

North American Network of Homeopathy (NANHE) Homeopathic Proving Standards

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INTRODUCTION

Purpose

The purpose of this document is to create common national standards for Hahnemannian homeopathic provings. Hahnemannian provings represent the oldest and most common methodology to conduct homeopathic provings. We recognize that there are many other methods to conduct homeopathic provings. However, standards for these other types of provings is beyond the scope and purview of this document.

In past years provings have been carried out by numerous groups of people throughout the world (www.dynamis.edu/new/provings.html; www.provings.info/en/index.html). However, close examination of these provings reveals great differences in approach and in the standards used. These guidelines emphasize the need for every substance tested using Hahnemannian methods, to be assessed for its full potential through high quality provings. What exactly we mean by 'high quality' will be explained in this document. This document does not intend to exclude information gathered through other provings or through clinical experience, but rather to set a standard for conducting Hahnemannian Provings.

The mission of North American Network of Homeopathic Educators (NANHE) is "to be a collective of homeopathic educators committed to the evolution of Classical Homeopathy through homeopathic education. All members of NANHE are working together to help bring a greater awareness of homeopathy to the public and to offer homeopathic education at all levels of training."

One of the North American Network of Homeopathic Educator's (NANHE's) aims and objects is: "The evolution of classical homeopathy in the United States". The majority of provings that are conducted today in the United States are conducted at homeopathic schools. In our efforts to encourage and support a process by which the highest standards of provings are adopted by the largest possible circles of homeopaths in the United States, NANHE has adopted with minor modifications, the recommended guidelines established by the European Council on Classical Homeopathy (ECCH) for carrying out successful and ethically managed high quality provings.

Definitions

A Hahnemannian proving can be defined as a method of discovering new remedies for use in homeopathic treatment based on the principles and practice of Dr. Samuel

Hahnemann. For purposes of this document and for brevity, the word “proving” will be used synonymously with that of “Hahnemannian proving”.

The term “proving” has been used in homeopathic literature since Hahnemann. We acknowledge that the word “proving” does however have connotations in modern English that might cause confusion. The term “homeopathic pathogenetic trial” has been suggested as more appropriate by Dantas (1996) and Kaptchuk (1996), but this document will adhere to the older, more commonly used term “proving”.

The process of restoring health and the process of carrying out a proving have some similarities, but they are the inverse of each other. A healthy person who takes a medicine (potentised agent) in the process of a proving will develop symptoms. A symptom is defined as any **change** in normal function. Symptoms can be described as physical (e.g. Extremities, Knee, Pain, Right, 4AM, Lancinating), emotional (e.g. Anger, Menses before), mental (e. g. Concentration, Difficult, Reading during) or general General: (e. g. Wet Weather, Ameliorates). A sick person, who takes a remedy prescribed according to the law of similars, will experience restoration of his/her health.

The Imperative of Proving

Proving have been seen to be an extremely important part of homeopathic theory and a mainstay of its practice since the first proving of *China officinalis* by Samuel Hahnemann in 1790.

Homeopaths are engaged in restoring health and therefore seek to find answers to the healthcare challenges of our time. This can partially be done through the process of provings, testing new (or old) remedy sources that may turn out to be of benefit in the treatment of patients suffering from a range of different conditions. By a process of careful reflection and selection, homeopaths must decide to test those substances they believe may be useful to human kind. It is also important to effectively re-test remedies that are already in use, particularly those known as “small remedies” of which only a partial picture of their full therapeutic potential is known.

While it is imperative that homeopathic provings be of high quality and attentive to the integrity of proving methodology, standards such as these must not be so burdensome that they preclude the conduction of provings within the homeopathic community.

The Role of the Homeopathic Community

Homeopathic associations, societies and regulatory bodies have a duty to support, advise and evaluate those within their sphere of influence who are engaging in provings. They are also encouraged to create “proving funds” which will support and encourage quality provings. In efforts to raise the standards of proving, to promote the collection and sharing of the knowledge and to deepen the subject of provings in educating future homeopaths, the members of NANHE call for unity and support between all bodies and individuals engaged in the process of provings, throughout the world.

The Role of the Homeopathic Pharmacopeia Convention of the United States

It is an expectation that homeopathic provings in North America be in alignment with national, state and provincial standards. In the United States, the Homeopathic Pharmacopeia Convention of the United States (HPCUS) is responsible for the production and constant updating of the Homeopathic Pharmacopeia of the United States (HPUS). HPCUS is responsible for inclusion of new homeopathic medicines in HPUS. If the proving director would like to have the remedy considered for entrance into the pharmacopeia of the United States, then they must comply with HPUS guidelines in design, execution and submission of the proving.

