

The translation of prover journals to standard homeopathic formats: accountability and traceability of proving data

Ashley HA Ross*

Durban University of Technology, South Africa

*Correspondence: Prof Ashley H A Ross, Durban University of Technology.

E-mail: docaross@gmail.com (A.H.A. Ross)

The conduct of homeopathic provings has enjoyed a recent resurgence within the homeopathic community. In more recent years, the pressures to conduct methodologically consistent, scientifically accountable homeopathic provings within the ICH-GCP framework, the dictates of a number of regulatory authorities and the imperatives of homeopathic philosophy has lead to the development of a range of proving guidelines.

Notwithstanding these positive developments within homeopathic proving methodology itself, the accountable and traceable translation of subjective prover journal data to materia medica and reportorial formats remains an area of weakness. The author draws on his experience as a proving supervisor and principal investigator in a large number of provings, and his role in the recent development of proving guideline development, to elaborate a unique method for systematically processing prover journal data through the phases of editing, determination of symptom validity, placebo-verum comparison, materia medica compilation, rubric allocation, reportorial classification and grading, and proving reporting and formatting.

The method is transparent, easy to implement and systematic. The most important characteristics of the method are consistency, traceability of all materia medica entries and rubrics to their prover journal source, and the transparency and relative objectivity of scientific decision-making.

Keywords: Homeopathic provings; Accountability; Traceability; Materia medica; Repertory

Homeopathy and complementary medicine for cancer patients: results of a survey on integrative oncology centres in Europe

Elio Rossi*, Alessandra Vita, Sonia Baccetti, Mariella Di Stefano, Fabio Voller and Alberto Zanobini

*Correspondence: Dr Elio Rossi, Tuscan Network for Integrated Medicine, Regional Health Department of Tuscany Region, Italy.

E-mail: e.rossi@mednat.it (E. Rossi)

Aims: The principal aim was to map centres across Europe prioritizing those that provide public health services and operating within the national health system in integrative oncology (IO).

Methods: A cross-sectional descriptive survey design was used to collect data. A questionnaire was elaborated concerning integrative oncology therapies to be administered to all the national health system oncology centres or hospitals in each European country. These institutes were identified by convenience sampling, searching on oncology websites and forums.

Results: Information was received from 123 (52.1%) out of the 236 centres contacted until 31, December 2013. Forty-seven out of 99 responding centres meeting inclusion criteria (47.5%) provided integrative oncology treatments, 24 from Italy and 23 from other European countries. The number of patients seen per year was on average 301.2 ± 337 . Among the centres providing these kinds of therapies, 33 (70.2%) use fixed protocols and 35 (74.5%) use systems for the evaluation of results. Thirty-two centres (68.1%) had research in progress or carried out until the deadline of the survey. The CAMs more frequently provided to cancer patients were acupuncture: 26 (55.3%), homeopathy 19 (40.4%), herbal medicine 18 (38.3%), traditional Chinese medicine 17 (36.2%); anthroposophy 10 (21.3%); homotoxicology 6 (12.8%); other therapies 30 (63.8%). Treatments are mainly directed to reduce adverse reactions to chemo-radiotherapy (23.9%), in particular nausea and vomiting (13.4%), and leukopenia (5%). The CAMs were also used to reduce pain and fatigue (10.9%), to reduce side effects of iatrogenic menopause (8.8%), to improve anxiety and depression (5.9%), gastrointestinal disorders (5%), sleep disturbances and neuropathy (3.8%).

Conclusions: Mapping of the centres across Europe is an essential step in the process of creating a European network of centres, experts and professionals constantly engaged in the field of integrative oncology, in order to increase the knowledge in this field and provide evidence-based health-care.

Keywords: Integrative oncology centres, European survey, Homeopathy

Improving cough treatment with a mixed methods approach

Lex Rutten* and Christien Klein-Laansma

Independent Researcher, The Netherlands

*Correspondence: Lex (ALB) Rutten MD.

