G. Dominici1*, F. Allegri2, M. C. Andreotti3, R. Calieri5, I. Mariani2, R. Pomposelli4, E. Tonini3, L. Lanza6

1 M.D. Editor of Il Medico Omeopata
2 M.D. Counsellor and Teacher at the School of Homeopathy, Verona
3 M.D. Teacher at the School of Homeopathy, Verona
4 M.D. President and Director of the School of Homeopathy, Verona
5 Pharm.D. Teacher at the School of Homeopathy, Verona
6 Pharm.D. Student at the School of Homeopathy, Verona

*Corresponding Author (gdominici@mclink.it)

STREPTOCOCCINUM
Proving 2012 conducted by the School of Homeopathy, Verona

SUMMARY
The Streptococcinum nosode is a homeopathic remedy produced from two strains of Streptococcus pyogenes Rosenbach, Mercy n. 433, 434. The School of Homeopathy in Verona conducted the proving of Streptococcinum between February and May 2012. The participants were recruited from students and teachers at the school: 16 provers, 6 supervisors, 1 coordinator and 1 director. The proving consisted of a triple blind test with a 25% placebo control sample. 30c (4), 200c (4) and MK (4) potencies were used together with placebo control samples (4). The observation period lasted 30 days. The provers were consulted at regular intervals to assess the persistence of the symptoms for up to 12 months after the start of the proving. The pathogenesis and symptomatology is particularly interesting. Under experimental conditions, it seems to reproduce certain pathologies caused by Streptococcus pyogenes such as scarlet fever and rheumatism. The digestive system was particularly affected. Proving has been confirmed to be a reliable experimental method and a source of important information both for the substance being ‘proved’ and the intensity and duration of action of the homeopathic remedy.

KEY WORDS
Streptococcinum – Proving protocol - Proving - Pathogenesis
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 in line with the requirements of modern pharmacological research – in particular, the double blind test and the introduction of control samples (placebos) - based on guidelines established by the main homeopathic organisations\(^2,3\) and on personal experience.

Each year the School of Homeopathy in Verona runs a vocational training course in Homeopathic Medicine. As part of this initiative, a proving was conducted in 2009\(^4\). The initiative was repeated in the academic year 2010/11\(^5\) and lastly in 2011/12 with Streptococcinum. The proving, as part of a teaching program, has both research and educational purposes: the organization and the protocol are therefore focused on achieving this twofold objective. There were three main phases: 1. A preparatory seminar to provide information about the nature and procedure of the proving and to choose the provers and supervisors; 2. the actual proving; 3. a final seminar in which the results are illustrated and the experiences of both the provers and supervisors are discussed to supplement and complete the symptom information. The proving of Streptococcinum took place between February and May 2012 over a period of 30 days. Data-gathering to assess the long-term results continued until February 2013. (Tab. 1)

MATERIALS AND METHODS

The proving protocol

THE SUBSTANCE

The dynamised substance to be used in the proving is chosen by the director who is the only person who is aware of its nature. This ensures that the proving is carried out under triple blind conditions (coordinator, supervisors and provers). The director commissions a fully recognised and reliable homeopathic laboratory to produce the substance to the required potency (ies). The pharmaceutical form is a hydro-alcoholic solution which enables a simpler and more practical way of administering the substance and repeating the dosage and provides a simpler and more verifiable succussion method. Placebo bottles are added at the director’s discretion. The placebo and verum bottles were randomly distributed. The 16 bottles that were used for this proving were provided by Ce.m.o.n. 4 of the bottles were placebo (25%) and 12 were verum. Of the verum bottles, 4 were at a 30c potency, 4 were at a 200c potency and 4 were at a MK potency (N.B.: the 1M potency was not available). The typical starting material of the Streptococcinum nosode was used: the strains Mercy n. 433 and 434 of Streptococcus pyogenes Rosenbach.
THE DIRECTOR
The director organises the proving and is the only person who knows the nature of the dynamised substance being studied in the experiment, the potency(ies) involved, and the use (or not) of a placebo. The director keeps the codes of each prover and the bottle that each prover receives. A copy is given to a person uninvolved in the proving who takes part with the coordinator in every decision that may be required during the proving. The director examines the final symptomatology and decides whether to explore those aspects which are not sufficiently clear. The director organises a final meeting with the coordinator, the supervisors and the provers in order to define and complete the symptomatology. Together with the coordinator and the supervisors, the director assesses the results, makes suitable modifications to the protocol and decides about the publication of the results.

