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

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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

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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.