Η ιδιότητα της δευτερογενούς αντίδρασης του ζωντανού οργανισμού θα μπορούσε να περιγραφεί σύμφωνα με την ορολογία της βιοσημειωτικής με την ιδιότητα της αναδρομικής αυτοδιατήρησης. Ο ερμηνευτής-οργανισμός θα πρέπει να είναι αναδρομικά αυτοδιατηρούμενος, εξασφαλίζοντας έτσι ένα επίπεδο βασικής επικοινωνίας.

Κατά την ομοιοπαθητική θεραπεία, αυτήν την ιδιότητα της αναδρομικής αυτοδιατήρησης θέλουμε να προκαλέσουμε για να αυτοθεραπευτεί-αυτοδιατηρηθεί ο ζωντανός οργανισμός. Η αλληλεπίδραση ενός ερεθίσματος με έναν ζωντανό οργανισμό σε κάποιες περιπτώσεις (ανάλογα με την ισχύ του ερεθίσματος, την ευαισθησία του οργανισμού στο ερεθίσμα και την ισχύ του οργανισμού) οδηγεί στην εμφάνιση συμπτώματος που αποτελούν την αντίδραση του οργανισμού (πρωτογενείς αντιδράσεις και δευτερογενείς αντιδράσεις).
Figure 12.2 Η αλληλεπίδραση του οργανισμού με ένα ερέθισμα προκαλεί την πρωτογενή αντίδραση του οργανισμού

Το ομοιοπαθητικό φάρμακο που έχει διαπιστωθεί ότι προκαλεί τα ίδια συμπτώματα, δηλαδή την ίδια πρωτογενή αντίδραση, κατά την
αλληλεπίδρασή του με ευαίσθητους σε αυτό το φάρμακο οργανισμούς, θα συνταγογραφηθεί.

Σημείο
(πρωτογενής τοξική δράση)

προδιάθεση

Αντικείμενο
(ουσία)

Ερμηνευμένο

(πρωτογενής αντίδραση που οφείλεται στην ευαισθησία του οργανισμού στην ουσία)

Σημείο
(διάρροια)

προδιάθεση

Αντικείμενο

(Arsenicum Album)

Ερμηνευμένο

(άγχος υγείας)

Figure 12.3 Η αλληλεπίδραση του οργανισμού με το ομοιοπαθητικό φάρμακο

Η αλληλεπίδραση του οργανισμού με το ομοιοπαθητικό φάρμακο προκαλεί την ίδια πρωτογενή αντίδραση του οργανισμού, τα ίδια
συμπτώματα και άρα και την ίδια δευτερογενή αντίδραση. Η
dευτερογενής αντίδραση όπως έχει οριστεί από τον Hahnemann είναι τα
ακριβώς αντίθετα συμπτώματα της πρωτογενούς αντίδρασης. Οπότε
προκαλείται η ομοιοπαθητική επιδείνωση των πρωτογενών
συμπτωμάτων, η πρωτογενής αντίδραση του οργανισμού ενισχύεται και
προκαλεί μία ισχυρότερη δευτερογενή αντίδραση. Όταν η επίδραση του
ομοιοπαθητικού φάρμακου περάσει, η ομοιοπαθητική επιδείνωση των
πρωτογενών συμπτωμάτων θα περάσει και η ισχυρότερη πλέον
dευτερογενής αντίδραση του οργανισμού θα καταπολεμήσει την
πρωτογενή δράση του ερεθίσματος.

Στην πραγματικότητα, όταν μιλάμε για την αλληλεπίδραση του
οργανισμού με ένα ερέθισμα, μιλάμε για μια σειρά (αλυσίδα)
sημειωτικών διεργασιών (Queiroz & El-Hani, 2004), κατά την οποία η
πρωτογενής αντίδραση αποτελεί ένα νέο σημείο για να παραχθεί ένα νέο ερμηνευμένο, δηλαδή μία νέα πρωτογενής αντίδραση, η οποία με την
σειρά της θα αποτελέσει ένα νέο σημείο.

Figure 12.4 Αλυσίδα σημειωτικών διεργασιών

Ο οργανισμός, τελικά, ισορροπεί σε μία κατάσταση και
εκδηλώνονται ορισμένα συμπτώματα. Ο οργανισμός, τελικά, φτάνει στο
σημείο να κατασκευάσει μία συγκεκριμένη πρωτογενή αντίδραση, μία
συγκεκριμένη συμπτωματολογία ως αντίδραση στο ερεθίσμα. Το
ομοιοπαθητικό φάρμακο ισχυροποιεί την πρωτογενή αντίδραση
(ομοιοπαθητική επιδείνωση) και κατά συνέπεια και την δευτερογενή
αντίδραση του οργανισμού, δηλαδή την ικανότητα της αναδρομικής


αυτοδιατήρησής του, λειτουργώντας ως ένα νέο ερέθισμα (αντικείμενο) πάνω στον οργανισμό, το οποίο ωθεί τον οργανισμό να συνεχίσει τις σημειωτικές διεργασίες, σύμφωνα με την κατεύθυνση που είχε ήδη ακολουθήσει.

**Figure 12.5 Το ομοιοπαθητικό φάρμακο πυροδοτεί μία νέα αλυσίδα σημειωτικών διεργασιών**

Με αυτόν τον τρόπο δίνεται η ευκαιρία στον οργανισμό να ισορροπήσει σε μία νέα κατάσταση ισορροπίας πιο επιτυχημένη. Όσο πιο ευαίσθητος είναι ο οργανισμός στο ομοιοπαθητικό φάρμακο, τόσο περισσότερο το ομοιοπαθητικό φάρμακο δύναται να επικοινωνήσει, να αλληλεπιδράσει με τον οργανισμό, ισχυροποιώντας την δευτερογενή αντίδραση του οργανισμού, δηλαδή την ικανότητα του οργανισμού για αναδρομική αυτοδιατήρηση. Ο Hahnemann είπε ότι όσο η δόση αυξάνεται, δηλαδή όσο η τοξικότητα αυξάνεται, τόσο αυξάνεται και η δευτερογενής αντίδραση του οργανισμού. Ωστόσο, ισχύει και ότι όσο η ευαίσθησια του οργανισμού στην ουσία αυξάνεται, τόσο αυξάνεται και η δευτερογενής αντίδραση του οργανισμού. Πολύ υψηλές δόσεις λόγω της τοξικότητας μπορούν να προκαλέσουν την δευτερογενή αντίδραση του οργανισμού και άρα την αυτοθεραπεία του, αλλά ο ασθενής θα υποφέρει. Πολύ χαμηλές δόσεις εάν χρησιμοποιηθούν σε πολύ ευαίσθητος οργανισμός μπορούν να προκαλέσουν την δευτερογενή αντίδραση του οργανισμού και άρα την αυτοθεραπεία του χωρίς έντονη ομοιοπαθητική επιδείνωση των τοξικών δόσεων. Το ομοιοπαθητικό φάρμακο δίνει μία άθικη στον οργανισμό να συνεχίσει τις σημειωτικές διεργασίες σύμφωνα με την κατεύθυνση που είχε επιλέξει ο ερμηνευτικός οργανισμός. Όσο πιο
ευαίσθητος είναι ο οργανισμός στο ομοιοπαθητικό φάρμακο, τόση μεγαλύτερη είναι η ώθηση που δίνεται στον οργανισμό για να συνεχίσει τον δρόμο της κατασκευής της δευτερογενούς αντίδρασής του.

Figure 12.6 Ο οργανισμός κατασκευάζει την δευτερογενή του αντίδραση για να επανέλθει σε κατάσταση ισορροπίας χωρίς συμπτώματα

Τα ορθότερα proving κατά τον Hahnemann πραγματοποιούνται όταν ο prover κατέχει επαρκή ευαισθησία στην ουσία που εξετάζουμε ώστε να αντιδράσει σε μία και μόνο δόση, διότι τότε η σειρά των πρωτογενών και των δευτερογενών δράσεων γίνεται περισσότερο εμφανής. Ο G.Vithoulkas και ο P.Herscu προτείνουν για τη διεξαγωγή proving με υψηλές δυναμοποιήσεις μία μεθοδολογία προεπιλογής των πιο ευαίσθητων prover στην ουσία που εξετάζουμε. Η συγκεκριμένη μεθοδολογία συμβάλλει στην αναγνώριση αληθών συμπτώματων, διακρίνοντας τα συμπτώματα-proving, που πηγάζουν από την δράση της ουσίας πάνω στον ευαίσθητο prover, από όλα τα υπόλοιπα συμπτώματα του prover, που αποτελούν στην ουσία την «θόρυβο». Οι prover που έχουν επαρκή υπερευαισθησία στην ουσία του proving μπορούν να εμφανίσουν αξιόπιστα συμπτώματα χαρακτηριστικά του proving, τα οποία πιθανότατα θα τεκμηριωθούν από την κλινική πράξη ως keynotes (συμπτώματα κλειδιά). Η μεθοδολογία προεπιλογής των πιο ευαίσθητων
prover θα μπορούσε να συμβάλλει στην δόμηση μίας έγκυρης Materia Medica και ενός γνήσιου repertory πάνω σε αξίοπιστα proving. Συνεπώς, η συγκεκριμένη μελέτη συνιστά ανεπιφύλακτα στην Ευρωπαϊκή Επιτροπή Ομοιοπαθητικής για τα proving (European Committee for Homoeopathy (ECH)-Subcommittee Drug Provings) να προσθέσει την μεθοδολογία προεπιλογής των πιο ευαίσθητων prover στις κατευθυντήριες οδηγίες-πρωτόκολλο των proving αφού, βεβαίως, την εξετάσει πρότα επαρκώς.

Τα proving (ομοιοπαθητικά πειράματα) των ουσιών ιστορικά είναι η πρώτη συστηματική πειραματική προσέγγιση της ανίχνευσης αλλαγών σε υγιείς εθελοντές ύστερα από την έκθεση σε μία ουσία. Το proving είναι ο πρώτος και πιο σημαντικός λόγος στο επιστημονικό θεμέλιο της ομοιοπαθητικής. Ο στόχος του είναι να γνωρίσουμε τον χαρακτήρα-την εικόνα της αλληλεπίδρασης ενός φαρμάκου με τον ανθρώπινο οργανισμό, το οποίο είναι περισσότερο θέμα ποιοτικό, παρά ποσοτικό. Πειραματίζομαστε πάνω σε μία ουσία όχι για να αποδείξουμε την δραστικότητά της, αλλά για να εξετάσουμε τις ιδιότητές της.

Η εγκυρότητα της ομοιοπαθητικής materia medica και του repertory βασίζεται στην αξιοπιστία των proving. Όπως εξηγεί o Flavio Dantas, κάθε ομοιοπαθητική συνταγογράφηση εξαρτάται από την γνησιότητα των συμπτώματων που παρουσιάζονται στα repertory και στα βιβλία της materia medica. (F Dantas, 1996) Οπότε, είναι πολύ σημαντικό να διαφυλάξουμε την αξιοπιστία των proving με ένα πρωτόκολλο.

Ο G.Dimitriadis επισημαίνει ότι είναι βασική προϋπόθεση για κάθε επιστημονικό πείραμα να παρουσιάζει με ακρίβεια τη μέθοδο και τα υλικά του, έτσι ώστε να δίνεται η δυνατότητα και σε άλλους ερευνητές να εξετάσουν την εγκυρότητα του πειράματος αναπαράγοντας τα αποτελέσματά του. (Dimitriadis, On provings) Η Ευρωπαϊκή Επιτροπή Ομοιοπαθητικής (European Committee for Homoeopathy (ECH)-Subcommittee Drug Provings) δημιούργησε ένα πρωτόκολλο για τα proving σύμφωνα με τις αρχές της ομοιοπαθητικής και τις κατευθυντήριες οδηγίες για κλινική έρευνα που είναι παγκόσμια αποδεκτές (International Conference on Harmonisation (ICH)-guidelines). (ECH Provings Subcommitee, 2004)

Στις κατευθυντήριες οδηγίες των proving σημειώνεται ότι η ουσία χορηγείται σε υψηλές διαλύσεις, το οποίο σύμφωνα με την εμπειρία προκαλεί συμπτώματα, αλλά παράλληλα δεν έχει συμβατική φαρμακοδυναμική δράση και δεν προκαλεί τοξικολογικές επενέργειες. Εάν παρουσιαστεί κάποιο επιβλαβές σύμπτωμα, ίσως χρειαστεί να αποσυρθεί ο εθελοντής από το πείραμα. (ECH Provings Subcommitee, 2004)
Ο στόχος, στις κατευθυντήριες οδηγίες των proving δεν αναφέρεται η ακριβής «ποσολογία», δηλαδή οι ποσότητες της χημικής ουσίας που θα πρέπει να χρησιμοποιούνται σε ένα proving. Σε αυτό το σημείο είναι σημαντικό να γίνει κατανοητό ότι σώματα με τα γραπτά του Hahnemann η δόση αναφέρεται σε πραγματική φυσική ποσότητα, ενώ η δυναμοποίηση αναφέρεται στη διαδικασία της διάλυσης-κονιορτοποίησης. Ομως, τι ποσότητες χρησιμοποιούσε ο Hahnemann στα πειράματά του; Και τι ποσότητες χρησιμοποιούνται στα νέα proving; Υπάρχει διαφορά; Και, εάν όντως υπάρχει διαφορά, ποιά είναι η κατάλληλη ποσότητα της χημικής ουσίας σε κάθε δόση που θα πρέπει να χρησιμοποιείται σε ένα proving; 