THE COORDINATOR
The coordinator ensures that the proving is conducted according to the initially agreed procedures. The coordinator is not aware of the substance being tested. Each week the director receives the symptoms collected by each supervisor, assesses the quality of the supervisors’ work and asks for clarification about any aspect or symptom that seems unclear. Together with the supervisors and by consulting the director, the coordinator decides whether to stop or continue a prover’s involvement in the experiment, the need for an antidote and whether to extend the period for administering the substance.

SUPERVISORS
The supervisors are experienced homeopathic doctors or adepts. Each supervisor oversees one to three provers, or more only in exceptional cases. Supervisors cannot exchange any observations before the end of the proving.

PROVERS
The provers are healthy individuals who do not currently suffer acute or chronic diseases. Provers must not make frequent use of medicines or drugs. Women provers must not use contraceptive pills or should have stopped for at least three months. Provers must not have taken homeopathic remedies with high dynamisation during the 60 days prior to the start of the proving, or low dynamised homeopathic remedies during 15 days beforehand. During the experiment, provers must not exchange any observations regarding the proving.

PROVER’S CASE REPORT FORM
The supervisor prepares a case report form for each prover prior to the start of the proving. The case report form should include the following information:
- The personal case history and symptoms of the prover, sub-divided into sections.
- The pre-proving diary of the prover.
- A final opinion of the prover.

The supervisor sends a copy of each individual case report form to the coordinator prior to the start of the proving.

PRE-PROVING DIARY
The prover writes down his or her symptoms before the beginning of the proving.
The prover keeps this diary for at least 7 days prior to the proving (preferably two weeks) in which he or she notes down all symptoms experienced, whether physical, emotional or intellectual. This helps to define the normal symptoms of the prover which cannot be included as the symptoms of the proving and enables the prover to gain greater confidence in self-observation and noting down his or her own sensations in appropriate terms.

The result is discussed with the supervisor when completing the personal case report form before starting the proving. The supervisor corrects the inevitable mistakes made by the prover. This preparatory phase is extremely important for the final result.

**PROVING DIARY**

This is the diary where the symptoms of the proving are recorded. The diary is kept for 30 days from the first time that the substance is taken. Each prover notes down the symptom as soon as they notice it. Each evening they transcribe their notes into a specially designed file. In the transcription the prover provides full details and completes the description of the symptom. The prover contacts the supervisor to clarify any doubts, even on a frequent basis, especially during the first few days. Once a week the prover meets the supervisor or video calls him or her to examine and define in greater detail the symptoms noted down to enable the supervisor to record any objective symptoms. Each query should be clarified and each undefined symptom should be clearly defined.

**INTAKE OF THE SUBSTANCE**
The substance for the proving is provided in a hydro-alcoholic solution in several numbered bottles.
The choice of the bottle is randomised. The dosage is 5 drops 4 times a day for a maximum of 7 days. The first dose is given in the evening just before bedtime, letting 5 drops either dissolve directly on the tongue or in a plastic spoon with a small amount of water, keeping the solution in the mouth for about a minute. The following doses are taken at roughly six hour intervals after shaking the bottle vigorously 10 or more times. The intake of the substance is suspended after the appearance of the first sufficiently important or unusual symptom, both physical and mental/emotional, or alternatively at the end of the set 7 day period.

**LANGUAGE**
The preparatory seminar specifies the language to be used to describe the symptom with practical exercises. The language is simple, direct and descriptive. Guidelines are provided to avoid using generic terms, such as wellbeing, queasiness, tension and stress, or medical terms such as tachycardia, premature extra-ventricular contraction, cephaelea, hyper-secretion and others. The language should be neither too concise nor too imaginative. Any type of deduction should be avoided. The prover is prepared simply to be a vehicle through whom the substance manifests itself.

Sensations are extremely important; their actual nature should be checked with the supervisor. Dreams are recorded but are not included in the symptomatology of the proving unless an image from the dream is described by several provers or is particularly intense and unusual for the prover.

Lastly, the most frequent mistakes are examined such as excess enthusiasm which produces symptoms. Moreover, if someone has never paid close attention to one’s own symptomatology,
symptoms can be perceived as new and original when they are actually quite ordinary. The pre-proving diary and the supervisor's skills can avoid this problem.

DATA GATHERING AND PROCESSING
The actual proving lasts 30 days which is the period during which each prover records information about his or her symptoms. This data is supplemented by the objective symptoms recorded by the supervisor in contacts and direct meetings with the prover. During the following months, the coordinator or director contact each prover to assess the persistence of the symptoms over time or the duration of the benefits obtained during the proving.