Ethics

The areas of ethics and patient safety have only partially been discussed in homeopathy literature. These are issues that are of particular importance, in order to ensure the safety and confidentiality of proving participants.

Sharing the Knowledge

The process of provings provides an essential source of knowledge and understanding for homeopaths that can be used to enhance the future practice of homeopathy. However, unless this knowledge is extracted, recorded, organized and published this important and unique knowledge is withheld from the wider homeopathic community. Until recently few provings were made available as a publication of a full, thorough proving has 'proved' to be an expensive and laborious task.

NANHE is committed to encouraging and supporting endeavors that contribute to developing and sharing this valuable knowledge with all members of the homeopathic community. Specifically, NANHE is committed to supporting the growth and quality of homeopathic provings..

Many of the homeopathic schools in North America are conducting provings and these provings are part of the identity of the institutions. It has been described in the literature that provers who have studied together for a while or a group of provers who know each other often lend a cohesion which can create more effective provings (Sherr 2007). This must be carefully balanced with ensuring that there is no coercion or undue influence of students to participate in provings.

Further Study

These guidelines are in no way intended to replace a thorough study aimed at a deep understanding of the philosophy and methodology of provings. Before carrying out a homeopathic proving it is essential to carefully study basic and comprehensive literature within this field, including Hahnemann's Organon of Medicine (Hahnemann 2001 §§ 105 – 145). In addition we recommend a thorough study of the references listed at the end of this document. There are a diversity of opinions within the homeopathic community about best practices and standards for homeopathic provings. It is important that more research be done in assessing proving methodologies and proving quality.

I. Safety and Ethics

Without provings, the homeopathy profession would lose a valuable tool that is intended to provide homeopaths with new or deeper knowledge about the nature and role of the remedies they use (Wieland 1997).

Provings are based on ethical principles. This includes respect for autonomy, non-maleficence, beneficence and justice (Sutton 2006).

Literature claims that long-term effects do not happen with provings (Chatfield 2006). However this does not mean that they could not happen, and they have in fact been observed by some provers. (Sherr 2007). The main reason to introduce ethical considerations in provings is to ensure the rights of the proving participants. These rights derive from basic human rights, The Nuremberg Code, The Declaration of Helsinki, the International Declaration of Human Rights, and the Belmont Report, which are the product of reasoned moral analysis (Kennedy in Foster 2001).

Participants should possess the right to 'self-determination', to make autonomous decisions (Belmont Report 1979). This includes the right to give voluntary and informed consent and the respect for confidentiality, which refers to ensuring that the identity of participants is kept private. The superior consideration must be the rights of the individual to self-determination. If consent is to be valid, it must be given by a competent person who is adequately informed and the consent must be voluntary without pressure, coercion or exploitation. Confidentiality should be respected by researchers who must ensure that participants are fully aware of the uses of the generated data and the mechanisms by which that data will be disseminated to the profession.

For participants to provide informed consent, information about provings should be as factual and objective as possible. Participants have the right to withdraw at any time during the proving until completion of the study. Coercion must be avoided. This includes mandatory participation in provings as part of homeopathy schools' curriculums. Students could in general be seen as a weaker party and may more easily be coerced into participating by lecturers or fellow students, may have unrealistic expectations of the process and are often given inadequate information. Inclusion of students in proving trials should be reviewed by an Ethics Committee or Institutional Review Board to ensure that coercion has been avoided. To better ensure this ethical standard, an independent third party should be made available for students to consult, if they have concerns about participation.

Participants should be asked to sign consent forms prior to engaging in a proving. This should serve as an additional protection for both participants and researchers.

Participants should be under appropriate supervision, or else they may not be receiving the full or sufficient support and guidance necessary to protect their safety and to obtain information relevant to the project.

Participants in less supervised more 'casual' experiments need to be clearly advised beforehand as to what they are entering into in regard to risks and benefits. Such experiments may be unable to offer the support, guidance and safety provisions provided by quality provings. From an ethical position, participants in seminars should be clearly advised in advance of the seminar if the holders are planning to run such an experiment so that they are not confronted with having to make a choice to participate or not "on the spot". Those organizing such group experiments should be prepared to make provision for sufficient post proving support and supervision for any participants who may need it.