Ο Dr. Griesslich έχει δηλώσει ότι οι ιδέες του Hahnemann έχουν πλήρως τεκμηριωθεί και ότι τα επαναληπτικά proving των φαρμάκων από τους ομοιοπαθητικούς γιατρούς στη Βιέννη έχουν επιβεβαιώσει την ορθότητα των καταγραφών του Hahnemann. (Griesslich, 1849) Επιπρόσθετα, ο J.T.Kent επισημαίνει ότι η Μateria Medica πρέπει να στηριχθεί πάνω σε επιμελή, εξονυχιστικά proving νέων φαρμάκων και ότι αυτό στον επόμενο τόπο χρήσιμη συνεργασία με βάση τα νέα proving και να εμπιστευτεί πολύτιμες ανθρώπινες ζωές σε τόσο απρόσεκτες εργασίες. (Kent, 1887)

Ο ιδρυτής της ομοιοπαθητικής Friedrich Samuel Hahnemann (1755-1843) γεννήθηκε στην Σαξονία, στην Γερμανία στις 10 Απριλίου του 1755. Μέχρι την ηλικία των είκοσι γνώριζε τέλεια Αγγλικά, Γαλλικά, Ιταλικά, Λατινικά και Ελληνικά και είχε δουλέψει ως μεταφραστής και δάσκαλος ξένων γλωσσών. Στη συνέχεια έμαθε και Αραβικά, Συριακά, Χαλδαϊκά και Εβραϊκά. Αποφοίτησε από την ιατρική με ειδική τιμητική διάκριση το 1779 και ξεκίνησε να εξασκεί την ιατρική το 1780. (Hobhouse, 2002) (Francois-flores, 2007) (Cook, 1981)

Ο Christoph Hufeland (1762-1836), αναγνωρισμένος ως ο πιο σημαντικός κλινικός ιατρός του δέκατου όγδοου αιώνα (Nutton & Medicine, 1991), περιέγραψε τον Hahnemann ως έναν από τους πιο διακεκριμένους Γερμανούς ιατρούς με ώριμη σκέψη και εμπειρία. Μία ποιοτική δημοσκόπηση τις χρονιές 1784-89 κατατάσσει τον Hahnemann ανάμεσα στους δεκαένα πρώτους Γερμανούς χημικούς. (Hufbauer, 1982)

Η στάση του Hahnemann απέναντι στη γνώση ήταν πολύ μοντέρνη, η προσέγγισή του ήταν πολύ επιστημονική. Για να θεωρηθεί μία επιστημονική θεωρία ως επιτυχημένη θα πρέπει να μας παρέχει στην κυριολεξία μία αληθή περιγραφή του πως είναι ο κόσμος. (Zynda, 1994) Η αποδοχή μίας επιστημονικής θεωρίας προϋποθέτει την πεποίθηση ότι

Οι δύσπιστοι πολέμιοι της ομοιοπαθητικής βασίζουν όλη την κριτική τους στο εκ των προτέρων ανέφικτο των απειροελάχιστων δόσεων, αγνοώντας πιο θεμελιώδη στοιχεία αυτού του θεραπευτικού συστήματος, όπως τα πειράματα των ουσιών σε υγιείς οργανισμούς, η αρχή ότι τα ομοία θεραπεύονται με τα ομοία και η εξατομίκευση των συνταγογραφήσεων, όπως επισημαίνει ο August Bier, ένας σημαίνων χειρουργός του Βερολίνου που διερεύνησε με κριτικό μάτι το θέμα το 1920. (Bier, 1949) (Dean, 2001) Ωστόσο, όπως καταγράφει ο Dean, οι απειροελάχιστες δόσεις δεν ανήκουν στην ομοιοπαθητική υπόθεση και σπάνια χρησιμοποιούνταν στα proving, ενώ ο Hahnemann σταδιακά τις εισήγαγε στην θεραπεία καθώς η εμπειρία του με αυτήν την μέθοδο αυξάνονταν. (Hahnemann, 1801a) (Hahnemann, 1801b) (Hahnemann, 1801c) (Hughes, 1867) (Dean, 2001) Πρόκειται για τελειοποίηση και όχι για προϋπόθεση της ομοιοπαθητικής θεραπευτικής μεθόδου. Ο Hahnemann πραγματοποιούσε τα αρχικά του proving με βάμματα και ουσίες σε μεγάλες δόσεις. Στη Ευρώπη, ανάμεσα στην πτώση της Ρωμαϊκής Αυτοκρατορίας και στη μετρονομία, η χρήση διαφορετικών μονάδων μέτρησης βάρους ανάλογα με την πρακτική χρησιμότητα ήταν ένα σχέδιο καθολικού φαινόμενο. (Ely., 1854) Από τα αρχαία χρόνια, και μέχρι τον ενστερνισμό του μετρικού συστήματος από τους φαρμακοποιούς στο πρώτο μισό της εποχής αιώνα, οι γιατροί και οι φαρμακοποι χρησιμοποιούσαν για τις ιατρικές συνταγές το σύστημα βάρους των αποθηκερίων που είναι ένα ιστορικό σύστημα μονάδων μέτρησης βάρους. Και μερικές φορές αυτό το σύστημα μέτρησης βάρους χρησιμοποιούνταν επίσης και από τους επιστήμονες. Πιθανότατα το σύστημα των αποθηκαρίων είναι το σύστημα μέτρησης βάρους που χρησιμοποιούσε ο Hahnemann, αλλά δεν μπορούμε να το συμπεράνουμε
αυτό με βεβαιότητα. Το σύστημα μέτρησης βάρους των αποθηκαρίων διαιρεί μία λίβρα σε δώδεκα ουγγιές, μία ουγγία σε οχτώ δράμια, και ένα δράμι σε εξήντα κόκκους. Υπήρχαν ποικίλα τοπικά πρότυπα βάρους. Το 1555, στο Νούρεμπεργκ καθιερώθηκε ένα πρότυπο βάρους για την λίβρα των δώδεκα ουγγιών. (Ammon, 2004). Μέχρι το 1800 όλες οι γερμανικές πόλεις, εκτός από το Λούμπεκ, ακολούθησαν το πρότυπο του Νούρεμπεργκ, το οποίο ορίζει την λίβρα των αποθηκαρίων ως 357.80γρ. (δηλαδή μία ουγγία είναι 29.82γρ.). Το 1811 η Βαυαρία νόμιμα ορίζει την λίβρα των αποθηκαρίων ως 360.00γρ. (δηλαδή μία ουγγία είναι 30.00γρ.). Πιθανότατα ο Hahnemann ακολουθούσε το πρότυπο του Νούρεμπεργκ.

Από μία προσεκτική μελέτη των γραπτών του Hahnemann (Hahnemann, 2004) (Hahnemann, 2008), καθώς και από άλλες πηγές, προκύπτει ότι ο Hahnemann χρησιμοποιούσε στα proving του δόσεις κόκκων, δραμιών, ακόμα και δόσεις ουγγιών και άλλες υλικές δόσεις, όπως τους σπόρους, το χυμό, τη ρίζα ή τα φύλλα ενός φυτού. Επίσης στη Materia Medica Pura επισημαίνονται παραδείγματα από φάρμακα των οποίων η «ομοιοπαθητική» δράση είχε αποδειχθεί πριν τον Hahnemann. Προφανώς, αυτά τα provehmann proving πραγματοποιήθηκαν με υλικές δόσεις. Ο Hahnemann στον αφορισμό 110 αναφέρει ότι προηγούμενοι συγγραφείς είχαν παρατηρήσει συμπτώματα φαρμακευτικών ουσιών πάνω σε υγιείς οργανισμούς από μεγάλες δόσεις που χορηγήθηκαν κατά λάθος. Τέτοιου είδους καταγραφές συναντάμε σε ιστορικά δηλητηριάσεων και σε απόπειρες αυτοκτονιών. (Hahnemann et al., 2004) Στα γραπτά του Hahnemann είναι χιλιάδες τα συμπτώματα που προήλθαν από τοξικολογικές καταγραφές. Αυτά τα συμπτώματα επιβεβαιώνουν και ολοκληρώνουν την αντίληψή μας για τα proving. Επιπλέον, σημειώνονται αρκετά proving σε ασθενείς, το οποίο σημαίνει ότι, πιθανότατα σε αυτές τις περιπτώσεις, το φάρμακο χορηγούνταν είτε σε υλικές δόσεις και στην πραγματικότητα το proving ήταν η παρενέργεια του συμβατικού φαρμάκου, είτε σε δυναμοποιημένες δόσεις κατά την ομοιοπαθητική θεραπεία.

Επιπλέον, είναι αρκετά τα proving που ο Hahnemann και οι συνεργάτες του έκαναν με δυναμοποιημένα φάρμακα, όπως από την πρώτη κονιορτοποίηση, την τρίτη κονιορτοποίηση, την ένατη διάλυση (9ch), την δέκατη όγδοη διάλυση (18ch) και την τριακοστή (30ch) διάλυση. O Hahnamann στον αφορισμό 128 (Hahnemann et al., 2004) δηλώνει ότι είναι προτιμότερο στα proving να χορηγείται στον prover η φαρμακευτική ουσία σε υψηλές διαλύσεις, δυναμοποιημένη με κατάλληλη κονιορτοποίηση και κρούσεις. Όπως συστήνει να χορηγούνται στον prover, με άδειο στομάχι, καθημερινά από τέσσερις έως έξι πολύ μικρά σφαιρίδια της τριακοστής δυναμοποίησης (30ch) του φαρμάκου για αρκετές μέρες. Όμως, είναι οι υψηλές διαλύσεις και τα
δυναμοποιημένα φάρμακα ικανά να προκαλέσουν συμπτώματα πάνω σε κάθε οργανισμό; Η απάντηση είναι όχι. Ο Hahnemann στους επόμενους δύο αφορισμούς ολοκληρώνει την σκέψη του, συμπληρώνοντας ότι όλοι οι οργανισμοί δεν επηρεάζονται από ένα φάρμακο στον ίδιο βαθμό, αλλά, αντιθέτως, κάθε άτομο παρουσιάζει συγκεκριμένες ευαισθησίες σε ορισμένες ουσίες. Συνεπώς, μία υψηλή δυναμοποίηση είναι ικανή να επηρεάσει μόνο αυτούς τους οργανισμούς που είναι ευαίσθητοι στην συγκεκριμένη ουσία.

Η σωστή μέθοδος, σύμφωνα με τον Hahnemann, είναι να ξεκινήσουμε με υψηλές δυναμοποιήσεις και σταδιακά να αυξάνουμε την δόση και να μειώνουμε την δυναμοποίηση. (Hahmann et al., 2004) Ο Hahnemann προτείνει αυτήν την μέθοδο, επειδή με αυτήν την μέθοδο κυρίως η πρωτογενής δράση παράγεται και ο Hahnemann υποστηρίζει ότι αυτή η δράση έχει μεγαλύτερη αξία για να διερευνήσουμε.

Επίσης, έχουν καταγραφεί μερικά ειδικά ειδικά proving που προκλήθηκαν είτε από το άγγιγμα ενός μαγνήτη, είτε από το κράτημα ή τη μεταφορά του φαρμάκου. Τα proving αυτά δεν αποτελούν παράδειγμα, αλλά είναι η εξαίρεση που αποδεικνύει τον κανόνα. Ο Hahnemann στον αφορισμό 130 (Hahmann et al., 2004) εξηγεί το λόγο για τον οποίο αυτού του είδους τα proving παρατηρούνται. Μόνο όταν ο prover παρουσιάζει επαρκή ευαισθησία στην συγκεκριμένη ουσία, μπορούν να παρατηρηθούν proving κρατώντας ή μεταφέροντας ή φορώντας την ουσία.

