Original Article

Prevalence and prognostic factor in patients with good therapeutic response in a cohort of 172 patients with the homoeopathic medicine *Aranea diadema*: A multicentre, open-label, observational study

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Abstract

Aim: To assess the prevalence and prognostic factor of *Aranea diadema* in a population responding well to *Aranea diadema*. **Material and Methods:** It was an open label, multicentric observational study wherein patients having minimum two known symptoms matching with the pathogenesis of *Aranea diadema* were prescribed the remedy in 6C, 30C, 200C, and 1M potencies. The collected data were presented in terms of descriptive statistics. **Results:** A total of 6806 cases were enrolled. Out of which a total of 172 cases were analysed, and demographic analysis shows male/female: 109/63; mean age 28.3 years. There were "clinical successes" in 115 cases (67.0%) and no response in 57 (33.1%) cases. The number of symptoms found prevalent in responders included proving ($n = 13$) and literature ($n = 8$). Symptoms coming from provings guide homoeopathic practitioners in prescribing their medicines, but should also be confirmed in patients responding well to these medicines. Significantly higher prevalence was observed among responders in respect of six tentatively confirmed symptoms (prevalence): Forgetfulness (0.11), white coated tongue (0.21), epistaxis (0.10), thirstlessness (0.13), seminal emissions (0. 23), and fever (0.12). **Conclusion:** This study was conducted to assess the prevalence of symptoms in a population responding well to *Aranea diadema* and to compare this with the prevalence of these symptoms in other populations. If a symptom has a higher prevalence in a population responding well to *Aranea* it indicates the increase of likelihood of a curative action of *Aranea* when that symptom is present. Our "test"is not meant to diagnose an illness but to increase the accuracy of prescribing *Aranea diadema*.

Keywords: *Aranea diadema*, Cohort, Homoeopathy, Likelihood ratio, Prevalence

Introduction

The papal cross spider from which the *Aranea diadema* (*Aranea diadema*) is prepared is generally found in several places in the northern hemisphere. This is usually found inhabiting the stables, old walls, and other such places all over America as well as Europe.[1] Its scientific name is Epeira diadema and the common names are diadem spider,[2,3] The cross spider,[4] and the papal cross spider,[3-5] which belongs to the family *Araneidae*.[4,5] The diadem spider has got its name from the yellow-and-black cross marks on its back.[1] *Araneus diadematus* is one of the most common and best-known orb weavers.[6]

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The venom of the aranea secreted by a vesicle situated in the chelicerae or in the head and thorax, and which communicates through an excretory duct. A bite from one of the large species, known in South America as spider crabs, can cause death of small vertebrates. It can even bring about an attack of fever in human, although not death.[6] The homoeopathic medicine is prepared from venom of the spider. The remedial properties of this venom were first stated by the von Grauvogyl, during the mid-nineteenth century.[1,7]

This German homoeopath used *Aranea diadema* for people enduring anomalous feeling too cold and damp, primarily, to treat disorders of the nervous system distinguished by neuralgia with unexpected and aggressive soreness that results in wincing and occurs at regular intervals, for instance facial neuralgia. The symptoms of this condition include acute burning nerve pain that affects the cheek, lips, gums or chin on one side of the face. Numbness and a sensation of heaviness are other symptoms of neuralgia.[1] The amino acid composition of the spider silk is a highly unusual protein. Amino acids with short side chains make up 50%–60% of the total fibroin (Foelix 1982).[6]

These constitutions are favourable to malarial poisoning, where every damp day or place favours chilliness and the patient feels cold in the bones which is not relieved by anything.[5] Sensation as if the bones felt like ice, especially with chronic intermittent fever, when the symptoms are aggravated during every change of weather. There is complaint of chilliness, followed by little or no fever. Chill and neuralgic attacks at the same hour every day, every other day, week, month or regular period were observed.[7]