The balance of time, energy, potential discomfort, safety and well-being of the participants involved in any proving needs to be carefully considered against the potential for any effectively extracted, valid and useful information gained from it. To justify the possible risks and discomfort, the results should be of a quality that will truly enrich the homeopathic materia medica and eventually be published to improve the therapeutic capacity of all homeopaths. The safety of participants always come first. Provings challenge the non-maleficence issue as they are designed to create symptoms in a previously healthy person. However, it is important to be sure that the symptoms are mild to moderate in suffering and are not life-threatening. This is done by careful pre-screening and monitoring during and after the proving. This incursion into maleficence is offset by beneficence, the value of the data produced by the provers to be used for the relief of suffering in sick individuals. Therefore, the ethics of conducting a proving and subjecting the provers to harm/symptoms can only be upheld by doing a high quality and useful/beneficial proving.

Those who conduct provings should recognize that field effects may be caused by using homeopathic remedies which may affect those in close proximity to the proving environment.. It is the responsibility of the Proving Director to take appropriate measures to protect and inform those individuals who may be affected by the proving process.

The Homeopathic Pharmacopeia Convention of the United States currently requires that in order for a new homeopathic remedy to be included in HPUS, that a homeopathic provings be performed under the auspices an Institutional Review Board (IRB). Usage of an IRB is suggested in these standards to improve the ethical quality of the proving. The homeopathic research community in the United States has not yet reached consensus as to the required usage of an IRB during a proving trial mainly due to the current inaccessibility of this resource to a majority of proving directors and the added procedural and financial burdens. It is the position of the North American Network of Homeopathic Educators that, where available and workable, the usage of an IRB is strongly recommended. NANHE plans on revisiting this issue when resources have been adequately developed to support the use of an IRB and the homeopathic community has achieved consensus.

The Homeopathic Pharmacopeia Convention of the United States currently requires that

for a new homeopathic remedy to be included in HPUS, that malpractice insurance be provided for proving subjects. Proving directors may want to consider the need for malpractice insurance to cover any liability issues that may arise with provers.

An adverse effect (AE) in homeopathic drug provings is any untoward physical, emotional or mental occurrence in provers administered an homeopathic substance which requires therapeutic intervention and which does not necessarily have a causal relationship with the application of the proving remedy. **Proving symptoms do not require therapeutic intervention.** Any prolonged reactions in a prover or the necessity to antidote the proving remedy due to severity of symptoms are also considered as being an adverse event. Any worsening in severity or frequency of a concomitant illness or any new illness occurring in the proving period will be regarded as AEs. The determination whether an adverse effect requires a therapeutic intervention and the choice of the kind of intervention is the final decision of the Proving Director.”

II. Education

The Accreditation Commission for Homeopathic Education in North America (ACHENA) has already delved deeply into the subject of education and published "The North American Standards and Competencies for Homeopathic Education". Through these guidelines and other ways NANHE wishes to encourage higher standards of teaching and education, particularly in the area of proving philosophy and methodology. Studying the subject of provings during school years will raise research standards amongst the growing numbers of homeopaths.

One of the ways to deepen homeopaths' and homeopathic students' understanding of health and disease and the homeopathic approach to these subjects is through active participation in quality provings. Participation by students and faculty by homeopathic schools should be supported. However, the **required** inclusion of provings as part of undergraduate homeopathy course curriculums may result in students being coerced into participating in provings, and should be avoided. Participation in provings must be voluntary (see Safety and Ethics).

The proving director (master prover) in quality provings should be someone who is qualified and experienced in standard proving philosophy and methodology. Proving supervisors should be familiar with proving protocols, including safety and ethics of homeopathic provings. Education in research ethics is available from a variety of online sources (see bibliography).

III. Participants: Exclusions

Exclusions include:

- No major drugs whether allopathic or alternative
- No major mental pathology
- No serious chronic physical pathology
- Participants must be at least six weeks clear of any previous homeopathic remedy
- Pregnancy

- Lactation
- Drug abuse or dependence (tobacco and caffeine are acceptable)

The Proving Director makes the final determination of who will be included in the proving.

IV. Participants: Prior Case Taking

The supervisor should take the participant's case including all past physical and mental symptoms and states. The pre-proving case taking is most important because it sets the baseline by which the later proving symptoms can be measured. In addition, the supervisor is able to assess the health of the prover and ascertain if it is recommended for the prover to participate in the proving or to be excluded for safety concerns.