Στις παρακάτω παραγράφους ακολουθούν παραδείγματα από proving από τα γραπτά του Hahnemann όπου επισημαίνεται η δοσολογία που χρησιμοποιούσε. Το proving του Arsenicum είναι το αποτέλεσμα δόσεων ποικίλου μεγέθους πάνω σε άτομα ποικίλης ιδιοσυγκρασίας. (Hahnemann, 2004). Στο proving της Belladonna συμπεριλαμβάνονται συμπτώματα από δηλητηριάσεις, όπως έχουν καταγραφεί στην τοξικολογία, από μεγάλες δόσεις από το απόσταγμα, από δόσεις κόκκων, από ολοένα αυξανόμενες δόσεις από κονιορτοποιημένα φύλλα σε επιληπτικούς και μανιακούς, από εκχύλιση του φυτού, από φύλλα και καρπούς της Belladonna, από δόσεις κόκκων από την κονιορτοποιημένη ρίζα της, από το αφέψημα της ρίζας και από την πόση μεγάλων ποσοτήτων από το χυμό της Belladonna. (Hahnemann, 2004)

Στο proving του μαγνήτη ο Hahnemann μιλάει για τη δύναμη του μεσμερισμού. Αυτή εμφανίζεται όταν ένας ισχυρός άντρας με δυνατή θέληση να κάνει το καλό πλησιάζει τον αντίχειρα του στη στομαχική κοιλότητα ενός νευρικού ασθενή. Επίσης, αναφέρει τη θεραπεία που μία μαγνητική απόσταση ράβδος μπορεί επιφέρει, ακόμη και όταν δεν έρχεται σε επαφή με το σώμα. Επιπρόσθετα, δηλώνει ότι τα συμπτώματα που αναφέρονται σε αυτό το proving προκλήθηκαν από πολλά ισχυράς μαγνήτες πάνω σε άτομα ποικίλης ευαισθησίας. (Hahnemann, 2004)
Στο proving του Aurum, ο Hahnemann καταγράφει ότι Άραβες γιατροί χρησιμοποιούσαν το χρυσό σε σκόνη σαν φάρμακο σε ασθένειες, όπως η μελαγχολία, η τριχόπτωση και οι καρδιοπάθειες. Επιπλέον, παρατηρεί ότι ακόμα και μικρές δόσεις από αυτό το μέταλλο προκαλούν συμπτώματα σε υγιή άτομα παρόμοια με αυτά που οι Άραβες γιατροί είχαν θεραπεύσει (χωρίς να το γνωρίζουν σύμφωνα με τις ομοιοπαθητικές αρχές). Σε αυτό το proving περιλαμβάνονται συμπτώματα από εκατό (που περιλαμβάνουν ένα κόκκο χρυσού) ή διακόσιου (που περιλαμβάνουν δύο κόκκους χρυσού) κόκκους από την πρώτη κονιορτοποίηση, καθώς επίσης συμπτώματα και από την τριακοστή διάλυση. (Hahnemann, 2008)

Επιπλέον, στη Materia Medica Pura (Hahnemann, 2004) και στις Χρόνιες Ασθένειες (Hahnemann, 2008) περιλαμβάνονται αρκετά proving που το φάρμακο επιδρά πάνω στο prover με διάφορους τρόπους: με τις αναθυμιάσεις του, με τη μυρωδιά του, πουδράροντας τα μαλλιά του prover με Arsenicum, εισπνέοντας ορυκτό σανδαράκη, τρίβοντας το φάρμακο στο κεφάλι του prover, με την εκχύλιση του φαρμάκου, με την αφέση της ουσίας, με την εξωτερική επάλειψη, κάνοντας κλύσμα το φάρμακο, κάνοντας ένεση ένα διάλυμα του φαρμάκου, με λουτρό σε μεταλλικά νερά, με την αναθυμία των σπόρων, με την ανάδοση της μυρωδιάς του φυτού, με τους ατμούς του φαρμάκου.

Επιπρόσθετα, εκτός από την Materia Medica Pura (Hahnemann, 2004) και τις Χρόνιες Ασθένειες (Hahnemann, 2008) υπάρχουν και άλλες πηγές από τις οποίες αντλούμε πληροφορίες σχετικά με τις ποσότητες που χρησιμοποιούσε ο Hahnemann στα proving του. Στη μετάφραση του βιβλίου του William Cullen "A treatise of the Materia Medica" (σελίδα 108 του δεύτερου τόμου) υπάρχει η ακόλουθη υποσημείωση από τον Hahnemann: «...Πήρα πειραματικά δύο φορές τη μέρα τέσσερα δράμια από το φάρμακο κινίν...». (Cullen, 1789)

Ο Everest καταγράφει σχετικά με τα πρώτα proving φαρμάκων σε υγιείς οργανισμούς ότι «...κάθε ουσία χορηγούντας σε πολλούς διαφορετικούς οργανισμούς...». (Hahnemann, 2004)

Ακολουθεί ένα απόσπασμα από ένα γράμμα του Hahnemann: «...Σου στέλνω μαζί με αυτό το γράμμα βάμμα από το φυτό Helleborus, το οποίο μάζεψα εγώ ο ίδιος. Κάθε σταγόνα περιέχει ένα εικοστό του κόκκου της ρίζας...ρίξε μία σταγόνα από αυτό σε οχτώ ουγγιές νερού και σε ένα τρίτο του δραμιού αλκοόλ (για να εμποδίσεις την αποσύνθεσή του), ταρακούνησέ το έντονα, και πάρε μία ουγγιά αφού ηρεμήσει, κάθε μισή ή δύο ώρες μέχρι το σημείο όπου δεν θα έχει επιδράσει επάνω σου έντονα το φάρμακο. Αφότου όλες οι επιδράσεις του Helleborus υποχωρήσουν, σε παρακαλώ να δοκιμάσεις την δράση της Camphora (είναι ένα εξαίσιο φάρμακο). Ταρακούνησε περίπου δύο κόκκους διαλυμένους στο ένα τρίτο του δραμιού αλκοόλ με οχτώ ουγγιές.
νερού και πιες τέσσερεις με έξη φορές τη μέρα, με παρόμοιες προφυλάξεις.» (Hahnemann, 1852)

Ο Sumit Goel γράφει ότι τα αρχικά proving πραγματοποιούνταν με ουσίες και βάμματα. Επισημαίνει ότι o Hahnemann, κατά το πλείστο, είχε προηγουμένως δοκιμάσει τα φάρμακα πάνω στον εαυτό του και στην οικογένειά του. Με αυτόν τον τρόπο, ήταν επαρκώς εξοικειωμένος με τις ιδιότητες και τις δυνατότητες τους, ώστε να τα χορηγήσει στον κάθε prover σύμφωνα με την ιδιοσυγκρασία του. Έτσι, ρυθμίζει τον αριθμό των σταγόνων ή των κόκκων με τον οποίο θα ξεκινούσε το proving του, ώστε να μην εμφανιστεί κάποια βλαβερή επίδραση πάνω στους prover του. Επίσης, καταγράφει ότι η δόση χορηγούνταν ανακατεμένη με μεγάλη ποσότητα νερού, νωρίς το πρωί και μετά ο prover δεν έπρεπε να φάει ή να πιεί τίποτα για μία ώρα. Εάν καμία επίδραση δεν παρουσιάζεται σε δύο ή τρεις ώρες, μερικές ακόμα σταγόνες χορηγούνταν, ίσως ακόμα να διπλασιάζονταν η δόση και ο υπολογισμός του χρόνου ξεκινούσε από την τελευταία δόση. Εάν καμία αλλαγή δεν παρατηρούνταν μέχρι την τρίτη επανάληψη, ο Hahnemann κατέληγε στο συμπέρασμα ότι ο οργανισμός του prover δεν ήταν ευαίσθητος σε αυτήν την ουσία και δεν ζητούσε από τον prover να κάνει επιπλέον πειράματα με αυτήν, αλλά ύστερα από αρκετές μέρες του έδινε άλλο φάρμακο να δοκιμάσει. (Goel)

«Η αληθινή τεχνική (πρακτική) υπονοεί όχι αποκλειστικά και μόνο την απόκτηση αυτής ή της άλλης ικανότητας, αλλά επίσης την επιστήμη (θεωρία) του γιατί αυτή η συγκεκριμένη τεχνική λειτουργεί και αποφέρει τα επιθυμητά αποτελέσματα.» (Aristotle, 1953) Αραγε o Hahnemann αναφέρει κάποια θεωρία που να εξηγεί γιατί η μεθοδολογία του στα proving λειτουργεί; Υπάρχει κάποια θεωρία που στηρίζει την μεθοδολογία των μοντέρνων proving; Η θεωρία και οι παρατηρήσεις του Hahnemann συμφωνούν με τις παρατηρήσεις της συμβατικής ιατρικής, με την θεωρία της ανοσολογίας.

Μελετώντας το Όργανο της θεραπευτικής τέχνης και τις ιδέες του Hahnemann σχετικά με την ποσολογία στα proving αναφέρεται ότι οι δυναμοποιημένες δόσεις μπορούν να προκαλέσουν συμπτώματα μόνο σε ευαίσθητους prover. Επιπλέον, η καλύτερη proving πραγματοποιούνται όταν, κατά τύχη, ο prover είναι επαρκώς ευαίσθητος στην ουσία πάνω στην οποία πειραματίζεται ώστε να αντιδράσει σε μία δόση. Τότε τα χαρακτηριστικά συμπτώματα κλειδιά του φαρμάκου μπορούν να αναγνωριστούν χάριν στον εξελικτικό διαχωρισμό ανάμεσα στα πρωτογενή συμπτώματα (αυτά που είναι τα πιο σημαντικά κατά τον Hahnemann) και στις επακόλουθες παρενέργειες (δευτερογενή συμπτώματα). Αλλά δεν μπορούμε να γνωρίζουμε εκ των προτέρων εάν έχει ο prover ευαίσθηση στην συγκεκριμένη ουσία. Είναι θέμα τύχης. Για αυτόν το λόγο ο Hahnemann προτείνει στον αφορισμό 129 να
ξεκινάμε με μικρότερη δόση και σταδιακά να την αυξάνουμε. (Hahnemann et al., 2004)

Σύμφωνα με τον αφορισμό 32, όλες οι ουσίες μπορούν να προκαλέσουν συμπτώματα (την πρωταρχική δράση του φαρμάκου) στον καθένα αρκεί να λαμβάνονται σε αρκετά μεγάλες ποσότητες. Ο G.Vithoulkas εξηγεί: «...για κάθε άτομο υπάρχει μία αρκετά μεγάλη δόση που προκαλεί συμπτώματα στον οργανισμό του και αυτή η δόση μπορεί να είναι διαφορετική για τον καθένα. Αλλά ασφαλώς εάν αυξήσεις τη δόση ο κάθε οργανισμός θα επηρεαστεί από την ουσία και θα αντιδράσει με κάποια συμπτωματολογία. Όλες οι παρενέργειες των αλλοπαθητικών-χημικών φαρμάκων δεν είναι τίποτα άλλο από proving σύμφωνα με την ομοιοπαθητική. Οι ομοιοπαθητικοί θα τα συνταγογραφούσαν σε περιπτώσεις όπου οι ασθενείς θα παρουσίαζαν συμπτώματα παρόμοια με αυτές τις παρενέργειες.» Επιπρόσθετα, δηλώνει: «...ο καθένας που διπλασιάζει την ποσότητα του αλατιού που λαμβάνει καθημερινά θα αρχίσει να εμφανίζει τη συμπτωματολογία μετά από λίγες μέρες και το ίδιο φυσικά ισχυεί και για την κινίνη ή για οποιαδήποτε άλλη ουσία.» (Vithoulkas, 2000) Σύμφωνα με αυτό, ο G.Vithoulkas γράφει: «Πράγματι, είναι δυνατόν να δηλητηριάσουμε έναν οργανισμό με οποιαδήποτε ουσία εάν την χορηγήσουμε στην κατάλληλη ποσότητα. Αυτό ισχύει είτε η ουσία είναι δηλητηριώδης είτε είναι και φαγητό. Κάτι τόσο συνηθισμένο όπως το αλάτι, εάν δοθεί σε μεγάλες δόσεις καθημερινά για μεγάλο διάστημα, μπορεί να προκαλέσει μία ποικιλία συμπτωμάτων σε σχετικά υγιείς οργανισμούς.» (Vithoulkas, 2002)

Στον αφορισμό 121 ο Hahnemann ταξινομεί τις ουσίες σε αυτές που είναι ισχυρές και προκαλούν αλλαγές στην υγεία του καθένα ακόμα και σε μικρές δόσεις και σε αυτές με ηπιότερη δράση που πρέπει να χορηγηθούν σε μεγάλες ποσότητες και μόνο σε ευαισθητούς οργανισμούς για να προκαλέσουν συμπτώματα. Στην πρώτη κατηγορία, σύμφωνα με τον αφορισμό 113, ανήκουν και οι ναρκωτικές ουσίες. Οπότε, για κάθε φαρμακευτική ουσία υπάρχει μία αρκετά μεγάλη δόση που προκαλεί proving σε έναν οργανισμό. (Hahnemann et al., 2004)

Σύμφωνα με τον αφορισμό 117, το γεγονός ότι κάποια συμπτώματα εμφανίζονται μόνο σε κάποιους οργανισμούς εξηγείται από την ιδιοσυγκρασία των prover. Πράγματι, για κάθε άτομο υπάρχει μία αρκετά μεγάλη δόση που θα προκαλούσε συμπτώματα στον οργανισμό του και αυτή η δόση μπορεί να είναι διαφορετική για τον καθένα σύμφωνα με την ευαισθησία του στο φάρμακό. (Hahnemann et al., 2004)

Ο G.Vithoulkas εξηγεί: «Στην έκτη και τελική έκδοση του Οργάνου στην παράγραφο 130, ο Hahnemann δηλώνει ότι μόνο αυτοί που είναι ευαισθητοί στην ουσία μπορούν να παρουσιάσουν συμπτώματα από μία υψηλή δυναμοποίηση της ουσίας και αυτό συμβαίνει μόνο εάν
παίρνουν το φάρμακο κάθε μέρα για αρκετές μέρες.» (Vithoulkas, 2008)