Restless sleep, waking at night; sensation as if parts (head, face, hands, etc.) were enlarged and heavier, hands feel twice their normal size. Diarrhoea associated with great rumbling in the bowels, as if considerable fermentation were going on within.[8] Numbness of the parts supplied by the ulnar nerve. Especially indicated in disease of os calcis (heel bone), with boring, digging pain.[9] Periodic occurrence of the symptoms at exactly same hour is the important feature of this medicine.[10,11] All the symptoms of *Aranea diadema* are characterised by periodicity and coldness and great susceptibility to dampness.[12] Pains like electric currents, Exhaustion; Great desire to lie down; many symptoms ameliorated by lying down.[2] Literature suggests that clinically, it is useful for allergies, arthritis, diarrhoea, caries of bone, dysmenorrhoea, dyspepsia, intermittent fever checked by quinine, irregularities of menstruation, scorbutic affections, headaches, haemorrhages, malaria, neuralgia, nephrotic syndrome, obesity, periostitis, punctured wounds, splenomegaly, toothache, etc.[5,7,8,9-11,13,14] Affections of nerves causing neuralgic pains are sudden and violent and appear at the same hour every day.[15]

Regulatory standards and method of preparation of this drug have been mentioned in Homeopathic Pharmacopoeia of India.[2] The first symptomatology goes back to von Grauvogl, who used it on two provers. Thereafter, proving was carried out by Dr Hedwig Kaeske on herself (1955) and verification on four provers by Weckenmann (1959). Madame Eccius Kaeske experimented with it for 4 months during 1955.[6] The drug proving was conducted by the Central Council for Research in Homoeopathy (CCRH) in 1984–1986 using double-blind method. The drug was proved in 6, 30 and 200 centesimal potencies in descending order. The proving was conducted on 16 provers from different social classes. In CCRH drug proving programme, a total of 69 symptoms were identified, as pathogenesis of drug. Out of which, 13 symptoms were found prevalent in this study. Eight symptoms existing in other literature were also found prevalent during this study. Symptoms coming from provings guide homoeopathic practitioners in prescribing their medicines but should also be confirmed in patients responding well to these medicines.

Materials and Methods

Study design and setting

This was a multicentric, prospective, open-label observational study, conducted at eight institutes/units of CCRH located at Vrindavan (Uttar Pradesh), Noida (Uttar Pradesh), Shimla (Himachal Pradesh), Imphal, Gudivada (Andhra Pradesh), Kolkata, (West Bengal), Puri (Odisha) and Lucknow (Uttar Pradesh), from October 2005 to March 2010.

Participants

Patients with acute and chronic complaints from all age groups, both sexes, having minimum two symptoms similar to identified symptoms, were included in the study. Others with regular medication for any systemic diseases, pregnancy and lactation were excluded. After providing patient information sheet in local vernaculars, informed written consent was obtained from the eligible patients or from the guardians in case of minors before participating in the study. Ethical clearance has been taken from Institutional Ethical Committee of the Council.

Study medicine procurement and administration

The study medicine was procured from Good Manufacturing Practice compliant Homoeopathic pharmacy, in various potencies, viz. 6C, 30C and 200C. Initially, the medicine was prescribed in 6C potency three times a day till the improvement or aggravation occurred or for 5–7 days allowing the medicine to act.

Follow-ups

In follow-up visits, the changes in signs and symptoms were noted. If there were any signs of improvement, then placebo was prescribed. If there was status quo, next higher potencies were prescribed in ascending order; 30C twice a day for 3–5 days in acute cases or for 5–7 days in chronic cases; 200C once a week were prescribed and were observed for 2 weeks. 1M potencies were advised once a fortnight followed by 2 weeks' observation.

Keeping in mind the wide variation of presenting complaints, the timeline for follow-up was defined as 2 weeks or oftener as per the protocol. However, as each symptom has its own

timeframe for recovery, provision had been kept for adjusting the schedule as per individual need and appropriateness of the cases. Dosage was decided as per the need of the case and in accordance with homoeopathic principles. Any potency could be tried for twice only. If adequate responses were not elicited, the cases were restudied and switched over to the next potency. If no change was observed even after the change of potencies, then the case was closed and considered as a clinical failure or status quo. Such patients were treated in general outpatient department (OPD). If the patient presented with new symptoms of mild intensity, placebo was prescribed and observed further as per guidelines; while the appearance of severe symptoms (new or aggravation of existing symptoms) with sufficient strength to cause considerable discomfort to the patient called for a change of medicine or therapy, and case was considered as 'clinical failure'. Such patients were treated in general OPD.

