

## INTERROGATION OF PROVERS

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### Introduction

The Homoeopathic remedy or the birth of a remedy occurs out of drug proving. The purpose of conducting such proving 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 it is to be prescribed in the sick individual. Therefore, it is a method to observe the positive effect of a drug on healthy individual.

The proving programme is constituted of five steps as mentioned below :

1. Selection of provers preferably from homoeopathic student community.
2. Primary Medical Examination of selected provers (PME).
3. To conduct the actual trial.
4. Interrogating and recording the effect of the drug by the provers and research workers.
5. Terminal Medical Examination (TME).

The protocols, pre-designed format and guidelines as prepared by the Council are followed for each of these steps.

### Selection of Prover

As our Drug Proving Research Unit is in the premises of the Homoeopathic College we try to enrol as many students as possible by the motivation programme. They are preferred as the students are acquainted with homoeopathic methodology, have good knowledge of the symptomatology found in the Homoeopathic Materia Medica and above all they know the importance of Drug Proving in Homoeopathy. They can also properly appre-

ciate and record the particular deviations from his normal condition that may manifest during the trial.

### Primary Medical Examination (PME)

A preliminary examination proforma has been designed by the Council to record the physical and clinical examination as well as constitutional and both mental/emotional and physical make up of an individual to check an individual's reasonably healthy condition. Necessarily, this approach presents a somewhat fragmented picture instead of representing an individual's integrated totality. So, an attempt to pull together this fragmented image and precisely evaluate the state of health and style it as history of the prover in the healthy state. With the help of this we try to understand the characteristic presentation of the given individual. In doing so at first we try to attune our team of consultants by enlightening them how to form an individual's character representation.

In this regard constitution, temperament, hereditary diathesis and miasms along with symptoms of mind and physical generals are taken in detail which are the pillars for the portrait of an individual. The data related to all these requisite areas can be collected from general examination for which the following interrogations are usually made.

Referring to the *constitution*, all the data that is to be collected as mentioned in the proforma are objective and as such no interrogation is necessary.

As regard to the *temperament* the following interrogations are generally done.

How do you emotionally react to the adverse situation? From the reply to this, an effort is made to understand whether the individual is irritable, furious, fretful, vexed, raged, impulsive or suppressed, morose, brooding, short tempered, despairing, depressed, amiable, anxious etc. so that the basic emotional trait can be framed.

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In order to understand the love, affection, hatred etc. it is asked as whom do you love best, your father, mother or any other person? Why you don't love others? Which is the greatest grief that you have faced in your life? Are you happy with your family, society, friends etc.? If not, why? Do you sympathise when any injustice is done to your friend, college, or mates, or react immediately? If so, how you help them?

In respect of the *present state of health*, if there is any complaint we let the prover express the same as is done while case taking but if he says there are no complaints, then we pose the following question in order to be clear whether really, there are complaints or not. Do you consider you have any complaint which needs treatment? Do you find any changes in you from head to foot? Are you mentally prepared to take the drug?

Let us now consider, the *past history* which is very important in order to know the stream of deviation from an individual's healthy condition, the sensitive target organs which are frequently affected and the level of susceptibility. Therefore, the following questions are asked.

Since your birth what are the diseases you have suffered from? Please state their chronological appearance in each decade of your life?

Do you get infection easily? How it starts? Does it become violent in no time or is it slow in progress and tends to be sub-acute or chronic? Does it follow with sequelae of symptoms, if so does it prolong?

It is a fact that onset of symptoms due to infection varies according to the sensibility of an individual. The sudden violent appearance of the symptoms and its disappearance in similar way denotes hypersensitiveness of an individual whereas slow progress of the disease tending to be sub-acute or chronic or following prolonged sequelae of symptoms depicts feeble sensitivity probably due to miasmatic block.

Have you had any ailment from which you have suffered for long? What was its diagnosis? Are these complaints related to your digestion, respiration, urinary disorder, nervous disorder etc.. If so, how they are? What treatment you have undertaken? How is your skin- have you ever suffered from ailments of skin. If so, is it still present or recovered? How it is relieved is it by ointment or by drugs? What are these drugs? Does any

complaint follow after being recovered? Was there any irritation, itching, eruption or discharge? If so what are their characters?

By studying the history of chronic ailments of an individual we try to evaluate the presence of (i) any suppression or (ii) sensitive target organ because sometimes the trial drug may cause the return of suppressed ailments or show the symptoms restricted to sensitive target organ. It is our experience that those individuals who are easily affected by their respiratory organs showed the symptoms related to respiratory disorder during the course of the trial with most of the quotas of the drug. Similarly on two other occasions the return of old skin symptoms were seen.