Επιπρόσθετα, δηλώνει: «Για να παρουσιάσει ο αμυντικός μηχανισμός συμπτώματα, η ουδός της ζωτικής δύναμης πρέπει να ξεπεραστεί. Αυτό μπορεί να συμβεί με δύο τρόπους: είτε η δόση της ουσίας να είναι αρκετά δυνατή για να καταβάλλει τη ζωτική δύναμη, είτε ο οργανισμός να κατέχει ένα σχετικά υψηλό βαθμό ευαισθησίας σε αυτή την ουσία...Για να προκληθούν συμπτώματα στους prover των οποίων η ιδιοσυχνότητα είναι πολύ διαφορετική από αυτήν του φαρμάκου, υψηλές υλικές δόσεις (ίσως ακόμα και τοξικές δόσεις) πρέπει να χορηγηθούν, και τα συμπτώματα που προκαλούνται αναμένονται να είναι αρκετά χονδρειδή (αφορέντας κυρίως το φυσικό σώμα). Από την άλλη πλευρά, εάν μία τόσο υψηλή υλική δόση χορηγηθεί σε prover πολύ ευαίσθητο στην ουσία, έντονα και επιβλαβή συμπτώματα μπορεί να προκληθούν. Εάν, οπότε, μία πολύ μικρή ή δυναμοποιημένη δόση χορηγηθεί σε prover που η ιδιοσυχνότητά του είναι πολύ κοντά στην συχνότητα της ουσίας, ένα σύνολο από άκρως σαφή και ασυνήθη συμπτώματα θα παραχθούν. Σε αυτή την περίπτωση, τα συμπτώματα θα είναι ανεπαίσθητα, εξατομικευμένα, και χαρακτηριστικά, ειδικά στο διανοητικό και συναισθηματικό επίπεδο.» (Vithoulkas, 2002)

Όντως, στον αφορισμό 130 ο Hahnemann δηλώνει ότι αυτά τα άτομα με την ιδιαίτερη ευαισθησία μπορούν να βιώσουν μία αισθητή επίδραση ακόμα και από μία μόνο δόση, και αυτοί είναι οι καλύτεροι prover. (Hahnemann et al., 2004)

Ο G. Dimitriadis επισημαίνει ότι μόνο υπερευαίσθητοι prover μπορούν να αντιδράσουν επαρκώς σε μία αποκλειστικά και μόνο φαρμακευτική proving δόση. Επιπλέον, εξηγεί ότι όταν ένας οργανισμός έχει την προδιάθεση να παρουσιάσει συμπτώματα από το ουροποιητικό, ή το αναπνευστικό σύστημα, ή το δέρμα, ή τον πνευματικό επίπεδο κλπ., σημαίνει ότι θα έχει την τάση να παρουσιάσει περισσότερο τέτοιου είδους συμπτώματα σε ένα proving. Οπότε, η συμβολή του θα είναι μεγαλύτερη σε proving φαρμάκων τα οποία έχουν την τάση να προκαλούν τέτοιου είδους επενέργειες. Δηλώνει ότι ένας ασθενής που εκφράζει μία καθαρή εικόνα των συμπτώματος από το ερεθίσματα που εκτίθεται, ενώ δεν έχει πάρει ποτέ αρσενικό, στην ουσία είναι προδιατεθειμένος να αντιδρά με έναν «αρσενικό» τρόπο, ακόμα και όταν δεν παίρνει αρσενικό. Αυτού του είδους οι ασθενείς σε υγιή κατάσταση αποτελούν τους καλύτερους prover. (Hahnemann et al., 2004)

Αντιστρόφως, ένα άτομο που αποδεικνύεται προδιατεθειμένο να αντιδρά σε ένα συγκεκριμένο φάρμακο (σε τόσο ιδιαίτερα μικρές δόσεις όπως χορηγούνται στα proving), είναι το ίδιο άτομο που θα αναπτύξει μία παρόμοια φυσική ασθένεια. Επιπλέον, έχει παρατηρηθεί ότι τα ευαισθητά άτομα αναδεικνύουν τα καλύτερα για τα proving, αφού άμεσα εκφράζουν μία
σειρά συμπτωμάτων μετά την έκθεση στην ουσία στην οποία είναι ιδιαίτερως ευάλωτη. (Dimitriadis, 2007)

Ο G. Vithoulkas γράφει ότι εάν μία ουσία χορηγηθεί σε δηλητηριώδεις ή τοξικές δόσεις, στην πραγματικότητα κάθε οργανισμός θα αντιδράσει σε αυτήν, αλλά η αντίδραση θα είναι πολύ χονδρειδής για να έχει αξία στην ομοιοπαθητική. Συμπτώματα όπως το κώμα, οι σπασμοί, η διάρροια θα καταγράφονται, αλλά εκλεπτυσμένες, ανεπαίσθητες, χαρακτηριστικές ιδιότητες δεν θα εκδηλωθούν. Εάν μικρές, ακόμη και μικροσκοπικές, δυναμοποιημένες δόσεις χορηγηθούν σε ευαίσθητους prover, μία μεγάλη ποικιλία από άκρως εκλεπτυσμένα και σαφή συμπτώματα θα προκληθούν, ιδιαίτερα στο διανοητικό και στο συναισθηματικό επίπεδο. Όπως τονίζει, τα συμπτώματα πρέπει να καταγράφονται από proving σε υγιή άτομα χρησιμοποιώντας τοξικές (όπως καταγράφονται από τυχαίες δηλητηριάσεις), υποτοξικές (για παράδειγμα χαμηλές δυναμοποιήσεις) και υψηλές δυναμοποιημένες δόσεις. (Vithoulkas, 2002) Πολλά από τα πιο έξοχα proving, για παράδειγμα, της Belladonna, της Nux vomica, της Ignatia, του Hyoscyamus, του Stramonium, του Helleborus, του Conium κτλ. προέρχονται από τοξικολογικές αναφορές, οι οποίες επιβεβαιώνουν κατά πολύ και επεξηγούν τις νύξεις από τα proving με δυναμοποιημένες δόσεις. Οπότε και οι δύο ομάδες δεδομένων είναι χρήσιμες και πραγματικά απαραίτητες.

Στους αφορισμούς 128, 129 και 132, ο Hahnemann συστήνει να επαναλαμβάνεται η χορήγηση του φαρμάκου στα proving καθημερινά, για αρκετές μέρες. Επιπρόσθετα, στην παράγραφο 129 και 132 συμβουλεύει να αυξάνουμε τη δόση καθημερινά. Αλλά, στον αφορισμό 131 προειδοποιεί ότι σε τέτοιου είδους proving η δόση που ακολουθεί συχνά εξαλείφει, θεραπευτικά, μερικά από τα συμπτώματα που προκλήθηκαν από την προηγούμενη δόση, ή εμφανίζει μία αντίθετη κατάσταση, έτσι ώστε να μην γνωρίζουμε εάν τα συμπτώματα είναι τελικά η αντίδραση του οργανισμού και δευτερογενής δράση ή μία εναλλασσόμενη δράση του φαρμάκου. Επιπλέον, στον αφορισμό 130 δηλώνει ότι το πλεονέκτημα της χορήγησης μιας ισχυρής εφ' απ' αυτής δόσης είναι να γνωρίζουμε την ακριβή σειρά της διαδοχής των συμπτωμάτων. Διότι τότε η σειρά των πρωτογενών και των εναλασσομένων δράσεων εμφανίζεται πολύ έντονα. (Hahnemann et al., 2004)

Όπως ο Hahnemann δηλώνει στον αφορισμό 112, η χορήγηση των φαρμάκων σε υπερβολικά μεγάλες δόσεις οδηγεί στην παραγωγή ισχυρών συμπτωμάτων κατά το αρχικό στάδιο (πρωτογενής δράση) που ακολουθούνται αργότερα από συμπτώματα τα οποία είναι ακριβώς αντίθετα σε αυτά που πρωτοπαρουσιάστηκαν (δευτερογενής δράση). (Hahnemann et al., 2004) Ο G. Dimitriadis δηλώνει ότι είναι σημαντικό να καταγράψουμε όλα τα φαινόμενα στα proving, αλλά μόνο ανάμεσα
στις πρωτογενείς δράσεις είναι τα συμπτώματα χαρακτηριστικά της συγκεκριμένης ουσίας. (Dimitriadis, Primary & Secondary Reactions) Ο G.Vithoulkas τονίζει τη σπουδαιότητα και της πρωτογενούς και της δευτερογενούς δράσης σε ένα proving και συμβουλεύει να καταγράφοντα με ακρίβεια και οι δύο δράσεις. (Vithoulkas, 2002) Επιπλέον, ο Π.Herscu προτείνει ότι δεν χρειάζεται να υπάρχει καμία διάκριση ανάμεσα στα πρωτογενή και δευτερογενή συμπτώματα, αφού και τα δύο είναι στην πραγματικότητα αντιδράσεις στο ερέθισμα του φαρμάκου και ότι θα πρέπει όλα να καταγράφονται μαζί. (Herscu, 2002)

Επομένως, σύμφωνα με τον Hahnemann, τα καλύτερα provings πραγματοποιούνται όταν ο prover είναι επαρκώς ευαίσθητος στην ουσία, ώστε να αντιδράσει σε μία μόνο δόση. Κατά συνέπεια, το πρώτο βήμα για την διεξαγωγή ενός αξιόπιστου proving είναι να βρούμε τους πιο ευαίσθητους οργανισμούς στην φαρμακευτική ουσία, πάνω στην οποία πειραματίζομαστε. Εφόσον δεν γνωρίζουμε εκ των προτέρων ποιος είναι ευαίσθητος και σε ποια ουσία, πρέπει να βρούμε έναν τρόπο να διακρίνουμε τους πιο ευαίσθητους prover. Ωστόσο, σύμφωνα με την πρόταση του G.Vithoulkas, ο πρώτος προτροπή τονίζει τη σπουδαιότητα και της πρωτογενούς και της δευτερογενούς δράσης σε ένα proving και συμβουλεύει να καταγράφονται με ακρίβεια και οι δύο δράσεις. (Vithoulkas, 2000)

Οπότε, σύμφωνα με την πρόταση του G.Vithoulkas, η ορθή μεθοδολογία στα provings είναι αρχικά να χορηγείται η ουσία σε υπο-τοξικές δόσεις για ένα μήνα, κατά τον οποίο η δόση να αυξάνεται με πιο συχνές επαναλήψεις μέρα με τη μέρα. Οι prover που ξεκινούν να εμφανίζουν συμπτώματα την πρώτη, τη δεύτερη ή την τρίτη μέρα είναι προφανώς οι πιο ευαίσθητοι στην ουσία πάνω στην οποία πειραματίζομαστε και ενδείκνυται να σταματήσουν τη λήψη του φαρμάκου. Μόνο αυτοί οι ευαίσθητοι οργανισμοί πρέπει να συμμετέχουν στο δεύτερο μέρος του proving όπου θα χορηγηθούν οι υψηλές δυναμοποιήσεις της ουσίας. Ωστόσο, στο δεύτερο μέρος του proving κάποιοι από αυτούς τους ευαίσθητους prover θα παρουσιάσουν συμπτώματα από την επανάληψη των υψηλών δυναμοποιήσεων. (Vithoulkas, 2000)

Όπως δηλώνει ο D.Riley, σε ένα proving είναι δύσκολο να διακρίνουμε τα γνήσια συμπτώματα που είναι χαρακτηριστικά του φαρμάκου από τα τυχαία, μη ειδικά συμπτώματα (θόρυβο). (David Riley, 2005) Οι συνταγογραφούνται έχουν χαρακτηριστικά συμπτώματα-κλειδιά (keynotes) τα οποία δεν έχουν εμφανιστεί στα provings τους παρόλο που ήταν καλής ποιότητας. Είναι δύσκολο να είμαστε σίγουροι ότι αυτό που βίωσε ο prover κατά τη διάρκεια του proving είναι διαφορετικό από τον όροβο του περιβάλλοντος. Ωστόσο αυτό το πρόβλημα μπορεί να λυθεί με την προεπιλογή των πιο ευαίσθητων prover. Οι πιο ευαίσθητοι prover μπορούν να εμφανίσουν αξιόπιστα συμπτώματα χαρακτηριστικά του φαρμάκου.

Κάποια συμπτώματα που αρχικά παρουσιάστηκαν ως ασήμαντα στα provings και ίσως να είχαν εμφανιστεί μόνο σε ένα άτομο, τελικά
επιβεβαιώθηκαν κλινικά και τώρα αποτελούν κύρια χαρακτηριστικά συμπτώματα κλειδίων (keynotes) των ομοιοπαθητικών φαρμάκων. Αυτό πιθανόν να συνέβηκε διότι κάποιοι από τους prover ήταν κατά τόχο ευαισθητοί στην ουσία του proving και παρουσίαζαν συμπτώματα τα οποία είναι χαρακτηριστικά (keynotes) του φαρμάκου. Όπως, εάν εφαρμοστεί η προεπιλογή των πιο ευαισθητων prover σε ένα proving, τα περισσότερα συμπτώματα του proving θα επιβεβαιωθούν στην κλινική πράξη ως χαρακτηριστικά (keynotes) της ουσίας του proving.