All the participants in the proving meet at the post-proving seminar to examine, complete and assess the work that has been undertaken. This is the occasion when experiences are shared and checked. The final meeting highlights, underlines and clarifies the most important aspects of the pathogenesis of the substance tested during the proving. The result of one person becomes the result of everyone involved and the tested substance reveals its essence.

The gathering of symptoms and the formulation of the experimental pathogenesis of the substance can follow extremely different criteria. For this protocol it was decided that uncertain symptoms – i.e. symptoms which, in terms of the intensity or frequency of appearance in provers, do not provide sufficient evidence of belonging to the substance used in the proving - should not be included. This criterion prevents the result from being skewed and makes the data more reliable. Particular importance is placed on the objective symptoms and final sensations of each prover. Objective symptoms refer to the symptoms recorded by the supervisor through direct contact with the prover who normally knows the supervisor well and who is often not doing the proving under his or her guidance for the first time: these include the appearance and most important features, even the most varied. Notes are also made of the spontaneous comments made by relatives regarding the changes in the prover during the 30 day period. The prover is asked to give a final assessment of the experience and the alterations he or she has noticed during the proving. These final comments, summaries and general remarks often provide the most significant symptoms. Only afterwards is the pathogenesis compared to the information available in the literature and similarities and differences are evaluated.

Each symptom is recorded with the initials of the prover who experienced it, the time it appeared, when significant, and the day(s) when it occurred. After assessing the results, the director, coordinator and the supervisors decide how to use them and how to raise awareness about them.
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)
Theory and practice of proving
The art of self-observation and recording of symptoms. Practical exercises
Clinical record and guided self-observation
The experimental protocol
Evaluation and choice of the participants
Planning of the proving.

PROVING (1-30 March)
Intake of the substance
30 day observation and follow-up observations

FINAL SEMINAR (May)
Examination of the results of the proving.
Provers’ and the supervisors’ reports. Conclusions

PARTICIPANTS
1 Director (the only person who is aware of the substance used in the proving)
1 Coordinator
6 Supervisors
16 Provers (10 females, 6 males).
4 30c bottles, 4 200c bottles, 4 MK bottles, 4 bottles of placebo.
All the provers completed the proving.

Table 1
Summary diagram of the proving of Streptococcinum
PATHOGENESIS OF STREPTOCOCCINUM
Proving Verona 2012

Mind

1. I only see the bad side of things. This afternoon I felt depressed and I easily got angry at the most innocuous remark. I feel listless, I continue to put off doing the things I need to do and waste time. AA 15:30 4,5
2. At work today I made quite a few mistakes due to carelessness, whether oversights or just forgetting things. I felt a bit scatterbrained as if my mind couldn’t concentrate on anything in the way it should. I hardly ever make these sorts of mistakes; it feels as though I am lost in thought and unable to focus sufficiently on the things I’m doing. AA 9,10,19
3. Dullness, torpor, absent-mindedness when driving. A sense of mental aloofness. I talk and listen, I try to concentrate, but it feels as though I’m in another dimension. EZ 6
4. After the first time I took the substance, as soon as I got up, I experienced a slight sensation of dullness that lasted all day long: felt slightly dizzy, my ideas are muddled, slowness in coming up with ideas, a constant feature of the whole day. MF 1,2,3
5. I’m at a party. I feel extremely listless and don’t feel like socialising. I make a bit of an effort but it’s clear that I’m not very spontaneous. I spend the whole evening next to my boyfriend. I don’t dance. I can’t wait to go home even though I don’t feel tired. I just don’t feel like talking to anyone. AA 22:30

6. During the afternoon I’m irritable, discontented. I lose my temper for no reason, I make cutting remarks and I have no appetite. Tension-induced headache, a pain in the back of the neck and then in my forehead, above the eyebrow, which improved in the evening due to distractions (cinema). AR 8
7. I feel more impatient, more intolerant, more inclined to argue and to tell people to go to hell! I have to make an effort to control myself to avoid being rude. MF 1 N 26
8. A sensation of anxiety, as if I was worried about something, almost a fear of doing things, indecisiveness, uncertainty. TM 6
9. Just before the alarm went off, I was seized by a feeling of anxiety that it was late, even though I knew it was impossible. I felt as though I had been punched in the stomach, a feeling of emptiness in the stomach, although luckily the sensation only lasted a few minutes. EZ 3
10. I felt less anxious about facing things. I felt more tolerant about various requests, without losing my temper, and by clearly stating my views which I don’t find easy. SM 3,4,5
11. After receiving some unexpected bad news, I didn’t experience the panic that this usually causes me. EZ 12

