

REPORT ON A PROVING METHOD

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ABSTRACT: A format for conducting provings was designed and carried out with the intention of evaluating a proving method and contributing to the materia medica. This report includes a description of the proving, the editing process, and several problems that arose during and after the proving. A set of instructions for provers is appended.

INTRODUCTION

The homoeopathic materia medica grew from the original extensive provings by Hahnemann, his students, and colleagues. Throughout the nineteenth century, provings were conducted by homoeopathic physicians on themselves and their students in the homoeopathic medical colleges. These experiments were published in the homoeopathic journals and eventually collected by Hughes in his *Cyclopedia* and by Allen in the *Encyclopedia of Pure Materia Medica*. A few smaller collections of provings have been published since these massive undertakings of the 1870's (Stephenson, Julian). None of these works, however, delineate a careful method for conducting provings. Hahnemann, and a few others since, have described certain important aspects of provings such as notekeeping, precautions, dosage, and problems. Allen, for example, published some fascinating monographs that accompanied the publication of the first volume of his *Encyclopedia*. In these he discussed in great detail the editing problems that effected the inclusion of specific symptoms. The issue of symptom reliability in general has been a problematic one for editors throughout Homoeopathy's history.

In the twentieth century more emphasis has been placed on scientific investigation and the subtle influence of expectation on experimental results. This has led to a greater awareness of psychological factors in scientific research and different requirements for research design. For example, a need has been expressed to conduct provings in a double-blind fashion. Modern practices of medical research dictate that proving methodologies be carefully described. Often, the eloquent literary expressions of the nineteenth century homoeopathic authors stand in sharp contrast to the objectively scientific tone of modern researchers. In this article we have tried to find a happy middle ground between dry description and free discussion.

In the course of conducting a proving we felt the need to describe a methodology for ourselves and others to follow. We also experienced problems that required resolution. Hopefully our candid descriptions of these will lead to more efficient provings in the future. Our goal has been to add valuable symptom pictures to the materia medica and contribute to our science with the care that tradition deserves.

THE PROVING METHOD

A proving protocol was developed using instructions taken from the homoeopathic literature and our own experience. The proving was conducted by four administrators. Twenty-eight provers eventually took part, all of whom were medical students. The method was double-blind. The substance tested was *Clematis erecta*. The four administrators included (1) a Coordinator who selected the medicine to be tested and prepared the vials of medicated pellets and placebos, (2) a Director who acted as general advisor and strategist, and (3) two Conductors who selected provers, gave instructions, and oversaw the provers' records of symptoms.

Prior to the proving the Conductors took complete medical histories of all candidates. Several volunteers were disqualified because they evidenced deep constitutional symptoms or were taking some form of medication. Each prover kept a diary of symptoms for two weeks prior to the administration of medicine. This allowed the prover to become familiar with symptom observation and notation, and to establish a baseline of current symptoms for each individual. All provers attended an instructional session where the Director described the protocol. Written instructions were prepared and distributed (see appendix).

After the initial two-week period, each prover took a single dose of medicine (or placebo) and then waited three days before repeating the dose. This interval exposed any hypersensitivity reactions. Any individual who developed symptoms suddenly after this dose did not take any more of the medicine. Following the precautionary period, doses were repeated daily. Medication was stopped when the prover developed marked symptoms or after four weeks without symptom occurrence. Provers' daybooks were evaluated periodically during the proving and suggestions made or clarification obtained on specific symptom entries.

Twenty-eight volunteers were selected to participate in the proving. Five (approximately 18%) were given placebo. The remedy was given in two potencies; twenty-one provers received 30c, two provers received 200c. The remedy elicited symptoms in seven provers (28%).