Ο P.Herscu δηλώνει ότι η ιδέα της ιδιαίτερης προσδιάθεσης του κάθε ατόμου λείπει από πολλά τρέχοντα proving και μελέτες. (Herscu, 2002) Ο ίδιος προτείνει την λήψη του ιστορικού του κάθε prover πριν την έναρξη του proving ώστε να προσδιοριστεί το ιδιοσυγκρασιακό του φάρμακο. Επιπλέον, επισημαίνει ότι μερικά πρόσφατα proving που περιλαμβάνουν πάρα πολλά εντελώς ανόμοια συμπτώματα είναι χαρακτηριστικά στην κλινική πράξη. Αποκαλεί τα εξωγενά συμπτώματα θόρυβο και δηλώνει ότι εάν ο θόρυβος συμπεριληφθεί στο repertory, δεν είναι εύκολο να αφαιρεθεί. «Έχουμε συμπεριλάβει τόσα πολλά συμπτώματα στο repertory που οι εικόνες των φαρμάκων έχουν αρχίσει να μοιάζουν μεταξύ τους.» (Herscu, 2002) Οπότε, συμβουλεύει να συλλέγονται συμπτώματα μόνο από τους prover που επιδεικνύουν σαφή ευαισθησία στην ουσία.

Συνεπώς, ο P.Herscu προτείνει να διενεργούνται τα proving συλλέγοντας τα συμπτώματα σε τρεις φάσεις. Στην πρώτη φάση παρουσιάζονται οι τοξικές δράσεις της ουσίας. Η δεύτερη φάση διενεργείται με τις δυναμοποιήσεις 6C, 12C, ή 30C και αναμένεται να εμφανιστούν πιο γενικά συμπτώματα. Η τρίτη φάση (ένα κρίσιμο τελικό βήμα) πραγματοποιείται με δυναμοποιήσεις 200C ή 1M, οι οποίες χορηγούνται μόνο σε αυτούς τους prover που στην προηγούμενη φάση είχαν προσδιοριστεί ως ευαισθητοί στην ουσία. (Herscu, 2002) Κατά συνέπεια, αυτή είναι η ιδέα της προεπιλογής των πιο ευαισθητών prover για proving με δυναμοποιημένες ουσίες.

Ο ίδιος τονίζει ότι η επιδεξιότητα του να διεξάγει proving είναι να είσαι ικανός να διαλέξεις από ένα τεράστιο αριθμό συμπτωμάτων αυτά που είναι χαρακτηριστικά του φαρμάκου. Ο ίδιος δηλώνει ότι οι ρούμπρικες του repertory διευρύνονται τόσο ραγδαία που σύντομα κάθε φάρμακο θα περιλαμβάνεται σε κάθε ρούμπρικα. (Herscu, 2002) Αυτό, στην κυριολεξία, θα καταστρέψει την χρησιμότητα του repertory σαν εργαλείο. Το repertory θα πρέπει να βασίζεται σε ευκρινή και αντικειμενικά κριτήρια όσον αφορά την προσθήκη των ομοιοπαθητικών συμπτωμάτων. (Rutten, Stolper, Lugten, & Barthels, 2008)
Οι Bayr και Stübler προτείνουν μία σειρά κριτηρίων για την αξιολόγηση των συμπτωμάτων. Το σύμπτωμα ανήκει στο φάρμακο με μεγάλη πιθανότητα, εάν τουλάχιστον ένα από τα ακόλουθα κριτήρια ισχύει:

1) Η εμφάνιση του συμπτώματος σε δύο ή περισσότερους prover.
2) Αντικειμενικά, μετρήσιμα σημεία και συμπτώματα.
3) Σαφής ένταση του συμπτώματος.
4) Η εμφάνιση του συμπτώματος αμέσως μετά τη χορήγηση του φαρμάκου.
5) Η επανεμφάνιση του συμπτώματος πολλές φορές με την πάροδο των ημερών.
6) Η επανεμφάνιση του συμπτώματος με την χορήγηση διαφορετικών δυναμοποιήσεων.
7) Εντυπωσιακοί, σπάνιοι ή παράδοξοι τροποποιητικοί παράγοντες του συμπτώματος.
8) Κοινή παθοφυσιολογία σε πολλά συμπτώματα (π.χ. φλεγμονή σε διάφορες αρθρώσεις).


Αξίζει να τονίσετε ότι η εγκυρότητα των proving συμπτωμάτων δεν εξαρτάται εν τέλει από τον αριθμό των prover που παρουσιάζουν το συγκεκριμένο σύμπτωμα. Όπως γράφει ο Hahnemann στον αφορισμό 116, μερικά συμπτώματα στα proving προκαλούνται πιο συχνά και σε πολλά άτομα, άλλα πιο σπάνια και σε λίγα άτομα και μερικά μόνο σε πολύ λίγους. (Hahnemann et al., 2004) Επομένως, τα συμπτώματα που εμφανίζονται σε ένα μικρό αριθμό prover, είναι εξίσου σημαντικά.

Τα κριτήρια για την συμμετοχή, τον αποκλεισμό και την απόσυρση των prover από το proving είναι σημαντικά να καθορίζονται πριν την διεξαγωγή του proving. Ο prover πρέπει να έχει αξιοπιστία, ακρίβεια στην παρατηρητικότητα και ευαισθησία στην καταγραφή. (ECH Provings Subcommitee, 2004)

Σύμφωνα με τον Gadd η εγκυρότητα του repertory έχει αμφισβητηθεί αρκετά πρόσφατα λόγω της προφανούς έλλειψης αξιοπιστίας των πηγών του, δηλαδή των proving και της κλινικής παράδοσης, και αφετέρου λόγω της διαφωνίας που υπάρχει σχετικά με τα κριτήρια που είναι εγκυρά για την προσθήκη των συμπτωμάτων στο repertory. (Gadd, 2009) Ένα βασικό πρόβλημα είναι ότι η άποψη των ειδημόνων είναι μία από τις πιο σημαντικές πηγές του repertory.

Σύμφωνα με τον Dantas (Flávio Dantas et al., 2007) η ουσία του proving είναι να εξακριβωθούν τα αληθινά συμπτώματα που προκαλούνται από ένα ενδεχόμενο φάρμακο πάνω σε υγιείς οργανισμούς, διακρίνοντας το σήμα (δηλαδή τα συμπτώματα που προκαλούνται από
την ουσία που εξετάζουμε) από τον θόρυβο (δηλαδή παράγοντες που προκαλούν σύγχυση όπως οι διάφορες εκδηλώσεις, τα περιστατικά και οι αυθόρμητες αλλαγές της καθημερινής ζωής, και τα συμπτώματα που σχετίζονται με αυτά). Επιπλέον, θέματα που προτείνει να διερευνηθούν σε μελλοντικές μελέτες είναι οι υποευαισθησίες-προδιαθέσεις του κάθε prover (αυτοί οι prover που αντιδρούν έντονα σε ένα συγκεκριμένο φάρμακο ίσως να είναι οι ιδιοσυγκρασιακοί τύποι), η σχέση μεταξύ της τοξικότητας του φαρμάκου και της τοξικότητας του φαρμάκου και του αριθμού των επιδράσεων, τα αποτελέσματα από διαφορετικούς τρόπους χορήγησης, και, κυρίως, καινούργιες μέθοδοι που να διαχωρίζουν τα γνήσια συμπτώματα που αληθώς σχετίζονται με το φάρμακο από αυτά τα οποία θα παρουσιάζονταν ακόμα και αν δεν είχε χορηγηθεί το φάρμακο.

Επιπλέον, η ανάπτυξη μεθοδολογιών για την κλινική επιβεβαίωση των συμπτωμάτων των proving αξίζει περαιτέρω προσοχή στο μέλλον. (Koster, Van Haselen, Jansen, & Dicke, 1998) Στα proving πολλά άτομα φαίνεται να αντιδρούν μη ειδικά, δηλαδή τα συμπτώματα τους αποτελούν μία μη ειδική αντίδραση που ανήκει στη συμπτωματολογία του ασθενή (αντίδραση placebo) και όχι σε αυτήν που προκαλείται από το φάρμακο που εξετάζουμε. Στην αρχή του αιώνα αυτό οδήγησε στην χρήση του placebo στα proving. Μία ποικιλία μεθόδων έχουν αναπτυχθεί για να εξακολουθίσουν τα ατομικά συμπτώματα από τα συμπτώματα του φαρμάκου, όμως καμία δεν είναι οριστική.

Όπως δηλώνει ο P.Herscu, μπορούμε να είμαστε περήφανοι λόγω του ότι η ομοιοπαθητική ήταν το πρώτο ιατρικό σύστημα που εισήγαγε τις τυφλές, placebo-ελεγχόμενες μελέτες φαρμάκων στην ιατρική επιστήμη. (Herscu, 2002) Ο P.Herscu τονίζει ότι η επανεκτύπωση των πρακτικών της τριακοστής συνεδρίασης του αμερικάνικου ιδρύματος της ομοιοπαθητικής (1885) θα άνοιγε τα μάτια σε πολλούς ομοιοπαθητικούς και συμβατικούς γιατρούς για την προέλευση των placebo-ελεγχόμενων μελετών. Η πρώτη placebo-ελεγχόμενη μελέτη πραγματοποιήθηκε στην Γερμανία το 1835. (Stolberg, 1996)

Μία νέα μεθοδολογία για τις κλινικές μελέτες, η προαιρετική διασταυρούμενη σχεδίαση (optional cross-over design), προτείνεται στις περιπτώσεις οι υποκειμενικές εντυπώσεις του ασθενή σχετικά με την επιτυχία ή την αποτυχία μιας θεραπείας είναι βασικές. (Ernst, E., Resch, K. L., 1995) Αυτή η μεθοδολογία θα μπορούσε να βοηθήσει να διακρίνουμε ένα γνήσιο proving μίας ουσίας πάνω στο prover από το placebo φαινόμενο. Επιπλέον, μία άλλη μελέτη προτείνει μία τροποποίηση στην καθιερωμένη μεθοδολογία των proving συμπεριλαμβάνοντας την χορήγηση ξεχωριστών φαρμάκων σύμφωνα με την ευαισθησία του prover, σάνω σε μία cross-over σχεδίαση. (Vickers et al., 2001)
Οστόσο, η υπέρτατη απόδειξη του εάν ένα σύμπτωμα πράγματι ανήκει στην εικόνα του φαρμάκου δεν μπορεί να εμφανιστεί κατά την διάρκεια του proving, αλλά μόνο στο επόμενο βήμα της κλινικής επιβεβαίωσης, όταν το σύμπτωμα του proving έχει οδηγήσει στην επιλογή του φαρμάκου, το οποίο τελικά θεραπεύει αυτό το σύμπτωμα στον ασθενή. (ECH Provings Subcommitee, 2004)


Μία συνοπτική έρευνα πάνω στα proving δείχνει ότι μοντέρνες ιδέες για τα proving έχουν εμφανιστεί, όπως proving μέσω διαλογισμού ή proving με όνειρα και ότι υπάρχει διαφορά στην ποσολογία ανάμεσα στα proving του Hahnemann και στα μοντέρνα proving. Ο G.Vithoulkas δηλώνει ότι η αξιοπιστία των proving σήμερα κατεδαφίζεται από νέες ιδέες πάνω στην διεξαγωγή των proving. (Vithoulkas, 2008)

Μία ερευνητική συστηματική ανασκόπηση 156 proving από τον F.Dantas αποκαλύπτει πολλά σοβαρά προβλήματα σχετικά με τον τρόπο που πραγματοποιούνται και καταγράφονται τα proving. Βασικό εύρημα αυτής της ανασκόπησης είναι η μεγάλη διακύμανση ανάμεσα στις μεθοδολογίες των νέων proving. Επιπρόσθετα, επισημαίνεται ότι μέχρι σήμερα δεν έχει διερευνηθεί σωστά το πόσο δόσεις θα πρέπει να χορηγούνται στα proving ή πόσο συχνά θα πρέπει να επαναλαμβάνονται. Επιπλέον, ο F.Dantas δηλώνει ότι πιθανές αιτίες της υποτίμησης των συμπτωμάτων των proving είναι η ανεπαρκής δοσολογία και η επανάληψη στους εθελοντές που δεν είναι αρκετά ευαίσθητοι.

