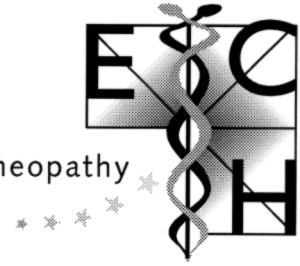


European Committee for Homeopathy



Clinical Verification of Symptom Pictures of Homeopathic Medicines

A Proposal for

An International Standard

Authors

S Fayeton and M van Wassenhoven for Working Group 'Clinical Verification of Symptoms'

Summary

This invitation for co-operation is addressed to all interested groups. Its purpose is data collection for clinical verification of symptoms from homeopathic proving and collection of clinical symptoms not derived from homeopathic pathogenetic trials (provings). To date no consensus exists on this topic. The European Committee for Homeopathy (ECH) research sub-committee has created a working group on this topic. This paper is the result of a review of papers on the topic, exchanges between members and a meeting.

Introduction

Homeopathy is a system of medicine including different concepts of treatment (global similitude, clinical similitude, isopathy, etc.), all these aspects must be taken into consideration. Systematic clinical data collection must match contemporary reality as a whole. The aim of this proposal is to promote convergence, allowing the use of a common language between different kinds of homeopathic practice. The proposed data collection system is flexible and accessible manually or by information technology. The ultimate objective of this proposal is to develop an information system allowing collection, recording, extraction, processing, interpretation, evaluation and communication. The aim of this paper is to create the initial conditions for clinical data collection, later allowing the verification of remedy provings as well as clinical symptoms, which do not originate from pathogenetic trials (provings). Clinical data collection and classification systems must respect the 'spirit' of homeopathic practice.

Proposal

This proposal is intended to be used by all interested groups. Its purpose is data collection for clinical verification of homeopathic proving and a collection of clinical symptoms, which have not been observed in homeopathic pathogenetic trials (HPTs, provings).

Phase I

Following a decision to collect and analyse clinical data related to one homeopathic medicine (to be specified). The factors listed below will be described as completely as possible from the literature and existing knowledge of the remedy:

- Listing, study and analysis of existing homeopathic proving(s) of the medicine concerned.
- Classification of symptoms:
 - A1 generated by toxicological studies;
 - A2 described by sensitive prover(s);
 - B 1 clinical or local symptom(s);
 - B2 chronic symptom(s).
- Symptom evaluation:
 - Vi number of provers (validated symptom);
 - V2 accuracy of symptom's description;
 - V3 unknown or unspecified.

- Grouping of symptoms:
Gi anatomic systems (Kent);
G2 meaning (essence - spirit - remedy problem).
- Stages (dynamic of the remedy).

The results of phase I will be circulated to all candidates/contributors, together with a call for clinical data collection on this medicine.

Phase II

Clinical data collection

Given the level of accuracy needed for clinical data collection required for the verification of homeopathic remedy proving and a collection of clinical symptoms not deriving from HPTs, it would be better to organise such data collection separately from data collection aimed at analysis of the effectiveness of homeopathic treatments for specified diagnoses.

Essential elements are:

- Age and sex of the patient.
- The medicine concerned must have been prescribed as a single remedy (unitary homeopathy). No other homeopathic medicine can be taken within at least one month before reporting of the cure.
- In case of possible doubt, reasons for acceptance must be justified. All possible concomitants must be mentioned (allopathy, psychotherapy, etc.) and in these cases, reports must be accompanied by a detailed description of the interventions (substance, dose, usage time (and/or period), timing).

Since this data collection is focused on cases which have responded to homeopathic treatment, the level of response should be specified:

- only one or a few symptoms;
- syndrome;
- general improvement (local and general symptoms including general well being);
- global (physical, general and mind);
- behavioural (the global effect is accompanied with positive changes in behaviour).

The reasons for the initial choice of the medicine will be described: examples: keynote(s):

- aetiologic circumstances;
- clinical indications;
- global or mind oriented repertorisation;
- 'meaning' of patient's problems (essence, spirit, remedy problem).

More than one reason is possible for a case.

Details of the symptom(s) and its disappearance should be recorded, including:

- timing (histopathography);
- recurrence(s);
- results of a second prescription;
- confirmation(s) by other case(s).

