

David Riley MD – Abstract for AMCH Research Conference March 14, 2008

Homeopathic Drug Proving Design

Homeopathic drug provings on healthy subjects are part of the basis for a comprehensive symptom picture and prescribing according to the principles of homeopathy.

This is a design that has been used for a series of randomized double-blind, placebo-controlled, homeopathic drug provings. The verum homeopathic remedy is tested in a 12C potency and the placebo is indistinguishable from the verum in taste and appearance. 35 subjects meeting the inclusion /exclusion criteria are randomly assigned to either Group 1 or Group 2 and receive either VERUM or PLACEBO at the first administration of the medication on DAY 7 (bottle A) and cross-over to the opposite medication (or placebo) – at the second administration of medication on DAY 21 (bottle B) as determined by the randomization plan. Placebo controls and randomization to group is used to blind both the subjects and the investigators. The dosage is 10 drops or globuli, taken orally three times daily until symptoms appear or for a maximum of seven days.

The central investigational tool of all homeopathic drug provings are the journals kept by each subject. At the beginning the subjects describe their symptoms in their own words in the journal daily. The first 7 days are a run-in period where the subject, while not taking a homeopathic remedy, notes in their journal their current state of health. After completion of the run-in phase, an evaluation occurs on DAY 7.

During the medication phase of the proving (DAY 8-14 / 22-28) and during the washout period (DAY 15-21) the subject documents all symptoms that occur in their journal on a daily basis. The first in-depth subject interview occurs on DAY 15, the second on DAY 29. Throughout the homeopathic drug proving the subjects contact or are contacted by the study site on a daily basis. During the 14-DAY follow-up (DAY 29-42) the subject are contacted weekly to check for the occurrence of any additional symptoms and/or adverse events.

References

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