Μία συγκριτική μελέτη placebo ελεγχόμενων ομοιοπαθητικών και αλλοπαθητικών ερευνών αναλύει πειράματα ομοιοπαθητικής και συμβατικής ιατρικής και αξιολογεί τα αποτελέσματα των θεραπειών. (Shang et al., 2005) Η μελέτη αυτή παρουσιάζει ότι οι κλινικές επιδράσεις της ομοιοπαθητικής είναι placebo φαινόμενα. Αλλά αυτή η άποψη είναι ανεπαρκής. Τα ευρήματα της μελέτης θα μπορούσαν επίσης να συμφωνούν με την ιδέα ότι τα σημερινά placebo φαινόμενα πειράματα της ομοιοπαθητικής δεν ακολουθούν την κατάλληλη μεθοδολογία και ότι θα πρέπει να αναπτύχθουν νέες μέθοδοι proving που να βασίζονται στις ιδέες του Hahnemann, όπως η πρόταση για προεπιλογή των πιο ευαίσθητων prover.
Επίσης, ο P.Herscu (Herscu, 2002) έχει εξακριβώσει σε πολλές νέες μεθόδους proving κάποια σφάλματα, όπως η έλλειψη του placebo ελέγχου, η υπερβολική έμφαση στα όνειρα, η μη αξιολόγηση του φαινομένου «Hawthorne» (όταν ένας ασθενής εστιάζεται στην παρακολούθηση των συμπτωμάτων του, αυτό προκαλεί από μόνο του ένα φανταστικά συμπτώματα, η συμπεριφορά αλλάζει εάν το άτομο γνωρίζει ότι είναι αντικείμενο μελέτης), η αποδοχή των συμπτωμάτων που εμφανίζονται στους prover που λαμβάνουν placebo ως proving συμπτώματα.

Το proving της θειοσιναμίνης από τον Tony Grinney και η νέα ιδέα της «κοινωνικής συναίσθησης» από τον R.Sankaran είναι ένα δείγμα μοντέρνων proving και μοντέρνων ιδεών που η μεθοδολογία τους έχει απομακρύνθει από την ομοιοπάθητη του Hahnemann. (Vithoulkas, 2001) Στο proving της θειοσιναμίνης ούτε υλικές δόσεις, ούτε δυναμοποιημένες δόσεις δεν φαίνεται να χρειάζονται για να προκαλέσουν συμπτώματα, ενώ placebo δόσεις αρκούν για να παράγουν πολλά συμπτώματα! (Grinney, 2001) Ο R.Sankaran στο βιβλίο του «Provings: similia similibus curentur» γράφει για την «κοινωνική συναίσθηση» και προτείνει μία νέα μέθοδο για την διεξαγωγή των proving. Δηλώνει ότι το αποτέλεσμα της δόσης πολλαπλασιάζεται όταν χορηγείται συλλογικά και όταν συζητείται ανάμεσα στους prover κατά τη διάρκεια του σεμιναρίου. (Sankaran, 1998)

Ο J.Sherr, επίσης, υποστηρίζει την ιδέα του να συγκρίνουν τις εμπειρίες τους οι prover και την ιδέα ότι τα όνειρα αποκαλύπτουν την πρώτη δόση του φαρμάκου. (Sherr, 1994) Στο proving του υδρογόνου που οργάνωσε ο J.Sherr πολλά δυναμοποιημένα συμπτώματα από δυναμοποιημένες δόσεις παρουσιάστηκαν σε πολλούς prover μετά την πρώτη δόση (School & Sherr, 1992). Αυτό απέχει πολύ από το σκεπτικό του Hahnemann ότι οι δυναμοποιημένες δόσεις μπορούν να παράγουν συμπτώματα μόνο σε ανατομίκους prover. Είναι απίθανο ότι όλοι οι prover να είναι ανατομίκοι στο υδρογόνο χωρίς τουλάχιστον ένα πρώτο βήμα διαλογής των πιο ευαίσθητων prover.

Ο Sankaran, επίσης, αναφέρει ότι η χορήγηση μίας δόσης της δυναμοποίησης 30C (η δυναμοποίηση 30C θεωρείται υψηλή την εποχή του Hahnemann) σε κάθε prover, ανεξαρτήτως της ιδιοσυγκρασίας-ευαισθησίας του, αρκεί για την διεξαγωγή enós proving. (Sankaran, 1998) Ο Ν.Herrick, επίσης, υποστηρίζει την ίδια άποψη, ότι η χορήγηση μίας δόσης υψηλής δυναμοποίησης (30C) σε κάθε prover αρκεί για την πραγματοποίηση enós proving. (Herrick, 1998) Αυτό θα συνεβαίνει σύμφωνα με τον Hahnemann εάν οι prover ήταν επαρκώς ευαίσθητοι στην ουσία.
Ο M. Norland προτείνει να διενεργούνται proving κοιτάζοντας το φάρμακο ή με τον διαλογισμό. (Norland, 2000) Επιπρόσθετα, ο J. Scholten στο βιβλίο του «Homeopathy and minerals» προτείνει μία μοντέρνα, μεταφυσική μέθοδο για proving, αντί να χορηγούμε υλικές ή δυναμοποιημένες δόσεις για να αποκαλυφθεί η εικόνα του φαρμάκου, όπως έκανε ο Hahnemann, να προβλέπουμε την εικόνα του φαρμάκου! (Scholten, 1993)

Μία άλλη διπλή τυφλή μελέτη προσπαθεί να καθορίσει εάν η Belladonna προκαλεί συμπτώματα που μπορούν να επαναληφθούν, συγκρίνοντας placebo δόσεων και δυναμοποιημένων δόσεων (30C). (Brien, 2003) Το αποτέλεσμα αυτής της έρευνας ήταν ότι καμία διαφορά στη συμπτωματολογία δεν εξακριβώθηκε ανάμεσα στους prover που πίραν placebo και σε αυτούς που πίραν Belladonna 30C, ίσως επειδή οι prover που πίραν Belladonna 30C δεν είχαν προεπιλεγθεί ώστε να είναι οι πιο ευαίσθητοι στη Belladonna. Επομένως, αυτό το αποτέλεσμα συμφωνεί απόλυτα με το σκεπτικό του Hahnemann και επιβεβαιώνει. Επίσης, ένα λάθος της μελέτης ήταν ότι όλοι οι prover έπιναν καφέ κατά τη διάρκεια του πειράματος. Ως εκ τούτου, το φάρμακο δεν δρα, δεν προκαλεί proving συμπτώματα, όταν ο prover πίνει καφέ.


336


Πρόσφατα πραγματοποιήθηκε μία μεγάλη έρευνα του ομοιοπαθητικού φαρμάκου Oscillococcinum για την πρόληψη της γρίπης. (Attena, Toscano, Agozzino, & Del Giudice, 1996) Παρόλο που δεν διαπιστώθηκαν σημαντικές διαφορές στα ποσοστά της γρίπης ανάμεσα σε αυτούς που έλαβαν ομοιοπαθητικό φάρμακο και σε αυτούς που έλαβαν placebo, ωστόσο οι περισσότεροι από αυτούς που ανήκαν στην ομάδα της ομοιοπαθητικής παρουσίασαν παρενέργειες. Η έρευνα ήταν placebo-ελεγχόμενη, τυχαιοποιημένη, διπλή-τυφλή. Επίσης, και σε αυτήν την μελέτη δεν θίχτηκε το θέμα της ευαισθησίας των prover.

Ο Ι.Βenveniste στα in vitro πειράματα του ερευνά την αλλεργική ευαισθησία στο κυτταρικό επίπεδο μέσω της IgE-εξαρτώμενης ευαισθητοποίησης των βασεόφιλων. (B Poitevin, Davenas, & Benveniste, 1988) Σε αυτό το πείραμα αξιολογείται η επίδραση ενός ομοιοπαθητικού φαρμάκου, της Apis mellifica, και της ισταμίνης των πνευμόνων στην in vitro αποκοκκίωση των βασεόφιλων που είναι ευαισθητοποιημένα στη συνήθη αλλεργιογόνα. Στην πραγματικότητα αυτό το πείραμα αποτελεί ένα «proving» σε κυτταρικό επίπεδο υψηλών διαλύσεων της Apis mellifica και της ισταμίνης των πνευμόνων πάνω στα ανθρώπινα βασεόφιλα.

Σύμφωνα με τον Hahnemann οι δυναμοποιημένες δόσεις μπορούν να προκαλέσουν μία βιολογική επίδραση μόνο στους ευαίσθητους prover. Οπότε, οι υψηλές διαλύσεις της Apis mellifica ή της ισταμίνης των πνευμόνων θα μπορούσαν να επιδράσουν βιολογικά μόνο στα βασεόφιλα που να είναι «ευαίσθητα» ειδικά σε αυτές τις ουσίες.

Σύμφωνα με τον Hahnemann οι δυναμοποιημένες δόσεις μπορούν να προκαλέσουν μία βιολογική επίδραση μόνο στους ευαίσθητους prover. Οπότε, οι υψηλές διαλύσεις της Apis mellifica ή της ισταμίνης των πνευμόνων θα μπορούσαν να επιδράσουν βιολογικά μόνο στα βασεόφιλα που να είναι «ευαίσθητα» ειδικά σε αυτές τις ουσίες.

Επίσης, άλλο ένα proving πραγματοποιήθηκε με διπλή τυφλή, placebo-ελεγχόμενη διασταυρούμενη μέθοδο. (Koster et al., 1998) Σε αυτό το πείραμα παρουσίαστηκαν κάποιες διαφορές ανάμεσα στην φάση που χορηγήθηκε το πραγματικό φάρμακο και στη placebo φάση, όπως καταγράφηκε αντικείμενα συμπτωμάτων στην πρώτη φάση. Η προαναφερόμενη διασταυρούμενη σχέδιαση φαίνεται κατάλληλη για ομοιοπαθητικά πειράματα όπου η υποκειμενική μη μετρήσιμη εμπειρία του prover θεωρείται ότι αναπαριστά τα αντικειμενικά σημεία.

Μία κλινική, τυχαιοποιημένη, διπλή τυφλή, ελεγχόμενη, διασταυρούμενη μελέτη ερευνά εάν μπορεί να γίνει κάποια διάκριση
ανάμεσα στις βραχυπρόθεσμες αντιδράσεις υγιών εθελοντών σε μία δυναμοποιημένη ουσία, Aconitum napellus C30, και σε αυτές του placebo. (Piltan D, Rist L, Simões-Wüst P, Saller R, 2009) Σε αυτή την μελέτη διαπιστώθηκαν σημαντικά αποτελέσματα από υψηλές δυναμοποιήσεις σε τυχαία ελεγχόμενους, υγιείς εθελοντές σε αντίθεση με αυτά του placebo. Αλλά, επίσης, αυτή η έρευνα έρχεται σε αντίθεση την άποψη του Hahnemann, ότι οι δυναμοποιημένες δόσεις προκαλούν συμπτώματα μόνο στους ευαίσθητους prover, και δεν ακολουθεί την πρόταση του G.Vithoulkas και του P.Herscu για την προεπιλογή του πιο ευαίσθητου prover και στη συνέχεια τη χορήγηση σε αυτούς δυναμοποιημένων δόσεων. Το ερώτημα είναι εάν όλοι οι εθελοντές ήταν ευαίσθητοι στο Aconitum napellus χωρίς να έχει προηγηθεί μία προεπιλογή του πιο ευαίσθητου prover. Είναι αυτός ο λόγος που η συγκεκριμένη έρευνα παρουσίασε σημαντικές επιδράσεις από υψηλές δυναμοποιήσεις;

Επιπρόσθετα, έχουν διεξαχθεί άλλα δύο proving με πανομοιότυπη μεθοδολογία, του Acidum malicum 12C και του Acidum ascorbicum 12C. (P.Fisher & F.Dantas, 2001) Στο καθένα από αυτά συμμετείχαν 20 υγιείς εθελοντές. Και τα δύο πραγματοποιήθηκαν με διπλή τυφλή, placebo-ελεγχόμενη, τυχαιοποιημένη, τεσσάρων περιόδων διασταυρούμενη μεθοδολογία, με μία αρχική δοκιμαστική περίοδο χωρίς καμία χορήγηση, δύο περιόδους όπου χορηγήθηκε το πραγματικό φάρμακο και δύο περιόδους placebo. Αυτή η μελέτη πραγματοποιήθηκε σύμφωνα με κατευθυντήριες οδηγίες για ορθή κλινική έρευνα της ένωσης των βρετανικών φαρμακευτικών βιομηχανιών. Σε αυτά τα proving δεν αναφέρθηκε καμία σοβαρή παρενέργεια. Ωστόσο, η ιδέα όλων των proving είναι να εκμαιεύσουν «παρενέργειες». Όπως το γεγονός ότι δεν προκλήθηκε καμία σοβαρή παρενέργεια σημαίνει ότι τα αποτελέσματα από αυτά τα proving δεν έχουν σημασία. Επιπλέον, μία μελέτη διερεύνα την υπόθεση εάν οι ομοιοπαθητικοί είναι ικανοί να διακρίνουν μία ομοιοπαθητική αγωγή από μία placebo αγωγή λαμβάνοντας και τις δύο και παρατηρώντας τις επιδράσεις τους. (Vickers et al., 2001) Εάν όντως μπορούμε να διαπιστώσουμε ότι τα ομοιοπαθητικά φάρμακα φέρουν αποτέλεσμα διαφορετικό από αυτό του placebo. Η Bryonia σε δυναμοποιημένη 12C επιλέχθηκε ως το φάρμακο της έρευνας. Σε αυτή την μελέτη προτείνεται μία τροποποίηση στην καθιερωμένη μεθοδολογία, η χορήγηση εξατομικευμένων φαρμάκων σύμφωνα με τις ευαισθησίες τους προγενός σε μία διασταυρούμενη σχεδίαση. Αυτή η ιδέα συμφωνεί με το σκεπτικό του Hahnemann και την πρότασή του G.Vithoulkas. Οπως ο P.Fisher τονίζει, οι κλινικές μελέτες στην ομοιοπαθητική είναι πεπεισδεμένες από το γεγονός ότι η θεραπεία
είναι άκρως εξατομικευμένη. (Peter Fisher, 1995) Οπότε, επίσης, το πρόβλημα της εξατομίκευσης στις κλινικές έρευνες θα πρέπει να συζητηθεί.