Outcome

We can compare the prevalence of symptoms in populations responding well to different medicines, but only those medicines whose symptoms were recorded. While calculating the prevalence in the 'whole population', this whole population is different for each symptom because different symptoms were recorded in different population.

Symptoms coming from provings guide homoeopathic practitioners in prescribing medicines but same symptoms should also be confirmed in patients responding well to these medicines. In this programme, symptoms were not systematically recorded if they were not part of the proving symptoms. It is highly unlikely that this symptom was not there in the populations where other medicines were prescribed. This means that we cannot calculate the prevalence of the symptom in the whole population of 6806 patients.

Statistical analysis

The demographic data were presented in descriptive statistics. No standardised questionnaires were adopted to assess the change in symptoms after administration of medicine. However, data were presented using descriptive statistics; absolute values, percentages. The outcomes assessed were as per the observations of the investigators treating the patient, and these are presented in percentages. SPSS version 20 (IBM Corporation) was used for demographic data of the study. For calculating confined LR, MS Excel was used. MedCalc software (MedCalc.com) was used for calculating 95% confidence interval (CI).

Results

Out of 6806 patients visited OPD of investigating centres from October 2005 to March 2010, only 174 patients having symptoms similarity were prescribed *Aranea diadema.* Out of these, two dropped out and 172 cases were analysed.

The mean age of the patients was 28.3 years (standard deviation = 15.9). Among the enrolled patients, 109 (63.3%) were male and 63 (36.6%) were female. The other sociodemographic features are further detailed in Table 1. Symptoms tentatively confirmed are given in Table 2. Confined LR values for each symptom have been given in Table 3.

We can compare the prevalence of symptoms in populations responding well to different medicines, but only those medicines whose symptoms were recorded.

The 'confined LR' values in Table 3 were not real LR values because the denominator (prevalence in the remainder of the population) cannot be calculated. The 'confined LR' values indicate which medicines, out of the medicines with available data, have more than average prevalence of the symptom. The medicines with 'confined LR' values >1, i.e. prevalence above average, could be considered as tentatively confirmed, but these LR values should not be used for entries in respective repertory-rubrics [Figure 1].

Prevalence and confined likelihood ratio of prevalent symptoms

According to the confined LR results, six symptoms could be tentatively confirmed as pertaining to *Aranea's*

Table 1: Sociodemographic features of the patients

Features	*n* (%)
Gender (*n*=172)	
Male	109 (63.3)
Female	63 (36.6)
Age (groups) (*n*=172)	
≤18	47 (27.2)
19-30	61 (35.4)
31-50	51 (29.6)
51-70	11 (6.3)
≥71	2 (1.1)
Religion (*n*=172)	
Hindu	161 (93.6)
Muslim	10 (5.8)
Sikh	1 (0.5)
Marital status (*n*=172)	
Married	82 (47.6)
Unmarried	86 (50)
Widow	2 (1.16)
Others	1 (0.5)
Occupation (*n*=172)	
Student	62 (36.0)
Homemaker	31 (18)
Business	17 (9.8)
Labourer	19 (11)
Service	18 (10.4)
Others	25 (14.5)
Clinical observations	
Height (cm)	149.7 (86.6)
Weight (kg)	54.0 (31.3)
BMI classes	
Underweight (<18.5)	19 (11.0)
Normal (18.5-24.9)	60 (34.8)
Overweight (25-29.9)	11 (6.3)
Obese I (30-34.9)	4 (2.3)
Obese II (35-39.9)	1 (0.5)

BMI: Body mass index

symptomatology and to be indications of its employment, because of having a confined LR and a lower end of confined LR's 95% CI >1. Five symptoms had a confined LR ≥1 but with the lower end of the 95% CI below 1 and hence will be classified as probable. Finally, 10 symptoms had a confined LR <1. Suggesting that they should not be considered as pertaining to *Aranea diadema*, though this should be assessed with caution because in six out of these ten symptoms, the