Again, the *family history* is very important to know the traits an individual has inherited. The portrait of the inherited condition throws a light about the environment in which an individual has taken birth, grown and for development of the characteristic nature. So, considering the family history the following questions are asked.

How are your parents? Are they healthy or they suffer, too often? If so, what are the complaints? Do they suffer frequently from respiratory or bowel or nervous disorder or digestive or urinary complaints, joints, or any destructive diseases? Did they ever had any ailments of skin? How are the health of your uncles and aunts (both maternal and paternal)? Are they affected by above mentioned ailments?

Then, we proceed to the *personal history*. First, an attempt is made to understand an individual's mode of life so that his life situation may be chalked-out.

Are you a student? How you occupy yourself apart from your studies? From this we try to elicit his life style, social relations etc. When do you take your breakfast, lunch, dinner and supper? Are you a vegetarian or do you like change of taste often or is there any dislike? What kind of dishes you like? How often you take your meal with satiety? Are you prone to eat excess? What type of food you usually like? Do you like to smoke and drinks like tea, coffee, or alcohol? If so, what do you feel in case you are not allowed to take it? Will it affect your sleep, mood, bowel movement or any bodily function? Do you think you are sensitive to any food, drinks, article, drug etc.? If so what reaction develops? From the reply of the above interrogation we try to evaluate whether the individual is disposed to any excesses in his life style or

not. Then we proceed to collect *physical generals*. Regarding one's body reactions we ask - What is the time, season when you feel fresh or unfresh or better? Is there any particular position in which you feel comfortable or have discomfort? What temperature in weather makes you most uncomfortable? Physically which weather you like? How is your appetite? Do you have perversion of taste too often without any cause? How is your salivation? How many glasses of water you drink every day? Do you think your thirst is increased or less in comparison to the other members of your family? How is your bowel movement, regular or irregular, satisfactory or unsatisfactory? How is your sweat? Is it excess or less? Has your sweat any peculiarity than others? Usually how long you sleep? Is it sound or disturbed? Does it accompany any dream? If so, how is it?

Next about asking sexual information, we ask cautiously in the form of an incident or an anecdote, like we may say that, I know there are certain individuals who get night pollution 2-3 times a day or masturbate every day or see sexual dreams or are too often excited or cannot resist themselves to see opposite sex and do vice etc. It is true every individual possesses sexual instincts but incident cited above, is a perversion. Do you think any such incident happened to you? In fact, if the approach is made in this negative way one cannot just avoid in case he has any of these perversions?

In this way we form each individual prover's health history and commit it into our memory as a physician keeps the portrait of a drug picture in his memory so that the slightest deviation or changes due to trial drug cannot be missed and be easily understood.

### To Conduct the Actual Drug Trial

In order to conduct the actual trial of the drug, certain guidelines have been stipulated in respect of the administration of drug with regard to noting the time of taking the drug, any changes in the routine life and the rest period to be followed, so that at the time when the provers comes to report we may interrogate as to, to know whether the prover has really taken the drug or not, time of taking drug, or any changes in daily life during the period of reporting, or anything excess has been done or not. These are enquired as follows.

How and when did you take the drug? When did you take your meal, breakfast? Did you take your usual diet or something different? How long you were engaged

in your studies? At what time did you go to bed and got up in morning? If the prover has any habit of addiction.- How many cups of tea you have taken or how many cigarettes you have smoked? Have you changed your daily activities or followed them as usual?

### Recording of Symptoms

This is the most important part of the whole programme. A prover has to be sincere and honest, and the proving master careful, sensitive, well-restrained and unprejudiced observer, otherwise many important data may be missed though the manifestations must have developed and present in provers. That is why it is very much necessary to instruct the prover to write everything in his own mother tongue whenever any changes are observed and not think regarding these changes whether they may be due to this or due to that. This is the great drawback for a homoeopathic medical student to be a prover. Sometimes they themselves on their own think that certain changes as for example symptoms related to respiratory or bowel disorder which have been experienced after the intake of drug may be due to recent change of weather or spicy food and do not report these to the proving master. Here the proving master should carefully handle the prover by his art of interrogation and let such prover made to understand that it is not his part to deduce any symptom whether it is due to the drug or due to changed circumstances. Who knows even the most common manifestation may be the symptom of the drug. It is not sure that you will necessarily show the peculiar symptom of the common diseases. Another drawback of medical students to be a prover lies in the expression of symptoms and to note the same in their day book. They have the pre-conceived idea that expression of changes should be recorded in the language of *materia medica*, like a homoeopathic student as a patient reports to one senior consultant he usually expresses his complaints in the way "Sir, my complaint is aggravated by motion or my headache is located in frontal region with stitching, throbbing pain being relieved by pressure". Their expression becomes the mixed report of their actual feeling and their own interpretation.