Ο G.Vithoulkas προτείνει μία προσέγγιση στην σχεδίαση κλινικών μελετών στην ομοιοπαθητική, που εστιάζεται στην προεπιλογή των ασθενών-εθελοντών. (Yakir et al., 1995) Προτείνει ένα τρόπο να ξεπεραστεί το εμπόδιο της εξατομίκευσης της ομοιοπαθητικής θεραπείας στις ομοιοπαθητικές κλινικές μελέτες περιορίζοντας τον αριθμό των ομοιοπαθητικών φαρμάκων που χρησιμοποιούνται στην μελέτη. Οπότε, συστήνει να προεπιλέγονται οι ασθενείς σύμφωνα με την συμπτωματολογία τους ώστε να περιοριστεί ο αριθμός των ομοιοπαθητικών φαρμάκων που χρησιμοποιούνται στην μελέτη. Κριτήριο επιλογής των εθελοντών ασθενών προτείνει να είναι η εικόνα της συμπτωματολογίας τους, η οποία θα πρέπει να αντανακλά ένα από τα πιο συχνά χρησιμοποιούμενα ομοιοπαθητικά φάρμακα που έχουν επιλεγεί για την συγκεκριμένη πάθηση που ερευνάται.

Σύμφωνα με τον H.Walach, θα πρέπει να διακρίνουμε τα proving, που έχουν σχεδιαστεί για να βελτιώσουν πρακτικά τη συνταγογράφηση στην ομοιοπαθητική, χρησιμοποιώντας ποιοτικές μεθόδους, από τις κλινικές μελέτες που ερευνούν εάν οι ουσίες σε ομοιοπαθητικά διαλύματα παράγουν συμπτώματα διαφορετικά από αυτά του placebo. (H.Walach, 1997) Και οι δύο μεθοδολογίες μπορούν να συνδυαστούν και να προταθεί ένα πρωτόκολλο.

Μία ακόμα μελέτη συνδυάζει και αναλύει δεδομένα από δύο proving για να ερευνήσει εάν υπάρχει διαφορά ανάμεσα στον αριθμό των συμπτώματων που προκαλούνται από το αληθινό ομοιοπαθητικό φάρμακο και από το placebo. (Dominici, Bellavite, di Stanislao, Gulia, & Pitari, 2006) Το πρώτο proving έγινε με δυναμοποιημένη λάβα από το βουνό Etna και το δεύτερο με δυναμοποιημένο H2O2 (υπεροξείδιο του υδρογόνου, Hydrogenium peroxidatum). Τα φάρμακα χορηγήθηκαν παρεντερικά σε δυναμοποίηση 30C, 10 σταγόνες, τρείς φορές την μέρα μόνο για δύο μέρες. Οδηγίες για την διακοπή λήψης του φαρμάκου είχαν δοθεί στους prover στην περίπτωση που εμφανιστεί ένα νέο σύμπτωμα. Και για τις δύο μελέτες η μεθοδολογία ήταν διπλή τυφλή, placebo ελεγχόμενη με διπλή τυφλή, placebo ελεγχόμενη. Η μέθοδος των Riley και Zagon είναι διπλή τυφλή, placebo ελεγχόμενη, σύμφωνη με τις κατευθυντήριες οδηγίες για ορθή κλινική έρευνα και περιλαμβάνει δοκιμαστικές
περίοδους πριν την χορήγηση του φαρμάκου και περιόδους παρακολούθησης μετά την περίοδο χορήγησης του φαρμάκου. Το φάρμακο χορηγήθηκε σε δυναμοποίηση 2Χ. Η αγωγή ήταν 10 σταγόνες, μία φορά καθημερινά ξεκινώντας την Ωδή μέρα του proving μέχρι να τελειώσει το proving ή μέχρι να παρουσιαστούν συμπτώματα. Στο proving του RNA του Julian συμμετείχαν 22 άτομα που πήραν RNA σε δυναμοποιήσεις 30C, 7C και 3Χ. Στο πείραμα χρησιμοποιήθηκε placebo έλεγχος και χαρακτηρίστηκε ως μονό τυφλό, χωρίς περαιτέρω διευκρινίσεις.

Σε τρία μονά τυφλά proving με Arsenicum bromatum 30C (Signorini, 2000), η έναρξη των συμπτωμάτων στους υγείς αντιστοίχιζε στο πραγματικό φάρμακο και αυτούς που πήραν placebo. Ο σκοπός αυτής της μελέτης ήταν να εξακριβώσει η μεθοδολογία των proving. Οπότε, ο Signorini διεξήγαγε ταυτόχρονα δύο διπλά, τριών ομάδων, placebo ελεγχόμενα proving, του Plumbum metallicum (Plumbum) και του Piper methysticum. (Signorini et al., 2005) Η δοσολογία, η διάρκεια και η επιλογή των συμπτώματος ήταν τα κύρια ερωτήματα. Προφανώς οι πιο ευαίσθητοι prover δεν πραγματοποιήθηκαν. Σχετικά με την δυναμοποίηση ο Signorini βρήκε ότι η 30C ήταν ικανοποιητική και σε δόσεις τέσσερεις μέχρι τέσσερις φορές καθημερινά προκαλούσε αρκετά συμπτώματα σε λίγες μέρες. Και τα δύο φάρμακα παρουσίασαν ποιοτικές και ποσοτικές διαφορές από το placebo.


Ένα μονό τυφλό proving παρουσιάστηκε στο Γαλλικό ομοιοπαθητικό συνέδριο τον Μάιο του 1996. (Lentheric, 1997) Σε τριάντα-πέντε άτομα χορηγήθηκαν 5 χάπια είτε placebo (16 άτομα), είτε Mancinella 2Χ (9 άτομα), είτε Mancinella 30C (10 άτομα). Ωστόσο, πολλοί εθελοντές που πήραν Mancinella είχαν λάβει τις προηγούμενες μέρες και άλλες δυναμοποιημένες ουσίες. Για αυτό ήταν δύσκολο να καθοριστεί η προέλευση των συμπτωμάτων. Προφανώς, ένα καλό πρωτόκολλο θα βοηθούσε να αποφευχθούν τέτοιες αναμιξίες, όπως η λήψη άλλων ουσιών μερικές μέρες πριν, που θα μπορούσαν να επηρεάσουν τα αποτελέσματα. Όπως, ο P.Lentheric επισημαίνει, αυτό το ανεπαρκές proving επιβεβαιώνει την σκέψη των κλασσικών ομοιοπαθητικών, όπως των Kent, Boger και Nash, σχετικά με τις επιδράσεις μίας δόσης πάνω σε έναν ευαίσθητο prover. Ωστόσο, δεν
μπορούμε να γνωρίζουμε αν οι prover είναι ευαίσθητοι στην ουσία χωρίς να έχει γίνει μία προεπιλογή. Και χωρίς αυτήν την προεπιλογή είναι απίθανο να βρεθούν πολλοί ευαίσθητοι prover ανάμεσα στα δέκα άτομα που πήραν Mancinella 30C.


Το proving του Quercus robur πραγματοποίηθηκε με διάφορες διαλύσεις του φαρμάκου. (Savulescu et al., 2000) Στην μελέτη παρουσιάστηκαν μερικά σημαντικά συμπτώματα, τα οποία δεν είχαν αναφερθεί ποτέ ξανά στο παρελθόν, από δέκα έξη μόνο prover, που δεν είχαν προεπιλεγεί σύμφωνα με την ευαισθησία τους στην ουσία! Επιπλέον, οι ίδιοι ερευνητές επισημαίνουν ότι χρησιμοποίησαν στη συνέχεια το Quercus robur σε διάφορα περιστατικά στην κλινική τους πράξη με επιτυχία.

Επιπλέον, ο A.Campbell δηλώνει ότι έχει απογοητευθεί από τα μοντέρνα proving, ωστόσο τα proving των Templeton και Raeside το 1940-60 παρουσίασαν αποτελέσματα με 30C δυναμοποιήσεις. (Campbell, 1994) Αυτά τα proving ήταν διπλά τυφλά, με τροποποιημένη διασταυρούμενη σχεδίαση, ώστε να αποφεύγεται η μεταφορά συμπτώματα από την placebo ομάδα. Ο O.Kennedy αναρωτιέται εάν τα πολλά συμπτώματα της materia medica που προέρχονται από την κλινική πράξη είναι πιο αξιόπιστα από τα συμπτώματα που προέρχονται από τα proving. (Kennedy, 1995) Όπως ο A.Campbell τονίζει, η άποψη ότι ένα μεγάλο μέρος της ομοιοπαθητικής δεν είναι καινούργια.


Επιπλέον, στο proving του Parthenium hysterophorus οι prover έλαβαν Parthenium hysterophorus 2X σε μία με τρεις δόσεις καθημερινά. (Kennedy, 1995) Στην περίπτωση που κάποιος prover παρουσίαζε συμπτώματα, η χορήγηση του φαρμάκου σταματούσε αμέσως. Αυτή η
μεθοδολογία ακολουθεί τις ιδέες του Hahnemann, ωστόσο χρειάζεται να προστεθεί ένα ακόμη στάδιο στο proving. Οι prover που πρώτοι παρουσίασαν συμπτώματα ήταν και οι πιο ευαίσθητοι στο Parthenium hysterophorus και θα έπρεπε σε ένα δεύτερο βήμα του να τους χορηγηθούν υψηλές δυναμοποιήσεις, για να αναπτύξουν, μερικοί από αυτούς, συμπτώματα από την επανάληψη των υψηλών δυναμοποιήσεων.

Επιπλέον, ο Signorini προτείνει ότι οι τοξίνες θα έπρεπε να είναι η πρώτη επιλογή φαρμάκων για τα proving, για να συγκριθούν οι γνωστές δράσεις των τοξικών ουσιών με τις αντίστοιχες δράσεις των διαλυμάτων τους, σύμφωνα με τις αντιλήψεις του Hahnemann, ο οποίος κατέγραψε πολλά συμπτώματα από δηλητηριάσεις από την τοξικολογία ως proving. (Andrea Signorini, 2007) Ο Signorini επίσης ενθαρρύνει την επανάληψη των proving, σύμφωνα με τις συστάσεις του Hahnemann για επανάληψη των proving μέχρι τα συμπτώματα να είναι σχεδόν πάντα τα ίδια.

Όμως, γιατί οι περισσότεροι μοντέρνοι δάσκαλοι ομοιοπαθητικής αδιαφορούν για τις απόψεις του Hahnemann; Είναι επειδή στην καθημερινή πρακτική τους καταρρίπτεται η ομοιοπαθητική του Hahnemann; Εάν θέλουμε η ομοιοπαθητική να φτάσει το επίπεδο της ακαδημαϊκής γνώσης θα πρέπει να θυμηθούμε ότι έχουμε κληρονομήσει από τον Αριστοτέλη ένα μοντέλο για να κάνουμε επιστήμη, αυτό που αναγνωρίζει την ένωση της θεωρίας, της εμπειρίας και της πρακτικής ως το θεμέλιο της επιστήμης. Αυτές οι παρατηρήσεις αιτιολογούν τις μοντέρνες methodology στα proving; Συμφωνούν οι παρατηρήσεις της συμβατικής ιατρικής από την καθημερινή εφαρμογή. Ο όρος proving, παραλληλίζει τα φαινόμενα που απαντώνται καθημερινά στην κλινική ομοιοπαθητική πράξη με αυτά που παρατηρούνται στα proving. Το proving πρέπει πάντα να αντανακλά την κλινική πράξη. Ο P.Herscu (Herscu, 2002) παραλληλίζει τα φαινόμενα που απαντώνται καθημερινά στην κλινική ομοιοπαθητική πράξη με αυτά που παρατηρούνται στα proving. Το proving πρέπει πάντα να αντανακλά την κλινική πράξη. Το proving πρέπει πάντα να αντανακλά την κλινική πράξη. Το proving πρέπει πάντα να αντανακλά την κλινική πράξη.
συμπτώματα μόνο σε ευαίσθητους prover, και δείχνει την σπανιότητα τέτοιων ευαίσθητων ατόμων, που μπορούν να παρουσιάσουν συμπτώματα φάρμακων από την χορήγηση υψηλών δυναμοποιήσεων. (Vithoulkas, 2008) (Vithoulkas, 2000) Επιπλέον, ο J.T.Kent γράφει στο βιβλίο του «Lectures on homoeopathic philosophy» στην όγδοη παρατήρηση ότι μερικοί ασθενείς οποιοδήποτε φάρμακο και να λάβουν παρουσιάζουν proving συμπτώματα. (Kent, 2009) O G.Vithoulkas εξηγεί ότι υπερευαίσθητοι ασθενείς με αδύναμο μηχανισμό άμυνας που ανήκουν στα κατώτερα επίπεδα υγείας συχνά αντιδρούν σε ένα κοντινό φάρμακο παρουσιάζοντας συμπτώματα που ανήκουν στην συμπτωματολογία του φαρμάκου. Όπως, ένα κοντινό φάρμακο, αλλά όχι το σωστό, μπορεί να προκαλέσει συμπτώματα συχνά πάνω σε αδύναμους ασθενείς. Επιπρόσθετα, o G.Vithoulkas προτείνει να αποκλείονται από το πείραμα του proving τα άτομα που πάσχουν από ασθένειες υπερευαισθησίας, όπως άσθμα, αλλεργίες, τροφική δύσανεξία. (Vithoulkas, 2002)