General symptoms

12. I feel tired and exhausted. I haven’t got any energy. I feel depressed. I’m listless and just feel like sleeping. AA 2,3,11,27
13. In the morning I’m weighed down by such a strong sense of oppression that I don’t feel like getting up. EZ 9,11,12,27
14. I wake up feeling very tired and with no energy. I would very happily stay in bed. My head feels really heavy as if someone had placed something on it, as if something heavy was crushing me. If I lie down, it just gets worse. If I get up and start moving, it feels a little better. AA 7:00 3,28,29
15. I feel extremely tired and unresponsive. I just want to go to sleep. I’ve got things to do which I don’t feel like facing. I feel tired even before I start. I’m so tired that I just want to drag myself off to bed. I’m half asleep. I need to drive somewhere but I’m seriously worried by this drowsiness. Stiffness and pain in the left part of the neck. EZ 19,20
16. I feel a bit tired with a sensation of heaviness on my eyelids when I close them although I am fairly switched on intellectually. EZ 5
17. I’m really tired and my bowels hurt. SM 2

Sleep and dreams

18. A strong sense of drowsiness, my head keeps on falling back suddenly: I have to make a real effort to stay awake. To stop falling asleep, I have to keep moving my legs or pinch my arms and hands. CM 1,8
19. Incredible sense of drowsiness, I just can’t keep my eyes open. Every afternoon I suddenly feel drowsy and am powerless to stop it. EZ 10,13
20. In the morning, I’m overcome by extreme drowsiness with the sensation that my eyelids are about to drop off with nothing to justify this feeling. TM 2 P
21. Extremely sleepy after lunch. GB
22. Deep sleep with dreams, sometimes a sense of drowsiness and then, at a certain point, I heard the doorbell ring. I woke up but I’m not sure whether it was a dream or if it really happened. EZ 4
23. I often wake up in the very early morning. SS I
24. I sleep on my back as well as in my normal “foetal” position. SS
25. I have fewer, less intense dreams. I stopped dreaming of cats. SS

Shivering, fever, sweating

26. I suddenly start shivering and the feeling runs down from my neck to my back, then I feel a cold sensation in my upper body and my arms. The feeling lasted half an hour but came back later together with a sensation of dryness and irritation in the throat associated with a burning sensation in the oesophagus. Even at this moment, just after taking the remedy, I have the same shivering sensation in my back, a feeling of sinking and acid reflux at the gullet. SM 1,2,6

Head and dizziness

27. A feeling of heaviness in the head which lowers my eyelids. It gets worse if I actually close my eyes and I feel my head spinning. It feels as though I’m falling even though I don’t
actually fall over. When I wake up the sense of heaviness persists, even though it is less intense. BC 1,2,3

28. I black out when I get up after bending down. I almost feel as though I’m falling over and fainting. EC 2,3

29. Very oily hair. SS

**Face, eyes, ears, nose, throat**

30. Half an hour after taking the remedy I feel a sudden flush in my face which lasts a few seconds but it is not particularly strong. It’s a bit like when your face feels sore due to the cold. It happens again in the evening and over the following days. EC 1,2,3

31. In bed, about 30 minutes after taking the remedy, my face feels flushed and I experience tension in my upper left molars as if they were being sucked. EC 24:00 2

32. When I open my mouth I feel a crack in the articulation of my jaw on the left side. It doesn’t hurt but it is irritating. It occurs when I chew something or I open and close my mouth. AA 15:00 20

33. I felt a bit tired when I woke up and I experienced an intermittent trembling of the lower lip which went on for 30 minutes. LM 7 7.00

34. My lips are very dry. My mother says they are redder than usual as though I had put lipstick on and it had partly come off. She says it is not a uniform red. AA 19:30 4

35. Ear blocked with accompanying deafness. BC 3-5

36. Sharp pain in the left eye which lasts a few seconds and then goes away. It reappears and subsides again for 3-4 times consecutively. EZ 4,10

37. My eyes are red, although they don’t burn and I have no secretions, from when I wake up to the evening. LM 8 8-10,12,13

38. My nose is blocked as soon as I get up and I experience a sharp pain that comes and goes in my right eye. If I bend over to pick up something, the top of my head throbs on the left side. EZ 1 8.30