For more than one symptom, each of the above should be described as well as the general level of

health.

When symptom(s) appear during treatment, the following should be specified. Is this:

- a recurrence of old symptom(s)?
- new symptom(s)?
- notable features?

Phase III

Analysis of data by the organisers of the data collection

Symptoms collected will be classified in accordance with following criteria:

- (a) Factual: symptom originality; modalities and level of detail; global view of the patient: actuality (recent symptom) or anteriority (persistent old symptom); verification of proving or symptom not described in previous published provings or clinical symptoms.
- (b) Anatomically.
- (c) Keywords: for later comparison of gathered symptoms with each other.
- (d) Two separate lists will be generated for verified old and new symptoms.
- (e) Grouping: symptoms will be grouped together in different sets, possible links between different symptoms are checked
- (f) Meaning: looking at these 'sets of symptoms' possible remedy 'picture(s)' could be proposed, a new framework of understanding for the remedy could emerge from this analysis.
- (g) Evaluation: especially for new symptoms, the value of the symptom would be scrutinised (frequency of occurrence—accuracy) before possible inclusion within the framework of knowledge of the remedy.

Finally, a new presentation of the remedy under analysis will be proposed to the homeopathic community. New questions about the remedy could be proposed for a further round of data collection and analysis.

References

- Van Haselen R, Fisher P. Describing and improving homeopathy—use of systematic data collection. *Br Hom J* 1994; **83**: 135—141.
- Fayeton S. *Confirmation Clinique du Remède Jacaranda*. AFADH meeting report, Lyon: France, 26 February 1999.
- Steinsbelde A. Data collection in homeopathic practice—A suggestion for an international standard *Br Hom J* 2000; **89** (Suppl 1) : S39.
- Fayeton S. *Confirmation Clinique du Remède Vipera*. AFADH meeting report presented at the general assembly of ECH, Brussels, Belgium, October 1998.
- Fichefet J. *Processing the Information in Homeopathy— The Importance of Medical Decision Aid and Theory of Chaos*. Report presented at the general assembly of ECH, Brussels, Belgium, October 1998.
- Biolchini J. HOMIS—User study in homeopathic clinical practice: a fundamental tool for designing and improving a clinical information system. *Br Hom J* 2000; **89** (Suppl 1): S40.
- Rezzani CM. Winchip: computerised homeopathic investigation program: a data collection tool to help the doctor in daily practice to prove and improve homeopathy. *Br Hom J* 2000; **89** (Suppl 1): S41.

Appendix 1

Declaration of Intent

Name of organising group:

Address:

Our group intends to organise systematic data collection for clinical verification of:

Remedy:

If you are interested in collaboration, please ask us for the overview about the current knowledge on this remedy.

I am interested:

Name:

Address:

Phone/fax:

E-mail:

Appendix 2

Systematic clinical data collection form

Remedy :
Code :
Patient sex :
Birthday or age :
Concomitants :
Curing level :

: Symptom Syndrome General
 Global Behaviour

Explanation or comments:
.....
.....
.....

Prescription purpose: Keynote(s):
.....

Repertorisation Etiologic
 Clinical
 Global
 Mind
 Other(s)
.....
.....

Materia Medica
.....
 Directly
 Confirmation of repertory

Remedy Meaning (essence—spirit—remedy problem)
 Other
.....

Explanation or comments:
.....
.....
.....

SYMPTOM number :
SYMPTOM description :
.....
.....

Histopathography

Time period for symptom disappearance :
Possible recurrence(s) :

Result of second prescription :
.....
.....

Type

- known (mentioned in the remedy overview, pp)
- known (personal source:.....)
- new (not yet known within previous published provings or clinical drug feature)
- confirmed by other personal cases (how many?.....)
- appearance during treatment old (Hering)
- new (for the patient)

comments:
.....
.....

Frame

- isolated
- part of a set of symptoms (please list)¹
with other significant results general (all local symptoms together)
- global (well being)
- behavioural

Comments

.....
.....
.....
.....
.....

¹ Don't forget to add a global list with all collected symptom for the patient and your general comments (including possible link between symptom - picture of the remedy - 'meaning')