E-mail: praktijk@dokterrutten.nl (L. Rutten)

Homeopathic prescriptions are based on a large amount of clinical experience and proving symptoms. The analysis of these data was hitherto mostly qualitative; we know that some symptoms are a good indication for a specific homeopathic medicine, but we don't know how good. Statistical variance is neglected. Some medicines

are prescribed millions of times. For these medicines, every possible symptom will be seen in a cured case eventually by mere chance. This doesn't mean that each symptom is an indication for that medicine. Following Bayes' theorem a symptom is an indication for a medicine, only if the prevalence of the symptom in the population responding well to that medicine is higher than in the remainder of the population. This is expressed as likelihood ratio (LR). Higher LR means a better symptom. This requires quantitative analysis of clinical data in prognosis research.

There are good reasons to optimise homeopathic prescribing for cough; the most frequent indication in general practice with scarce conventional therapeutic options and a frequent reason for prescribing antibiotics. There is some evidence of efficacy of homeopathy for this indication.

Quantitative analysis of some data collections learns that performing quantitative research in homeopathy on existing databases is a challenge. Comparability can be improved. There is confirmation bias, especially in cases with short follow-up. Another problem is how to identify each successful case where the medicine caused the improvement and to skip cases with no real effect. This has great impact on quantitative analysis.

Analysing existing databases on cough shows that coherence and effectiveness can be improved. Quantitative data show that the quality of our knowledge about 'cough medicines' is insufficient, but quantitative analysis is still inconsistent, probably biased and distinction between real cases and spontaneous recovery problematic. With a mixed methods approach we strive for mutual enhancement of both qualitative and quantitative research in homeopathy.

Keywords: Cough, Mixed methods research, Prognosis research, Bayes' theorem

Clinical trial for evaluation of a HIV nosode in the treatment of HIV infected participants

Rajesh Shah*

Life Force Homeopathy, Mumbai, India

*Correspondence: Rajesh Shah, MD, Director, Life Force, 411-Krushal Commercial Complex, GM Road, Chembur, Mumbai 400089, India.
E-mail: sanjivak@gmail.com (R. Shah)

Introduction: Identifying the need for strengthening of immune system, the investigator has developed new HIV nosode and evaluated its effect on HIV positive individuals through a clinical trial.

Method: Standardized and scientific method of HIV nosode preparation has been described and documented. A clinical trial in thirty HIV positive individuals was conducted using the HIV nosode in 30c, 50c potencies. Ethical aspects, safety and inclusion exclusion criteria were taken care of.

Results: Out of twenty-seven participants, 25.93% showed sustained reduction in viral load. 33.33% showed an increase in the CD4+ counts by 20% at either week twelve or twenty-four. Significant weight gain was observed at week twelve ($p = 0.0206$). A significant proportion of participants, 63% and 55% showed overall increase in either appetite or weight at week twelve and twenty-four respectively. The viral load increased from baseline to week twenty-four through week twelve in which the increase was not statistically significant ($p > 0.05$). 37% participants have shown improvement (1.54–48.35%) in CD4+ count and 15% had a stable CD4+ percentage count until week twenty-four. Sixteen out of twenty-seven participants had a decrease (1.8–46.43%) in CD8 count. None of the AEs led to discontinuation of study.

Conclusion: The study results revealed improvement in immunological parameters, treatment satisfaction, reported by an increase in weight, relief in symptoms, and an improvement in quality of life, which opens up possibilities for future studies.

Keywords: HIV nosode, HIV infection, CD4, Viral load, Homeopathy

A group of recent provings in which the new HPCUS Provings. Guidelines were applied: some comments on the methodology

Peter Smith*, Ashley Ross, Todd Rowe and Ulrike Striebich

Department of Medical Affairs and Research, Biologische Heilmittel Heel GmbH, Germany

*Correspondence: Dr Peter Smith, Department of Medical Affairs and Research, Biologische Heilmittel Heel GmbH, Baden-Baden, Germany.
E-mail: peter.smith@heel.de (P. Smith)

The presentation will give an overview of our experience of 5 provings (pathogenetic trials) which were conducted using the new HPCUS Guidelines (published April 2013).

All the provings were randomized double-blind, placebo-controlled and used an unbalanced parallel group design, to establish a homeopathic symptom picture of the substance being proved.

The methodological requirements included:

- IRB approval
- Specific requirements regarding Proving personnel qualifications and training. This included ethics training, especially for the Proving Director.
- Prover insurance
- A placebo group (of 20%)
- Evaluation criteria for assessing the Proving symptoms
- A process for assessing and recording any Adverse Events encountered during a proving.