DEVELOPMENT AND REFINEMENT OF THE PROVING
An example of Streptococcinum: method, results, clinical applications

School of Homeopathic Medicine of Verona

Dominici G.,
Editor of *Il Medico Omeopata*
ROME – ITALY
E-mail: gdominici@mclink.it

INTRODUCTION

The knowledge of the medicaments used in Homeopathic Medicine is based on the results of provings conducted on healthy individuals (homeopathic drug proving - HDP) of animal, plant and mineral substances prepared using the homeopathic procedure (dynamisation = dilution + succussion), according to the principles set out by Samuel Hahnemann in the sixth edition of the *Organon of Medicine*.[1]
The aim of a proving is to highlight and define with precision the artificial illness generated in healthy individuals by the dynamised substance which is the subject of the study. The experimental method pioneered by Hahnemann has undergone several modifications: the double blind test and the introduction of control groups (placebo or blank) based on guidelines established by the main homeopathic organisations[2,3] and on personal experience.[4,5] This produces results that are free from the possible prejudices of those who are aware of the substance involved in the proving and the personal symptoms of the provers. The use of control groups has enabled us to learn about the different features of the verum and placebo symptoms.[6]
The perfected proving provides reliable, verifiable results but these pathogeneses are often long lists of generic symptoms. The essence of the substance remains unknown. It is necessary to perfect the research method still further. The objective is to obtain the characteristic symptoms of the substance with just one proving. An unknown substance can become soon a precious homeopathic remedy. Further modifications were therefore made to achieve this aim.

The investigation of symptoms focused on quality rather than quantity so that it was not essential to find many participants. However, it was crucial to have expert supervisors and provers and each participant needed to be perfectly aware of the task they had to perform. The following procedures were therefore adopted:

1. **A pre-proving seminar** should be organized with all participants to provide detailed explanations of the experimental protocol, to define roles clearly and assign them to the most suitable individuals.

2. **The supervisors** should be carefully chosen and should undergo training. Ideally, they should be chosen from individuals who already have experience in this role.
3. **The number of provers** for each supervisor should be restricted to a maximum of three, ideally experts who are well-known from the precedent provings.
4. In order to have clear, distinctive symptoms, the **contacts between supervisors and provers** should be frequent and direct; each time should be like a check-up.

The symptoms that are generated should be well-defined, intense and long lasting. Therefore:

5. **Potencies equal to, and especially superior to 30CH** should be used.
6. **The proving substance should be administered for lengthy periods**, 5 drops 4 times a day, until symptoms appear, for no longer than 7 days.
7. **Particular importance should be attributed to objective symptoms**, which can only be revealed through direct contact between the supervisor and the prover.
8. After 30 days of proving the symptoms may remain, even up to a year later, therefore **the provers should be monitored at regular intervals**.

Lastly:

9. The prover is asked to provide **a brief overall description** of his/her condition during the proving which may prove very useful for revealing the essence of the substance.
10. A **post-proving seminar** is crucial for completing and perfecting the symptomatology. This meeting makes it possible to confirm many symptoms and make up for the inevitable imperfections and lapses of the provers and supervisors.

These modifications to the protocol make it necessary, with just one proving, to obtain an intense and distinctive symptomatology of the proved substance which otherwise would require several provings and years of clinical tests.
The validity of these criteria has been established during the proving of Streptococcinum carried out by the School of Verona in 2012. This was the third proving in four years undertaken by the school[4,5] so that there were expert supervisors and provers.

MATERIALS AND METHODS

PROVING 2012
SCHOOL OF HOMEOPATHY OF VERONA
STREPTOCOCCINUM

Mercy strains n. 433 and 434 of Streptococcus pyogenes Rosenbach. (supplied by Ce.m.o.n.)

PREPARATORY SEMINAR (February – 1 month before)
Theory and practice of proving
The art of self-observation and recording of symptoms. Practical exercises
Clinical record and guided pre-observation (1 up to 2 weeks before proving)
The experimental protocol
Planning of the proving.
Evaluation and choice of the participants
Randomized assignment of bottles (verum and placebos or blanks)

PROVING (1-30 March)
Intake of the substance (5 drops 4 times a day until symptoms appear for a maximum of 7 days)
30 days observation and follow-up observations (up to 12 months)

FINAL SEMINAR (May – 50 days after)
Examination of the results of the proving.
Provers' and the supervisors' reports. Conclusions

PARTICIPANTS
1 Director (The only person who knows the name of the substance, the allocation of blanks and potencies)
1 Coordinator
6 Supervisors
16 Provers (10 females, 6 males)
4 30c bottles, 4 200c bottles, 4 MK bottles, 4 bottles of placebo or blank (25%)
All the provers completed the proving.