Table 2: Prevalence of symptoms in whole population

Tentatively confirmed symptoms	No. of patients with the symptom	No. of patients in the available data	Prevalence of symptom in whole population% (= number with the symptom/number of available patient data) (%)
Forgetfulness	145	2522	5.75
Dull pain in head	132	3314	3.98
Epistaxis	44	800	5.5
Thirstlessness	36	783	4.60
Seminal emissions	100	1338	7.47
Fever	192	4360	4.40
Constipation (Stool hard, scanty)	470	4236	11.10
Back pain (Dull)	115	2151	5.35
Coryza watery	928	5660	16.40
Dry itching in groins	23	966	2.38
Knee Pain	119	1716	6.93
Desire for fruits	28	563	4.97
Pain in calf muscles	49	465	10.54
Vertigo	266	4019	6.62
Eruption on face	107	2210	4.84
Abdominal pain	401	3945	10.16
Diarrhoea	61	1023	5.96
Menses; copious	122	1086	11.23
Depression	30	1249	2.40
Bitter taste in mouth	121	1898	6.38
White coated tongue	134	2069	6.48

Table 3: Prevalence and confined likelihood ratio of tentatively confirmed symptoms of *Aranea diadema*

Tentatively confirmed symptoms	Prevalence in medicine population	Prevalence in remainder population	Confined LR	95% CI
Forgetfulness	0.11	0.05	2.06	1.20-3.53
White-coated tongue	0.22	0.06	3.90	2.63-5.77
Vertigo	0.01	0.07	0.13	0.02-0.90
Dull pain in head	0.06	0.04	1.56	0.74-3.26
Bitter taste in mouth	0.07	0.06	1.10	0.55-2.19
Epistaxis	0.10	0.05	1.93	1.04-3.59
Thirstlessness	0.14	0.03	4.65	2.48-8.70
Diarrhoea	0.07	0.06	1.19	0.58-2.44
Seminal emission	0.23	0.06	3.93	2.64-5.86
Fever	0.12	0.04	2.94	1.76-4.90
Stool hard, scanty	0.12	0.11	1.10	0.67-1.81
Dull pain back	0.04	0.05	0.80	0.34-1.93
Eruption on face	0.03	0.05	0.53	0.17-1.63
Coryza watery	0.04	0.17	0.26	0.11-0.62
Pain in abdomen	0.03	0.10	0.25	0.08-0.77
Dry itching in groin	0.02	0.02	0.70	0.17-2.97
Depressed	0.02	0.02	0.70	0.17-2.92
Pain knee joint	0.10	0.07	1.56	0.89-2.75
Menses profuse	0.03	0.12	0.21	0.07-0.66
Desire for fruits	0.03	0.06	0.47	0.14-1.52
Pain in calf	0.06	0.12	0.51	0.23-1.10

CI: Confidence interval; LR: Likelihood ratio

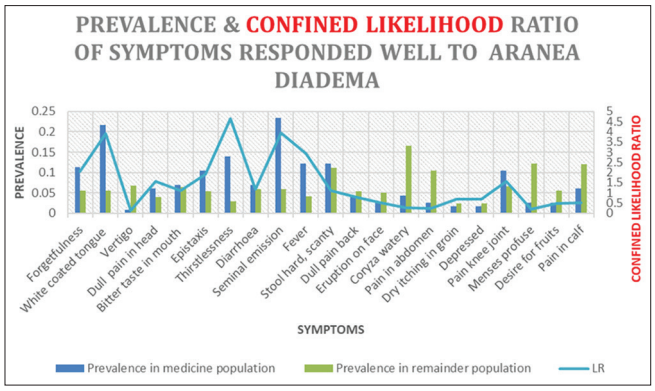

Figure 1: Prevalence and confined likelihood ratio of symptoms of *Aranea diadema*

upper limit of the of confined LR's 95% CI was above 1 [Figure 1].

Discussion

A total of six symptoms of *Aranea diadema* were found more prevalent in comparison with other medicines where the symptoms were recorded.

According to the confined LR results, six symptoms could be tentatively confirmed as pertaining to *Aranea's* symptomatology and to be indications of its employment, because of having a confined LR and a lower end of confined LR's 95% CI >1. Five symptoms had a confined LR ≥1 but with the lower end of the 95% CI below 1 and hence will be classified as probable. Finally, 10 symptoms had a confined LR <1. Suggesting that they should not be considered as pertaining to *Aranea diadema*, though this should be assessed with caution because in six out of these ten symptoms, the upper limit of the of confined LR's 95% CI was above 1 [Figure 1].

We cannot recommend mentioning of LR values in respective repertory-rubrics, only mentioning medicines in plain type, because LR values can only be given if we know the prevalence of symptom in the whole population.