V. Participants: Individuals Included

Provers should be in good health and free of major medical illnesses or major allopathic treatment.

- Participants should be at least 18 years of age.
- Participants must be competent to be able to give informed consent.

VI. Participants: The Group

It is recommended that consideration be given for the proving group to include a combination of participants in terms of gender, age and knowledge of homeopathy. It can be beneficial to include individuals who do not have a working knowledge of homeopathy. It also is beneficial to include provers who are perceptive to small and subtle changes in their symptoms and conscientious about reporting the details for the duration of the proving. It has been observed that groups of provers who are already known to each other as a group will produce a stronger proving response.

VII. Participants: Group Size

The ideal group size is at least 10-20 participants.

VIII. The Proving Substance: Sourcing the Substance

- All substances should be as natural and free from contamination as possible.
- Careful, precise records of details of the original substance should be taken, including when, where and how it was obtained, name, species, gender, family, and any other pertinent data so it can be accurately sourced again if needed. Substances may come from any source as long as it is well identified.
- The source should be scientifically identified by an expert in the field. Written documentation should be provided from the expert.

IX. The Proving Substance: Naming the Remedy

- The Latin name(s) of the source substance should be used where possible.

- The name should be unique to the substance tested, so that it can be accurately identified, i.e. provings from similar sources should be differentiated by a unique name specifying sub-species, geography, or other relevant characteristics.
- Homeopathic pharmacists should be consulted on this matter and they should consult with each other, in order to agree and maintain consistency in remedy names, their abbreviations and in order to prevent duplication.

X. The Proving Substance: Preparation

An exact and full description of the pharmaceutical preparation procedure (mode of dilution or trituration) should be provided. The proving substance should be prepared according to HPUS standards for manufacture.

XI. The Proving Substance: Pharmacy

Details of the pharmacy or person(s) who produced the remedy should be provided. Details where to obtain the remedy should be provided as well.

XII. The Proving Substance: Potency

The potency or potencies used should be clearly stated and the rationale for their selection should be explained.

XIII. The Proving Methodology: Blinding and Placebo

Blinding

The usage of blinding is central to the proving. It is critical that provers and proving supervisors not be aware of the nature of the substance within the proving until the proving is complete. In addition, blinding of the PI can be helpful.

Unblinding can be defined as the process where proving participants (provers and supervisors) are informed as to the nature of the substance and whether the provers have received verum or placebo. Unblinding occurs at the conclusion of the proving. Unblinding only occurs when the homeopathic proving is complete and no further symptoms are being elicited by the proving participants. Unblinding also occurs in the unlikely case of serious adverse events which necessitate premature unblinding for the affected study participant. Blinding codes should only be broken in emergency situations for reasons of prover's safety.

Placebo

It is recommended that 10-20% of the participants receive placebo (non-medicated globules) (Herscu 2002, Sherr 1994). The use of placebo in provings is for qualitative research purposes since it helps to remove prover bias. Symptoms derived from proving participants that receive placebo are not included in the general proving symptoms.

The use of placebo in homeopathic provings is being reconsidered. There is a growing amount of research indicating that proving symptoms are also found in individuals receiving placebo (Walach, 2005). However, at this time, placebo should still be a part of a Hahnemannian proving.

XIV. The Proving Director

The Proving Director is responsible for the entire process of provings from start to end.

- The Proving Director should be an experienced homeopath and should be well acquainted with the philosophy and methodology of provings. He/she should have some practical experience in the process of provings (via actively participating in a completed previous quality proving).
- The Proving Director should be familiar and aware of safety and ethical issues. They are responsible for the overall safety and ethical quality of the proving.
- The Proving Director is responsible to ensure that all individuals are informed on safety issues, in order to ensure the wellbeing of participants; to maintain the high quality of work of supervisors; and the precise and thoughtful extraction, collation and editing of the symptoms. He/she should be closely familiar with all the details (of each one of the participants and supervisors) as well as have an overview of the entire project.
- In order to ensure freedom from prejudice, the Proving Director may be blinded to the remedy that is being tested.

XV. Supervision

Good attentive supervision is one of the key factors in ensuring successful and fruitful provings.