39. I sneeze several times after getting up from an afternoon nap. EZ 2

**Digestive system**

40. The white fur on my tongue disappeared. SS

41. Frequent mucus when swallowing. SS

42. Frequent belching throughout the day. I feel as though my stomach was full of air. I feel bloated and have hardly any appetite. I constantly feel very tired with a sensation of heaviness in my head. AA 8:00-20:00 28,29

43. I feel as though my stomach was bloated and full of air. I’m neither hungry nor thirsty. I can’t find a position that eases this sensation but it hurts if I press on my stomach. AA 11:30 29

44. I feel nauseous in the car. I’m tired and I can’t stand the voices of other people chatting. My whole body hurts, in particular my back and legs. I can’t find a comfortable position in the car seat. AA 13
45. After lunch I feel sick and my stomach feels heavy. It is as though a hot water bottle was in my lower stomach. I can’t stand the feeling of my belt pressing against my stomach. AR 6
46. Nausea. I don’t feel hungry at lunchtime. I find even the smell of food off-putting. I try to eat but it makes me feel even more nauseous. I drink a bit of water but things don’t improve. I am sick three times. AA 13
47. I get stomach cramps and my stomach feels as though it were made of metal. When it contracts, it makes a sound like banging against an empty can. AA 11:30 29
48. A sharp pain like a cramp in the stomach. It lasted several minutes but came back later forcing me to lie down so that I had to get up and go to bed later. I felt pain in the oesophagus up to the throat. SM 7
49. At 1.35 am I woke up with a burning sensation in my stomach which only lasted two minutes, after which I went back to sleep again. MF
50. As I am having lunch, I experience a sharp burning sensation in the stomach after swallowing a mouthful of food. It lasts about a quarter of an hour and then stops, after which I finish lunch. EZ 9
51. Even before finishing supper I feel a stabbing pain in the abdomen which gets worse by eating and also with pressure. It only improves if I lie down. The pain is extremely sharp and I haven’t experienced it for many years since I was 17-18 years old. The pain lasted for about an hour and was associated with a swollen abdomen. LM 3
52. There was significant improvement in gastro-intestinal symptoms which I had suffered from for a long time. I manage to eat fresh cheeses and carbohydrates without too much problem. SS
53. Faeces were slightly runny, light coloured, yellowish in the morning; they were similar in the afternoon. AR 7
54. In the morning the faeces had an unpleasant smell that I had never encountered before; in the afternoon the urine had an intense, slightly sweetish smell. TM 6
55. In the morning, after having a coffee, the faeces were initially runny then creamy and then runny again; after about 30 minutes further runny faeces without abdominal pain. Swollen abdomen but no pain. Good mood. LM 2,6
56. Tendency to have constipation. SS
57. Bowel movements more difficult than usual. I have to make an effort but faeces normal. Unusual for me. EC 2,3,4
58. Short sharp tinge of pain in the anus independently of bowel movements. GB
59. Sudden hunger pangs, a feeling as though my stomach had been vacuum-packed. AA 1,2,3,8,11,20
60. Sudden hunger pangs with an empty feeling in the stomach. BC 2,4,7,9
61. Increase in appetite at meal times. BC 5-7
62. I can’t stop myself eating things. If I’m offered something, I have a second and even a third helping, even if I’m full. It is isn’t hunger but a strong urge to eat something. AA 5,21,26
63. This morning, I have an almost insatiable appetite. At breakfast I eat a vast amount. I ate voraciously at lunchtime too. EZ 17