The strength of this research was that it compared, contrary to former information about homoeopathic medicines, the prevalence of symptoms between different medicines.

A weakness of this research was that the symptom were not systematically recorded, leaving much uncertainty about the prevalence of symptoms in population where the symptom was not recorded.

In this study, appraisal of causal relationship between improvement and prescribed medicine was not explicitly performed.

The transition from the homoeopathic notion of 'important symptom' to the modern epidemiological idea of LR has great potential. The task is enormous; in return, we get more reliable instruments. Symptoms can be seen as diagnostic instruments and the LR as an indication for optimal use.

The overall results generated were contributed by different study sites, indicating some generalizability of the study findings. However, being an observational trial, this study cannot address the threats to various external and internal validity issues. In a retrospective analysis of this kind, it is quite difficult to assess when a patient has had a positive evolution and it is much more difficult to attribute it to the treatment.[16]

This problem is much larger in acute cases not excluded in this study because spontaneous recovery is hard to discern from medical recovery.

As per the clinical verification protocol, two types of information were gathered, symptoms on which the *Aranea diadema* was prescribed and all other general symptoms which were present in the patients, whose correlation with the symptoms of responders needs to be probed and prevalence of specific symptoms related to the drug may be derived. General symptoms are common clinical expressions and require to be given appropriate statistical treatment for quantitative analysis, and the rare, uncommon, peculiar symptoms that Hahnemann has already recognised in his aphorism 153 of the Organon of Medicine may remain a valid bank of qualitative data. However, naturally, more peculiar the symptom, lower is the prevalence in the general population and higher is the LR.[16]

Retrospective assessment of prevalence and LR of symptoms in good responders could be a mean for better selection of symptoms for prospective research; however, feasibility of conducting such retrospective analyses was a fine point of contention.

If the LR method is introduced, the repertory will gradually change as more symptoms are assessed. It will also change the use of the repertory: The most important medicines of each symptom rubric can be identified and relied on, even in large rubrics. This is also a good opportunity to correct structural shortcomings of the repertory; for instance, entries should be based on systematic analysis of Materia Medica instead of casual observations.[17]

LR is based on the relation between the prevalence of a symptom in the population responding to a medicine and the prevalence of the same symptom in the rest of the population. Therefore, it does not matter if the medicine is seldom or frequently prescribed. Another advantage of LR is that it gives a better representation of frequently used medicines in large rubrics. In the present repertory, there are many inaccurate entries of 'large remedies' in large rubrics; the prevalence of the symptom is not greater than in the rest of the population (LR = ±1), so the symptom is no indication for that remedy. When prospective studies using the LR method are performed, the repertory will change gradually as more symptoms are investigated and symptom rubrics become better assessed as the research progresses.[18]

We cannot discard all existing information in the repertory, but gradually the information of LR assessment of an increasing

number of symptoms should be added. LR assessment is most efficient for symptoms which occur rather frequently and are regarded as keynotes for certain medicines. Larger symptom-rubrics will benefit the most.[19]

LR investigation is most suited for symptoms that are regarded as keynotes for certain medicines with a not too infrequent occurrence in the population, say 2%–15%. This is a relatively small number of the total proportion of symptoms in the repertory. Hence, most rubrics will still be based on the faulty system of occurrence of the symptom in cure or proving. For proper use of the LR-repertory, it seems necessary to introduce estimates of LR in the rubrics that are not yet assessed. These estimations could be based on a combined translation of type and rubric size. Type should be based on Materia Medica, so keynote symptoms should be in bold type.[19] There are some inconsistencies in the repertory. One is the representation of rare remedies. Changing typefaces on the basis of LR could correct this shortcoming.

To estimate the validity of LR values, CIs should be calculated. For these calculations, we confine our outcome to populations where group 'a' (group presenting a good reaction to the medicine and presenting the symptom) is larger than one.