- Supervisors should be experienced homeopaths.
- Supervisors should supervise only 1-3 provers at a time unless considerably experienced.
- Supervision requires intense and frequent contact. The number of provers should be commensurate with the time and skill of the supervisors.
- Supervisors take the prover's case before the proving including all past physical and mental symptoms and other states.
- Supervisors should keep in close contact with the prover from the moment of the first dose and be available for eliciting symptoms thereafter.
- Supervisors should pay the utmost attention to any change in the state of the prover and make sure that it is documented in the prover's record as well as in his/her own record.
- Supervisors have a duty to notify the Proving Director of any changes in the state of the prover which might potentially affect the safety of the provers.

XIX. The Proving Director or Proving Team's Responsibilities

The Proving Director may choose to use a committee to assist him/her in the analysis. The Proving Director's or Proving Team's responsibilities are:

- To choose the remedy, to choose the potencies, and to choose and liaise with the pharmacy.
- To ensure the double blind principle all along the proving (when applicable).
- To keep the records of remedy codes and which participant got which remedy, or to ensure that someone else takes care of this task.
- To distribute the remedies and notebooks or computer software needed for registering symptoms or to ensure that someone else takes care of this task.
- To organize the typing and the publication of the proving, or to ensure that someone else takes care of this task.
- To oversee the editing of the proving.
- To keep a clear account of the proving protocol.

XX. Additional Recommended Procedures: Orientation Meeting

The aim of the meeting is to explain the process in detail to the participants and supervisors and to stress to all participants the depth of observation needed. The presented information should include sufficient information to obtain informed consent at this meeting.

XXI. Additional Recommended Procedures: Notes

Notes can be kept in either written or electronic form. Notes should be kept by each participant and each supervisor. Notes should be kept in a way that ensures confidentiality.

XXII. Additional Recommended Procedures: Case Taking

The supervisor takes the prover's case (see "Provers").

Notes prior to Proving

Provers should begin to take notes seven days prior to taking the remedy.

Instruction Letter

Each prover and each supervisor should be given a thorough written briefing in the form of an 'instruction letter'. They should study it carefully and familiarize themselves with the details.

Note: Good sample letters of "instructions to Provers" and a letter of "instructions to Supervisors" are to be found in Sherr, 1994.

XXIII. The Proving: Participants Day to Day

- Provers should stick to their normal habits and way of life with the exception of carefully recording their experiences in their journal.
- An alternate view is that they should avoid all potential antidoting factors such as coffee, recreational drugs, camphor, eucalyptus, menthol and mint and any substance that they are sensitive to, during the duration of the proving. Any use of these substances should be stopped in enough time so as not to influence the proving.

XXIV. The Proving: Remedy Taking

- The dosage method should be clearly determined prior to beginning the proving and recorded in the proving write up.
- Administration of the remedy is determined by the Proving Director. The common practice is one to seven doses administered over one to seven days.
- The homeopathic remedy should be stopped as soon as symptoms develop (whether positive or negative). Proving symptoms may be mild and appear after the first dose. No doses should be taken after the first proving symptom develops. Also changing this as follows: The supervisor should be involved in determining initial symptoms. The proving supervisor communicates **daily** with the proving subject when the proving subject is taking the homeopathic remedy, to determine whether the homeopathic remedy should be repeated. If symptoms do not appear, no more than seven doses should be administered in total.”
- The supervisor should be involved in determining initial symptoms.
- It has been observed that taking further doses after the initial symptoms develop may confuse the symptom picture and even pose a safety hazard. Therefore careful observation and sound judgment is needed at this phase.
- Dosing of the remedy is determined by the Proving Director. The typical range is 1-2 pellets (size #35), 7-10 pellets (size #20) and 10-15 pellets (size #15).

XXV. The Proving: Proving Notes

- Provers must carefully write down all symptoms, modalities, time of occurrence, sensation, location, and concomitants.
- It is of utmost importance that symptoms are noted down while still fresh in the mind. Symptoms should be recorded on a daily basis.
- All proving notes must be minimally turned into the Proving Director at the end of the proving.
- Strange rare and peculiar experiences should be recorded.
- Notes should be taken until no new symptoms arise or the Proving Director determines that the prover should stop.
- The proving should employ a system to clearly delineate old symptoms vs. new symptoms vs. altered symptoms vs. unusual symptoms.

XXVI. The Proving: Prover-Supervisor

- Daily contact has to be maintained between prover and supervisor as long as

- symptoms continue to appear.
- Each day, symptoms should be reviewed by the prover and supervisor, investigated, clarified and recorded in detail. Supervisor should always seek to elicit any feelings and modalities that have been overlooked.
 - The supervisor should perform a review of all systems, general symptoms, dreams and mental symptoms.