**Chest, back, locomotor system**
64. Pressure at the centre of the sternum which feels like bruising although it is not painful. It lasted about 30 minutes and came suddenly. CM 5 08.00
65. An extremely intense shock lasting only a few seconds from the lower ribs on the left side to the iliac fossa. TM 0:45 4,6
66. Worsening of back spasm. SS
67. Muscular and bone pain caused by minor exertions. At the end of a phone call my left arm is racked with pain from the shoulder to the hand and I am unable to lift it. I feel the need to massage my shoulder to curb the pain. In the evening I lay down on the sofa using my left forearm for support. When I got up, the arm that I used as a support hurt, I felt a pain in my elbow and my shoulder. My legs also feel stiff and painful. I feel stiffness throughout my body, both in the muscles and bones. I feel stiff when I stay in one position, such as when I’m sitting down and then I get up. My bones are stiff and creak as soon as I start to move (neck, spine). EZ 16,17,18
68. A slight pain in my left shoulder which came almost suddenly and spread into my neck. It got better when I moved but continued to spread to my neck and wrist, and even my right wrist, but especially in the left shoulder with slight twinges. I feel like belching but am unable to. My left nostril was runny. The whole thing lasted for no longer than an hour. On other days, I suffered from slight joint pain in my shoulders and elbows, in particular a sharp localised pain in the right elbow, which only came when I leaned on a surface with the tip of my elbow. SM 12
69. After taking the remedy a pain appeared in my right arm and in the right side of my chest. The pain was very sharp and did not change when I breathed. It was very painful and I also felt a tingling sensation in the arm. It stopped after a few minutes. AA 17:00 3
70. A weakness in my legs as if I couldn’t stand up properly. BC 2
71. When I sit down I feel a discomfort in the back of my left thigh with a burning and stretching sensation. TM 2
72. Sitting down with my right leg crossed over my left leg, I feel a series of sharp jolts in the upper side of the right thigh which lasted for a few seconds. TM 11:30 2
73. Yesterday evening I struggled to get warm in bed. I also have a sore throat; I feel slight widespread muscular pain and a bit of stiffness. My left knee hurts in particular and the pain and stiffness got worse when I moved. SM 1
74. During the late afternoon I felt joint pain in my foot and my left knee which improved with rest. TM 6
75. Pain in the knee as if my joints were out of place. AA 3,4,8,10,12,18,20,28 I
76. Pain in the left knee, making walking difficult, and the pain persisted even in bed. The knee felt swollen and soft. TM 2
77. Sudden and intense throbbing pain in the left ankle which I had never felt before. GB
78. A pain that I used to feel in my right foot when I walked barefoot stopped. SS

Female reproductive and urinary system

79. Limited diuresis. I woke up without an immediate need to urinate. GB
80. When I bend down to pick something up I notice a small odourless vaginal discharge which is colourless and watery. When I get up from a seated position, I notice another vaginal
discharge; as well as a transparent, odourless watery liquid, there is also a completely transparent gelatinous discharge which is glairy and odourless. AA 1,2,3 N

81. Vaginal thrush healed. SS

82. Immediately after taking the remedy I experienced a sharp pain in the left ovary as if I had been stung. The pain was clearly localised. It increases if I lie on my left side and is reduced if I lie on my right side. AA 23:30

83. My menstruation began without needle prick pain and without a headache; the menstrual flow began at 11.00 pm and I didn’t even notice. LM 23

Male reproductive and urinary system

84. Sharp pain in the left testicle after intercourse. It was the same testicle that was operated on a month ago but it had never hurt like this before. I hadn’t previously experienced any symptoms after sex. Over the following days the symptom re-emerged about one hour after taking the remedy. EC 23:00

85. Flagging sex drive which was accentuated this month. It has never happened so markedly before. SM

Skin and appendages

86. About an hour and a half after first taking the remedy, I felt a hot flush in my body, especially in the back and the hands. My hands seem to be swollen. If I close my hands the sensation intensifies and I feel the skin of my hands stretching and clenching my hands is almost painful, especially in the parts where there are folds in the skin. AA 1

87. While I am making love I feel a wave of heat all over my body. It feels really hot and my skin is boiling. I take off the sheets but the sensation continues for some time. It feels as though my skin was burning; it has gone red. It goes up my upper body and chest, my face and thighs, less so on my calves. AA 22

88. About two hours after having a meal, I begin to feel cold. I feel the need to put on more clothing but the skin of my face, neck, upper body and thighs down to my knees is very hot and red as though I had been sunbathing. I take my temperature but I haven’t got a fever. Both the palms and backs of my hands are red too. They’re not swollen and it doesn’t hurt to clench my hands. If I place my hand on something or I press the skin with my fingers, the skin gets lighter in colour and then goes red again. It doesn’t itch and there is no irritation. At the same time I feel very weak. I struggle to raise my hands and to hold things. I find it hard to write and to hold a pen. It feels as though things were heavier. I feel listless and tired. I have to make a big effort to concentrate. I feel like lying down and doing nothing. The sensation of heat on my skin continues until the evening but, compared to the afternoon, I now feel hot and need to take off some clothing. The contact with fresh air and the distance from my clothes causes the sensation of warmth to diminish. I still feel tired and listless. I feel like going to bed. AA 15.30
Notes and comments