Symptoms were recorded by provers in journals, or daybooks. These records were collected at the end of the proving and analyzed. The following steps were adhered to in judging the value of the daybooks for inclusion in the final record: (1) The daybooks were read by the two Conductors as a preliminary review of each prover's work and symptoms. (2) A one-page summary was prepared of each daybook listing both pre-proving and proving symptoms. This facilitated rapid review of all symptoms in each prover to determine whether a prover had reacted to the medicine and to allow a selection of symptoms. (3) Symptoms were labeled according to the categories set forth in Allen's *Encyclopedia*. Then the daybooks were edited to select out those symptoms which seemed to represent pathology. Finally, symptom descriptions were entered on a word processor under the appropriate headings (Mind, Head, Vertigo, Eye, etc.). The use of a computer allowed for

constant editing in the construction of the *materia medica*, eliminating the need for a card file system of headings and symptoms.

PROBLEMS AND CONSIDERATIONS

A number of problems arose in relation to the recording of symptoms in daybooks. At the start of the proving all provers were given notebooks in which to record their feelings, observations, and symptoms. At a training session provers were instructed in symptom entry, but this one session was apparently inadequate. The problems were of two types—insufficient descriptions and wordiness. Some provers who developed worthwhile symptoms recorded them very superficially. By the time the daybooks were evaluated and edited, some of these people were inaccessible. Wordiness occurred in daybooks that were used as personal diaries. A great deal of extraneous information was entered in these records. This made it difficult to differentiate the symptoms from normal daily experiences and feelings. Both these problems could have been alleviated through more careful checking by the proving conductors. At the end of the pre-proving stage all daybooks were checked for proper symptom entry. In future provings weekly checks of daybooks would probably eliminate these problems.

An epidemic of upper respiratory infections among provers and other students presented another problem. In several cases the proving was terminated early for this reason. Fortunately, several of these colds were well reported. As one of those affected turned out to be a placebo, his entries became useful for comparative analysis. Ultimately it was decided that the cold symptoms were not proving related. Significantly, none of those who developed other symptoms in the proving were affected by the epidemic. This may be an example of the concept expressed in paragraph 36 of the *Organon*, that when two dissimilar diseases meet, the stronger one repels the weaker.

CONCLUSIONS

This was a successful proving. The format was carefully planned and seemed adequate for these circumstances. The fact that these provers were medical students facilitated many aspects of the experiment. Appropriate terminology was used, symptoms were observed accurately, and notes were carefully recorded. With a less-selected group, a great deal more supervision would be necessary in order to retrieve good symptom descriptions. Even with this group, more interviewing and more review of daybooks during the course of the proving would have elicited more complete symptom pictures. Written evaluations by the proving conductors who took the initial cases on each prover would have added to the self-observation described in the daybooks. This is especially true of provers who developed dramatic symptoms. The lesson learned is the more involvement by proving conductors, the better the symptom records.

APPENDIX

INSTRUCTIONS FOR PROVERS

I. Case History

A. A detailed family history, present and past illnesses of the prover will be taken by a proving conductor.

B. Each prover is to record symptoms, sensations, mental state, and drugs used (medicines, herbs, coffee, cigarettes, alcohol) each day for two weeks prior to the start of the proving.

II. Administration of Medicine

A. Form of test—the proving will be double-blind (i.e. the persons conducting the proving will not know what medicine is given, nor will the provers). Approximately twenty per cent of the provers will receive placebos as a control group.

B. A vial of the testing substance in the form of saturated sugar pellets will be given to each prover.

C. Each prover will take one dose (10 pellets) of the testing substance, wait three days and then repeat the dose every morning of the proving.

D. A prover should stop taking the medicine when any new symptoms occur. This shall be done in conjunction with a conductor. The conductor may also make the decision that a prover should stop taking the drug.

III. Recording Symptoms

A. Notebook—Provers must keep a small notebook with them at all times in which they should record symptoms *when they occur*. The date should be recorded at the top of pages. Each dose taken should be noted on the page and the appearance of any symptom should be noted with time of occurrence. Each prover will be responsible for testing what conditions improve, relieve, or aggravate each symptom (e.g. rest, motion, pressure, warmth, cold, light, eating, drinking, etc.).

B. Interviews—Each prover will meet regularly with a proving conductor to report symptoms and review the information recorded in the notebook.

IV. Daily Habits

A. Avoid any medicines or camphor products (chapstick, cough drops, Vicks, Tiger Balm, etc.). Do not take coffee or drugs.

B. Continue with normal daily activities.

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