XXVII. The Proving: Duration of Supervision

The duration of supervision should be minimally one month for all provers. For those who show a continuing response to the homeopathic remedy, symptoms should be followed for up to six months.

XXVIII. The Proving: Confidentiality

It is of utmost importance that participants and supervisors should refrain from discussing symptoms or experiences they are going through with other participants or supervisors during the entire duration of the proving. Confidentiality of all proving participants (including the prover family members and prover friends) must be maintained throughout the proving and in all proving publication materials.

XXIX. The Proving: Group Discussions

It is suggested that there be a group discussion at the end of the proving (about 4-6 weeks after the initiation of the proving). Group discussions help to verify symptoms, bring the proving together as a whole and allow the participants to share their experiences. This meeting can be videotaped if confidentiality is observed and is useful for reference after the proving has been extracted. Any group discussions about the proving should only be conducted only after all data has been collected.

XXX. Extraction: The Team

This important phase of the process involves converting written or electronic diaries into the format of the materia medica, repertory and the extracting of valid symptoms.

Proving Director vs. Team Approach

It is acceptable for the extraction to be either conducted by the Proving Director ~~PI~~ or a team. If a team is used, the following apply:

- The team should include the prover and the supervisor, and if possible another homeopath. The participation of a third person can add a fresh perspective to the extraction.
- Prover and supervisor compare notes and clarify each symptom.
- It is vital that one person be in charge of the process so that the analysis is consistent throughout the proving.

XXXI. Extraction: The Meeting

- The proving meeting takes place when most of the participants' symptoms have subsided, normally approximately 4-6 weeks after starting the proving. Additional proving meetings can be arranged 2-3 months after taking the remedy.
- At this meeting the extraction work is started under the guidance of the Proving Director P† and assistance is given to those that have difficulties or a large volume of material to extract.
- Particular attention should be made during the proving meeting of symptoms, hand gestures and body movements that did not arise during the normal supervision process.

XXXII. Journaling Record

Journals can be kept either electronically or by paper. The following guidelines apply:

- All symptoms experienced by the prover during the proving are recorded in the journal record.
- All entries are recorded in an organized fashion. The entries should always include the date, time of the symptom and prover identification code.
- Coding of symptoms should include the following designations: NS-new symptom, AS-altered symptoms, OS-old symptom, RS-recent symptom, CS-cured symptom
- Pictures and video material can also be useful if confidentiality is preserved.

XXXIII. Extraction: Language

- Simple language and the participant's own words should be retained.
- Accounts should be written in the first person.

XXXIV. Extraction: Criteria for Including Symptoms

The following terminology is commonly used:

- New symptoms (NS), unfamiliar to the participant.
- Usual or current symptoms (AS) that are intensified to a marked degree.
- Current symptoms (AS) that had been modified or altered (with clear description of current and modified components).
- Old symptoms (OS) that have not occurred for at least one year (note time of last appearance).
- Present symptoms (CS) that have disappeared or significantly ameliorated during the proving (cure).
- Time of day at which the symptom occurred should be included only if there is repetition of such times in one or more participants.
- If there is doubt about a symptom, this should be clearly denoted. If another participant experienced the same symptom it could be valid. If not, it should be denoted as needing clinical confirmation.

- A symptom that may have been produced by a change in life or exciting cause, should be excluded.

In the extraction, particular emphasis is placed on “Characteristic Symptoms. The following criteria will be used to identify why symptoms are selected from a prover journal and represent Characteristic Symptoms of the proving. A Characteristic Symptom can be described as follows:

- A symptom(s) that is expressed with strength.
- A symptom(s) that is expressed with clarity.
- A symptom(s) that is expressed with spontaneity.
- A symptom(s) that is expressed with frequency.
- A symptom(s) that is strange, rare or peculiar.
- A symptom(s) that expresses the etiology and identifies the cause.
- A symptom(s) that is an “as if” symptom.
- A symptom(s) that expresses pace of onset.
- A symptom(s) that is alternating.
- A symptom(s) that is periodic or within a given time frame.
- A symptom(s) that has concomitants.
- A symptom(s) that reflects the central disturbance rather than the pathology.
- A symptom(s) that expressed general characteristics rather than particulars.
- A symptom occurs in conjunction with specific modalities (better, worse).
- A symptom occurs at a specific location.