Rare remedies are homoeopathic medicines with little data. If there is little experience with a medicine, its symptoms are not frequently confirmed. This means that there is no emphasis for these symptoms in the repertory, even if the symptoms are characteristic for the remedy.[19] Introducing LR to the repertory will change not only its content but also its use. Because of the altered use we should consider structural updating. Entries of medicines in the repertory must reflect the importance of the symptom in relation to the remedy, not the occurrence of the symptom in provings and casuistry. This new repertory will increase usefulness and reliability, especially of large rubrics. It will enable us to make more reliable predictions about the number of symptoms we need in one case and the curative potential of a medicine.[20]

Conclusions

This study was conducted to assess the prevalence of symptoms in a population responding well to *Aranea diadema* and to compare this with the prevalence of these symptoms in other populations. If a symptom has a higher prevalence in a population responding well to *Aranea diadema*, it indicates the increase of likelihood of a curative action of *Aranea diadema* when that symptom is present. Our 'test' is not meant to diagnose illness but to increase the accuracy of prescribing *Aranea diadema*.

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Conflicts of interest

None declared.

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होम्योपैथिक औषधि अरेनिया डाइडीमा के साथ 172 रोगियों के समूह में बेहतर चिकित्सकीय प्रतिक्रिया का प्रदर्शन करने वाले रोगियों में प्रसार और निदान कारकों का आकलनः एक बहुकेंद्रित, ओपन लेबल, अवलोकन अध्ययन।

उद्देश्यः अरेनिया डाइडीमा के प्रति बेहतर प्रदर्शन करने वाले जनसंख्या समूह में अरेनिया डाइडीमा के प्रसार और निदान कारकों का आकलन करना।

सामग्री और विधिः यह एक ओपन लेबल, बहुकेंद्रित अवलोकन अध्ययन था जिसमें अरेनिया डाइडीमा रोगजनक के साथ मिलाते हुए कम से कम दो ज्ञात लक्षण वाले रोगियों को 6सी, 30सी, 200सी और 1 एम पाटेंसी में दवा दी गई। एकत्रित आंकड़े विवरणात्मक सांख्यिकी के संदर्भ में प्रस्तुत किए गए।

परिणामः कुल 6806 मामले दर्ज किए गए। इनमें से कुल 172 मामलों का विश्लेषण किया गया तथा जनसांख्यिकी विश्लेषण दर्शाते हैं, पुरुष/महिलाः 109/63; व आयु 28.3 वर्ष है। 115 मामलों (67.0 प्रतिशत) में ''नैदानिक सफलता'' थी और 57 मामलों में (33.1 प्रतिशत) में कोई प्रतिक्रिया नहीं थी। उत्तरदाताओं में प्रचलित लक्षणों की संख्या में शामिल थे, सत्यापित (एन 13) और साहित्य (एन =8)। प्रमाणन से प्राप्त लक्षण होम्योपैथिक चिकित्सकों दवा निर्धारण (देने) में मार्गदर्शक का कार्य करते हैं, लेकिन इन दवाओं के प्रति बेहतर प्रदर्शन दिखाने वाले रोगियों में इसकी पुष्टि की जानी चाहिए। छह प्रयोगात्मक रुप से पुष्ट किए गए लक्षणों (प्रचलन) के संबंध में उत्तरदाताओं के बीच महत्वपूर्ण रुप से उच्च प्रसार देखा गयाः स्मृति–लोप (0.11), सफेद लेपित जीभ (0.21), एपिस्टेक्सिस (0.10), प्यास (0.13), वीर्य–उत्सर्जन (0.23) और बुखार (0.12)

निष्कर्षः यह अध्ययन अरेनिया डाइडीमा के प्रति अच्छा प्रदर्शन करने वाले जनसंख्या समूह में लक्षणों के प्रसार का आंकलन करने तथा अन्य जनसंख्या में इन लक्षणों के प्रसार के साथ तुलना करने के लिए आयोजित किया गया। अगर किसी लक्षण की जनसंख्या में अरेनिया के प्रति अच्छा प्रदर्शन में उच्च प्रभाव है तो उस लक्षण की मौजूदगी अरेनिया की एक क्रियात्मक कार्रवाई की संभावना की वृद्धि का संकेत है। हमारे ''परीक्षण'' का मतलब किसी रोग का निदान नहीं है परंतु अरेनिया डाइडिमा को निर्धारित करने की सटीकता को बढ़ाने के लिए है।

Prävalenz und prognostischer Faktor bei Patienten mit gutem therapeutische Antwort in einer Kohorte von 172 Patienten mit der homöopathische Medizin Aranea diadema: Ein multizentrisches, Open-Label-Beobachtungsstudie

Ziel: Beurteilung der Prävalenz und des prognostischen Faktors von Aranea-Diademen in einer Population, die gut auf das Aranea-Diadema anspricht.