Ο Hahnemann στην καθημερινή κλινική του πράξη είχε παρατηρήσει νέα συμπτώματα από ομοιοπαθητικά φάρμακα, σωστά επιλεγμένα, πάνω σε ασθενείς με αυξημένη ευαισθησία, όπως δηλώνει στον αφορισμό 156, ακόμα και εάν η δόση ήταν πολύ μικρή έως ανεπαρκής. (Hahnemann et al., 2004) Όπως, είναι δυνατό, όχι μόνο το λάθος (αλλά κοντινό) φάρμακο, αλλά επίσης και το σωστό φάρμακο να παρουσιάσει τις επιδράσεις του πάνω σε έναν ασθενή με αυξημένη ευαισθησία. Όπως ο G.Vithoulkas εξηγεί, όταν ένα φάρμακο βελτιώνει την υγεία του ασθενή μετά από μία αρχική ομοιοπαθητική επιδείνωση και ταυτόχρονα προκαλεί και νέα συμπτώματα στον ασθενή που ανήκουν στην συμπτωματολογία του φαρμάκου, σημαίνει ότι το φάρμακο είναι το σωστό και ότι αποδεικνύει τη δράση του πάνω στον ασθενή. Όπως, τα νέα συμπτώματα που ανήκουν στην συμπτωματολογία του φαρμάκου, στην πραγματικότητα, επιβεβαιώνουν ότι το φάρμακο ήταν το σωστό. Επιπλέον, αυτός ο ασθενής είναι ευαίσθητος σε αυτό το φάρμακο και για όσο διάστημα αυτό τον βελτιώνει, αυτό είναι το σωστό φάρμακο για αυτόν. (Vithoulkas, 2002)


Είναι σημαντικό να προσθέσουμε ότι όχι μόνο η καθημερινή εφαρμογή της ομοιοπαθητικής επιβεβαιώνει τις ιδέες του Hahnemann για τα proving, αλλά επίσης και η καθημερινή εφαρμογή της συμβατικής
ιατρικής. Ασθένειες υπερευαισθησίας, όπως τα άσθμα, οι αλλεργίες, οι τροφικές δυσανεξίες, είναι, σύμφωνα με την συμβατική ιατρική, η αντίδραση του ανοσοποιητικού συστήματος του οργανισμού σε κάποιες ουσίες. Οι αλλεργικές ιδιοσυγκρασίες εμφανίζουν συμπτώματα είτε μυρίζοντας, είτε τρώγοντας, είτε αγγίζοντας μία ουσία, όπως ακριβώς ο Hahnemann καταγράφει στα proving του (για παράδειγμα: Μateria Medica Pura, Camphora, 255. Βίαιος κνησμός (Από την εξωτερική επάλειψη. (Hahnemann, 2004) (Hahnemann, 2008) Όλα αυτά τα proving (σύμφωνα με την ορολογία του Hahnemann), από την μυρωδιά της ουσίας ή από το άγγιγμα των φύλλων του φυτού, είναι στην πραγματικότητα αλλεργικές αντιδράσεις (σύμφωνα με την ορολογία της συμβατικής ιατρικής). Αντιστρόφως, όλες οι αλλεργικές αντιδράσεις που έχουν καταγραφεί μέχρι σήμερα είναι στην πραγματικότητα proving.

Ο G.Dimitriadis τονίζει ότι η φαρμακολογία αποδέχεται ότι μία ουσία είναι δυνατόν να προκαλέσει μία βιολογική αντίδραση μόνο όταν υπάρχουν ήδη υποδοχές με τους οποίους τα μόρια της ουσίας τα ιριάζουν με ακρίβεια. Παρόλο που η υπόθεση υποδοχέα-σύνδεσμος είναι από μόνη της ατελής σύμφωνα με την ομοιοπαθητική οπτική (αφού δεν εξηγεί πως οι μεγάλες ομοιοπαθητικές διαλύσεις προκαλούν βιολογικές επιδράσεις), παρόλα αυτά δείχνει πως ακόμα και στη φυσιολογία είναι αποδεκτό ότι πρέπει να υπάρχει κάποιο επίπεδο προδιάθεσης για να μπορέσει οποιαδήποτε ουσία να προκαλέσει μία αντίδραση. (Dimitriadis, 2007) Αυτή η αποδοχή από την φυσιολογία επιβεβαιώνει την άποψη του Hahnemann ότι οι ευαίσθητοι οργανισμοί είναι οι πιο κατάλληλοι για τα proving. Επιπλέον, ο G.Vithoulkas δηλώνει ότι όλες οι παρενέργειες των χημικών φαρμάκων της συμβατικής ιατρικής δεν είναι τύποτα άλλο από proving σύμφωνα με την ομοιοπαθητική οπτική. (Vithoulkas, 2000) Συνεπώς, οι μέχρι σήμερα καταγραφές των επικίνδυνων επιδράσεων των φαρμάκων (παρενέργειες) είναι στην πραγματικότητα proving. Επιπρόσθετα, ο Hahnemann στα proving του (Hahnemann, 2004) (Hahnemann, 2008) καταγράφει παρενέργειες φαρμάκων πάνω σε ασθενείς, όπως για παράδειγμα η επίδραση του αρσενικού της ποτάσας πάνω σε αρρώστους με πυρετό. Οι βιολογικές επιδράσεις των ουσιών έχουν παρατηρηθεί από προηγούμενους του Hahnemann συγγραφείς. Οι περιγραφές των δηλητηριάσεων από την τοξικολογία συμφωνούν σε μεγάλο βαθμό με τις παρατηρήσεις του Hahnemann από τα πειράματα του με τις ίδιες ουσίες, όπως ο ιδίος δηλώνει στον αφορισμό 110. (Hahnemann et al., 2004) Στην Materia Medica Pura (Hahnemann, 2004) και στις Χρόνιες Ασθένειες (Hahnemann, 2008) ο Hahnemann καταγράφει πολλά συμπτώματα από δηλητηριάσεις ως proving, για παράδειγμα δηλητηριάσεις από αρσενικό ή από belladonna. Όπως τονίζει ο Morrell, τα περισσότερα φάρμακα στην
ομοιοπαθητική αρχικά προήλθαν από την φαρμακολογία της συμβατικής ιατρικής. (Morrell) Επιπλέον, ο Morrell δηλώνει ότι το proving είναι, στην πραγματικότητα, αποκλειστικά και μόνο, μία ήπια, ανεπαίσθητη μορφή δηλητηρίασης, την οποία ονομάζει «μικρο-δηλητηρίαση». Συνεπώς, οι μέχρι σήμερα καταγραφές συμπτώματων από δηλητηριάσεις αποτελούν αποδείξεις των βιολογικών επιδράσεων των υστίων, το οποίο σημαίνει ότι αποτελούν proving.

Επομένως, οι παρατηρήσεις της συμβατικής ιατρικής και οι ιδέες του Hahnemann έχουν κοινό έδαφος, επειδή και οι δύο περιγράφουν τις αντιδράσεις του ανθρώπινου οργανισμού. Η διαφορά ανάμεσα στην ομοιοπαθητική του Hahnemann και στην συμβατική ιατρική βρίσκεται στην ερμηνεία αυτών των αντιδράσεων και, σύμφωνα με την ερμηνεία, στην μέθοδο της θεραπείας.

Αντίθετα, στην καθημερινή πράξη της συμβατικής ιατρικής δεν έχουν παρατηρηθεί ποτέ καταγραφές δηλητηριάσεων από την «κοινωνική συναίσθηση», από τον διαλογισμό ή από δρόμο ή από το κοίταγμα του φαρμάκου. Όμως η γνώση έρχεται μέσα από την εμπειρία και μέχρι τώρα μόνο η εμπειρία των μοντέρνων δασκάλων επιβεβαιώνει τις νέες ιδέες σχετικά με τα proving. Είναι αυτή αρκετή για να βασιστούμε επάνω της; Φυσικά όχι, οι νέες ιδέες και τα μοντέρνα proving χρειάζονται πρόσθετη διερεύνηση πριν αποδεικνυθούν.

Νέες ιδέες είναι θεμιτό να εμφανίζονται, αρκεί να προηγείται ο ενδελεχής έλεγχός τους πριν την αποδοχή και υιοθέτησή τους. Ακόμη και να υποθέσουμε ότι τα μοντέρνα proving είναι αξιόπιστα, πόσο θα διακρίνουμε τα χαρακτηριστικά συμπτώματα του φαρμάκου από όλα τα υπόλοιπα συμπτώματα του come provening; Καθώς ο σκοπός του proving είναι να αποκαλύψουμε την χαρακτηριστική εικόνα του φαρμάκου, με ποιον τρόπο τα μοντέρνα proving βοηθούν να αναγνωρίσουμε ποια είναι τα γνήσια συμπτώματα κλειδιά του φαρμάκου;

Εάν αποδεχτούμε όλα τα συμπτώματα από τα μοντέρνα proving ως έγκυρα συμπτώματα proving και τα προσθέσουμε στο repertory, τότε όλα τα συμπτώματα θα ανήκουν σε όλα τα φάρμακα, όλες οι εικόνες των φαρμάκων θα αρχίσουν να μοιάζουν μεταξύ τους και στο νέο repertory κάτω από κάθε συμπτωματο-ρούμπρικα θα εμφανίζονται όλα τα φάρμακα. Καθώς ο νέος repertory θα είναι σχεδόν άχρηστο, στην καθημερινή εφαρμογή της ομοιοπαθητικής πόσο θα επιλέξουμε το σωστό φάρμακο για τον ασθενή μας; Η αξιοπιστία των proving αντανακλά στην καθημερινή αποτέλεσματικότητα της συνταγογράφησης, στην καθημερινή πράξη της ομοιοπαθητικής. Όταν στο αντρείο μας θα κληθούμε να θεραπεύσουμε τον ασθενή, με ποιον τρόπο θα το κάνουμε, δεδομένου ότι το repertory που θα έχουμε ως εργαλείο θα είναι άρχηστο και η επιλογή του σωστού
φαρμάκου με βάση τον καθιερωμένο τρόπο συνταγογράφησης αδύνατη; Θα διαλογιστούμε πάνω στην ιδέα ότι θεραπεύουμε τον ασθενή μας; Θα διαλογιστούμε πάνω στην ιδέα ότι βρίσκουμε τα σωστά φάρμακα; Θα ζητήσουμε από τον ασθενή να προασθανθεί ότι θεραπεύεται; Θα προασθανθούμε ή θα ονειρευτούμε ποιό είναι το σωστό φάρμακο για τον ασθενή μας και θα του το δώσουμε; Θα ονειρευτούμε ότι ο ασθενής μας έχει θεραπευτεί;

Εάν θέλουμε να επιλέξουμε συνειδητά ανάμεσα στην ομοιοπαθητική του Hahnemann και στις μοντέρνες ιδέες πρέπει να προσεγγίσουμε το επίπεδο της ακαδημαϊκής γνώσης. Πρέπει να μας απασχολήσει η επίτευξη μιας άρτιας ιατρικής πράξης, η οποία, σύμφωνα με τον Αριστοτέλη, πηγάζει μέσα από την σοφία (φρόνηση) η οποία αναδύεται από την πλήρη σύνολο της εμπειρίας, της τεχνικής και της θεωρίας. Μόνο αυτό το είδος της γνώσης δίνει την δυνατότητα για μια συνειδητή επιλογή ανάμεσα στο αληθινό και το φατνικό, το καλό και το κακό, το ωφέλιμο και το επιζήμιο. (Parry, 2003) (Schwartz, 2006)
Abbreviations

ADR → Adverse Drug Reaction
AE → Adverse Event
CD → The Chronic Diseases
CPMP → Committee for Proprietary Medicinal Products
CRF → Case Report Form
ECH → European Committee for Homœopathy
EMEA → European Agency for Evaluation of Medicinal Products
GCP → Guidelines for Good Clinical Practice
HDP → Homœopathic Drug Proving
HPT → Homœopathic Proving Trial
ICH → International Conference on Harmonisation
MMP → Materia Medica Pura
RCT → Randomized Controlled Trial
SIT → Specific Immunotherapy
WMA → World Medical Association
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