Under these circumstances we tactfully interrogate in order to have the virgin expression of the prover which is done in this way "My dear, please forget for the moment while you are noting your expression of changes after the intake of trial drug that you are a medical student and also forget about your medical knowledge and logic. Suppose, you are asked to write your biography, how will

you write? You will write accordingly to the hierarchy of sequences of your life. Similarly a symptom has got hierarchy of sequences in its own way which are to be carefully noted like - when does the symptom appear, its particular time? How it appears, does it come gradually or all on a sudden? How is it intensified or continues in the same intensity throughout? What are the time and circumstances that influence your symptom when it rises to maximum intensity or becomes worse? From what exact region of your body it started? Does it continue on same location or it extends to other regions too or alternates from region to region? What was the exact feeling when the symptom appeared? What were the circumstances that influenced your feelings? Does it worsens or relieves? Does it accompany any other manifestation? What is its character? Does this accompanied feeling seems to you funny or unrelated to your main symptom? What may be according to you the cause of such manifestation? Do you think you made any change in your daily routine that is why it has occurred? How does it disappear? Does it follow the same way as it appeared or otherwise? If it is otherwise, how is it? Please remember all these sequences of your deviation and express them in your own way and language. The translation of this feeling into desired language can be done later on by the prover and the proving master conjointly so that no lapse occurs in interpretation. In this way we try to prepare the provers how he may record his experiences and feeling of changes that may appear after the intake of trial drug.

#### *Report of the First day after the Administration of Drug*

This report is very important for the proving master to check. With this report he (proving master) may understand whether the prover has followed the instructions or not. Whether he (the prover) is able to record his expression or not? Whether he maintained the coherences of sequences in his expression? If not, correct him, and guide him accordingly. But it is our experience that most of the provers return with blank day-books and say "There is no symptom". We must further confirm by interrogation whether "there are really no symptoms".

#### *Showing Symptoms*

Although it is occasional yet it is a fact that when a characteristic symptom develops in a prover, it appears so interesting, conspicuous and clear that the

prover himself becomes very much interested and rushes to the proving master. While he completes we ask them "anything more". He narrates the characteristic symptom and when he admits "no nothing more", then we take his day-book and start to check-up. While checking the provers day book comparison is usually done between what he narrates to the proving master and what he has written in his day-book. Whether they tally or differences are present. First these differences are made clear.

In this way we try to interrogate the prover to find out the presence of any element of this symptom which the prover has probably not mentioned. Then we proceed to verify the complete symptom. Here, we check each element or symptom which the prover has described in indirect interrogation.

After completion of the first day's report the period for follow-up starts in the following days. During this period the first instance which draws our careful attention is the report of the prover as "Sir, my symptoms are same as before". It is the usual practice of the provers to report "No change" or "same as before". Under these circumstances usually we ask "what do you mean by same as before? Please, clarify how is it same in comparison to the previous day"? On most of the occasions it is observed that they do not know what it is the same till the proving master interrogates them tactfully and obtains the fact.

Next step of the follow-up commences with the interrogation as "Any further development of new symptoms"? In case it is present interrogation is done as described earlier. Sometimes acute complaints like fever, loose stools, sore throat develop during the course of proving for which he may take some other medication. Then the prover is interrogated in relation to his acute complaints and as to how much time can the prover wait for his complaints to disappear or resort to medication in case he cannot report to the proving master.

Then it is to interrogate about the way of the disappearance of the symptom. It seldom happens that any symptom disappears all a sudden. Usually it follows a gradual course. Therefore, we pose to interrogate in the same way as it was narrated during its appearance.

### **Terminal Medical Examination (TME)**

After the conclusion of the proving, the provers are again subjected to a thorough physical and clinical (pathological) examination as was done before the start of proving.

### **Conclusion**

Through the passage of time many changes and alterations have been seen in the provers. These

are the alterations in nature, character and bodily response of provers. In comparison to the provers of past one decade and provers of this decade there is a difference like heaven and hell in their bodies, mind and spirit itself. That is why, only fifty percent success is observed. Therefore, the pattern of interrogation which has been, described has been developed in accordance to these changed circumstances. So, such pattern can never be same for all the days to come, which may be changed befitting the altered situations.

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"The whole of the elements of disease a medicine is capable of producing can only be brought to anything like completeness by numerous observations on suitable persons of both sexes and of various constitutions. We can only be assured that a medicine has been thoroughly proved in regard to the morbid states it can produce - that is to say, in regard to its pure powers of altering the health of man - when subsequent experimenters can notice little of a novel character from its action, and almost always only the same symptoms as had been already observed by others".

*Organon of Medicine - Aphorism 135  
Samuel Hahnemann*

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