Material und Methoden: Es handelte sich um eine offene, multizentrische Beobachtungsstudie, in der Patienten mit mindestens zwei bekannten Symptomen, die mit der Pathogenese von Aranea diademapassend, in 6C-, 30C-, 200C- und 1M-Potenzen verschrieben wurden. Die gesammelten Daten wurden in Form von deskriptiven Statistiken dargestellt.

Ergebnisse: Insgesamt wurden 6806 Fälle registriert, von denen insgesamt 172 Fälle analysiert wurden, und die demographische Analyse zeigt männlich / weiblich: 109/63; Durchschnittsalter 28,3 Jahre. Es gab "klinische Erfolge" in 115 Fällen (67,0%) und keine Reaktion in 57 Fällen (33,1%). Die Anzahl der bei Respondern vorkommenden Symptome umfasste die Prüfung (n = 13) und Literatur (n = 8). Symptome, die von Prüfungen stammen, führen homöopathische Praktiker bei der Verschreibung ihrer Arzneimittel, sollten aber auch bei Patienten bestätigt werden, die gut auf diese Arzneimittel ansprechen. Unter Respondern wurde eine signifikant höhere Prävalenz in Bezug auf sechs vorläufig bestätigte Symptome (Prävalenz) beobachtet: Vergesslichkeit (0,11), weiß überzogen Zunge (0,21), Epistaxis (0,10), Durstlosigkeit (0,13), Samenemissionen (0,23) und Fieber (0,12).

Fazit: Diese Studie wurde durchgeführt, um die Prävalenz von Symptomen in einer Population, die gut auf Aranea-Diademe anspricht, zu untersuchen und diese mit der Prävalenz dieser Symptome in anderen Populationen zu vergleichen. Wenn ein Symptom in einer Population, die gut auf Aranea anspricht, eine höhere Prävalenz aufweist, weist dies auf die Zunahme der Wahrscheinlichkeit einer heilenden Wirkung von Aranea hin, wenn dieses Symptom vorliegt. Unser "Test" ist nicht dazu gedacht, eine Krankheit zu diagnostizieren, sondern die Genauigkeit der Verschreibung von Aranea diadema zu erhöhen.

Prevalencia y factor pronóstico en pacientes con buena respuesta terapéutica en una cohorte de 172 pacientes con el medicina homeopática Aranea diadema: A multicéntrico, abierto, estudio observacional

Objetivo: Evaluar la prevalencia y el factor pronóstico de *Aranea diadema* en una población que responde bien a *Aranea diadema.*

Material y métodos: En este estudio observacional, multicéntrico de diseño abierto, se incluyeron pacientes que tenían al menos dos síntomas conocidos correspondientes a la patogenesia de *Aranea diadema* que recibieron el remedio en las potencias 6C, 30C, 200C y 1M. Los datos recogidos se presentaron en forma de estadística descriptiva.

Resultados: Se incluyó un total de 6.806 casos, de los que se analizaron 172 casos. El análisis demográfico mostró una relación de hombres/mujeres: 109/63 y unaedad media 28,3 años. Se obtuvieron "éxitos clínicos" en 115 cases (67,0%) y ausencia de respuesta en 57 (33,1%) casos. El número de síntomas que mostraron prevalencia en los respondedores estaban incluidos en las patogenesias (n = 13) y la bibliografía (n = 8). Los síntomas procedentes de las patogenesias guían a los homeópatas a la hora de prescribir los medicamentos, pero también se deben confirmar en los pacientes que responden bien a estos medicamentos.Se observó una prevalencia significativamente mayor entre los respondedores con respecto a seis síntomas inicialmente confirmados (prevalencia): falta de memoria (0,11), lengua con cubierta blanca (0,21), epistaxis (0,10), falta de sed (0,13), emisiones seminales (0, 23) y fiebre (0,12).