Table 1
Summary diagram of the proving of Streptococcinum

RESULTS

Pathogenesis of Streptococcinum (English) on:
http://www.omeopatia-roma.it/english/provings.php

DISCUSSION

The pathogenesis that emerges from the proving of *Streptococcinum* proved to be consistent: the symptoms focused on several bodily systems and revealed similar features each of which reinforced and completed the overall picture provided by the others. It is unsurprising that the systems most profoundly affected, as well as general and mental symptoms, were the face, nose-ears-eyes-throat, the skin, joints and muscles which are the main targets of *Streptococcus pyogenes*. The digestive system was also significantly affected.
A careful reading of some of the symptoms proves quite astonishing and shows that the experimental results of the proving are undeniable and sensational. They also raise questions and provide answers to the duration of action of homeopathic remedies and the opportunity and risk of repeating the dose.

CASE OF STREPTOCOCCINUM

A male patient aged 31 years old came to have a visit in July 2011 for post-urethritic arthritis, chronic sinusitis and recurrent tonsillitis.

5 years previously he had developed purulent urethritis which was treated with a course of antibiotics. Shortly afterwards he developed conjunctivitis and subsequently acute arthritis in the right ankle with recurrent effusions. The arthritis rapidly spread to the right knee and then to the left knee. He took prednisone.
A year later he tested positive for Chlamydia by urethral swab, following which he underwent numerous courses of antibiotics.
Meanwhile he had started having treatment with methotrexate. This caused epistaxis and led to an ulcerative colitis which forced him to stop taking methotrexate.
He stopped having conventional medical treatment and had cycles of treatment with REAC-CRM Therapy®, neural therapy and complex homeopathy without further positive results.
Further information about the patient's case history: at the age of 17 years old he had varicocele surgery; he previously had a tonsillectomy; he experienced several bouts of acute bronchitis.
He frequently suffered from pharyngitis, tonsillitis and sinusitis.

He is a tall, calm man who expressed himself clearly and in great detail.
He currently suffers from pain and swelling in the knees and in the hips which restrict his movements and daily activities. He has a disconsolate air of resignation, a general lack of confidence and a sense of restriction that makes him feel depressed. This is how he puts it:

- *I feel like a nonentity and a sense of dissatisfaction with myself and others.*

On the basis of his case history, Medorrhinum MK was prescribed and this led to a slight improvement. The following remedies were subsequently prescribed:

- Thuya occidentalis MK with a slight improvement.
- Rhus toxicodendron MK with worsening of the symptoms.
- Lycopodium 200K and MK and XMK with signs of improvement.

In January 2013, due to acute follicular pharyngitis, he was prescribed Streptococcinum 200K. The prescription was made on the basis of the alternation and/or association of tonsillitis and arthritis, considering the similarity between the patient's psychic state – depressed, discouraged and listless – and the mental and general symptoms of the experimental pathogenesis.
The effects rapidly proved to be decisive and led to general improvements.
A month later Streptococcinum MK was prescribed by phone with a significant improvement. Each time the patient suffered a relapse, he was prescribed Streptococcinum MK, three times, and subsequently XMK, twice. The frequency and intensity of the symptoms diminished.
The patient currently has extremely slight joint problems and no longer suffers from pharyngitis, tonsillitis and sinusitis. The last check-up was in June: no symptoms, the patient was cured.

CONCLUSIONS

The School of Homeopathy in Verona has set itself a clear objective: to obtain high quality information about a dynamised substance, which is either completely or partially unknown, so that it can be prescribed to patients after a single proving.
To achieve this aim, proving procedure has been gradually modified.
The method was refined during the proving of Streptococcinum, carried out from February to May 2012. The pathogenesis proved to be accurate and distinctive. Using this pathogenesis, it was possible to prescribe Streptococcinum to heal extremely serious disorders and pathologies.

BIBLIOGRAPHY

1. Hahnemann C.F.S. – *Organon dell'Arte del guarire* – VI ed. – translation G. Riccamboni, L.U.I.M.O. – Naples1987.
2. E.C.H. - *Homeopathic Drug Proving Guidelines* - www.homeopathyeurope.org
3. Jansen JP, Van Wassenhoven M.- *Guidelines for a Homeopathic Drug Proving (HDP)* - December 2011
4. Dominici, G; Bettio, D; Impallomeni, M; Mariani, I; Pinotti, D; Tonini, E; Pomposelli, R – *Sperimentazione didattica di Hydrogenium peroxidatum* – Il Medico Omeopata n. 42, pag. 22-28, FIAMO, Marzo 2010.
5. Dominici, G; Allegri, F; Andreotti, MC; Impallomeni, M; Marcolin, C; Mariani, I; Tonini E; Pomposelli, R - *Colibacillinum: Proving 2011 della Scuola di Omeopatia di Verona* - Il Medico Omeopata n. 48, FIAMO, 2011 (It: http://www.omeopatia-roma.it/provings.php - Eng: http://www.omeopatia-roma.it/english/provings.php?pagina=0
6. Dominici, G; Bellavite, P; di Stanislao, C; Gulia, P; Pitari, G: *Double-blind, placebo-controlled homeopathic pathogenetic trials: Symptom collection and analysis.* Homeopathy, 2006, 95, 123-130 (Eng: http://www.omeopatia-roma.it/english/provings.php?pagina=0)