A symptom which is experienced at the beginning of the homeopathic drug proving is significantly ameliorated or disappears after the administration of the remedy (cured symptom).”

XXXV. Collating

Collating, editing and repertorizing are the more laborious and time-consuming stages of carrying out a proving. An appreciation of the work involved to do this should be carefully considered before embarking on a proving. It is recommended that proving groups should seek advice from more experienced participants and study closely the few good examples that have already been published. This task can be done by the Proving Director or by a small committee including the Proving Director. If by committee, it is important that there be close communication and an overview “as if” one person. A good working knowledge of the native language of the participants is also required.

The aim of the collating stage is to synthesize the proving from many separate accounts into a composition which reads ‘as if one person’.

- All provers data (“as if” accounts from different parts of one body) are put together.
- Symptoms with a common denominator are grouped together under each section.

XXXVI. Repertorizing

The aim of the repertorizing stage is to accurately and truthfully interpret the proving information into repertory language.

- Each symptom has to be accurately analyzed and translated into a rubric.
- Clear symptoms that do not appear in existing rubrics may necessitate creating new rubrics. However, the number of new rubrics should be minimized where possible.
- Each rubric should be recorded along with the symptom and participant number.
- Precision is crucial at this stage, as the rubrics will be published in repertories and software programs. It is recommended that experienced repertorizers and representatives from the software repertory companies be consulted or given the material to review.

XXXVII. Methodology

A detailed protocol of all information concerning the proving (including comments, difficulties, “short cuts” and any considerations that guided decision making during the proving etc.) should be kept as a permanent record. This record should be kept by the Proving Director P.

XXXVIII. Other Types of Provings

There are many types of provings which range from full provings described in these standards to trituration provings, dream provings and others. Although these other forms of provings can provide more rapid results, they miss many of the physical, general and long term symptoms and can be limited because they lack prover screening and long term supervision (Sherr, 1994). To date, there is insufficient research comparing the quality of these various types of provings. Material from these provings can be included in a full proving if it is described as “additional interesting information” and its source and nature clearly recorded in any resulting materia medica.

IXL. Clinical Confirmation

Clinical confirmation is the accepted way to determine the reliability and significance of any proving symptoms. In order for this to happen we need to build a reliable network to record and evaluate cured and ameliorated symptoms. This point is of crucial importance but lies beyond the scope of this document. Generally the Proving Director provides the best source for the collection of material related to cured cases of the homeopathic remedy. The Proving Director is encouraged to publish cured cases to supplement the proving data.

XL. References

References

- Barthel P. Hahnemanns Vermachtnis, der Chinarindenverusch-1997; Zeitschrift fur Klassische Homopathie; 1998; 42; 29.
- Bayr G. (1989) Hahnemanns Selbstversuch mit der Chinarinde im Jahre 1790. Heidelberg: Haug.
- Chatfield K. (2006) In Pursuit of Evidence. The Homeopath, , 25:3 78-82.
- Citi Program RCR Ethics course <https://www.citiprogram.org/rcrpage.asp?language=english&affiliation=100>
- Dantas F. (1996) How can we get more reliable information from homoeopathic pathogenic trials? A critique of provings. British Homoeopathic Journal, 85: 230-236.
- Dantas F., Fisher P.; A Systematic Review of Homeopathic Pathogenetic Trials (Provings) Published in the United Kingdom from 1945 to 1995; IN Ernst E, Hahn EG, eds; Homeopathy: A Critical Appraisal; London; Butterworth-Heineman; 1998; 69-97.
- Duckworth J. (2006) Should Participants in Homeopathic Provings be Subject to the same ethical considerations as 'ordinary' research participants. In press.
- Foster C. (2001) Ethics of medical research on humans. Cambridge: Cambridge University Press.
- Fraser, Peter; The Challenge of Doing Provings; The California Homeopath; Journal of the California Homeopathic Medical Society; Volume 11, Issue #2; 2006.
- Gray, Alistair; New Homeopathic Provings; The California Homeopath; Journal of the California Homeopathic Medical Society; Volume 11, Issue #2; 2006.
- Hahnemann, S. (2001) Organon of Medicine. (5th and 6th Edition) Translated by Dudgeon RE and Boericke W. New Delhi: B. Jain Publishers Pvt. Ltd.
- Herscu, Paul; Provings-With a Proving of Alcoholus; Published by New England School of Homeopathy Press; 2002; Amherst, MA.
- ICCH, Recommended Guidelines for Good Provings; Homeopathic Links; Spring 1999; Vol. 12.
- Kaptchuk T. (1996) When Does Unbiased Become Biased? The dilemma of homoeopathic provings and modern research methods. British Homoeopathic Journal, 85: 237-247.
- Kaptchuk TJ. Early Use of Blind Assessment in a Homeopathic Scientific Experiment; British Homeopathic Journal; 1997; 86; 49-50.
- Kaptchuk TJ. Intentional Ignorance; A History of Blind Assessment and Placebo Controls in Medicine; Bulletin of the History of Medicine; 1998; 72; 389-433.
- Kent J.T. (1900) Lectures on Homeopathic Philosophy. Lancaster, PA: Examiner Printing House. Mezger J. (1957) Über meine Erfahrungen mit Arzneimittelpfungen, Gesichtete
- Homöopathische Arzneimittellehre, Stuttgart.
- Lewith GT, Brien S, Hylan ME; Presentiment or Entanglement? An Alternative Explanation for Apparent Entanglement in Provings; Homeopathy; 2005; 94; 92-95.