Conclusiones: Este estudio se realizó para evaluar la prevalencia de los síntomas en una población que reaccionó bien a *Aranea diadema*, así como para comparar ésta con la prevalencia de estos síntomas en otras poblaciones. Si un síntoma posee una mayor prevalencia en una población que responde bien a Aranea es índice de una mayor probabilidad de acción curativa de *Aranea*, si dicho síntoma está presente. Nuestra "prueba" no tiene por objeto diagnosticar una enfermedad, sino incrementar la precisión de la prescripción de *Aranea diadema*.

Prévalence et facteur pronostique chez les patients avec une bonne réponse thérapeutique dans une cohorte de 172 patients avec médecine homéopathique Aranea diadema: Un multicentrique, étude ouverte d'observation

But: Évaluer la prévalence et le facteur pronostique d'Aranea diadema dans une population réagissant bien au traitement par aranea diadema.

Matériel et méthodes: C'était une étude ouverte, multicentrique et observationnelle dans laquelle ce médicament avec des dilutions de 6C, 30C, 200C, et 1M a été prescrit aux sujets manifestant au moins deux symptômes connus correspondant à la pathogenèse d'Aranea diadema. Les données recueillies ont été présentées en termes de statistique descriptive.

Résultats: Au total, 6 806 sujets ont été étudiés parmi lesquels 172 cas ont été analysés. Une analyse démographique montre un rapport homme/femme de 109/63 et un âge moyen de 28,3 ans. 115 cas (67,0 %) ont été une « réussite clinique » et 57 cas (33,1 %) n'ont montré aucune amélioration. Le nombre de symptômes existant chez les sujets comprend la preuve (n = 13) et la documentation (n = 8). Les symptômes relevant des preuves aident les praticiens homéopathes à prescrire leurs médicaments mais on doit également les confirmer auprès des patients répondant bien à ces médicaments. Une prévalence beaucoup plus élevée a été observée chez les sujets en ce qui concerne les six symptômes provisoirement confirmés (prévalence) : l'oubli (0,11), une langue saburrale (0,21), l'épistaxis (0,10), l'absence de soif (0,13), des sécrétions séminales (0, 23) et de la fièvre (0,12).

Conclusion: Cette étude a été menée en vue d'évaluer la prévalence des symptômes chez des personnes répondant bien à Aranea diadema et de comparer ceci à la prévalence de ces symptômes chez d'autres personnes. Si un symptôme se manifeste beaucoup plus chez des personnes qui répondent bien à Aranea, cela signifie qu'il existe une probabilité accrue de l'action curative d'Aranea dans le cas où un tel symptôme se manifeste. Le but de notre « test » n'est pas de diagnostiquer une maladie mais de mettre en place un système qui permet de mieux prescrire Aranea diadema.

良性肿瘤患者的患病率和预后因素 治疗反应的队列中的172例患者 顺势疗法药物Aranea diadema：多中心开放标签的观察研究

目的：透過那些對教皇十字圓蛛反應良好的人，評估教皇十字圓蛛的患病率和預後因素。

材料和方法：這是一項非盲、多中心的觀察性研究，研究中的病人最少有2個已知症狀是與教皇十字圓蛛的發病機理相配合，並處方了該療劑的6C、30C、200C和1M。把所收集的資料以描述統計的形式呈現出來。

結果：一共有6,806個個案登記。其中共分析了172個個案，人口分析顯示男性/女性：109/63；平均年齡為28.3歲。有115個「臨床成功」個案（67%），有57個沒有反應的個案（33.1%）。回應者普遍出現的症狀數量是來自驗證（n＝13）和文獻（n＝8）。從驗證得出的症狀會指引著順勢療法醫生處方他們的療劑，但也應該在病人身上確認這些藥物有良好的反應。我們觀察到有六個經初步確認的症狀（患病率）在回應者中是明顯較普遍的：健忘（0.11）、白色舌苔（0.21）、流鼻血（0.10）、不口渴（0.13）、遺精（0.23）及發燒（0.12）。

結論：這項研究評估那些對於教皇十字圓蛛有效的人的症狀患病率，並與其他人比較這些症狀的患病率。如果在使用教皇十字圓蛛的人身上，該症狀有較高的普遍率，即表示當該症狀出現時，使用教皇十字圓蛛後有治療作用的可能性會增加。我們的「測試」不是用來作疾病的診斷，而是要增加處方教皇十字圓蛛的準確性。