Do homeopathic pathogenetic trials produce consistent and recognisable symptom pictures? Results from a pilot pathogenetic trial study

Jeremy Sherr^{1,*}, Tina Quirk² and Alexander L Tournier³

¹Dynamis School for Advanced Homoeopathic Studies, Worcester, United Kingdom; Private Practice, Moshi, Kilimanjaro, Tanzania

²Dynamis School for Advanced Homoeopathic Studies Worcester, United Kingdom; Private Practice, New York, NY, USA

³Homeopathy Research Institute, London, UK

*Corresponding author.

E-mail: jsherr@dynamis.edu (J. Sherr)

Background: Homeopathic Pathogenetic Trials (HPTs) are a key foundation of homeopathic treatment as they provide the set of symptoms characteristic of a particular homeopathic medicine, commonly referred to as a 'remedy picture'. The ability of a practitioner to identify a homeopathic medicine suitable for the patient, based on these remedy pictures, underpins the successful clinical practice of homeopathy. In modern times, protocols for administrating HPTs have been established, influencing most trials conducted since 1994. Researchers have used HPTs to explore whether participants can identify symptoms of a known homeopathic medicine and are able to differentiate symptoms from placebo and other known homeopathic medicines. A meaningful and relatively unexplored question is whether multiple HPTs of the same homeopathic medicine produce consistent sets of symptoms.

Objective: To test whether HPTs generate consistent and recognisable sets of symptoms in consecutive trials.

Design: Practising homeopaths, blinded to the homeopathic medicine under investigation, were given the set of symptoms generated during an unpublished HPT and asked to identify the homeopathic medicine used.

Homeopathic trial substance: Ozone, prepared by homeopathic method to the ultramolecular dilution of 30c (equivalent to a 1 in 10^{60} dilution), was chosen at random from twenty potential medicines.

Results: Seven practising homeopaths were asked to make three guesses as to the identity of the remedy. Initially, they were asked to make their guesses out of the full list of possible remedies (N=2372). Two out of the seven homeopaths guessed the identity of the remedy correctly, corresponding to a highly significant result (p < 0.0001). Subsequently, when their choice of possible medicines was restricted to a list of 20, the same two practising homeopaths selected the correct medicine, however none of the other practising homeopaths did, resulting in a non-significant result (p = 0.2).

Discussion: The selection of the correct homeopathic medicine from the unrestricted list (N = 2372 medicines)

by two practising homeopaths is noteworthy given that the homeopathic medicine used during the HPT was diluted well beyond Avogadro's number and would, as such, not be expected to produce any detectable - let alone recognisable - symptomatology. Possible reasons why the remaining five homeopaths did not guess correctly are explored in the paper.

Conclusion: The results show that practising homeopaths are able to correctly identify a homeopathic medicine from the set of symptoms it generated during a HPT. This demonstrates that such symptom pictures generated by taking an ultramolecular homeopathic medicine are recognisable and specific to the substance taken, unlike the random symptoms generated by a placebo. Furthermore, since identification of the remedy was based on past HPT information held in the materia medica, this demonstrates that HPT-generated symptom pictures are consistent over time, thus validating the HPT methodology. These promising preliminary findings warrant replication; possible improvements to the trial design were identified and should be incorporated into future studies.

An open observational study on efficacy of miasmatic prescription in the prevention of Japanese Encephalitis

Srinivasulu Gadugu^{1,*}, Srinivasa Rao Nyapati² and GLN Sastry³

¹Department of Organon of Medicine, J.S.P.S. Government Homoeopathic Medical College, Affiliated to Dr.N.T.R. University of Health Sciences, Hyderabad, Andhra Pradesh, India

²Central Council of Homoeopathy, Hyderabad, Andhra Pradesh, India

³S.K.S. Charitable Trust, 1-4-880/20/8, Gandhi Nagar, Hyderabad, India

*Corresponding author.

E-mail: drsrinivasulu_g@yahoo.com, srinivasulugadugu@gmail.com (S. Gadugu)

The recurrence, resistance to vaccines and medicines and the rise of infectious diseases is quite alarming in India. One among them is Japanese Encephalitis (J.E.), an endemoepidemic acute encephalomyelitis accompanying a viral infection. The first case of J.E. was detected in 1979 in Andhra Pradesh state. Initially Belladonna was administered in a small way with good results, but the Government did not take any effective steps. Since 1990 it had become an unmanageable problem. Between 1993 and 1999 recorded J.E. cases were 5308, and 1511 children died. In spite of vaccination it continued unabated. The Government sought the help of homeopaths in combating this epidemic in 1999.

As prophylactic drugs, Belladonna 200 on 1, 2, 3 days one dose each, Calcarea Carb 200 on 10th day and Tuberculinum 10 M on 25th day were administered in a phased manner to