NOTES by AA (10 months afterwards)
I haven’t felt well over the last few months. The physical symptoms I experienced during the proving gradually diminished but a strong sensation of imbalance remained. At an emotional and mental level, I didn’t feel myself. Generally I experienced the following symptoms:
  o Significant tiredness throughout the day. I felt listless and found it hard to concentrate even though, for example, there were only a few days to go before an important exam or event. Found it difficult to finish things.
  o Feeling of tiredness and heaviness. Each step I took, especially going uphill, I felt as though my legs were incredibly heavy.
  o During a walk in the mountains, I felt like crying. I didn’t want to go on with the walk; I felt I couldn’t cope with facing anything unexpected. I didn’t want to talk to anyone; I split off from the group and preferred to walk alone. This difficulty in coping with the unexpected has happened on other occasions. It is as though when everything is going well I manage to face up to things, but it takes just one unexpected thing to freak me out, as if I didn’t have the resources to cope with situations that require more energy and capacity to adapt.
  o I continued to feel an unpleasant feeling in my knees and the articulation of the jaw. These sensations flared up suddenly and my joints seemed to be rather loose.
  o Flagging sex drive.
  o I often feel extremely cold in the evenings when I go to bed, although my skin is actually so hot that it feels as though it is burning, especially my legs and thighs. I didn’t check to see if I had a rash.
  o Headache after drinking a coffee; a pain in my forehead that was so strong that I had to take painkillers.
  o During the menstrual cycle, I experience sharp pain during the first 3 days, which had never happened before! It comes suddenly and improves slightly by applying pressure and with warmth. I feel a dull, continuous pain that is very sharp in the uterus area. I go pale, feeling very tired and without any energy. My lips lose their colour and become dry. The pain is so intense that I can’t concentrate on anything else. My breathing is lighter.

NOTES by CM (2 months afterwards)
The aspect worth noting is the distinct improvement that took place about 15 days after I stopped taking the remedy, in the metacarpophalangeal joint of the thumb of the right hand. Prior to the remedy, it was swollen and painful with slight localised inflammation; all that remains now is a slight localised exostosis.

(10 months afterwards)
The improvement described has continued until now.

NOTES by EC (1 month afterwards)
The pain in the left testicle has gradually disappeared. It was most intense on days 5-6-7 of the proving. Over a month has gone by since the end of the proving and in the last few days I’ve experienced slight pain in my testicle which emerged about 2 days ago after a long time, although the pain was very slight.
NOTES by GB (10 months afterwards)
The symptom of somnolence after lunch has disappeared.
The pain in my left ankle lasted six months and then disappeared.
The sharp pain the anus lasted for two months then stopped.

NOTES by LM (10 months afterwards)
The symptom that I have had to live with since the proving is an itch in the left ear; it itches at various intervals during the day. I get it suddenly and it is so strong that I have to scratch it but it is an internal itch. If I scratch it, the itching stops. When observed, there are no excrescences nor reddened skin, although I have the sensation that this part of the ear is stiff. Hearing is normal.

NOTES by SS (1 month afterwards)
I was able to notice gradual changes compared to my pre-proving state: a lot of physical and psychic energy which I am able to channel well. Improvement in my general psychophysical state. Great improvement in my mood. I feel open, enthusiastic and productive.
(10 months afterwards)
All the symptoms noted have disappeared. I sometimes wake up early but I drink 4 coffees a day. I have begun sleeping in a foetal position again and no longer in a supine position, as happened during the proving. My dreams are not so intense and I no longer dream of cats.

NOTES by SM (1 month afterwards)
One rather new sensation I’ve noticed in this period is that I experience less anxiety in dealing with everyday things, at work, at home and for school: although I realise that I can’t do what I should do. I don’t get worried which is unusual for me.
The pain in the left knee has gradually diminished and disappeared, even though it hurts slightly when I walk quickly.
My intestinal problems, swelling on the right side with pain which seemed like a wound (I had an operation), the urge to empty my bowels, periodic diarrhea-like discharges, with lots of flatulence, re-occurred with significant intensity in early April. This made me realise that I had felt fairly well, without these symptoms appearing for at least two weeks during the proving.

DISCUSSION

CONSISTENCY OF THE SYMPTOMS
A close reading of the pathogenesis during the proving of Streptococcinum reveals a significant consistency in the symptoms: the provers recorded similar, frequently overlapping symptoms, and therefore with a high level of reliability. The level of consistency is the main and unavoidable criterion for measuring the validity of the results of a proving.