- Milgrom LR.; Patient Practitioner Remedy Entanglement; A Qualitative Non-local Metaphor for Homeopathy Based on Quantum Theory; Homeopathy; 2002; 91; 239-248.
- Mollinger H., Schneider R., Loffel M., Walach H.; A Double Blind, Randomized, Homeopathic Pathogenetic Trial With Healthy Persons: Comparing Two High Potencies; Forschends Komplementarmedizin und Klassische Naturheilkunde; 2004; 11; 274-280.
- New Directions in Homeopathic Research; Editors Claudia Witt and Henning Albrecht; KVC Verlag 2009.
- Provings.info (2008) Systematics and homeopathy. [online] last accessed 28 November 2008 at URL <http://www.provings.info/en/index.html>.
- Riley DS; Contemporary Drug Provings; Journal of the American Institute of Homeopathy; 1994; 87(3): 161-165.
- Rowe T.; Provings: Then, Now and Future; The Homeopath; 2009.
- Sherr J. (1994) The Dynamics and Methodology of Homeopathic Provings. West Malvern: Dynamis Books.
- Sherr, J in Owens, David; Principles and Practice of Homeopathy; Chapter 2- Provings; Elsevier; London; 2007.
- Sherr J. (2007) Personal communication with ECCH Provings Working Group, 29.02.2007.
- Sherr J., Quirk T.; Systematic Review of Homeopathic Pathogenetic Trials: An Excess of Rigor; Homeopathy; 2007; 96; 273-278.
- Sutton C. (2006) When? How? What? Making those applications. Notes from University of Central Lancashire Research Presentation, December 2006.
- The Dynamis School. (2008) [online] last accessed 28 November 2008 at URL <http://www.provings.com>
- The Free Dictionary. (2008) P r o v i n g [online] last accessed 28 November 2008 at URL <http://medical-dictionary.thefreedictionary.com>
- Timmerman, Alize; www.hopathy.com/papersnew/timmerman-c4-potencies.asp
- Vermeulen, Frans; A History of Provings; The California Homeopath; Journal of the California Homeopathic Medical Society; Volume 11, Issue #2; 2006.
- Vithoukas G. (1985) The Science of Homeopathy. New York: Grove. Wieland F. (1997) Good homeopathic provings. British Homoeopathic Journal, 86: 229-234.
- Walach H. The Pillar of Homeopathy: Remedy Proving in a Scientific Framework; British Homeopathic Journal; 1997; 86; 219-224.
- Walach H. Does a Highly Diluted Homeopathic Drug Act as a Placebo in Healthy Volunteers? Experimental Study of Belladonna C30. Journal of Psychosomatic Research; 1993; 37; 851-860.
- Walach H., Sherr, J.; Schneider R.; Shabi R.; Bond A.; Rieberer G.; Homeopathic Proving Symptoms: Result of a local, non-local or placebo process? A blinded, placebo-controlled pilot study. Department of Evaluation Research in Complementary Medicine, Samueli Institute--European Office, Institute for Environmental Medicine and Hospital Epidemiology, University Hospital Freiburg, Germany. walach@ukl.uni-freiburg.de

- Walach H.; Entangled in Knots! Practical Consequences of an Entanglement Model of Homeopathic Research and Practice: Homeopathy; 2005; 94; 96-99.