THE PATHOGENETIC SYMPTOMS
The mental symptoms from 1 to 5 indicate bad mood, listlessness, dullness, absent-mindedness and difficulty in concentration. Numerous general symptoms describe tiredness and exhaustion, sometimes associated with other complaints such as depression, sleepiness and intestinal disorders (12-17); the symptoms numbered from 18 to 22 mention overpowering somnolence or extremely deep sleep with one case of hearing problems. All this conveys the idea of a general downturn, whether in terms of mood, or in terms of intellectual and physical faculties. Other
aspects of the mental sphere include impatience, intolerance, irritability and even anxiety and worry.

The face (30-39) is affected by hot flushes, redness, dry and reddened lips; auricular pain and problems with the temporomandibular joint; redness in the eyes; symptoms also affect the nose and throat (26).

With regard to the skin, one prover in particular underlined redness and a burning heat linked to a general condition of ill-health which bears a striking resemblance to scarlet fever (86-88), the symptoms cropping up again periodically. Symptom 88 provides us with a complete description of this illness. A hunch on the part of the prover perfects this profile with something similar to the “mark of the yellow hand”\textsuperscript{6}: \textit{If I place my hand on something or I press the skin with my fingers, the skin gets lighter in colour and then goes red again.} The precision of the prover’s description is particularly striking. The prover would suffer from the symptoms even after many months due to her extreme sensitivity to the substance used in the proving and for not having followed one of the basic rules of the protocol: to stop taking the substance at the appearance of the first symptom. Symptoms 64 to 78 provide detailed descriptions of disorders related to the joints: shoulders, elbows, knees, ankles, feet; moreover the whole locomotor system is involved, and in particular the muscles which are subject to pains, contractions and intense weakness. As many as 9 provers out of 12 verum report one or more symptoms regarding the muscular system which would suggest a rheumatic fever, an indirect consequence of the effect of Streptococcus pyogenes. The digestive system is strongly affected (symptoms 40-63), with symptoms ranging from the mouth to the anus with a particularly significant effect on the stomach. There was an increase in appetite.

Considering the other symptoms reported, it can be said that \textit{Streptococcinum}, like any other dynamised substance, can affect and cause symptoms in any system, although with varying intensity and frequency from one area to another.

VARIATION AND DURATION OF THE SYMPTOMS

The additional notes, which consist of the final comments of the provers and supervisors and by the follow-up assessment, even after several months, of the symptoms experienced by each prover, have an equal or even superior value to the symptoms recorded during the 30 days of the actual proving. Their interpretation sometimes leads to surprising conclusions regarding the extent and duration of a dynamised substance.

Prover AA, who developed symptoms precociously without, unfortunately, stopping the intake of the remedy, continuing for 7 more days, reported extremely painful symptoms even after 10 months. This prover developed symptoms affecting the skin, as if she had got scarlet fever several times and after 10 months, still suffered from a symptom related to the disease: \textit{I often feel extremely cold in the evenings when I go to bed, although my skin is actually so hot that it feels as though it is burning, especially my legs and thighs. I didn’t check to see if I had a rash.} The symptoms provided by this prover would be sufficient to compile an extremely reliable pathogenesis. This should not come as a surprise. Right back to the time of Hahnemann, one or just a few provers would do the bulk of the work. They are individuals with extremely high sensitivity who risk upsetting their bodily equilibrium to provide us with valuable information. It is worth remembering this possibility to avoid pointless, prolonged suffering.

The symptoms and experience of the provers with the placebo will be the subject of another article.
CONCLUSIONS

The proving of Streptococcinum, which took place from February to May 2012 at the School of Homeopathy in Verona as part of the ongoing training programme in Homeopathic Medicine, fully met the objectives that had been set out, both in terms of teaching and experimental research. This was the third proving organised by the school in four years. The experience gained by some of the provers and by the supervisors was crucial to the quality of the final result. One of the greatest difficulties during a proving is to ensure that all participants fully observe their respective role for a period of about two months. Therefore another key factor was the commitment and capacity of the coordinator and the director to encourage, and even expect, that each action was carried out as planned, following the timescales and qualitative levels requested.

It is not hard to appreciate that to achieve a result that has significance for the homeopathic community, it is necessary to have excellent organisation, participants who are competent and fully involved, as well as several key figures who know how to monitor and manage each phase of the proving. Without this, the proving would probably be just a “homeopathic adventure experienced together” which, while extremely interesting, lacks real experimental and thus clinical significance.

In this case, 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 (Table 2). 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. We believe that these results enrich homeopathic knowledge and offer therapeutic potential which is currently hard to quantify.

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